



THE MGROUP

Business Health Assessment

Name:

Company name:

Address:

Telephone number:

E-mail:

Step 1: Please indicate what you feel is the current situation in each area on the sliding scale.

Step 2: Then place a cross in the box you feel best describes the results of any recent changes.

Extremely High	Extremely Low		Has Improved	No Change	Got Worse
_____	_____	Implementation of new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Utilisation of technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Team dependency on manager / owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Personal stress levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Sense of control over own destiny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Personal level of satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working **IN** a business involves being part of the day-to-day operations of the business. Whereas working **ON** the business involves planning, systems development, continual improvements, marketing, etc.

I estimate that I currently spend _____ % of my time working **IN** my business

I estimate that I currently spend _____ % of my time working **ON** my business

	Yes	No
Do you have written personal goals & a personal plan of action	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, when were they last reviewed & modified? _____

What are the **3 main challenges or limitations** (internal or external) to your personal effectiveness?

1. _____

2. _____

3. _____



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Yes **No**

Do you have clearly defined business goals?

Do you have a business plan?

If yes, when were they last reviewed & modified? _____

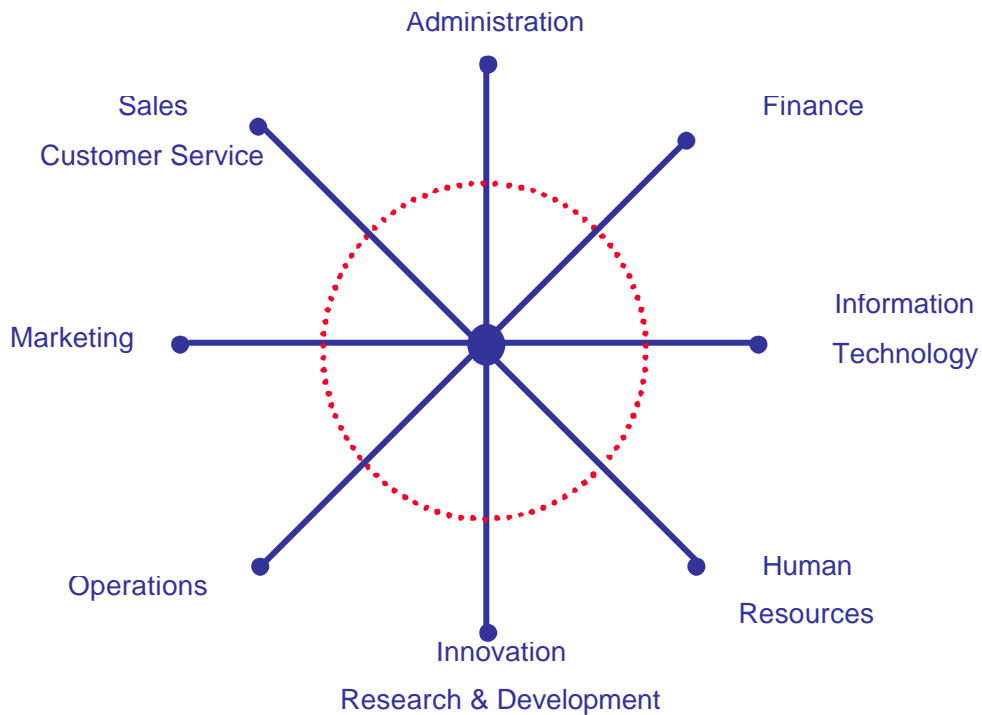
What are your goals for your business in the next 3– 5 years?

1. _____

2. _____

3. _____

Your Current Business Balance



Rate your business on each axis as to where you see your business being positioned at present.

The centre is (Poor – 1), Circle is (Average – 5), Outer Dot is (Excellent –10)



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What are the three biggest challenges facing you this coming year?

1.

2.

3.

Please comment on any relevant issues that may impact on your business this coming year.

Thank you for taking the time to complete this form.