

Impact Analysis Form

Name: _____ Website: _____
Email: _____ Phone: _____

What's missing in your life/business right now? _____

If you could change just ONE thing right now, what would it be? _____

What other problems would be resolved by fixing this one thing? _____

How important is this to you? _____

If you never took the necessary steps/actions to resolve this one thing, how would you feel one year from now?

Top Three Heartburn/Headache Issues

1: _____

2: _____

3: _____
