

Operational Diagnostic Application Questions

About You

1. Your Full Name
2. Your Email Address
3. Website (Optional)
4. Business Name
5. How would you describe your business in one or two sentences?
6. Are you a solo practice or a founder-led business with a small team?
 - Solo practice
 - Founder-led business with a small team
 - Other (please describe)

Current State

7. What prompted you to seek operational support right now?
8. What feels unclear, overwhelming, or inconsistent in your operations?
9. What systems or workflows do you currently have in place (if any)?
10. What tools or platforms are you using day-to-day?

Capacity + Constraints

11. What is your current weekly workload?
12. Are there any constraints I should be aware of (time, team, budget, seasonality)?

Goals + Priorities

13. What are your top three priorities for the next 3–6 months?
14. What would feel like meaningful progress to you?

Working Together

15. Have you worked with operational or strategic support before?
16. What type of support do you think you need, even if you're not sure?
17. Is there anything else you'd like me to know before we meet?