

# MENTAL AND EMOTIONAL CLARITY

Indicate the applicable checkboxes for each statement below, which reflects a mental or emotional hindrance linked to the idea of stepping down from your position in your business.

Take advantage of the choices below to stimulate ideas on your current feelings to facilitate an honest conversation about your concerns with yourself and your succession planning team.

QUESTION	YES	NO	RATE CONCERN (1 - 5)
The idea of waking up for a workday with nowhere to go and no responsibilities frightens me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I have serious concerns about the future success of the business without me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I doubt anyone will be able to fill my role and continue the client care I have established.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No one will have the same level of commitment to this business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I fear losing influence in my community and with my peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I will be embarrassed if this transition fails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My identity is fully absorbed in this business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I have no sense of what I will do with my time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I am concerned I will be bored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>