



Confidential Practice Evaluation

SECTION ONE: ECONOMIC CHANGES	5 Strongly Agree	1 Strongly Disagree
1. I am experiencing a downturn in business	5 - 4 - 3 - 2 - 1	
2. My personal income has decreased	5 - 4 - 3 - 2 - 1	
3. I have had to cut staff and/or office expenses	5 - 4 - 3 - 2 - 1	
4. I have expanded my practice areas in order to generate more revenue	5 - 4 - 3 - 2 - 1	
5. I am experiencing more attorney competition than before	5 - 4 - 3 - 2 - 1	
6. I am seeing an increase in competition from non-attorneys, software and/or internet	5 - 4 - 3 - 2 - 1	
7. I am converting fewer prospects into clients	5 - 4 - 3 - 2 - 1	
8. I have reduced my rates on some matters	5 - 4 - 3 - 2 - 1	
9. My accounts receivable have increased	5 - 4 - 3 - 2 - 1	
10. I am concerned about the economy and the future of my practice	5 - 4 - 3 - 2 - 1	
11. I have considered joining other attorneys to share expenses	5 - 4 - 3 - 2 - 1	
12. I have talked with larger firms about doing contract work	5 - 4 - 3 - 2 - 1	
13. I am relying more on income from outside business(es)	5 - 4 - 3 - 2 - 1	
14. I don't have enough work to fill my week/keep my staff busy	5 - 4 - 3 - 2 - 1	
15. I am working as hard as before but making less money	5 - 4 - 3 - 2 - 1	
TOTAL SCORE		
How many questions rated a "5" score?		

Interpreting Your Score	
0 – 20	Your practice is under control. Congratulations!
21 – 45	Moderate concern. Missing skills are becoming evident in business development. Uncorrected, these missing skills will hinder your practice growth. You may wish to consider an evaluation by a practice management advisor.
46 – 60	Significant concern. Your practice is experiencing significant downturn. Problems ahead unless you deal with them soon.
61 – 75	Your practice is in crisis. Financial, health, personal and potential malpractice problems are highly probable, if not already occurring. Call to request confidential practice support today.
3 OR MORE "5" SCORES ARE A DANGER SIGNAL. GET PRACTICE SUPPORT NOW.	

SECTION TWO: PRACTICE MANAGEMENT	5 Strongly Agree	1 Strongly Disagree
1. I work more than 60 hours per week (in the office and at home).	5 - 4 - 3 - 2 - 1	
2. I often work on Saturdays and/or Sundays.	5 - 4 - 3 - 2 - 1	
3. I work best under deadlines and pressure.	5 - 4 - 3 - 2 - 1	
4. I feel hyper, anxious and rushed most of the time.	5 - 4 - 3 - 2 - 1	
5. I have lots of piles of files in my office.	5 - 4 - 3 - 2 - 1	
6. I often temporarily lose important information.	5 - 4 - 3 - 2 - 1	
7. I often worry that something important will get missed.	5 - 4 - 3 - 2 - 1	
8. I seem to operate in a perpetual state of crisis.	5 - 4 - 3 - 2 - 1	
9. I feel like I will never be able to catch up.	5 - 4 - 3 - 2 - 1	
10. I start out each day with a plan, but by the end of the day I usually haven't accomplished most of my priorities.	5 - 4 - 3 - 2 - 1	
11. I personally handle more than 25 phone/e-mail messages a day.	5 - 4 - 3 - 2 - 1	
12. I often don't record my billable hours until the end of the day or later.	5 - 4 - 3 - 2 - 1	
13. I feel that the quality of my work has deteriorated.	5 - 4 - 3 - 2 - 1	
14. I am seldom able to take more than a week's vacation a year.	5 - 4 - 3 - 2 - 1	
15. I often take work home.	5 - 4 - 3 - 2 - 1	
TOTAL SCORE		
How many questions rated a "5" score?		

Interpreting Your Score	
1 – 30	Normal range.
31 – 40	Be very observant of your practice's desire to take over your life. Some signs are present that indicate you may be moving in that direction. Determine what practice management skills you should be developing in order to facilitate continued growth without personal crisis.
41 – 50	Your practice is in the process of taking control of your life and is running over your skills to control it. You are well into the danger range. Request an initial discussion with a practice advisor to determine if short-term support is appropriate.
51 – 75	Immediate practice development support is needed to keep you from experiencing major health, relationship and practice problems (or more of them). At this point, the probability of grievances and malpractice problems are increased. Your practice has pushed you well beyond your ability to protect yourself from it. Request immediate practice development support.
3 OR MORE "5" SCORES ARE A DANGER SIGNAL. GET PRACTICE SUPPORT NOW.	

SECTION THREE: CLIENT DEVELOPMENT	5 Strongly Agree	1 Strongly Disagree
1. Even when my revenues are high, I worry about not making my budget.	5 - 4 - 3 - 2 - 1	
2. I don't have a real plan for client development.	5 - 4 - 3 - 2 - 1	
3. I rely on a few long-term major clients for most of my revenues.	5 - 4 - 3 - 2 - 1	
4. I don't do more than one or two "marketing" activities per week.	5 - 4 - 3 - 2 - 1	
5. I don't have a readily accessible list of my best referral sources.	5 - 4 - 3 - 2 - 1	
6. More than half of my business is referred to me from inside the firm.	5 - 4 - 3 - 2 - 1	
7. I don't do any kind of regular communication with my referral sources.	5 - 4 - 3 - 2 - 1	
8. I'm uncomfortable asking for referrals.	5 - 4 - 3 - 2 - 1	
9. I'm uncomfortable asking clients for additional business	5 - 4 - 3 - 2 - 1	
10. I'm basically uncomfortable with marketing.	5 - 4 - 3 - 2 - 1	
11. I never really know what to say in marketing situations	5 - 4 - 3 - 2 - 1	
12. I'm not very effective at cross-selling my firm	5 - 4 - 3 - 2 - 1	
13. I don't like to talk about my practice in social situations	5 - 4 - 3 - 2 - 1	
14. I don't follow up consistently with people who refer me business.	5 - 4 - 3 - 2 - 1	
15. I don't like to mix my marketing and my personal life.	5 - 4 - 3 - 2 - 1	
TOTAL SCORE		
How many questions rated a "5" score?		

Interpreting Your Score	
0 – 30	No concern.
31 – 45	No real concern but some sign of possible missing skills.
46 – 55	Possibility that you are starting to get frustrated with your ability to develop new business and are "topping out" in revenues due to missing skills. Consider requesting practice support in client development.
56 - 75	Crisis. Your practice growth is being limited by your client development skill set. You may well live in fear that you will not make your budget, or be highly frustrated that you cannot move your revenues beyond a certain level. Expanding your skill set is necessary for your growth. Request client development support.
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SECTION FOUR: STAFF AND TEAM	5 Strongly Agree	1 Strongly Disagree
1. I can't completely count on others to do the work as accurately and timely as I know it needs to be done.	5	1
2. I often have 20-30 or more staff and team interruptions a day.	5	1
3. My staff/team don't seem to be able to make a decision without asking me first.	5	1
4. My staff/team is disorganized. I have to supervise them closely.	5	1
5. I have to edit and correct much of the work done by my team.	5	1
6. I don't have sufficient support staff.	5	1
7. I don't have sufficient attorney support.	5	1
8. I have high staff turnover.	5	1
9. I sometimes yell at my staff.	5	1
10. My staff is afraid of me.	5	1
TOTAL SCORE		
How many questions rated a "5" score?		

Interpreting Your Score	
0 – 20	No concern.
21 – 35	No real concern but some sign of possible missing skills that decrease your efficiency and that of your staff.
36 – 40	Real signs are emerging that your practice is outgrowing your people and organizational management skills. Successful growth depends on increasing your skills in managing your team. Request support for expanding your skills in delegation, leverage and effective team management.
41 – 50	Major missing skills are evident, and are hampering the growth and effective operation of your practice. You may be stuck in "technician" mode, micro-managing, managing by default or by command, and you are probably damaging the initiative and creativity of your team. The future growth of your practice – and your satisfaction with it – require that you expand your people and project management skills.
3 OR MORE "5" SCORES ARE A DANGER SIGNAL. GET PRACTICE SUPPORT NOW.	

SECTION FIVE: PERSONAL	5 Strongly Agree	1 Strongly Disagree
1. I often have periods of high energy followed by periods when my energy levels “crash” and I have trouble focusing and functioning.	5	1
2. I’ve gained weight recently	5	1
3. I’m not exercising like I used to	5	1
4. I have ulcers, digestive or other health problems	5	1
5. I often feel anxious and stressed	5	1
6. I often have trouble sleeping	5	1
7. I am experiencing stress in my personal relationships with spouse, family or friends	5	1
8. I often arrive late to the office	5	1
9. My relationships with firm attorneys and/or staff has deteriorated	5	1
10. I often get angry or depressed	5	1
11. I haven’t had enough time to enjoy hobbies and personal interests lately	5	1
12. I am using a little too much medicine (prescription or non-prescription drugs, alcohol, illegal substances)	5	1
13. I used to enjoy practicing law, but it isn’t fun any more	5	1
14. I often think about changing professions	5	1
15. I’m not sure I can do this until I retire	5	1
TOTAL SCORE		
How many questions rated a “5” score?		

Interpreting Your Score	
1 – 30	Normal range.
31 – 40	Your practice is beginning to damage your personal life rather than enhance it. Determine what practice management and marketing skills you should be developing in order to facilitate continued growth without personal crisis.
41 – 50	Burnout is heating up. You are well into the danger range. Request an initial discussion with a practice advisor to determine if short-term support is appropriate.
51 – 75	You are in incipient burnout. Immediate practice development support is needed to keep you from experiencing major health, relationship and practice problems (or more of them). Your practice has pushed you well beyond your ability to protect yourself from it. Request immediate practice development support.
3 OR MORE “5” SCORES ARE A DANGER SIGNAL. GET PRACTICE SUPPORT NOW.	



MOVE YOUR PRACTICE FORWARD!

**WITH A CONFIDENTIAL PRACTICE EVALUATION
AND COACHING SESSION**

A one-hour Confidential Practice Evaluation and coaching session is available for **\$199**, conducted via telephone by a Master Practice Advisor.

To request your Evaluation, complete the information and fax, mail or e-mail to the address below. We will call to schedule your call and arrange for payment.

YES, I would like to request a Confidential Practice Evaluation to help me take my practice to the next level.

Name _____
 Title _____ (Partner, Associate, Sole, Of Counsel, Etc.)
 Firm _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax: _____
 E-Mail _____
 Practice areas Primary _____
 Second _____
 Third _____
 Other _____

Number of attorneys in firm: _____ Number of staff: _____

Do you have a full-time secretary/assistant? ___ Yes ___ No

Do you have a full-time paralegal? ___ Yes ___ No

My primary interest is in: ___ Client Development ___ Practice Management

Questions? Call 407-830-9810

Fax to: 407-830-9088

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