A close up of a flower

Description automatically generated

Preliminary Assessment Questions

1. What is drawing you to this program? Share a bit of your story (6-7 sentences)
2. What aspects of the wellness program interest you? (Check all that apply)

Nutrition

Fitness

Emotional Restoration

1. What eating patterns work best for you (Check all that apply)

3 main meals, 2 snacks

Grazing all day (e.g. light snacking on meals all day)

1 big meal daily

I have no idea what my pattern is

1. What is important to you when you begin a new eating program? (Check all that apply)

Ease! Grab and go.

Full menus, shopping lists, planning, and food journaling.

Coaching and accountability

Weekly group support

1. What type of fitness do you prefer? (Check all that apply)

Cardio

Circuit

Strength training

Yoga

Walking

Cycling

Kickboxing

Swimming

Other:

1. How do you practice mindfulness activities?

Mindfulness

Centering

Prayer

Meditation

Sacred reading (e.g. Bible, devotionals)

Journaling

1. Please feel free to share any additional information that you would like me to know: