

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: