

**Grounding and relaxing walks in nature-Pre-Assessment Questionnaire/consent**

Your privacy is important to us. All information provided in this questionnaire is strictly confidential. The data collected will be used for the sole purpose of improving our service.

Full Name:

Do you have any allergies or sensitivities (e.g., to plants, insect bites)? If yes, please specify.

How would you describe your current level of physical health?

* Excellent
* Good
* Fair
* Limited
* Poor

Are there any specific mobility difficulties we need to be aware of?

On a scale of 1 to 10, how would you rate your overall emotional well-being currently? (1 being poor, 10 being excellent)

1 2 3 4 5 6 7 8 9 10

**On a scale of 1 to 5, how would you rate your overall comfort level when working in a group setting?**

* Very Uncomfortable
* Uncomfortable
* Neutral
* Comfortable
* Very Comfortable

Is there anything we can do to make you feel more at ease during the sessions?

How comfortable are you in outdoor settings?

Are there any aspects of nature that you find calming or distressing?

What are your expectations from participating in forest bathing sessions? Tick one or more.

* Greater connection with nature
* Seeing nature in a different way
* Learning something new
* Feeling refreshed
* Don’t Know
* Other

Is there anything else you would like to share that might be relevant to your participation in forest bathing sessions?

Emergency Contact number-

**Declaration:** I acknowledge that the information provided in this questionnaire is accurate to the best of my knowledge. I understand that participating in forest bathing involves some level of physical activity and I will inform the guide of any discomfort or concerns during the sessions.

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

