

Pre-Sound Bath Questionnaire for Individuals

1. Personal Information:

Full Name: _____

Email Address: _____

Phone Number (optional): _____

2. Have you ever attended a sound bath before?

☐ Yes

☐ No

3. What draws you to participate in this sound bath?

(Select all that apply)

☐ Stress relief

☐ Deep relaxation

☐ Meditation practice

☐ Pain Relief

☐ Emotional healing

☐ Chakra balancing

☐ Curiosity/trying something new

☐ Other: _____

4. Are there any specific intentions you'd like to set for this session?

(Example: release anxiety, feel grounded, boost creativity)

5. Do you have any physical injuries or sensitivities we should be aware of?

(e.g., back pain, sensitivity to loud sounds, etc.)

6. Are you comfortable lying down for an extended period (45-60 minutes)?

☐ Yes

☐ No (please explain): _____

8. Are you sensitive to certain sound frequencies or instruments?

(e.g., gongs, singing bowls, drums)

☐ Yes (please specify): _____

☐ No

9. What is your current emotional state on a scale from 1 to 10?

(1 = stressed/anxious, 10 = calm/peaceful)

1 2 3 4 5 6 7 8 9 10

10. How did you hear about this soundROI?

☐ Instagram

☐ Word of mouth

☐ Flyer

☐ Website

☐ Other: _____