

SoundROI Pre-Sound Bath Questionnaire for Groups

Name or Company (if applicable):

Primary Contact Person:

Email Address: Phone Number (optional):

1. Group Experience

Has your company attended a sound bath before?

☐ Yes ☐ No ☐ Mixed experience within the group

2. Motivation

What brings your company to schedule a sound bath session?

(Select all that apply)

- ☐ Stress Relief
- ☐ Deep Relaxation
- ☐ Meditation or Mindfulness Practice
- ☐ Company Retreat
- ☐ Team Bonding
- ☐ Boost Team Morale
- ☐ Alignment
- ☐ Curiosity / New experience
- ☐ Other: _____

3. Shared Intentions

Are there any group-wide intentions you'd like to set for this session?

(e.g., build connection, collective relaxation, reset energy, boost creativity)

4. Individual Considerations

Do any members of your group have physical injuries, sensitivities, or special needs we should be aware of? (e.g., back pain, difficulty lying down, sound sensitivity)

☐ Yes ☐ No

If yes, please describe briefly: _____

5. Sound Sensitivity

Are any group members sensitive to specific sound frequencies or instruments?

☐ Yes ☐ No

If yes, please specify: _____

6. Lying Down Comfort

Are all group members comfortable lying down for 45–60 minutes?

☐ Yes ☐ No (please specify): _____

7. Morale Check-In

On average, how would your group rate their overall current state (from 1 = stressed/anxious to 10 = calm/peaceful)?**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

(Optional: feel free to indicate a range or most common ratings in the group.)

8. How Did You Hear About SoudROI?

- ☐ Instagram
- ☐ Word of mouth
- ☐ Flyer
- ☐ Website
- ☐ Referral or partnership
- ☐ Other: _____