



Amongst the Trees

Walk. Sit. Watch. Breathe.

FOREST THERAPY

PARTICIPANT FEEDBACK FORM

Demographic Information

Gender: M F Other

Age Group: 12 or under

13-19

20-29

30-39

40-49

50-59

60-69

70-79

80 or over

Post Code: _____

INFTA-Accredited Forest Therapy Guide: _____

Date of Walk: ___/___/___

Location: _____

1. What was your reason for coming on today's Forest Therapy walk? Were your goals met?

2. When you think about how you are feeling now, compared to at the beginning of the Forest Therapy walk, do you notice any differences? If so, which?

3. What was one highlight of today's Forest Therapy walk for you?

4. What (if anything) was challenging or "edgy" for you today?

5. What might have made today's Forest Therapy walk a better experience for you?

6. On a scale of 1-5 (1 is low, 5 is high), please rate:

• What is your overall rating of this experience?

Low

High

1-----2-----3-----4-----5

• How confident are you that this walk has been beneficial?

1-----2-----3-----4-----5

• How likely is it that you will recommend this to others?

1-----2-----3-----4-----5

• How likely are you to return for more walks?

1-----2-----3-----4-----5

7. Testimonial: If you were to recommend this experience to others, what would you say?

Thank you very much for your time and feedback!