

# NAFKAM

Nasjonalt forskningscenter innen  
komplementær og alternativ medisin



## Mittuniversitetet

MID SWEDEN UNIVERSITY

**Field diary Facilitators**

**Wilderness Program 14-21 June 2021**

The **WAYA** study (Wilderness program for Adolescent and Young Adult cancer survivors)



## Contact list responsible body

Name	Role	Responsibility
Mats Jong	Principal Investigator (PI)	WAYA study research activities
Miek Jong	Co-Principal Investigator (CPI)	WAYA study research coordination
Sture Espwal	Leader Department of Health Sciences, Mid Sweden University	WAYA study, as part of research project at the Department of Health Sciences

## Relevant emergency telephone numbers

Telephone	Body	Website
<b>112</b>	Räddningstjänsten	<a href="https://www.sosalarm.se/112/Om-112/Att-larma-112/nar-ska-du-ringa-112/">https://www.sosalarm.se/112/Om-112/Att-larma-112/nar-ska-du-ringa-112/</a>
1177	Sjukvårdsupplysningen	<a href="http://www.1177.se/">http://www.1177.se/</a>
0200 290090	Sjöräddningen, förebyggande utryckning	<a href="https://www.sjoraddning.se/om-oss/kontakta-oss">https://www.sjoraddning.se/om-oss/kontakta-oss</a>
054 22 12 00	Study Insurance Kammarkollegiet	<a href="https://www.kammarkollegiet.se/vara-tjanster/forsakring-och-riskhantering/hitta-forsakringsprodukt/personforsakringar/ovriga-personskador/sarskilt-personskadeskydd">https://www.kammarkollegiet.se/vara-tjanster/forsakring-och-riskhantering/hitta-forsakringsprodukt/personforsakringar/ovriga-personskador/sarskilt-personskadeskydd</a>

# PROGRAM

## Day 1: 14 June 2021

<b>Location</b>	Glosand (Härnösand): Coordinates N 6933196, E 646543 (SWEREF 99 TM)
<b>Journey</b>	Home address till Glosand by plane, train, bus, car, foot
<b>Starting time</b>	As from 14:00
<b>Measurements</b>	<ul style="list-style-type: none"><li>- COVID-19 tests</li><li>- Blood Pressure and Heart Rate</li><li>- Height, weight</li><li>- Six-minute walk test</li><li>- Oxygen Uptake (OU)</li></ul>
<b>Instructions</b>	<ul style="list-style-type: none"><li>- Delivery of outdoor equipment and how to use it (preparing for the night)</li><li>- Pooping, hygiene</li><li>- Cooking/food/water instructions</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>- Start of the Program: introduction and rules</li><li>- Setting up tent</li><li>- Outdoor cooking</li><li>- Camp fire</li></ul>
<b>Exercises</b>	<ul style="list-style-type: none"><li>- Closing mindfulness meditation</li></ul>

**Day 1: 14 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: ..... hours

**Other relevant notes:**



## Day 2: 15 June 2021

<b>Location</b>	Dalsjön (Käxed, Kramfors): Coordinates N 7000417, E 672355 (SWEREF 99 TM)
<b>Journey</b>	Driving: 1:15 hour by car Distance: 7 km hiking (6 hours) to Dalsjön
<b>Starting time</b>	As from 7:30
<b>Measurements</b> (if not finished the day before)	<ul style="list-style-type: none"><li>- COVID-19 tests</li><li>- Blood Pressure and Heart Rate</li><li>- Height, weight</li><li>- Six-minute walk test</li><li>- Oxygen Uptake (OU)</li></ul>
<b>Instructions</b>	<ul style="list-style-type: none"><li>- Packing-up (back-pack)</li><li>- Mapping/compass</li><li>- Safety skills training</li><li>- Equipment planning</li><li>- Eatable things in nature</li><li>- Allemansrätten and leave no trace</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>- Hiking (including lunch)</li><li>- Setting up camp (dinner)</li></ul>
<b>Exercises</b>	<ul style="list-style-type: none"><li>- Check-in (before leaving)</li><li>- Check-out: (end of the day)</li><li>- Reflective mindfulness exercise</li></ul>

**Day 2: 15 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: .....hours

**Other relevant notes:**



## Day 3: 16 June 2021

<b>Location</b>	Kälaviken (Käl, Kramfors): Coordinates N 6999825, E 677273 (SWEREF 99 TM)
<b>Journey</b>	Distance: 10 km (8 hours) hiking to Kälaviken
<b>Starting time</b>	As from 7:30
<b>Instructions</b>	<ul style="list-style-type: none"><li>- Mapping/compass</li><li>- Safety skills training</li><li>- Eatable things in nature</li><li>- Allemansrätten and leave no trace</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>- Hiking (including lunch)</li><li>- Setting up camp (dinner)</li></ul>
<b>Exercises</b>	<ul style="list-style-type: none"><li>- Check-in (before leaving)</li><li>- Check-out: (end of the day)</li><li>- Reflective mindfulness exercise</li></ul>

**Day 3: 16 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Day 3: Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: .....hours

**Other relevant notes:**



## Day 4: 17 June 2021

<b>Location</b>	Kälaviken (Käl, Kramfors): Coordinates N 6999825, E 677273 (SWEREF 99 TM)
<b>Journey</b>	Kayaking in Kälaviken bay (2-3 hours)
<b>Starting time</b>	As from 7:30
<b>Instructions</b>	<ul style="list-style-type: none"><li>- Mapping/compass</li><li>- Safety skills training</li><li>- Eatable things in nature</li><li>- Allemansrätten and leave no trace</li><li>- Kayaking safety &amp; skills</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>- Kayaking</li></ul>
<b>Exercises</b>	<ul style="list-style-type: none"><li>- Check-in (before leaving)</li><li>- Check-out: (end of the day)</li><li>- Meditation</li></ul>

**Day 4: 17 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: .....hours

**Other relevant notes:**



## Day 5: 18 June 2021

<b>Location</b>	Baggsandsbukten (Mjältön, Kramfors): Coordinates N 6994059, E 677999 (SWEREF 99 TM)
<b>Journey</b>	Distance: Kayaking (6 km) Hiking (2.5 km)
<b>Starting time</b>	As from 7:30
<b>Instructions</b>	<ul style="list-style-type: none"><li>- Mapping/compass</li><li>- Safety skills training</li><li>- Eatable things in nature</li><li>- Allemansrätten and leave no trace</li><li>- Kayaking safety &amp; skills</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>- Kayaking (including lunch)</li><li>- Hiking</li><li>- Setting up camp (dinner)</li></ul>
<b>Exercises</b>	<ul style="list-style-type: none"><li>- Check-in (before leaving)</li><li>- Check-out: (end of the day)</li><li>- Mindfulness exercise</li></ul>

**Day 5: 18 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Day 5: Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

- Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: .....hours

**Other relevant notes:**



## Day 6: 19 June 2021

<b>Location</b>	Baggsandsbukten (Mjältön, Kramfors): Coordinates N 6994059, E 677999 (SWEREF 99 TM)
<b>Journey</b>	Distance: Hiking (6 km) to top Mjältön island
<b>Starting time</b>	As from 7:30
<b>Instructions</b>	<ul style="list-style-type: none"><li>- Mapping/compass</li><li>- Safety skills training</li><li>- Eatable things in nature</li><li>- Allemansrätten and leave no trace</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>- Hiking</li><li>- Gorge climbing</li></ul>
<b>Exercises</b>	<ul style="list-style-type: none"><li>- Check-in (before leaving)</li><li>- Check-out: (end of the day)</li><li>- Mindfulness exercises</li></ul>

**Day 6: 19 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: .....hours

**Other relevant notes:**



## Day 7: 20 June 2021

<b>Location</b>	Sund (Kramfors): Coordinates N 6995006, E 674620 (SWEREF 99 TM)
<b>Journey</b>	Distance: Hiking (4 km) Kayaking (1.5 km)
<b>Starting time</b>	As from 7:30
<b>Instructions</b>	<ul style="list-style-type: none"><li>- Mapping/compass</li><li>- Safety skills training</li><li>- Eatable things in nature</li><li>- Allemansrätten and leave no trace</li><li>- Kayaking instructions</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>- Hiking</li><li>- Kayaking</li></ul>
<b>Exercises</b>	<ul style="list-style-type: none"><li>- Check-in (before leaving)</li><li>- Check-out (end of the day)</li></ul>

**Day 7: 20 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: .....hours

**Other relevant notes:**



## Day 8: 21 June 2021

<b>Location</b>	Sund (Kramfors): Coordinates N 6995006, E 674620 (SWEREF 99 TM)
<b>Journey</b>	Travelling home by car, train, bus, flight
<b>Starting time</b>	As from 7:30
<b>Instructions</b>	- Packing-up for home
<b>Exercises</b>	- Check-out (before leaving)

**Day 8: 21 June 2021**

Have you observed any 'almost' accidents/incidents/close call:

YES  NO

in case of YES, please describe what:

Have any accidents/incidents occurred today?

YES  NO

in case of YES, please describe what, where, how:

Name of the participant(s) involved:

Experienced effect on the participants (describe condition, symptoms, etc):

Intensity of the accident/incident (neglectable, mild, noticeable, severe):

Action/measure (describe how you/others have acted such as care, medication, other):

Follow-up (describe if and what is needed regarding follow-up monitoring):

Have you provided any medication to participants (other than related to the accident/incident)?

YES  NO

in case of YES, please describe what:

Have you provided any specific support to participants (physical, mental, other)?

YES  NO

in case of YES, please describe what:

Have you given any specific program-related instruction to participants?

YES  NO

in case of YES, please describe what:

Did you lack any outdoor equipment or miss any other necessary items?

YES  NO

in case of YES, please describe what:

Please estimate the number of hours today (between 7:30-21:00) in which participants had free (leisure) time, and thus were not involved in any program-related (group) activity

Number: .....hours

**Other relevant notes:**

## **Telephone numbers of facilitators**