

NAFKAM

Nasjonalt forskningssenter 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
112	Räddningstjänsten	https://www.sosalarm.se/112/Om-112/Att-larma-112/nar-ska-du-ringa-112/
1177	Sjukvårdsupplysningen	http://www.1177.se/
0200 290090	Sjöräddningen, förebyggande uttryckning	https://www.sjoraddning.se/om-oss/kontakta-oss
054 22 12 00	Study Insurance Kammarkollegiet	https://www.kammarkollegiet.se/vara-tjanster/forsakring-och-riskhantering/hitta-forsakringsprodukt/personforsakringar/ovriga-personskador/sarskilt-personskadeskydd

PROGRAM

Day 1: 14 June 2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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