

Aromatherapy Preference Questionnaire

Name

Age

Have you used aromatherapy before?

☐ Yes

☐ No

Which scents do you prefer? (Select all that apply)

☐ Floral

☐ Citrus

☐ Woody

☐ Herbal

☐ Spicy

☐ Other

Preferred method of use

What do you hope to achieve with aromatherapy?

Do you have any allergies or sensitivities we should know about?

Additional notes/preferences