

MAGICAL MOROCCO QUESTIONNAIRE

Please complete this form and return it to me. All answers will be kept confidential unless the information needs to be shared with providers to ensure your safety or enhance your experience.

Basics:

Full Name on passport: _____

Address: _____

Phone: _____

Email: _____

Birthdate: _____

Place of Birth: _____

Country of Citizenship: _____

Passport expiration date: _____

Emergency Contact Name and Phone: _____

Where will you fly out of and back to for this trip?

Do you plan to arrive day(s) prior or depart day(s) after the tour?

Please provide your flights details:

Do you have trip insurance or intend to get prior to the trip?	Yes	No
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Health, Physical abilities and Lifestyle:

Do you have any physical conditions or limitations?	Yes	No
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If yes, please describe:

Have you been hospitalized in the last 6 months?	Yes	No
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Is the issue resolved?	Yes	No
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If no, please describe:

Can you climb at least 3 flights of stairs without assistance?	Yes	No
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Can you walk for several hours with occasional breaks?	Yes	No
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Can you navigate/walk on uneven terrain?	Yes	No
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Are you able to ascend/descend stairs which may have steps more than 9" height and narrow staircases?	Yes	No
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Do you need any devices to walk ie cane, walker, brace?	Yes	No
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Do you regularly exercise or live an active lifestyle?	Yes	No
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If yes, what type of activity do you enjoy?

Do you smoke?	Yes	No
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Do you suffer from motion sickness or any other condition which impacts your ability to travel by plane, car or van?	Yes	No
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Do you have any allergies (food, environmental, animals, etc)?	Yes	No
If yes please list your allergies:		

Do you carry or need an epi-pen?	Yes	No
What treatment is needed if you have an allergic reaction?		

Do you drink alcohol?	Yes	No
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If no, do you mind being around others who drink alcohol?	Yes	No
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Are you able to be in the sun?	Yes	No
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Do you take any marijuana or marijuana/THC derivatives?	Yes	No
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Do you use recreational drugs?	Yes	No
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Do you have any fears (heights, tight spaces, animals, etc)?	Yes	No
If yes, please describe:		

Do you have any conditions triggered by heat?	Yes	No
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Do you normally sleep on a hard, medium or soft bed?	H	M	S
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Are you a morning person (able to get up and go by 8:30)?	Yes	No
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Food:

Are you on a special diet? (vegetarian, keto, low sugar, etc..)	Yes	No
If yes, please describe		

Do you have any food allergies/intolerances/sensitivities?	Yes	No
If yes, please list:		

Are there any foods you will not eat? If yes, please list:	Yes	No
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Do you drink coffee or tea?	Yes	No
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If yes, can you drink regular caffeinated versions?	Yes	No
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Travel Experience:

Have you previously traveled internationally? If yes, list some of the countries you have visited:	Yes	No
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Have you spent more than 3 days in a developing or underdeveloped country (3 rd world) previously	Yes	No
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What have your previous travel experiences included? Large tours, small tours, solo travel, small groups of friends or family? Please describe.

Why are you interested in travelling to Morocco?

Do you have any particular expectations?

What are you most hoping to experience or to get out of this trip?

Do you have any particular interests? History, food, wine, crafts, shopping, cultural immersion, religious, nature, walking/hiking, museums, fossils, gardens?
Please list or describe.

Is there anything that you absolutely have no interest in? If yes, please list.

Do you have any concerns or apprehensions?

About you:

How would you describe yourself?

What do you enjoy about traveling?

1 – not at all, 5-very

How adventurous are you generally?

1 2 3 4 5

More specifically-

Trying new foods

1 2 3 4 5

Physical activities like hiking, camel riding

1 2 3 4 5

Interacting with people who don't speak English

1 2 3 4 5

Melding into a different culture

1 2 3 4 5

Seeing how local people live and work

1 2 3 4 5

Do you consider yourself a curious person?

Yes

No

Is there anything else I should know about you or you would like to share?

Are there any questions you have or things you would like to discuss with me?

