**General Health questionnaire (EQ-5D-5L)**

Please indicate which statements best describe your own health state today.

Mobility

I have no problems in walking about

v

I have slight problems in walking about

v

I have moderate problems in walking about

v

I have severe problems in walking about

v

I am unable to walk about

Self-Care

v

I have no problems washing or dressing myself

v

I have slight problems washing or dressing myself

v

I have moderate problems washing or dressing myself

v

I have severe problems washing or dressing myself

v

I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities

I have slight problems doing my usual activities

I have moderate problems doing my usual activities

I have severe problems doing my usual activities

I am unable to do my usual activities

Pain/Discomfort

I have no pain or discomfort

I have slight pain or discomfort

I have moderate pain or discomfort

I have severe pain or discomfort

I have extreme pain or discomfort

Anxiety/Depression

I am not anxious or depressed

I am slightly anxious or depressed

I am moderately anxious or depressed

I am severely anxious or depressed

I am extremely anxious or depressed

We would like to know how good or bad your health is TODAY. The scale is numbered from 0 to 100. 100 means the best health you can imagine.

0 means the worst health you can imagine. Mark an X on the scale to indicate how your health is TODAY. Now, please write the number you marked on the scale in the box below.

The best health you can imagine

100

95

90

85

80

75

70

65

60 Your health TODAY =

55

50

45

40

35

30

25

20

15

10

5

0

The worst health you can imagine

**Recovering Quality of Life scale (ReQoL)**

For each of the following statements, please tick one box that best describes your thoughts, feelings and activities over the **last week.**

1. I found it difficult to get started with everyday tasks

None of the time Only occasionally Sometimes Often Most or all of the time

2. I felt able to trust others

None of the time Only occasionally Sometimes Often Most or all of the time

3. I felt unable to cope

None of the time Only occasionally Sometimes Often Most or all of the time

4. I could do the things I wanted to do

None of the time Only occasionally Sometimes Often Most or all of the time

5. I felt happy

None of the time Only occasionally Sometimes Often Most or all of the time

6. I thought my life was not worth living

None of the time Only occasionally Sometimes Often Most or all of the time

7. I enjoyed what I did

None of the time Only occasionally Sometimes Often Most or all of the time

8. I felt hopeful about my future

None of the time Only occasionally Sometimes Often Most or all of the time

9. I felt lonely

None of the time Only occasionally Sometimes Often Most or all of the time

10. I felt confident in myself

None of the time Only occasionally Sometimes Often Most or all of the time

11. I did things I found rewarding

None of the time Only occasionally Sometimes Often Most or all of the time

12. I avoided things I needed to do

None of the time Only occasionally Sometimes Often Most or all of the time

13. I felt irritated

None of the time Only occasionally Sometimes Often Most or all of the time

14. I felt like a failure

None of the time Only occasionally Sometimes Often Most or all of the time

15. I felt in control of my life

None of the time Only occasionally Sometimes Often Most or all of the time

16. I felt terrified

None of the time Only occasionally Sometimes Often Most or all of the time

17. I felt anxious

None of the time Only occasionally Sometimes Often Most or all of the time

18. I had problems with my sleep

None of the time Only occasionally Sometimes Often Most or all of the time

19. I felt calm

None of the time Only occasionally Sometimes Often Most or all of the time

20. I found it hard to concentrate

None of the time Only occasionally Sometimes Often Most or all of the time

**TYPES OF POSITIVE AFFECT SCALE (TPAS)**

INSTRUCTIONS

Below are a series of words that describe different positive emotions. We are interested in the degree to which you commonly experience these feelings.

For the emotion words below, we would like you to rate how characteristic these feelings are of you:

Secure

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Calm

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Active

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Laid Back

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Lively

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Energetic

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Serene

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Eager

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Dynamic

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Safe

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Warm

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Content

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Excited

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Adventurous

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Tranquil

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Peaceful

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

Enthusiastic

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

RelaxedBottom of Form

Not characteristic of me Fairly characteristic of me Very characteristic of meBottom of Form

**Relationship with nature questionnaire**

Please rate the extent to which you agree with each statement below.

1. My ideal vacation spot would be a remote, wilderness area.

 Disagree Disagree a little Neither agree or disagree Agree a little Agree strongly

2. I always think about how my actions affect the environment.

 Disagree Disagree a little Neither agree or disagree Agree a little Agree strongly

3. My connection to nature and the environment is a part of my spirituality.

 Disagree Disagree a little Neither agree or disagree Agree a little Agree strongly

4. I take notice of wildlife wherever I am.

 Disagree Disagree a little Neither agree or disagree Agree a little Agree strongly

5. My relationship to nature is an important part of who I am.

 Disagree Disagree a little Neither agree or disagree Agree a little Agree strongly

6. I feel very connected to all living things and the earth.

 Disagree Disagree a little Neither agree or disagree Agree a little Agree strongly

**Engagement with natural beauty questionnaire**

In regard to all responses below: Keep in mind that we are only asking about your *experience* with *perceiving* and *feeling* something as *beautiful*. In general, we can like many things or see them as important without actually noticing their beauty. Therefore, in the following questions we are not asking if you like something; we are not asking if you think something is important; we only ask if you feel it as beautiful.

Statements 1-4 below refer to **experiences with nature and the physical world, including, mountains, rocks, rivers, lakes, oceans, deserts, plants, flowers, trees, animals, etc. (but NOT the human body)**.

1. I notice beauty in one or more aspects of nature.

Very unlike me Unlike me A little unlike me Neutral A little like me Like me Very much like me

2. When perceiving beauty in nature I feel changes in my body, such as a lump in my throat, an expansion in my chest, faster heart beat, or other bodily responses.

Very unlike me Unlike me A little unlike me Neutral A little like me Like me Very much like me

3. When perceiving beauty in nature I feel emotional, it “moves me,” such as feeling a sense of awe or wonder or excitement or admiration or upliftment.

Very unlike me Unlike me A little unlike me Neutral A little like me Like me Very much like me

4. When perceiving beauty in nature I feel something like a spiritual experience, perhaps a sense of oneness or being united with the universe or a love of the entire world.

Very unlike me Unlike me A little unlike me Neutral A little like me Like me Very much like me

**Inclusion of Nature in Self**

Please select the picture below which best describes your relationship with the natural environment. How interconnected are your with nature right now?



**Demographics**

Where did you hear about the study?

 Poster/leaflet

 

 TV/radio

 

 Social media

 

 Voluntary or charitable organisation

 

 Health professional

 

 Other

 

What is your age?

Please provide the first 4 digits of your postcode?

Are you

 Female

 

 

 Male

 Other

 

What is your ethnic group (Please tick one box only)

 White

 

 Mixed

 

 Asian or Asian British

 

 Black or Black British

 

 Other ethnic group

 

 Not stated

 

**Baseline questions about exposure**

How much time did you spend outside growing up?

None A lot

 

 

 

 

 

How much time have you been spending outside the last year?

None A lot

 

 

 

 

 

Do you have access to a garden?

 Yes

 

 

 No

**Post (1month) questions about experiences of sites**

What was your best experience of a green space/built space, and where was this?

What was your worst experience of a green space/built space, and where was this?

**Below are 4 daily questions about app-use/context (i.e. where they went and what it was like)**

**About you**

What were you doing?

 Walking

 

 Exercising

 

 Relaxing

 

 Travelling

 

 Other

 

Who was with you?

 No one

 

 Friends, family or partner

 

 Co-workers/course mates

 

 In a crowd

 

 Pet

 

 Other

 

**Rate this space (intervention version)**

How many types of plant/tree/animal would you guess there were?

None ………………………….Lots

How did you feel about this place?

……………………………………..☺

**Rate this space (control version)**

How built-up was this place?

Not at all …………………………. Very

How did you feel about this place?

……………………………………..☺