



Outdoor health questionnaire

Name of walk: _____ Name of scheme: _____

A Participant details

Title: _____ Full name: _____

House number/name and street: _____

City/County: _____ Postcode: _____

Tel no: _____ e-mail: _____

Preferred contact method: Phone Email Post Do not contact

Please provide the name and telephone number of someone who can be contacted in an emergency:

B Health screening

For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people for whom it would be wise to have medical advice before starting:

- 1 Has your doctor ever said you have a heart condition? Yes No
- 2 Do you feel pain in your chest when you do physical activity? Yes No
- 3 Do you ever lose balance because of dizziness or ever lose consciousness? Yes No
- 4 In the past month, have you had pain in your chest when you were **NOT** doing physical activity? Yes No
- 5 Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No

Declaration

I understand that if I have answered 'Yes' to one or more of the above questions, I should seek medical advice before attending a walking programme. I agree to tell the walk leaders if there is a change in my medical condition. I understand that this information will be shared with other walk leaders and that I walk at my own risk.

Signed: Date:

To make the case for funding for your walking schemes, please help us by answering the following questions:

6 Have you been diagnosed by your doctor or health professional with any of the five following medical conditions?

- Heart disease
- High blood pressure
- COPD (Emphysema and Chronic bronchitis)
- Diabetes
- Asthma

Please advise the walk leader if you have any other conditions you feel they might need to know of.

7 Do you have a long-standing (ie: for more than 12 months and likely to continue) illness or **disability** which affects (or limits) your day to day activities?

Yes No Prefer not to say If Yes, please give brief details:

Please turn over

C About you

- 1 New Walker? Existing walker? Returning walker?
(not walked for three months or more)
- 2 Are you a trained **volunteer** walk leader? Yes No
- 3 Have you been recommended by your doctor or health professional to come on this scheme? Yes No
- 4 In the **past week**, on how many days have you done a total of **30 minutes or more** of physical activity, which was enough to raise your breathing rate?
This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.
- 0 1 2 3 4 5 6 7

Because Walking for Health (WfH) is a public service, we have to report on the following information. Please help us!

- 5 Age 16-24 25-34 35-44 45-54 55-64 65-74 75-84 85+
- 6 Gender Male Female
- 7 Ethnicity:
- | | |
|---|--|
| <input type="checkbox"/> White/British | <input type="checkbox"/> Asian or Asian British/Bangladeshi |
| <input type="checkbox"/> White/Irish | <input type="checkbox"/> Asian or Asian British/Other Asian |
| <input type="checkbox"/> White/Other | <input type="checkbox"/> Black or Black British Caribbean |
| <input type="checkbox"/> Mixed/White & Black African | <input type="checkbox"/> Black or Black British/African |
| <input type="checkbox"/> Mixed/White & Asian | <input type="checkbox"/> Black or Black British/Other Black |
| <input type="checkbox"/> Mixed/Other mixed | <input type="checkbox"/> Chinese or other ethnic group/Chinese |
| <input type="checkbox"/> Asian or Asian British/Indian | <input type="checkbox"/> Chinese or other ethnic group/Other |
| <input type="checkbox"/> Asian or Asian British/Pakistani | Other (please specify) <input type="text"/> |

8 Please tell us how you found out about and joined this scheme

- | | | |
|--|--|---|
| <input type="checkbox"/> GP/health professional referral | <input type="checkbox"/> Library | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Walking group | <input type="checkbox"/> Poster/advertisement | <input type="checkbox"/> Leisure Centre |
| <input type="checkbox"/> Residents' Association | <input type="checkbox"/> Health trainer referral | <input type="checkbox"/> Other (please state which) |

9 Are you happy to be contacted to help us evaluate health walks? Yes No

Thank you for completing this questionnaire.

Using and sharing your information

Your information will be held by Natural England, in accordance with the Data Protection Act 1998. It will be used by each local scheme to evaluate their health walks and show funders that they offer value for money. Summary information will also be used by Natural England to further its work on safeguarding and promoting the use of the natural environment to improve the health of the population. The information will be collected by walk leaders and passed on to walk coordinators for inputting into a central database. This will be used to draw anonymous reports for both the local scheme and the national programme. The results of any analysis will be used to influence and support further funding bids for the local and national schemes and help define the health value of the natural environment.

I have read and understood the above statement.

Signed: Date: