

# Outdoor health questionnaire

## Walking the way to health



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:

- |  |  |
|--|--|
| <p>1 Has your doctor ever said you have a heart conditions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2 Do you feel pain in your chest when you do physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3 Do you ever lose balance because of dizziness or ever lose consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>4 In the past month, have you had pain in your chest when you were <b>NOT</b> doing physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5 Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|--|

### 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:

- |   |   |
|---|---|
| <p>6 Have you been diagnosed by your doctor or health professional with any of the five following medical conditions?</p> <p><input type="checkbox"/> Heart disease</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> COPD (Emphysema and Chronic Bronchitis)</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Asthma</p> | <p>7 Do you have a long-standing (ie: for more than 12 months and likely to continue) illness or <b>disability</b> which affects (or limits) your day to day activities?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p> |
|---|---|

If Yes, please give brief details:

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

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 WHI 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

Ethnicity:

Mixed/Other Mixed	<input type="checkbox"/>	Black or Black British/African	<input type="checkbox"/>
White/British	<input type="checkbox"/>	Black or Black British/Other Black	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Chinese or other ethnic group/Chinese	<input type="checkbox"/>
White/Other	<input type="checkbox"/>	Chinese or other ethnic group/Other	<input type="checkbox"/>
Mixed/White & Black African	<input type="checkbox"/>	Asian or Asian British/Bangladeshi	<input type="checkbox"/>
Mixed/White & Asian	<input type="checkbox"/>	Asian or Asian British/Other Asian	<input type="checkbox"/>
	<input type="checkbox"/>	Black or Black British/Caribbean	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>

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"/> Resident's Association          | <input type="checkbox"/> Health trainer referral | <input type="checkbox"/> Other (please state which) |

9 Thank you for completing this questionnaire. Are you happy to be contacted to help us evaluate health walks? Yes  No



### 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: .....

