

Outdoor health questionnaire

Walking the way to health



Name of walk:

Name of school:

A Participant details

Full name:

House number/name and street:

City/County:

Postcode:

Tel no:

e-mail:

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:

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| <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 NOT 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> |
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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:

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| <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 disability which affects (or limits) your day to day activities? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p> <p>If Yes, please give brief details:</p> <input type="text"/> |
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Please advise the walk leader if you have any other conditions you feel they might need to know of.

