



Outdoor health questionnaire

Name of scheme: Balsam Centre Long Walks

A Participant details

Title: _____ Full name: _____

House number/name and street:

City/County: _____ Postcode: _____

Tel no: _____ email: _____

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:.....

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:

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

5 Age 16-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

6 Gender Male Female

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

8 Are you happy to be contacted to let you know about future walks or changes to the brochure?

- Yes No

If you tick yes, please add your email address to the details on page 1.

Signed: **Date:**