



## Outdoor Health Questionnaire

Welcome to Walking for Health! Before you start please complete this form so your walk leader knows your level of fitness and any specific health problems you have.

**Please print clearly in block capitals.** Your health walks are provided by your local Walking for Health scheme. Walking for Health is England's largest network of health walk schemes. It's managed in partnership by the Ramblers and Macmillan Cancer Support, supporting you to get active and stay active. [www.walkingforhealth.org.uk](http://www.walkingforhealth.org.uk).

**NOTE to health walk staff and volunteers:** This form will contain sensitive or personal data once completed and **must** be handled and stored securely.

1. Name of scheme:

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2. Name of walk:

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3. Your name:

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4. Title (Mr, Ms, etc):

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5. Address:

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6. County:

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7. Postcode:

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8. Telephone number:

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9. Email:

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**10. For most people, physical activity** does not pose a hazard. The questions below have been designed to identify the small number of people who should seek medical advice before starting.

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

I understand that if I have answered yes to any of the previous Health Screening questions, I must seek medical advice before attending a walk. I agree to tell the walk leaders if there is a change in my medical condition. I understand that I walk at my own risk.

Signed:

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Date:

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**Please help us make the case for funding and improve our walking schemes by answering the following questions:**

**11. Have you ever been diagnosed** by your doctor or health professional with any of the following?

<input type="checkbox"/> Heart disease	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma
<input type="checkbox"/> COPD (Emphysema and chronic bronchitis)	

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

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

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|
- If **Yes**, please tick all that apply:
- |   |  |
|---|--|
| <input type="checkbox"/> Physical disability                      | <input type="checkbox"/> Sensory disability    |
| <input type="checkbox"/> Learning disability                      | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Mental health issues                     |  |
| <input type="checkbox"/> Other long term or life limiting illness |  |
| <input type="checkbox"/> Other                                    | <input type="checkbox"/> Prefer not to say     |

**13. Have you ever been diagnosed with cancer?**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

## About you

**14. Are you a trained walk leader?**

- Yes  No

**15. Have you been recommended by your doctor or a health professional to come on this scheme?**

- Yes  No

**16. 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 heart 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. Please tick one box:*

- 1  2  3  4  5  6  7

**17. Age:**

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

**18. Gender:**

- Male  Female

**19. Ethnicity:**

- White British  
 White Irish  
 White Other  
 Chinese  
 Traveller/Roma/Irish Traveller  
 Mixed/White and Black Caribbean  
 Mixed White and Black African  
 Mixed/ White and Asian  
 Mixed/ Other  
 Asian or Asian British/Indian  
 Asian or Asian British/ Pakistani  
 Asian or Asian British/ Bangladeshi  
 Asian or Asian British/ Other  
 Black or Black British/ African  
 Black or Black British / Caribbean  
 Black or Black British /Other  
 Other – please state:

**20. Please tell us how you found out about this scheme**

*(please tick any that apply):*

- GP/ Health professional referral  
 Library  
 Walking Group  
 Poster/advertisement  
 Leisure centre  
 Residents' Association  
 Health trainer referral  
 Macmillan Cancer Support  
 Ramblers  
 Told about it by someone (not covered above)  
 Other – please state:

## Using and sharing your information

The information you give us here will be stored on a secure database managed by BTCV on behalf of the Ramblers, who manage Walking for Health in partnership with Macmillan Cancer Support. This form will then be shredded or if needed stored securely by your walk scheme. The Ramblers will hold your information in accordance with the Data Protection Act 1998. Access to the database is strictly controlled and monitored. Your information can only be viewed by those who need to do so at the Ramblers, Macmillan Cancer Support, your local health walks scheme, and others who work with us on the project. It will only be used to help evaluate and manage Walking for Health and, if you agree, to contact you in connection with health walks. Our organisations will not pass on your information to anyone else without your permission. Your information helps us to show the success of the project and to help ensure your walks continue.

**Your local scheme and Ramblers would like to contact you to tell you more about health walks, walking events and other walking news.**

How would you like to be contacted? Tick all that apply.

- Post  Phone  
 Email  Please don't contact me

**Macmillan Cancer Support would like to tell you more about their work and ways they can support you.**

How would you like to be contacted? Tick all that apply.

- Post  Phone  
 Email  Please don't contact me

**Signed:**

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**Date:**

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**Thank you for completing this questionnaire**

The Ramblers' Association is a registered charity (England & Wales no 1093577, Scotland no SC039799).

Macmillan Cancer Support is a registered charity (England and Wales no 261017, Scotland no SC039907, Isle of Man no 604).

BTCV is a registered charity (England no 261009, Scotland no SC039302) and a limited company (England no 976410).

Together the Ramblers and Macmillan Cancer Support run Walking for Health, helping more people – including those affected by cancer – discover the joys and health benefits of walking.



Supporting you to get active and stay active