

This form will contain sensitive or personal data once completed – it should be handled and stored securely

Outdoor Health Questionnaire



1. Name of scheme

2. Name of walk

3. Your name

4. Title (Mr, Ms, etc)

Your Contact Details

5. Address

6. County

7. Postcode

8. Tel No.

9. E-mail

10. Are you happy to be contacted by your scheme (e.g. about forthcoming events)?

- ☐ Yes If yes, what is your preferred method:
☐ phone ☐ email ☐ post
☐ No – please do not contact me

Health Screening

11. 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:

- a. **Has a doctor** ever said you have a heart condition? ☐ Yes ☐ No
b. **Do you feel pain in your chest** when you do physical activity? ☐ Yes ☐ No
c. **Do you ever lose balance** because of dizziness or ever lose consciousness? ☐ Yes ☐ No

d. **In the past month have you had pain** in your chest when you were **NOT** doing physical activity?

☐ Yes ☐ No

e. **Do you have a bone or joint** problem that could be made worse by a change in your physical activity?

☐ Yes ☐ No

If you answered yes to any of the Health Screening questions, you must seek medical advice before participating in a walk.

Health Declaration

I understand that if I have answered yes to any of the previous Health Screening questions, I must 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 and to help us to monitor the effectiveness of walks for your walking schemes, please help us by answering the following questions:

12. Have you been diagnosed by your doctor or health professional with any of the 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.

13. 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?

☐ No ☐ Prefer not to say ☐ Yes

If **Yes**, please tick all that apply:

- ☐ Physical disability ☐ Sensory disability
☐ Learning disability ☐ Learning difficulties
☐ Mental Health issues
☐ Long-term or life limiting illness
☐ Other ☐ Prefer not to say

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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:

☐ 0 ☐ 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 Black 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
☐ Not disclosed

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
☐ Millets/Blacks ☐ Tesco ☐ M&S
☐ VisitWoods
☐ Told about it by someone (not covered above)
☐ Other – please state

21. 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



Natural England will hold your information in accordance with the Data Protection Act 1998. It will be entered onto a secure database managed by BTCV (formerly known as British Trust for Conservation volunteers) on our behalf, after which this form will be shredded or if needed stored securely by your walk scheme. Permission to access the database is strictly controlled and monitored by Natural England. The information you have given may only be viewed by those who need to do so and you will only be contacted in accordance with your wishes.

Your information is used to evaluate the impact of Walking for Health on people's physical activity levels for the Department of Health, and to measure Walking for Health's impact on other health and environmental outcomes. It will be used to influence and support further funding bids for local and national schemes, and for academic institutions studying and furthering our understanding of the roles walking and the natural environment play in our health and wellbeing.

Signed

Date