



Outdoor Health Questionnaire

Welcome to Lifewalks! 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 Epping Forest District Council Community Services, supporting you to get active and stay active.

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

1. Name of scheme: **LIFEWALKS**

2. Name of walk/No:

3. Your name:

4. Title (Mr, Ms, etc):

5. Address:

6. County:

7. Postcode:

8. Telephone number:

9. Email:

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: _____

Date: _____

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?

- Heart disease High blood pressure
 Diabetes Asthma
 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?

- Yes No Prefer not to say

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

- Physical disability Sensory disability
 Learning disability Learning difficulties
 Mental health issues
 Other long term or life limiting illness
 Other Prefer not to say

13. Have you ever been diagnosed with cancer?

- Yes No 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:

LIFEWALKS would like to contact you to tell you more about Lifewalks social events and other walking news.

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

- Post Phone
 Email Please don't contact me

Signed:

Date:

Thank you for completing this questionnaire



**Epping Forest
District Council**