

# Health Walk Questionnaire



Becoming more active is very safe for most people. Some people should check with their doctor before they start becoming much more physically active. Start by answering all of the questions below.

1. Has your doctor ever said that you have a heart condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. In the past month, have you had chest pain when you were not doing physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>

## 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 and that I walk at my own risk.
- I agree to tell the walk leaders if there are any changes in my health which affect my answers to the above questions.
- I understand that this information will be shared with other walk leaders.

Name (print): .....

Signed: .....

Date: .....

6. Do you have diabetes? Yes  No

7. Do you have asthma? Yes  No

8. Do you have a long-standing illness or disability which affects or limits your day to day activities? Yes  No

If yes, please give brief details: .....

.....

**PLEASE FILL IN THE INFORMATION ON THE BACK OF THIS FORM**  
**THANK YOU**

**Your contact details:**

Name: .....

Address: .....

.....

.....

Postcode: .....

Home Telephone: ..... Mobile No: .....

Email: .....

Date of Birth: .....

**Emergency contact details**

Name: .....

Tel no: .....

**Please can you confirm where you heard about these walks (PLEASE CIRCLE)**

Friend                      Press                      GP                      Poster                      Flyer

Other (please state).....

**What is your first Language:** .....

**Would you like information on becoming a Walk Leader? (PLEASE CIRCLE)**

**Y / N**

THANK YOU