

Outdoor Health Questionnaire

Travel Actively



Name of activity:

Location of activity:

A Participant details

Title: Full name:

House number/name and street:

City/County: Postcode:

Tel no: e-mail:

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 <input type="checkbox"/> No <input type="checkbox"/> | 4 In the past month, have you had pain in your chest when you were NOT doing physical activity? 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"/> | 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"/> |
| 3 Do you ever lose balance because of dizziness or ever lose consciousness? 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 or cycling activity. I agree to tell the activity leaders if there is a change in my medical condition. I understand that this information will be shared with other activity leaders and that I participate at my own risk.

Signed: Date:

To make the case for funding for your walk or cycle ride, please help us by answering the following questions:

- | | |
|--|---|
| 6 Have you been diagnosed by your doctor or health professional with any of the five following medical conditions? | 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? |
|--|---|

- Heart disease
- High blood pressure
- COPD (Emphysema and Chronic Bronchitis)
- Diabetes
- Asthma

Yes No Prefer not to say

If Yes, please give brief details:

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

C About you

1 New participant? Existing participant? Returning participant?
(not participated for three months or more)

2 Are you a trained **volunteer** walk or cycle ride leader? Yes No

3 Have you been recommended by your doctor or health professional to come on this activity? 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.

Please tick
0 1 2 3 4 5 6 7

5 In the **past week**, on how many days did you walk or cycle continuously for **10 minutes or more** to get to and from places (active travel)?

Active travel may include, for example, walking or cycling to work, to visit friends or family or to do your shopping or personal business (even if it has not raised your breathing rate), but should not include a walk or cycle ride around the park.

Please tick
0 1 2 3 4 5 6 7

6 How much of your total physical activity is made up of active travel?

None Less than half About half More than half All

Because Travel Actively is funded by the Big Lottery Fund, we have to report the following information. Please help us! 😊

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

8 Gender: Male Female

9 Ethnicity: Mixed/Other Mixed Black or Black British/African
White/British Asian or Asian British/Indian Black or Black British/Other Black
White Irish Asian or Asian British/Pakistani Chinese or other ethnic group/Chinese
White/Other Asian or Asian British/Bangladeshi Chinese or other ethnic group/Other
Mixed/White & Asian Asian or Asian British/Other Asian Other (please specify below)
Mixed/White & Black African Black or Black British/Caribbean

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

GP/health professional referral Library Word of mouth
 Walking/cycling group Poster/advertisement Leisure Centre
 Resident's Association Other (please state which) _____

11 **Thank you** for completing this questionnaire. Are you happy to be contacted to help us evaluate our projects? Yes No

Using and sharing your information

Your information will be held by Sustrans and partners, in accordance with the Data Protection Act 1998. It will be used by each local project to evaluate their activities and show funders that they offer value for money. Summary information will also be used by Sustrans and partners to demonstrate the impact the projects have on participants. The information will be collected by activity leaders and passed on to coordinators for inputting into a central database. This will be used to draw anonymous reports for both the local projects and the national project portfolio. The results of any analysis will be used to influence and support further funding bids for the local and national projects and help define the health value of physical activity and active travel.

I have read and understood the above statement.

Signed: Date:



LOTTERY FUNDED