



Some questions about the walks you are going on

Name of the walk

Name of the walking group

Please answer the questions below.

We need this information to make sure the walks work well.



About you

Your name

Your address and postcode



Your phone number



Your email address

How would you like us to contact you?
(please tick as many boxes as you need to)



Phone



Email



Post

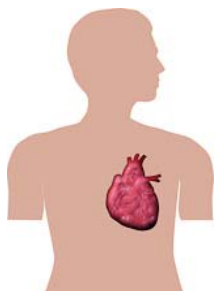


Please do not
contact me



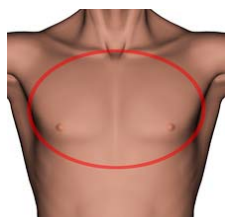
Please give us the name and phone number of someone
we can contact in an emergency

About your health



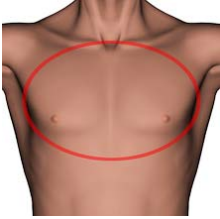
Has your doctor ever said you have something wrong with
your heart? (please tick 1 box)

Yes No



Do you ever feel pain in your chest when you do sport or
exercise? (please tick 1 box)

Yes No



In the past month, have you had any pain in your chest when you are **not** doing sport or exercise?
(please tick 1 box)

Yes No



Do you ever feel dizzy and fall over or pass out?
(please tick 1 box)

Yes No



Do you have a problem with the bones or joints in your body that could get worse if you start doing a new type of sport or exercise? (please tick 1 box)

Yes No

Did you say yes to any of the questions?

If you did, we need you to agree to a few things first before you can come on the walks.

Please sign your name on the next page if you agree to these things



- You will see your doctor before starting the walks to make sure your health is good enough to walk.



- You will let the people in charge of your walks know if there is any change in your health.
- You walk at your own risk. This means it is not our fault if something happens to you on the walks because your health is not good enough to walk.

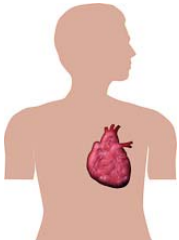
If you agree to these things, please sign here



Your name

The date

Do you have any of these health conditions?
(tick as many boxes as you need to)



Heart Disease



High blood pressure



COPD
(Emphysema and Chronic Bronchitis.
This is to do with your lungs)



Diabetes



Asthma



Please tell the person in charge of the walks if you have any other illness you think they should know about.

Do you have an illness or disability all the time which makes some things hard to do? If you do, please tell us which illness or disability you have, if you feel OK about telling us.



How much walking have you done? (please tick 1 box)

I am just starting now I do walking already

I used to walk but have not walked for over 3 months



Have you had training to be a volunteer walk leader?

A walk leader is the person in charge of the walks
(please tick 1 box)

Yes No



Did your doctor or other health person say you should start these walks? (please tick 1 box)

Yes No



How many days in the last week have you done sports or exercise for 30 minutes or more?



How old are you?

Are you
(please tick 1 box)

Male

Female

Which background or culture are you from?

(This is to do with things like where your family are from, the language you speak and the colour of your skin.)

Please tick the box that you think best describes the background or culture you are from. There are more choices on the next page.

White

White British

White Irish

White other

Mixed race

White and Black African

White and Asian

Other



Asian

Asian or Asian British Indian

Asian or Asian British Pakistani

Asian or Asian British Bangladeshi

Asian or Asian British other

Black

Black or Black British Caribbean

Black or Black British African

Black or Black British Other

Other

Chinese

Any other background
(please tell us which)



How did you find out about the walking group?

Can we get in touch with you to ask what you think of the walks? (please tick 1 box)

Yes

No



What we will do with the information you give us



We are **Natural England**. We are in charge of the walking groups.

We will keep your information safe in the way the law says.

We will use the information you give us to check how well our walks are working.



We will keep the information on our computers. We will make some reports. But your name or other information about you will **not** be on the reports.

Please sign here if you are happy with what you have just read.



Your name

The date