

# WALKS QUESTIONNAIRE

Name:		Telephone number:	
Date of Birth:	M/F	Mobile number:	
Address:			
Email:			
<b>Someone to contact in an emergency:</b>			
Name		Telephone number:	
Main reasons for joining Stepping Out:			
How did you hear about us?			
Are you interested in any other activities offered through Up and Active? (please tick)			
Weight Management		Exercise Sessions	

## Health Details – Please circle and give details where appropriate

Do you have any heart problems?	Yes	No
<b>If YES, please bring any medication you may need with you (e.g GTN spray)</b>		
Do you have high blood pressure?	Yes	No
Do you have any joint/bone problems that may be aggravated by physical activity?	Yes	No
Do you have any problems with dizziness or any balance problems?	Yes	No
Do you have diabetes?	Yes	No
<b>If YES please bring a sugary snack/drink if needed</b>		
Do you have asthma or any other breathing problems?	Yes	No
<b>If YES please bring any inhalers you may need with you</b>		
Do you have claudication/vascular problems?	Yes	No
Have any of your conditions worsened in the last 6 months?	Yes	No
Do you have ANY OTHER health issues that may affect your ability to take part in a walking programme?	Yes	No

If you have answered yes to any of the questions it is advised that you speak to your GP before taking part in any exercise programme. If you are unsure about what activities are suitable for you please contact the Up and Active Team who will be able to advise an appropriate programme.

Stepping Out is part of the Ribble Valley Up and Active Programme. The information on this questionnaire will be shared with your walk leaders and with the Up and Active team. Please let us know if there are any changes in your medical condition. Please be advised that you walk at your own risk

**Declaration**

I have read, understood and completed this questionnaire

All questions have been answered to the best of my knowledge

Name (please print).....

Signature.....

Date.....