

Outdoor and Adventure Therapy Health Questionnaire

Type of Activity:

Name of Counsellor:

A Participant details

Full name:

House number/name and street:

City/County:

Postcode:

Tel no:

e-mail:

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 conditions? Yes No

2 Do you feel pain in your chest when you do physical activity? Yes No

3 Do you ever lose balance because of dizziness or ever lose consciousness? Yes No

4 In the past month, have you had pain in your chest when you were **NOT** doing physical activity? Yes No

5 Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No

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. I agree to tell the walk leaders if there is a change in my medical condition. I understand that this information will be shared with other walk leaders and that I walk at my own risk.

Signed: Date:

To make the case for funding for your Outdoor and Adventure therapy, please help us by answering the following questions:

6 Have you been diagnosed by your doctor or 7 Do you have a long-standing (ie: for more than health professional with any of the five following 12 months and likely to continue) illness or **disability** which affects (or limits) your day to medical conditions?

- 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 counsellor if you have any other conditions you feel they might need to know of.

C About you

- 1 New to outdoor activity? Existing outdoor practitioner? Returning to outdoor activity?
 (e.g not done activity for three months or more)
- 2 Are you a trained **volunteer** activity leader? Yes No
- 3 Have you been recommended by your doctor or health professional to come on this service? Yes No
- 4 In the **past week**, on how many days have you accumulated **at least 30 minutes** of moderate intensity physical activity such as brisk walking, cycling, sport, exercise, and active recreation? (Do not include physical activity that may be part of your job or usual role activities.)
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- 0 1 2 3 4 5 6 7

Because Kendal Therapy is a private service, we do not have to report the following information to the Office of National Statistics. So this is for our records only. Please help us! 😊

- 5 Age: 16-24 25-34 35-44 45-54 55-64 65-74 75-84 85+
- 6 Gender: Male Female
- 7 Ethnicity:
- | | | | | | |
|-----------------------------|--------------------------|------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Mixed/Other | <input type="checkbox"/> | Mixed | <input type="checkbox"/> | Black or Black British/African | <input type="checkbox"/> |
| White/British | <input type="checkbox"/> | Asian or Asian British/Indian | <input type="checkbox"/> | Black or Black British/Other Black | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Asian or Asian British/Pakistani | <input type="checkbox"/> | Chinese or other ethnic group/Chinese | <input type="checkbox"/> |
| White/Other | <input type="checkbox"/> | Asian or Asian British/Bangladeshi | <input type="checkbox"/> | Chinese or other ethnic group/Other | <input type="checkbox"/> |
| Mixed/White & Black African | <input type="checkbox"/> | Asian or Asian British/Other Asian | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
| Mixed/White & Asian | <input type="checkbox"/> | Black or Black British/Caribbean | <input type="checkbox"/> | | |

8 Please tell us how you found about and joined this scheme

- | | |
|--|---|
| <input type="checkbox"/> GP/health professional referral | <input type="checkbox"/> Poster/advertisement |
| <input type="checkbox"/> School/college | <input type="checkbox"/> Leisure Centre |
| <input type="checkbox"/> Youth group | <input type="checkbox"/> Resident's Association |
| <input type="checkbox"/> Walking group | <input type="checkbox"/> Other (please state which) |

9 Thank you for completing this questionnaire. Are you happy to be contacted to help us evaluate Outdoor and adventure therapy? Yes No



Using and sharing your information

Your information will be held by Kendal Therapy, in accordance with the Data Protection Act 1998. It will be used by to evaluate our Outdoor and Adventure Therapy service and show new clients that we offer value for money. Summary information will also be used by Kendal Therapy to further its work on safeguarding and promoting the use of the natural environment to improve the health of the population. The information will be collected by Chris Frampton and inputted into a database. This will be used to draw anonymous reports for both the local service and to add to national research. The results of any analysis will be used to influence and support further funding bids for the local and national services and help define the health value of the natural environment.

I have read and understood the above statement.

Signed: Date: