



STALBRIDGE WALKERS Health Questionnaire

CONFIDENTIAL TO WALK LEADERS

This information will be kept for Health Walk records only and shared with walk leaders

1. Has your doctor ever said that you have any sort of heart condition?

YES NO

If yes, please explain.....
.....

2. Do you feel pain in your chest when you do physical activity?

YES NO

3. In the past month have you had a pain in your chest when you have not been doing physical activity?

YES NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

YES NO

5. Do you have a bone or joint problem?

YES NO

If yes, please explain
.....

6. Do you suffer from asthma? YES NO

If yes, do you carry an inhaler? YES NO

7. Are you diabetic? YES NO

If yes, do you carry sweets/glucose? YES NO

Please turn over

8. Please describe any other condition that it would be useful for walk leaders to be aware of.....
.....

I understand that if I answered YES to one or more of the above questions, I should seek medical advice before undertaking a walking programme.

Signed:.....

Name (please print).....

Date:.....

Tel:.....