



Welcome to your first Health Walk!

First name Last name

Address

Town/City Postcode

Telephone E-mail

What's the name of the walking project you're joining?

We'd like to email you after 6 months to find out how your walking is going.

Today's date

1. What are your main reasons for attending Health Walks?

Please tick all that apply.

<input type="checkbox"/> Manage weight	<input type="checkbox"/> Prefer walking to other forms of exercise
<input type="checkbox"/> Meet new people	<input type="checkbox"/> Other reason for attending Health Walks:
<input type="checkbox"/> To feel healthier	<input type="text"/>
<input type="checkbox"/> Opportunity to volunteer	

2. How did you find out about Health Walks?

Please tick all that apply.

<input type="checkbox"/> GP	<input type="checkbox"/> Poster
<input type="checkbox"/> Other health professional	<input type="checkbox"/> Local newspaper
<input type="checkbox"/> Family / Friends	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Leaflet	<input type="text"/>
<input type="checkbox"/> Facebook	

3. Have you been diagnosed by your doctor or health professional with any of the following conditions?

Please tick all that apply.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Cancer
<input type="checkbox"/> Mental ill health	<input type="checkbox"/> Dementia
<input type="checkbox"/> Overweight	<input type="checkbox"/> Other long term condition
<input type="checkbox"/> Chronic obstructive pulmonary disease	<input type="text"/>

Do you consider yourself disabled? Yes No

4. Are you Male
 Female
 Other

5. What is your current age? 16 - 24 35 - 44 55 - 64 75+
 25 - 34 45 - 54 65 - 74
Please tick one.

How active are you usually?

This will help us understand the difference walking can make.

Include anything that makes you breathe deeper, your heart beat a little faster and makes you feel warmer.

6. In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Please tick one.

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

If you've ticked four days or less please answer one more question below.

If you've ticked 5 or more days, you're finished! Thank you. Please return your form to your walk leader.

7. If you've ticked four days or less, have you been physically active for at least two and a half hours (150 minutes in total) over the course of the past week?

No Yes

You're done!
Please return your form to your Walk Leader

Paths for All stores and processes this information in order to evaluate the programme and to communicate with you about resources and topics that may interest you. We will share your information with other organisations solely for the purpose of evaluating the programme. For more information on how we store, process and keep your information secure, please see the Privacy Statement in our website Terms and Conditions www.pathsforall.org.uk

**paths
for all**

FOR A HAPPIER,
HEALTHIER SCOTLAND

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