

## Outdoor health questionnaire

First name	
Surname	
Age	Gender
Address	
Postcode	
Telephone / Mobile	
Email	
Park where first registered	

Would you be happy for us to call you in 3 months time to ask how your outdoor gym use is going?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>How would you describe your ethnicity?</b>		
White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	White Other <input type="checkbox"/>
Chinese <input type="checkbox"/>	Traveller/ Roma/ Irish Traveller <input type="checkbox"/>	Mixed White/ Black Caribbean <input type="checkbox"/>
Mixed White Asian <input type="checkbox"/>	Mixed White/ Black African <input type="checkbox"/>	Mixed other <input type="checkbox"/>
Asian/ British Indian Indian <input type="checkbox"/>	Asian/ Asian British Pakistani <input type="checkbox"/>	Asian/ Asian British / Bangladeshi <input type="checkbox"/>
Asian / Asian British other <input type="checkbox"/>	Black or Black British / African <input type="checkbox"/>	Black or Black British / Caribbean <input type="checkbox"/>
Black or Black British / other <input type="checkbox"/>	Other- please state	

Do you have a long standing (for more than 12 months and likely to continue) illness or disability which affects or limits your day to day activities?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

If yes, please disclose below to ensure the instructor can provide appropriate support or information.		

<b>What is your current activity level? Please tick</b>	
1	In the past week, on how many days have you done a total of 30 minutes or more physical activity which was enough to raise your breathing rate? (This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
2	Over a typical week, on how many days are you physically active for a total of at least 30 minutes per day? (This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
3	On average how often do you currently use the outdoor gym? 6-7 days per week <input type="checkbox"/> / 3-5 days per week <input type="checkbox"/> / 1-2 days per week <input type="checkbox"/> / 1-3 days per month <input type="checkbox"/> / Less than 1 day per month <input type="checkbox"/> / Never <input type="checkbox"/>
4	How often did you exercise before you started using the outdoor gym? 6-7 days per week <input type="checkbox"/> / 3-5 days per week <input type="checkbox"/> / 1-2 days per week <input type="checkbox"/> / 1-3 days per month <input type="checkbox"/> / Less than 1 day per month <input type="checkbox"/> / Never <input type="checkbox"/>

For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people who should seek medical advice before starting.

Health Screen Questions		Yes	No
Has a doctor ever said you have a heart condition?			
Do you feel pain in your chest when you do physical activity?			
Do you ever lose balance because of dizziness or ever lose consciousness?			
In the past month have you had pain in your chest when you were NOT doing physical activity?			
Do you have a bone or joint problem that could be made worse by a change in physical activity?			

I understand that if I have answered YES to any of the health screening questions above, I must seek medical advice before attending a session with Gym in the Park. I agree to tell the instructors if there is a change in my medical condition. I understand that I undertake these sessions at my own risk.

<b>Signed</b>
<b>Date</b>

<b>What encouraged you to first use the outdoor gym?</b>			
Noticed them in the park <input type="checkbox"/>	Local pharmacy <input type="checkbox"/>	Children's centre <input type="checkbox"/>	Other (please specify)
Advertisements including posters/ leaflets <input type="checkbox"/>	Library <input type="checkbox"/>	Someone told me about them <input type="checkbox"/>	
Outdoor Gym Activators <input type="checkbox"/>	Council <input type="checkbox"/>	Local community centre <input type="checkbox"/>	
GP Surgery <input type="checkbox"/>	School <input type="checkbox"/>	Leisure centre <input type="checkbox"/>	