

# Walking Befriending Registration Form



Welcome!  
Walking Befriending is funded by Sport England and provided by Age UK Milton Keynes. We hope you will enjoy walking with us on a regular basis.

Before you start please complete this form so we know your level of fitness and any specific health problems you have. Please complete in block capitals.

Name .....  
Address .....  
.....  
.....  
.....  
Telephone no .....  
Email.....  
Date of birth.....

1. Gender  
 Male  Female

2. Do you live alone?  
 Yes  No

3. Do you have supportive family/friends living nearby?  
 Yes  No  Prefer not to say

4. Have you had a fall in the last 12 months?  
 Yes  No

5. Have you been hospitalised in the last 12 months?  
 Yes  No  
Reason .....  
Length of time .....

6. Have you experienced a significant life event in the last 5 years?  
 Yes  No  
If yes, please tick all those that apply

Bereavement  
 Divorce  
 Retirement  
 Period of ill health/hospitalisation  
 Other.....

7. How did you hear about this project?  
  
8. What currently stops you from walking regularly

- Poor mobility
- Health problems
- No one to walk with/don't like walking alone
- Nervous of the local area
- Not knowing where to walk safely
- Fear of tripping or falling
- Lack of motivation
- Weather
- Other.....

9. Have you ever been diagnosed by your doctor or health professional with any of the following long term conditions?

- COPD
- Asthma
- Diabetes
- High blood pressure
- Heart disease
- Other.....

10. Do you have a long term illness, health problem or disability which limits your daily activities or the work you can do?  
 Yes  No  Prefer not to say

If yes, to the above, please tick all that apply

- Physical disability
- Learning disability
- Mental health issues
- Sensory disability
- Prefer not to say
- Other.....

Please tick here that you understand you take part at your own risk and will seek medical advice if appropriate.

Please tick here that you agree to tell your walking befriender if you have any conditions that may affect you whilst walking or if there is a change in your medical condition.

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11. Being more active is very safe for most people. However, some people should check with their doctor before they start being more physically active.

a. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes  No

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

Yes  No

c. In the past month have you had chest pain when you were not doing physical activity?

Yes  No

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

Yes  No

e. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

Yes  No

f. Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?

Yes  No

g. Do you know of any other reason why you should not do physical activity?

Yes  No

If you ticked yes to any of the above, you must seek medical advice before walking with us.

12. How often do you feel that you lack companionship? (please circle)  
hardly ever   some of the time   often

13. How often do you feel left out?  
hardly ever   some of the time   often

14. How often do you feel isolated from others?  
hardly ever   some of the time   often

15. How often do you feel lonely?  
often   some of the time   occasionally  
hardly ever   never

16. In the past 7 days, have you done a continuous walk lasting at least 10 minutes?

Yes  No

If yes,

a. In the past 7 days, on how many days did you do a walk lasting at least 10 minutes? (Please circle)

0 1 2 3 4 5 6 7

b. How much time did you usually spend walking on each day that you did activity?

\_\_\_\_\_ hours \_\_\_\_\_ minutes per day

c. Was the effort you put into walking usually enough to raise your breathing rate?

Yes  No

17. In the past 7 days, have you done a cycle ride?

Yes  No

If yes,

a. In the past 7 days, on how many days did you do a cycle ride? (Please circle)

0 1 2 3 4 5 6 7

b. How much time did you usually spend cycling on each day that you did the activity?

\_\_\_\_\_ hours \_\_\_\_\_ minutes per day

c. Was the effort you put into cycling usually enough to raise your breathing rate?

Yes  No

18. In the past 7 days, have you done sport, fitness activity (such as gym or fitness class) or dance?

Yes  No

If yes,

a. In the past 7 days, on how many days did you do a sport, fitness activity (such as gym or fitness class), or dance? Please circle

0 1 2 3 4 5 6 7

b. How much time did you usually spend doing sport, fitness activities, or dance on each day that you did the activity?

\_\_\_\_\_ hours \_\_\_\_\_ minutes per day

c. Was the effort you put into doing sport, fitness activities or dance usually enough to raise your breathing rate?

Yes  No

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19. Below are some statements about feelings and thoughts

Please tick the box that best describes your experience of each over the last two weeks

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been interested in new things	1	2	3	4	5

20. To what extent do you agree with the statement ' I can achieve most of the goals I set myself'

- Strongly agree  
  Agree  
  Neither agree or disagree  
  Disagree  
  Strongly agree  
 Prefer not to say

21. To what extent do you agree or disagree that most people in your local area can be trusted?

- Strongly agree  
  Agree  
  Neither agree or disagree  
  Disagree  
  Strongly agree  
 Prefer not to say

## Using and sharing information

Walking befriending is a local project run by Age UK Milton Keynes. By submitting this form you agree to Age UK Milton Keynes recording your details. Your personal details will be kept confidential and when reporting to funders any data you provide will be anonymised.

By signing this form I confirm that all the information provided is correct. I understand that I will walk at my own risk.

Signed ..... Date .....