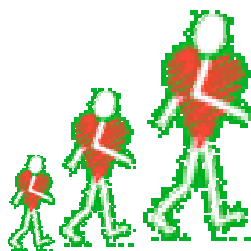


WALKING THE WAY TO HEALTH

National Evaluation



Thank you for agreeing to participate in the National Evaluation of the Walking the Way to Health Initiative. Your contribution is greatly appreciated.

We would be very grateful if you would complete this questionnaire which will tell us about the types of activities that you have done during the last week, the number of times you did each activity and the length of time you spent doing each activity on each occasion. The answers to these questions will, of course, be kept strictly confidential.

All information on individuals will be combined for analysis and it will not be possible to identify you or your responses from any reports or scientific publications.

Your Surname

Today's Date

Forenames (in full)

Your Address

Post Code

Telephone Number

Date of Birth

FOR OFFICE USE ONLY
Project Code

Please turn over.....

GENERAL INSTRUCTIONS

Please read this section carefully before filling in the questionnaire.

- Please **answer all the questions** about your activities **during the last week**
- Do **not** tick any activities that you **don't do**
- Where a question requires you to indicate a number, simply tick the box below the appropriate number. An example answer for gardening is given below to help you.

Example: Sue has weeded her garden twice in the past week for 1 hour and 10 minutes. Her answer looks like this:

ACTIVITY	Number of times in the last week (Tick one number only)	Average time spent per occasion
Hoeing, weeding, pruning	1 2 3 4 5 6 7 8 or more ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☒ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☒ ☐ ☐ ☐ ☐

- Where the answer is likely to be a phrase or sentence please write in the space provided.

Example:

Other: please specify: → BOWLS		
---	--	--

ABOUT GETTING TO THE WALK

1. How did you get to the walk today?

(Please tick your main form of transport)

- Transport provided by the walk organiser..... ☐
- On foot..... ☐
- Bicycle..... ☐
- Car ☐
- Public Transport (Bus/coach/train/taxi)..... ☐
- Other..... ☐

2. Have you been on a 'led' walk similar to this one before?

Yes... ☐

No..... ☐

If **YES**, have you been on a led walk in the past month?

Yes... ☐

No..... ☐

ABOUT YOU & WORK

3. Were you in employment last week? (Paid, voluntary or self-employed)

(Tick one box only)

- Yes, full time (30 or more hours)..... ☐
- Yes, part time (9-29 hours)..... ☐
- Yes, part-time (8 hours or less)..... ☐

IF YES please go to question 4 on next page

- No, retired from work..... ☐
- No, looking for work..... ☐
- No, not able to work due to ill-health/disability..... ☐
- No, looking after the home or family..... ☐
- No, student, or on a training course..... ☐

If NO, please go to Question 7 on page 7

4. Travel to work by cycle

Please only answer this section if you **travel to work by cycling**.

If you do not travel to work by cycle please go to Question 5 on next page

- Below is a list of different speeds that you may have done while **travelling to work by cycling last week**. For each of the speeds of cycling please indicate:

- (a) The number of times you did each speed of cycling in the last week.
 (b) On average, how long you spent cycling at each speed on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cycling to work at a slow speed (less than 10 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling to work at a steady average speed (10-15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling to work at a fast speed (more than 15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

5. Travel to work by walking

Please only answer this section if you **travel to work by walking**.
If you do not walk to work please go to Question 6 on next page

- Below is a list of differently paced **walks** that you may have done while **walking to work** during **last week**. For each of the activities listed please indicate:

(a) The number of times you did each type of walk in the last week.

(b) On average, how long each walk lasted.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Walking to work at a slow pace (less than 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a steady average pace (about 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a brisk pace (about 4mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a fast pace (faster than 4mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

6. Activity at Work

- Below is a list of activities that you may have done while **at work** **last week**. For each of the activities listed please indicate:

- (a) The number of **days** you did the activity in the last week.
 (b) On average, how long you spent doing the activity **each day**.

- Do not include any walking while at work**

ACTIVITY	Number of DAYS in the last week (a)	Average time spent per DAY (b)
Sitting- light office work	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Carrying, moving or pushing heavy things	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Operating heavy duty equipment (not driving)	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Standing- stocking shelves, filing, etc.	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Other: please specify ↳	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □

Please tick all activities that you have done

- (c) **Thinking about your job in the past week, would you say that you have been: ...**

- Very physically active ☐
- Fairly physically active ☐
- Not very physically active ☐
- Not at all physically active ☐

7. Activity at Home

Below is a list of **housework** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cooking	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Bedmaking	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Moving heavy furniture	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Spring cleaning	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cleaning windows	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Hoovering	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Dusting	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Washing and ironing	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Washing floors	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Other: please specify →	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

8. Activity in the Garden

Below is a list of **gardening** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Hoeing, weeding, pruning	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Mowing with a power mower	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Mowing with a hand mower	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Planting flowers/seeds	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Digging, clearing rough ground	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Other: please specify ↳	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □

Please tick all activities that you have done

9. Activities around the home – Do-it-Yourself (DIY)

Below is a list of **DIY** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
General building work (at home only– not at work))	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Decorating (at home only – not at work)	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Minor household repairs	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Car washing and polishing	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Car repairs and maintenance	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Other: please specify →	1 2 3 4 5 6 7 8 or more □□□□□□□□ None ☐	Hrs: 1 2 3 4 5 6 or more □□□□□□ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □

Please tick all activities that you have done

10. Walking for Leisure (Not walking to work)

Below is a list of different pace **walks** that you may have done during **last week**. For each of the activities listed please indicate:

(a) The number of times you did each type of walk in the last week.

(b) On average, how long each walk lasted.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Walking at a slow pace (less than 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a steady average pace (about 3 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a brisk pace (about 4 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a fast pace (faster than 4 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking with heavy shopping	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

11. Outdoor Cycling for Leisure (Not travel to work)

Below is a list of different speeds of **cycling** that you may have done during **last week**. For each of the speeds of cycling please indicate:

- (a) The number of times you did each speed of cycling in the last week.
 (b) On average, how long you spent cycling at each speed on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cycling at a slow speed (less than 10 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling at a steady average speed (10-15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling at a fast speed (more than 15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

12. Stair Climbing (in the last week)

How many flights of stairs do you climb each day? (1 flight = 10 steps)	1 2 3 4 5 6 7 8 9 10 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐
--	--

- Write number in box here if above 10 flights.....

13. Sports and Recreation

Below is a list of **sports and recreational** activities that you may have done during the **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Aerobics/keep fit	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Dancing please specify ↳	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Gym workout	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Football, rugby, netball	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Badminton	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Tennis	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Golf	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Swimming	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Outdoor running/jogging	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Other: please specify ↳	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

14 About Walking in Your Neighbourhood

Many people say they would walk more around their neighbourhood but that certain things put them off.

Do any of the following apply to you or to around where you live?

1. I would walk more but I have problems with my health (e.g. breathlessness, dizziness or painful joints).	I agree ☐ I disagree ☐
2. I would walk more but there is no-one to go walking with me around where I live	I agree ☐ I disagree ☐
3. I would walk more but there is nowhere green/pleasant to walk near my home	I agree ☐ I disagree ☐
4. I would walk more but there are no pavements around where I live	I agree ☐ I disagree ☐
5. I would walk more but there is nowhere to walk to around where I live (e.g. shops, pub, church, park etc)	I agree ☐ I disagree ☐
6. I would walk more but I worry about my personal safety around where I live (e.g: being attacked)	I agree ☐ I disagree ☐
7. I would walk more but I worry about being knocked down by a cyclist riding on the pavement around where I live	I agree ☐ I disagree ☐
8. I would walk more but I worry about tripping over broken paving stones around where I live	I agree ☐ I disagree ☐
9. I would walk more but there is too much traffic on the roads around where I live	I agree ☐ I disagree ☐
10. I would walk more but there is too much pollution around where I live	I agree ☐ I disagree ☐
11. Other: please specify ↳	I agree ☐ I disagree ☐

If one of these reasons is particularly important to you, please write the number corresponding to that reason in this box

Write one number only

ABOUT YOUR HEALTH

15. For your age, would you describe your general health as: <i>(Tick only one box that best describes your health)</i>	Excellent.... ☐ Very good.. ☐ Good..... ☐ Fair..... ☐ Poor..... ☐
16. During the past 12 months, have you been ill for a whole week or more?	Yes..... ☐ No..... ☐
17. During the past 12 months, have you had an operation of any sort?	Yes..... ☐ No..... ☐
18. During the past 12 months have you been bereaved?	Yes..... ☐ No..... ☐
19. Do you have a problem with your hip, knee or feet?	Yes..... ☐ No..... ☐
20. Are you registered disabled?	Yes..... ☐ No..... ☐
21. Are you currently a regular smoker of cigarettes/cigars/pipe? <i>(regular = at least one a day)</i> If YES, how many per day?	Yes..... ☐ No..... ☐ Write number in box here
22. If NO, have you <u>ever</u> been a regular smoker? If YES, when did you stop? e.g. 2000	No..... ☐ Yes..... ☐ Write the year you stopped in box here

ABOUT YOURSELF

Answers are needed to these questions because we are interested to know if people from all walks of life attend these schemes.

23. What gender are you?

Female..... ☐

Male..... ☐

24. What is your ethnic origin?

(Tick one box only)

White..... ☐

Black African..... ☐

Black Caribbean..... ☐

Asian Indian/Pakistani/Bangladeshi... ☐

Asian – Chinese..... ☐

Other..... ☐

If 'Other' Please specify:

.....

25. What is your marital status?

(Tick one box only)

Single (never married)..... ☐

Married..... ☐

Living as married..... ☐

Widowed..... ☐

Divorced..... ☐

Separated..... ☐

26. Is the accommodation you live in owned/mortgaged, or rented?

(Tick one box only)

- Own home..... ☐
- Privately rented..... ☐
- Rented from a housing association..... ☐
- Rented from the council..... ☐
- Other..... ☐

27. What is the highest level of qualification you obtained on leaving full-time education?

(Tick one box only)

- Degree or equivalent..... ☐
- A level or equivalent..... ☐
- GCSE, O level, school certificate, or equivalent.. ☐
- Other qualifications..... ☐
- Please specify:.....
- No qualifications..... ☐

28. Is there a car or van normally available for your use or any members of your household?

Yes..... ☐

No..... ☐

AGREEMENT TO PARTICIPATE IN FUTURE HEALTH WALKS RESEARCH

In order for us to improve our walking projects we would like you to participate in 2 more stages of this research, (very similar to this). If you are happy to participate, you will be contacted by phone or post by our researcher and asked a series of short questions similar to today. You may choose to stop participating at any time.

Thank you for completing this questionnaire. We really appreciate the time you have spent.

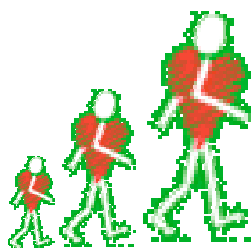
Please give your questionnaire to one of the walk leaders or research team.

Sponsors & Partners



WALKING THE WAY TO HEALTH

National Evaluation 3 month stage



Research team

Oxford Brookes University

University of Oxford

London School of Hygiene and Tropical Medicine

Thank you for agreeing to participate in the 3 month stage of the National Evaluation of the Walking the Way to Health Initiative. Your contribution is greatly appreciated.

We would be very grateful if you would complete this questionnaire which will tell us about the types of activities that you have done during the last week, the number of times you did each activity and the length of time you spent doing each activity on each occasion. The answers to these questions will, of course, be kept strictly confidential.

All information on individuals will be combined for analysis and it will not be possible to identify you or your responses from any reports or scientific publications.

Your Surname	Today's Date
Forenames (in full)	
Have you moved home during the last 3 months?	Yes..... No.....
If YES Please state your new address:	
Post Code	
Telephone Number	
Are you going to change address in the next 9 months?	Yes..... No.....
If YES Please give details of new address:	
Post Code	
Telephone Number	

1. How many 'led' Health Walks have you completed in the past 3 months?	Write number in box
2. Have you completed a 'led' Health Walk in the past 7 days?	Yes..... ☐ No..... ☐
If YES , Roughly how long did it take? <i>(If you have completed more than one walk, give details of the longest walk)</i> minutes	

ABOUT YOU & WORK

3. **Were you in employment last week?
(Paid, voluntary or self-employed)**

(Tick one box only)

- Yes, full time (30 or more hours)..... ☐
 Yes, part time (9-29 hours)..... ☐
 Yes, part-time (8 hours or less)..... ☐

IF YES please go to question 4 on page 4

- No, retired from work..... ☐
 No, looking for work..... ☐
 No, not able to work due to ill-health/disability..... ☐
 No, looking after the home or family..... ☐
 No, student, or on a training course..... ☐

If NO, please go to Question 7 on page 7

GENERAL INSTRUCTIONS

Please read this section carefully before filling in the questionnaire.

- Please **answer all the questions** about your activities **during the last week**
- Do **not** tick any activities that you **don't do**
- Where a question requires you to indicate a number, simply tick the box below the appropriate number. An example answer for gardening is given below to help you.

Example: Sue has weeded her garden twice in the past week for 1 hour and 10 minutes. Her answer looks like this:

ACTIVITY	Number of times in the last week (Tick one number only)	Average time spent per occasion
Hoeing, weeding, pruning	1 2 3 4 5 6 7 8 or more ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☒ ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☒ ☐ ☐ ☐ ☐

- Where the answer is likely to be a phrase or sentence please write in the space provided.

Example:

Other: please specify: ↳ BOWLS		
---	--	--

4. Travel to work by cycle

Please only answer this section if you **travel to work by cycling**.

If you do not travel to work by cycle please go to Question 4 on next page

- Below is a list of different speeds that you may have done while **travelling to work by cycling last week**. For each of the speeds of cycling please indicate:

- (b) The number of times you did each speed of cycling in the last week.
- (b) On average, how long you spent cycling at each speed on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cycling to work at a slow speed (less than 10 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling to work at a steady average speed (10-15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling to work at a fast speed (more than 15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

5. Travel to work by walking

Please only answer this section if you **travel to work by walking**.
If you do not walk to work please go to Question 5 on next page

- Below is a list of differently paced **walks** that you may have done while **walking to work** during **last week**. For each of the activities listed please indicate:

(a) The number of times you did each type of walk in the last week.

(b) On average, how long each walk lasted.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Walking to work at a slow pace (less than 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a steady average pace (about 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a brisk pace (about 4mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a fast pace (faster than 4mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

6. Activity at Work

- Below is a list of activities that you may have done while **at work** last week. For each of the activities listed please indicate:

(c) The number of **days** you did the activity in the last week.

(d) On average, how long you spent doing the activity **each day**.

- Do not include any walking while at work**

ACTIVITY	Number of DAYS in the last week (a)	Average time spent per DAY (b)
Sitting- light office work	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Carrying, moving or pushing heavy things	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Operating heavy duty equipment (not driving)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Standing- stocking shelves, filing, etc.	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Other: please specify →	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

- (c) Thinking about your job in the past week, would you say that you have been: ...

Very physically active

☐

Fairly physically active

☐

Not very physically active

☐

Not at all physically active

☐

7. Activity at Home

Below is a list of **housework** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cooking	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Bedmaking	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Moving heavy furniture	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Spring cleaning	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cleaning windows	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Hoovering	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Dusting	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Washing and ironing	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Washing floors	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Other: please specify →	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

8. Activity in the Garden

Below is a list of **gardening** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Hoeing, weeding, pruning	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Mowing with a power mower	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Mowing with a hand mower	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Planting flowers/seeds	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Digging, clearing rough ground	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Other: please specify ↳	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □ None ☐	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □

Please tick all activities that you have done

9. Activities around the home – Do-it-Yourself (DIY)

Below is a list of **DIY** activities that you may have done during **last week**. For each of the activities listed please indicate:

(a) The number of times you did the activity in the last week.

(b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
General building work (at home only– not at work))	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Decorating (at home only – not at work)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Minor household repairs	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Car washing and polishing	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Car repairs and maintenance	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Other: please specify →	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

10. Walking for Leisure (Not walking to work)

Below is a list of different pace **walks** that you may have done during **last week**. For each of the activities listed please indicate:

(a) The number of times you did each type of walk in the last week.

(b) On average, how long each walk lasted.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Walking at a slow pace (less than 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a steady average pace (about 3 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a brisk pace (about 4 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a fast pace (faster than 4 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking with heavy shopping	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

11. Outdoor Cycling for Leisure (Not travel to work)

Below is a list of different speeds of **cycling** that you may have done during **last week**. For each of the speeds of cycling please indicate:

- (a) The number of times you did each speed of cycling in the last week.
 (b) On average, how long you spent cycling at each speed on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cycling at a slow speed (less than 10 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling at a steady average speed (10-15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling at a fast speed (more than 15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

12. Stair Climbing

How many flights of stairs do you climb each day? (1 flight = 10 steps)	1 2 3 4 5 6 7 8 9 10 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐
--	--

- Write number in box here if above 10 flights.....

13. Sports and Recreation

Below is a list of **sports and recreational** activities that you may have done during the **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Aerobics/keep fit	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Dancing please specify ↳	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Gym workout	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Football, rugby, netball	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Badminton	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Tennis	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Golf	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Swimming	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Outdoor running/jogging	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Other: please specify ↳	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ None ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

14. About Walking in Your Neighbourhood

Many people say they would walk more around their neighbourhood but that certain things put them off.

Do any of the following apply to you or to around where you live?

1. I would walk more but I have problems with my health (e.g. breathlessness, dizziness or painful joints).	I agree ☐ I disagree ☐
2. I would walk more but there is no-one to go walking with me around where I live	I agree ☐ I disagree ☐
3. I would walk more but there is nowhere green/pleasant to walk near my home	I agree ☐ I disagree ☐
4. I would walk more but there are no pavements around where I live	I agree ☐ I disagree ☐
5. I would walk more but there is nowhere to walk to around where I live (e.g. shops, pub, church, park etc)	I agree ☐ I disagree ☐
6. I would walk more but I worry about my personal safety around where I live (e.g. being attacked)	I agree ☐ I disagree ☐
7. I would walk more but I worry about being knocked down by a cyclist riding on the pavement around where I live	I agree ☐ I disagree ☐
8. I would walk more but I worry about tripping over broken paving stones around where I live	I agree ☐ I disagree ☐
9. I would walk more but there is too much traffic on the roads around where I live	I agree ☐ I disagree ☐
10. I would walk more but there is too much pollution around where I live	I agree ☐ I disagree ☐
11. Other: please specify ↪	I agree ☐ I disagree ☐

If one of these reasons is particularly important to you, please write the number corresponding to that reason in this box

Write one number only

ABOUT YOUR HEALTH

15. For your age, would you describe your general health as: <i>(Tick only one box that best describes your health)</i>	Excellent.... ☐ Very good.. ☐ Good..... ☐ Fair..... ☐ Poor..... ☐
16. During the past 3 months, have you been ill for a whole week or more?	Yes..... ☐ No..... ☐
17. During the past 3 months, have you had an operation of any sort?	Yes..... ☐ No..... ☐
18. During the past 3 months have you been bereaved?	Yes..... ☐ No..... ☐
19. Do you have a problem with your hip, knee or feet?	Yes..... ☐ No..... ☐
20. Are you registered disabled?	Yes..... ☐ No..... ☐
21. Are you currently a regular smoker of cigarettes/cigars/pipe? <i>(regular = at least one a day)</i> If YES, how many per day?	Yes..... ☐ No..... ☐ Write number in box here
22. If NO, have you <u>ever</u> been a regular smoker? If YES, when did you stop? e.g. 2000	No..... ☐ Yes..... ☐ Write the year you stopped in box here

23. Do you do more walking now since you were introduced to the Health Walks Scheme? Yes..... ☐
No..... ☐

If **YES** please describe the types of walking you do:

.....
.....
.....
.....
.....

24. Have you felt any particular benefits from participating in the Health Walk Scheme? Yes..... ☐
No..... ☐

If **YES** please specify benefits:

.....
.....
.....
.....
.....

25. How did you first hear about Health Walks?

.....
.....
.....
.....
.....

Agreement to participate in future Health Walks research

In order for us to improve our walking projects we would like you to participate in one more stage of this research, (very similar to this). If you are happy to participate, you will be contacted by phone or post by our researcher in 9 months time and asked a series of short questions similar to today. You may choose to stop participating at any time.

Thank you for completing this questionnaire. We really appreciate the time you have spent.

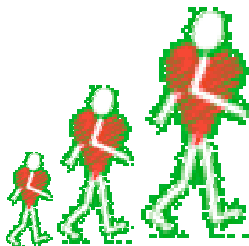
Please return this questionnaire to us in the prepaid envelope provided.

Sponsors & Partners



WALKING THE WAY TO HEALTH

National Evaluation 12 month



Research team

Oxford Brookes
University

University of Oxford

London School of
Hygiene and Tropical
Medicine

Thank you for agreeing to participate in the National Evaluation of the Walking the Way to Health Initiative. This is the **final questionnaire** and your contribution is greatly appreciated.

We would be very grateful if you would complete this questionnaire which will tell us about the types of activities that you have done during the last week, the number of times you did each activity and the length of time you spent doing each activity on each occasion. The answers to these questions will, of course, be kept strictly confidential.

All information on individuals will be combined for analysis and it will not be possible to identify you or your responses from any reports or scientific publications.

Your Surname

Today's Date

Forenames (in full)

Your Address

Post Code

Telephone Number

Date of Birth

FOR OFFICE USE ONLY
Project Code

Please turn over.....

GENERAL INSTRUCTIONS

Please read this section carefully before filling in the questionnaire.

- Please **answer all the questions** about your activities **during the last week**
- Do **not** tick any activities that you **don't do**
- Where a question requires you to indicate a number, simply tick the box below the appropriate number. An example answer for gardening is given below to help you.

Example: Sue has weeded her garden once in the past week for 1 hour and 10 minutes. Her answer looks like this:

ACTIVITY	Number of times in the last week (Tick one number only)	Average time spent per occasion
Hoeing, weeding, pruning	0 1 2 3 4 5 6 7 8 or more ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☒ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☒ ☐ ☐ ☐ ☐

- Where the answer is likely to be a phrase or sentence please write in the space provided.

Example:

Other: please specify: ➔ BOWLS		
---	--	--

1. Have you moved home during the last 9 months?	Yes..... ☐ No..... ☐
2. Have you completed a 'led' Health Walk in the past 7 days?	Yes..... ☐ No..... ☐
3. How many 'led' Health Walks have you completed in the past 9 months?	Write number in box here

ABOUT YOU & WORK

4. Were you in paid employment or self-employed last week?
(Tick one box only)

Yes, full time (30 or more hours)..... ☐
Yes, part time (9-29 hours)..... ☐
Yes, part-time (8 hours or less)..... ☐

IF YES please go to question 5 on next page

No, retired from work..... ☐
No, looking for work..... ☐
No, not able to work due to ill-health/disability..... ☐
No, looking after the home or family..... ☐
No, student, or on a training course..... ☐

If NO, please go to Question 8 on page 7

5. Travel to work by cycle

Please only answer this section if you **travel to work by cycling**.

If you do not travel to work by cycle please go to Question 6 on next page

- Below is a list of different speeds that you may have done while **travelling to work by cycling last week**. For each of the speeds of cycling please indicate:

- (c) The number of times you did each speed of cycling in the last week.
- (b) On average, how long you spent cycling at each speed on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cycling to work at a slow speed (less than 10 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling to work at a steady average speed (10-15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling to work at a fast speed (more than 15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

6. Travel to work by walking

Please only answer this section if you **travel to work by walking**.
If you do not walk to work please go to Question 7 on next page

- Below is a list of differently paced **walks** that you may have done while **walking to work** during **last week**. For each of the activities listed please indicate:

(a) The number of times you did each type of walk in the last week.

(b) On average, how long each walk lasted.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Walking to work at a slow pace (less than 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a steady average pace (about 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a brisk pace (about 4mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking to work at a fast pace (faster than 4mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

7. Activity at Work

- Below is a list of activities that you may have done while **at work** **last week**. For each of the activities listed please indicate:

(e) The number of **days** you did the activity in the last week.

(f) On average, how long you spent doing the activity **each day**.

- Do not include any walking while at work**

ACTIVITY	Number of DAYS in the last week (a)	Average time spent per DAY (b)
Sitting- light office work	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Carrying, moving or pushing heavy things	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Operating heavy duty equipment (not driving)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Standing- stocking shelves, filing, etc.	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Other: please specify →	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

- (c) Thinking about your job in the past week, would you say that you have been: ...

Very physically active ☐

Fairly physically active ☐

Not very physically active ☐

Not at all physically active ☐

8. Activity at Home

Below is a list of **housework** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cooking	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Bedmaking	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Moving heavy furniture	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Spring cleaning	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Cleaning windows	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Hoovering	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Dusting	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Washing and ironing	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Washing floors	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐
Other: please specify →	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

9. Activity in the Garden

Below is a list of **gardening** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Hoeing, weeding, pruning	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Mowing with a power mower	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Mowing with a hand mower	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Planting flowers/seeds	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Digging, clearing rough ground	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Other: please specify ↳	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □

Please tick all activities that you have done

10. Activities around the home – Do-it-Yourself (DIY)

Below is a list of **DIY** activities that you may have done during **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
General building work (at home only– not at work))	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Decorating (at home only – not at work)	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Minor household repairs	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Car washing and polishing	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Car repairs and maintenance	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Other: please specify ↳	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □

Please tick all activities that you have done

11. Walking for Leisure (Not walking to work)

Below is a list of different pace **walks** that you may have done during **last week**. For each of the activities listed please indicate:

(a) The number of times you did each type of walk in the last week.

(b) On average, how long each walk lasted.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Walking at a slow pace (less than 3mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a steady average pace (about 3 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a brisk pace (about 4 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking at a fast pace (faster than 4 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Walking with heavy shopping	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

12. Outdoor Cycling for Leisure (Not travel to work)

Below is a list of different speeds of **cycling** that you may have done during **last week**. For each of the speeds of cycling please indicate:

- (a) The number of times you did each speed of cycling in the last week.
 (b) On average, how long you spent cycling at each speed on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Cycling at a slow speed (less than 10 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling at a steady average speed (10-15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐
Cycling at a fast speed (more than 15 mph)	1 2 3 4 5 6 7 8 or more ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hrs: 1 2 3 4 5 6 or more ☐ ☐ ☐ ☐ ☐ ☐ Mins: Under 10, 10 20 30 40 50 ☐ ☐ ☐ ☐ ☐ ☐

Please tick all activities that you have done

13. Stair Climbing

How many flights of stairs do you climb each day? (1 flight = 10 steps)	0 1 2 3 4 5 6 7 8 9 10 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
--	--

- Write number in box here if above 10 flights.....

14. Sports and Recreation

Below is a list of **sports and recreational** activities that you may have done during the **last week**. For each of the activities listed please indicate:

- (a) The number of times you did the activity in the last week.
 (b) On average, how long you spent doing the activity on each occasion.

ACTIVITY	Number of times in the last week (a)	Average time spent per occasion (b)
Aerobics/keep fit	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Dancing please specify ↳	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Gym workout	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Football, rugby, netball	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Badminton	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Tennis	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Golf	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Swimming	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Outdoor running/jogging	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □
Other: please specify ↳	1 2 3 4 5 6 7 8 or more □ □ □ □ □ □ □ □	Hrs: 1 2 3 4 5 6 or more □ □ □ □ □ □ Mins: Under 10, 10 20 30 40 50 □ □ □ □ □ □

Please tick all activities that you have done

ABOUT YOUR HEALTH

15. For your age, would you describe your general health as: <i>(Tick only one box that best describes your health)</i>	Excellent.... ☐ Very good.. ☐ Good..... ☐ Fair..... ☐ Poor..... ☐
16. During the past 9 months, have you been ill for a whole week or more?	Yes..... ☐ No..... ☐
17. During the past 9 months, have you had an operation of any sort?	Yes..... ☐ No..... ☐
18. During the past 9 months have you been bereaved?	Yes..... ☐ No..... ☐
19. Do you have a problem with your hip, knee or feet?	Yes..... ☐ No..... ☐
20. Are you registered disabled?	Yes..... ☐ No..... ☐
21. Are you currently a regular smoker of cigarettes/cigars/pipe? <i>(regular = at least one a day)</i> If YES, how many per day?	Yes..... ☐ No..... ☐ Write number in box here
22. If NO, have you <u>ever</u> been a regular smoker? If YES, when did you stop? e.g. 2000	No..... ☐ Yes..... ☐ Write the year you stopped in box here

23. About Walking in Your Neighbourhood

Many people say they would walk more around their neighbourhood but that certain things put them off.

Do any of the following apply to you or to around where you live?

1. I have problems with my health (e.g. breathlessness, dizziness or painful joints).	Yes ☐
	No ☐
2. There is no-one to go walking with me around where I live	Yes ☐
	No ☐
3. There is nowhere green/pleasant to walk near my home	Yes ☐
	No ☐
4. There are no pavements around where I live	Yes ☐
	No ☐
5. There is nowhere to walk to around where I live (e.g. shops, pub, church, park etc)	Yes ☐
	No ☐
6. I worry about my personal safety around where I live (e.g. being attacked)	Yes ☐
	No ☐
7. I worry about being knocked down by a cyclist riding on the pavement around where I live	Yes ☐
	No ☐
8. I worry about tripping over broken paving stones around where I live	Yes ☐
	No ☐
9. There is too much traffic on the roads around where I live	Yes ☐
	No ☐
10. There is too much pollution around where I live	Yes ☐
	No ☐
11. Other: please specify ↳	Yes ☐
	No ☐

If one of these reasons is particularly important to you, please write the number corresponding to that reason in this box

Write one number only

24. Do you do more walking since you were introduced to the Health Walks Scheme?

Yes..... ☐

No..... ☐

If **YES** please describe the types of walking you do:

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.....
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25. Have you felt any particular benefits from participating in the Health Walk Scheme?

Yes..... ☐

No..... ☐

If **YES** please specify benefits:

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26. If there was anything you could change about the Health Walks Scheme, what would it be?

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Thank you for completing this questionnaire. We really appreciate the time you have spent.

Please give your questionnaire to one of the walk leaders or research team.