



Health Cycle Rides

Please complete this health questionnaire and bring it with you to the first session.

A Participant Details

Name	First:	Last:
Address	Postcode:	
Email		
Telephone number	Home:	Mobile:

B Physical Activity Readiness Questionnaire

	YES	NO
Are you taking any medication at present?		
Has your Doctor ever said you have a heart condition?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had a pain in the chest when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Do you have diabetes?		
Do you suffer from any respiratory condition such as asthma?		
Is there any other condition that you feel might restrict you from exercising?		
Do you smoke?		
If you answer YES to any of the above questions please give further details below. Be sure to advise the ride leader of any other conditions that they might need to know about.		

Continued overleaf..



C Activity Information

The following information will be used to create anonymous reports to evaluate this scheme and may be used to aid funding bids or shared with other activity leaders. Are you happy for this information to be used in this way? Yes No

1. In an average week, do you accumulate at least 150 minutes of exercise that raises your heart rate, such as; brisk walking, cycling, sport or active recreation?
Yes No If you answered 'No' please state any reason why you have not been active then go to Q6. _____
2. In the past 4 weeks have you completed 10 minutes of continuous exercise?
Yes No Unable
3. In the past 4 weeks have you completed 30 minute of continuous exercise?
Yes No Unable
4. During the past 4 weeks, how many days have you completed exercise of at least 30 minutes?
Range 1 – 28 _____
5. Which of the following best describes your usual exercise level?
An easy level (can hold a conversation) An average level (getting warmer, but can still talk)
 A brisk level (slightly out of breath, talking is harder) A fast level (unable to talk) None of these
6. Have you been recommended by a Doctor or Health Professional to come in this scheme?
Yes No
If Yes, where from? GP NHS Health Check Pharmacy Physio Other
7. Date of Birth _____ 8. Gender Male Female
9. Ethnicity White British White Other Asian British Asian Other Chinese Black British Black Other Indian British Indian Other Not Disclosed Other (*please specify*) _____
10. Do you have any long standing illness/ disability which limits your day-to-day activities? Yes No

I understand that if I answered **YES** to one or more questions in the Physical Activity Readiness Questionnaire, I should seek medical advice before undertaking the ride.

Your personal information will be held and used in accordance with the Data Protection Act 1998. The Council will not disclose such information to any unauthorised person or body but where appropriate will use such information in carrying out its various functions and services. The council may also use this data in connection with the prevention or detection of fraud or other crime. The full privacy policy can be found at www.boroughofpoole.com/privacy-policy/

Signed Date.....