



Health Walk Register

Date: _____

Name of scheme: _____

Time: _____

Name of walk
and location: _____

Leader: _____

Walk duration
(average): _____

Please PRINT details below

	First Name	Surname	New Walker? (Y/N)	Has the walker's health changed? (If yes, they should complete a new Outdoor Health Questionnaire)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Weather conditions:

General comments:



Supporting you to
get active and stay active