



PAR-Q+



The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified health professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO. YES NO

- 1) Has your doctor ever said that you have a heart condition OR high blood pressure?
- 2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?
- 3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?
- 4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?
- 5) Are you currently taking prescribed medications for a chronic medical condition?
- 6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it does not limit your current ability to be physically active.
- 7) Has your doctor ever said that you should only do medically supervised physical activity? Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise). **PLEASE LIST CONDITION(S) HERE:**

If you answered NO to all of the questions above, you are cleared for physical activity. Go to Page 4 to sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.





Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
 - You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
 - Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.
- Start becoming much more physically active – start slowly and build up gradually.
 - Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
 - You may take part in a health and fitness appraisal.
 - If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise. If you have any further questions, contact a qualified exercise professional.





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FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)

1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?

1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months?

If the above condition(s) is/are present, answer questions 1a-1c. If **NO** go to question 2

2. Do you currently have Cancer of any kind?

If **NO** go to question 3

If the above condition(s) is/are present, answer questions 2a-2b

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck?

2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If **NO** go to question 4

If the above condition(s) is/are present, answer questions 3a-3d

3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction)

3c. Do you have chronic heart failure?

3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?

4. Do you have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?

(Answer **NO** if you are not currently taking medications or other treatments)

4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure)

If **NO** go to question 5

If the above condition(s) is/are present, answer questions 5a-5e

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If **NO** go to question 6



5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician prescribed therapies?

5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness.

5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet?

5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)?

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future?





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GO to Page 7 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b If **NO** go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?

(Answer **NO** if you are not currently taking medications or other treatments)

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles?

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure?

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?

(Answer **NO** if you are not currently taking medications or other treatments)

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough

(more than 2 days/week), or have you used your rescue medication more than twice in the last week?

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)

9b. Do you have any impairment in walking or mobility?

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?



10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months?

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?

10c. Do you currently live with two or more medical conditions?

PLEASE LIST YOUR MEDICAL CONDITION(S)

AND ANY RELATED MEDICATIONS HERE:





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If you answered NO to all of the follow-up questions about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical

activity plan to meet your health needs.

You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise,

3-5 days per week including aerobic and muscle strengthening exercises.

As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.

If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a

qualified exercise professional before engaging in this intensity of exercise.

If you answered **YES** to **one or more of the follow-up questions** about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete

the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at **www.eparmedx.com** and/or

visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness center, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that the Trustee maintains the privacy of the information and does not misuse or wrongfully disclose such information.





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If you answered NO to all of the follow-up questions about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

PARTICIPANT DECLARATION

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

DATE _____

WITNESS _____

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