

The Physical Activity Readiness Questionnaire for Everyone

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active 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 exercise 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 <b>OR</b> 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 <b>OR</b> have you lost consciousness in the last 12 months? Please answer <b>NO</b> if your dizziness was associated with over-breathing (including during vigorous exercise).				
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	0	0		
5) Are you currently taking prescribed medications for a chronic medical condition?				
6) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer <b>NO</b> if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.	0			
7) Has your doctor ever said that you should only do medically supervised physical activity?		0		

- 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.
  - Start becoming much more physically active start slowly and build up gradually.
  - Follow Canada's Physical Activity Guidelines for your age (www.csep.ca/guidelines).
  - You may take part in a health and fitness appraisal.
  - If you have any further questions, contact a qualified exercise professional such as a Canadian Society for Exercise Physiology - Certified Exercise Physiologist® (CSEP-CEP) or a CSEP Certified Personal Trainer® (CSEP-CPT).
  - If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional (CSEP-CEP) before engaging in this intensity of activity.
- If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.
- Delay becoming more active if:
  - You are not feeling well because of a temporary illness such as a cold or fever 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 qualified exercise professional (CSEP-CEP or CSEP-CPT) before continuing with any physical activity program.





# **FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)**

1.	Do you have Arthritis, Osteoporosis, or Back Problems?		
	If the above condition(s) is/are present, answer questions 1a-1c If <b>NO</b> go to question 2		
1a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer <b>NO</b> if you are not currently taking medications or other treatments)	YES NO	
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)?	YES NO	
1c.	Have you had steroid injections or taken steroid tablets regularly for more than 3 months?		
2.	Do you have Cancer of any kind?		
	If the above condition(s) is/are present, answer questions 2a-2b  If NO  go to question 3		
2a.	Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck?	YES NO	
2b.	Are you currently receiving cancer therapy (such as chemotheraphy or radiotherapy)?	YES NO	
3.	<b>Do you have Heart Disease or Cardiovascular Disease?</b> This includes Coronary Artery Disease, High Block Heart Failure, Diagnosed Abnormality of Heart Rhythm		
	If the above condition(s) is/are present, answer questions 3a-3e  If NO go to question 4		
3a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer <b>NO</b> if you are not currently taking medications or other treatments)	YES NO	
3b.	Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction)	YES NO	
3c.	Do you have chronic heart failure?	YES NO	
3d.	Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer <b>YES</b> if you do not know your resting blood pressure)	YES NO	
3e.	Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?	YES NO	
4.	Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes		
	If the above condition(s) is/are present, answer questions 4a-4c If <b>NO</b> go to question 5		
4a.	Is your blood sugar often above 13.0 mmol/L? (Answer <b>YES</b> if you are not sure)	YES NO	
4b.	Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, and the sensation in your toes and feet?	YES NO	
4c.	Do you have other metabolic conditions (such as thyroid disorders, pregnancy-related diabetes, chronic kidney disease, liver problems)?	YES NO	
5.	<b>Do you have any Mental Health Problems or Learning Difficulties?</b> This includes Alzheimer's, Dement Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome)		
	If the above condition(s) is/are present, answer questions 5a-5b  If NO  go to question 6		
5a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer <b>NO</b> if you are not currently taking medications or other treatments)	YES NO	
5b.	Do you <b>ALSO</b> have back problems affecting nerves or muscles?	YES NO	





Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High 6. **Blood Pressure** If the above condition(s) is/are present, answer questions 6a-6d If **NO** go to question 7 Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? 6a. YES NO (Answer NO if you are not currently taking medications or other treatments) 6b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require YES NO supplemental oxygen therapy? 6c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough YES NO (more than 2 days/week), or have you used your rescue medication more than twice in the last week? 6d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES NO 7. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia If **NO** go to question 8 If the above condition(s) is/are present, answer questions 7a-7c Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? 7a. YES NO (Answer NO if you are not currently taking medications or other treatments) 7b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, YES NO and/or fainting? Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic 7c. YES NO Dysreflexia)? Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event 8. If the above condition(s) is/are present, answer questions 8a-8c Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? 8a. YES NO (Answer NO if you are not currently taking medications or other treatments) 8b. Do you have any impairment in walking or mobility? YES NO Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? 8c. YES NO Do you have any other medical condition not listed above or do you have two or more medical conditions? 9. If **NO** read the Page 4 recommendations If you have other medical conditions, answer questions 9a-9c Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 9a. YES NO months **OR** have you had a diagnosed concussion within the last 12 months? Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES NO 9b.

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

Do you currently live with two or more medical conditions?

9c.

YES NO



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 (e.g., a CSEP-CEP or CSEP-CPT) 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 20-60 min 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 (CSEP-CEP) before engaging in this intensity of activity.

# 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

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 (CSEP-CEP) to work through the ePARmed-X+ and for further information.

## 📤 Delay becoming more active if:

- 🥜 You are not feeling well because of a temporary illness such as a cold or fever 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 talk to your doctor or qualified exercise professional (CSEP-CEP) before continuing with any physical activity program.
- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The PAR-Q+ Collaboration, the Canadian Society for Exercise Physiology, and their agents assume no liability for persons
  who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical
  activity.

### PARTICIPANT DECLARATION

- Please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

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 centre, 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 they maintain the privacy of the information and do not misuse or wrongfully disclose such information.

NAME	DATE	
SIGNATURE	WITNESS	
SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER		

For more information, please contact www.eparmedx.com or Canadian Society for Exercise Physiology www.csep.ca

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011. The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or BC Ministry of Health Services.

#### Key References

1. Jamnik VJ, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.

2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.

