

PAR - Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

YES to one or more questions

If
you
answered

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

You are encouraged to copy the PAR-Q but only if you use the entire form

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Informed Consent for an Exercise Test

(Sample from ACSM. Edit before your use.)

1. Purpose and Explanation of the Test. You will perform an exercise test on a cycle ergometer or a motor-driven treadmill. The exercise intensity will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the test at any time because of signs of fatigue or changes in your heart rate, electrocardiogram (ECG), or blood pressure, or symptoms you may experience. It is important for you to realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

2. Attendant Risks and Discomforts. There exists the possibility of certain changes occurring during the test. These include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

3. Responsibilities of the Participant. Information you possess about your health status or previous experiences of heart-related symptoms (such as shortness of breath with low-level activity, pain, pressure, tightness, heaviness in the chest, neck, jaw, back and/or arms) with physical effort may affect the safety of your exercise test. Your prompt reporting of these and any other unusual feelings with effort during the exercise test itself is of great importance. You are responsible for fully disclosing your medical history, as well as symptoms that may occur during the test. You are also expected to report all medications (including non-prescription) taken recently and, in particular, those taken today, to the testing staff.

4. Benefits to be Expected. The results obtained from the exercise test may assist in the diagnosis of your illness, in evaluating the effect of your medications or in evaluating what type of physical activities you might do with low risk.

5. Inquiries. Any questions about the procedures used in the exercise test or the results of your test are encouraged. If you have any concerns or questions, please ask us for further explanations.

6. Use of Medical Records. The information that is obtained during exercise testing will be treated as privileged and confidential. It is not to be released or revealed to any person except your referring physician without your written consent. The information obtained, however, may be used for statistical analysis or scientific purposes with your right to privacy retained.

7. Freedom of Consent. I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity and state of cardiovascular health. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point, if I so desire. I have read this form, and I understand the test procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this test.

Date _____

Signature of Patient _____

Date _____

Signature of Witness _____

Informed Consent for an Exercise Test - Adult

(Sample. Edit before you use.)

I, the undersigned, do hereby acknowledge:

- My consent to perform a health related fitness appraisal consisting of stepping on double 20 cm steps at speeds appropriate for my age and gender, measurements of standing height, weight, girths, and skin-folds, and tests of grip strength, push-ups, trunk forward flexion, curl-ups, and vertical jump, the results of which will assist in determining the type and amount of physical activity most appropriate for my level of fitness;
- My understanding that heart rate and blood pressure will be measured prior to and at the completion of the appraisal;
- My consent to answer questions concerning my physical activity participation and my lifestyle;
- My consent to the appraisal measures conducted by an appraiser who has been trained to administer the Canadian Physical Activity, Fitness and Lifestyle Appraisal. I understand that the interpretation of results is limited to placing my scores in the appropriate Health Benefit Zones and providing information on physical activity participation and other healthy lifestyle topics.
- My understanding that there are potential risks; i.e., episodes of transient lightheadedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea, and that I assume willfully those risks;
- My obligation to immediately inform the appraiser of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the appraisal;
- My understanding that I may stop or delay any further testing if I so desire and that the appraisal may be terminated by the appraiser upon observation of any symptoms of undue distress or abnormal response;
- My understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after the appraisal;
- That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions or received clearance to participate from my physician.

Signature

Date

Witness

Date

NOTE: This form must be completed, signed and submitted to the appraiser, along with the completed PAR-Q, at the time of testing. The form must also be witnessed at the time of signing and the witness must be of the age of majority and independent of the organization administering the appraisal.