2020 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 see further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTHQUESTIONS

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? Please answer **NO** 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)? **PLEASE LIST CONDITION(S) HERE:**	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:**	☐	☐
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. **PLEASE LIST CONDITION(S) HERE:**	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

If you answered NO to all of the questions above, you are cleared for physical activity.
Please 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 Global Physical Activity Guidelines for your age (https://apps.who.int/iris/handle/10665/44399).
- 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.

PARTICIPANT DECLARATION
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 1* months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

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.

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NAME _____ DATE _____

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2020 PAR-Q+

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 **NO** ☐ go to question 2

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) 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? YES ☐ NO ☐

2. Do you currently 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/or neck? YES ☐ NO ☐

2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES ☐ NO ☐

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm If the above condition(s) is/are present, answer questions 3a-3d. If **NO** ☐ go to question 4

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) YES ☐ NO ☐

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contractions) YES ☐ NO ☐

3c. Do you have chronic heart failure? YES ☐ NO ☐

3d. 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 currently have High Blood Pressure? If the above condition(s) is/are present, answer questions 4a-4b. If **NO** ☐ go to question 5

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) YES ☐ NO ☐

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) YES ☐ NO ☐

5. 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 5a-5e. 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? YES ☐ NO ☐

5b. Do you ever 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. YES ☐ NO ☐

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? YES ☐ NO ☐

5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐

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) YES ☐ NO ☐

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure If the above condition(s) is/are present, answer questions 7a-7d. If **NO** ☐ go to question 8

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) YES ☐ NO ☐

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? YES ☐ NO ☐

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? YES ☐ NO ☐

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia If the above condition(s) is/are present, answer questions 8a-8c. If **NO** ☐ go to question 9

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) YES ☐ NO ☐

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or cerebrovascular Event If the above condition(s) is/are present, answer questions 9a-9c. If **NO** ☐ go to question 10

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) YES ☐ NO ☐

9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. Do you have any other medical condition not listed above or do you have two or more medical conditions? If you have other medical conditions, answer questions 10a-10c. If **NO** ☐ read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** were you told you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐

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10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

2020 PAR-Q+

If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) 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 lowto 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.

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 - talk to your doctor or qualified exercise professional 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 authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity, and/or modifications to their physical activity on the basis of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ 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 the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

ePARmed-X+Online

C ePARmed-X+ PHYSICAL ACTIVITY READINESS PHYSICIAN REFERRAL FORM

Based on the current review of the health status of _____(name) I recommend the following course of action:

- ☐ The participant should avoid engaging in physical activity at this time.
- ☐ The participant should engage in only a medically supervised physical activity/exercise program involving the supervision of a qualified exercise professional (or other appropriately trained health care professional) and overseen by a physician.
- ☐ The participant is cleared for intensity and mode appropriate physical activity/exercise training under the supervision of a qualified exercise professional.
- ☐ The participant is cleared for intensity and mode appropriate physical activity/exercise training with limitedsupervision (i.e., unrestricted physical activity).

The following precautions sould be taken when prescribing exercise for the aforementioned participant:

- o With the avoidance of: _____
- o With the inclusion of _____

NAME OF PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: _____

Date of Medical Clearance(mm/dd/yy): _____

PHYSICIAN/CLINIC ST:MP AND SIGNATURE

NOTE: This physical activity/exercise clearance is valid for a period of six months from the date it is completed and becomes invalid if the medical condition of the above named participant changes/worsens.

2020 PAR-Q+

If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

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- 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.
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NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

ePARmed-X+Online

C ePARmed-X+ PHYSICAL ACTIVITY READINESS PHYSICIAN REFERRAL FORM

Based on the current review of the health status of _____(name) I recommend the following course of action:

- ☐ The participant should avoid engaging in physical activity at this time.
- ☐ The participant should engage in only a medically supervised physical activity/exercise program involving the supervision of a qualified exercise professional (or other appropriately trained health care professional) and overseen by a physician.
- ☐ The participant is cleared for intensity and mode appropriate physical activity/exercise training under the supervision of a qualified exercise professional.
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The following precautions sould be taken when prescribing exercise for the aforementioned participant:

- o With the avoidance of: _____
- o With the inclusion of _____

NAME OF PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: _____

Date of Medical Clearance(mm/dd/yy): _____

PHYSICIAN/CLINIC ST:MP AND SIGNATURE

NOTE: This physical activity/exercise clearance is valid for a period of six months from the date it is completed and becomes invalid if the medical condition of the above named participant changes/worsens.

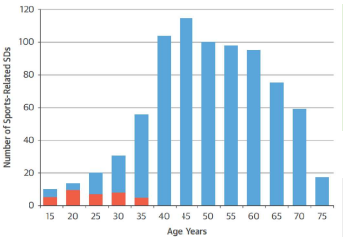
Risk Factor Age – Background Information

Middle-aged and older athletes are at significantly higher risk for sudden cardiac death (SCD) compared with younger athletes and are more vulnerable to misconceptions regarding the cardiovascular effects of sports.

The overwhelming majority of sports-related sudden deaths occur among those older than 35 years of age.

The approach to pre-participation screening for risk of sudden death in the older athlete is a complex issue and at present is largely focused on identifying inducible ischemia due to significant coronary disease.

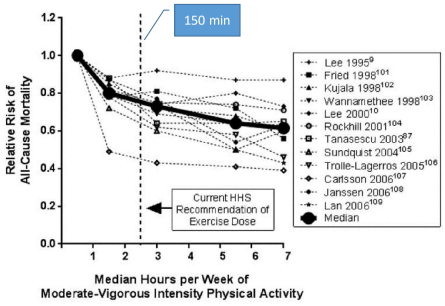
Relationship Between Age and Sports-Related Sudden Deaths



From an epidemiological point of few the probability of developing CAD increases with age. Males are at a greater risk compared to women, and they tend to develop it at younger ages. the overwhelming majority of sports-related SCDs have occurred in men, **with a 9:1 ratio of men to women experiencing SCD during sports** (reason: women tend to develop atherosclerosis about 10 years later than men).
=> Middle aged and older athletes will benefit from risk stratification, fitness assessment and a balanced exercise prescription.

Distribution by age of sports-related sudden deaths (SDs) in the overall population (blue) and among young competitive athletes (red)in a nationwide, 5-year study in France, showing that the vast majority occurred in those 35 years of age and older.
From Marijon et al., 2011

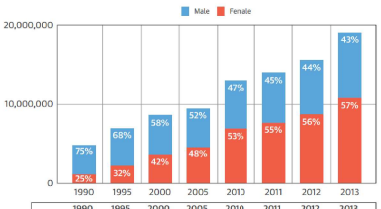
Mortality risk reduction based on hrs of moderate physical activity – backgound informion



Physical Activity Guidelines Advisory Committee
Report to the Secretary of Health and Human Services, 2008.

Risk Factor Age – Background Information

Retrospective studies of athletes who participate in marathons yield estimates of 0.8 to 2 SCDs per 100,000 marathon runners. Most of these events occurred in older male athletes, with only 6% of all cases of sports-related SCDs in young, competitive athletes.
For recreational joggers, however, the annual incidence of SCD is significantly higher: 13 SCDs per 100,000 joggers per year.
The popularity of endurance sports, especially running, is significantly on the rise ⇨ increased likelihood of SCDs.
Although the majority of veteran endurance athletes (masters) do not have coronary artery calcification, there is a higher prevalence of coronary artery calcification and higher prevalence of atrial fibrillation in veteran endurance athletes compared to age- and risk factor-matched controls. Vigorous exercise can transiently increase the risk of an acute cardiac event, particularly in older athletes.

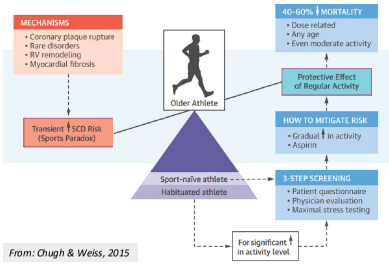


	1990	1995	2000	2005	2010	2011	2012	2013
Female	1,199,200	2,215,500	3,619,600	4,494,400	6,929,100	7,685,700	8,699,000	10,844,200
Male	3,597,800	4,708,000	4,998,400	4,947,600	6,671,100	6,288,300	6,835,000	8,180,800

Between 1990 and 2013, the number of participating athletes who completed running races in the United States increased significantly to approx. 20 million per year; 54% were older than 65 years of age, and 57% were male.

From: Chugh & Weiss, 2015
Krishnan & Rao, 2019

Risk Factor Sedentary Lifestyle – health promoting effects of exercise and the sports paradox – Background Information



In sedentary people, the relative risk of sudden death during exercise increases by 56-fold

For those habituated to regular exercise, this risk increases by only 5-fold

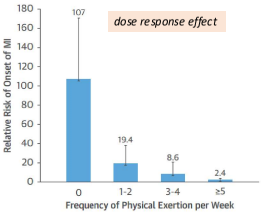
Regular exercise of mild to moderate intensity provides a 7-fold to 10-fold risk reduction for sudden cardiac death and a 50-fold risk reduction for myocardial infarction

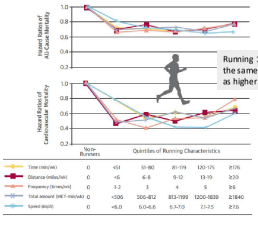
Leisure running, even 5 to 10 min per day at slow speeds (<6 miles/h), is associated with substantial mortality benefits

From: Chugh & Weiss, 2015

Risk Factor Sedentary Lifestyle – health promoting effects of exercise – Background Informtion

The beneficial, health-promoting effects of habitual physical and sports activity are undeniable. Moderate exercise (30 min of moderate activity 5 times per week) reduces cardiovascular risk by 20%, and high levels of exercise (30 min of vigorous activity 5 times per week) reduce cardiovascular risk by 30% to 40%. These benefits are enhanced by the observed additional impact of regular exercise on the risk of cancer. Over an 8-year period, regular high levels of exercise in healthy people were associated with a 70% reduction in age-adjusted all-cause mortality in men and an 80% reduction in women.
However, a "sports paradox" exists: some people, most often those not habituated to exercise, experience sports activity –related cardiac arrests, usually associated with underlying heart disease.
A clear dose-response effect exists ⇨ the greater the frequency of weekly exertion, the greater the reduction in relative risk. The magnitudes of the risk reduction attributed to frequent exercise are impressive, in the range of 7- to 10-fold lowered risk for exercise-associated SCD and 50-fold reduction for exercise-associated MI.





Running 1 to 3 times per week appears to provide the same level of risk reduction as higher frequency or intensity of running.

From: Chugh & Weiss, 2015
Lee et al., 2014

Reduction in life expectancy between ages 40 and 85 years – Background Information

Current habit or disease	Years-of-life-lost
Current smoking	4.8 years
Diabetes	3.9 years
Physical inactivity	2.4 years
Hypertension	1.6 years
Obesity	0.7 years
Alcohol intake	0.5 years

Stringhini S, et al.,: Socioeconomic status and the 25 × 25 risk factors as determinants of premature mortality: a multicohort study and meta-analysis of 1·7 million men and women. Lancet. 2017 Mar 25;389(10075):1229-1237.

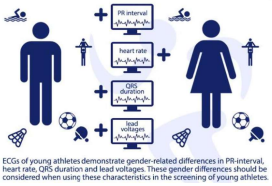
Participants with low socioeconomic status had greater mortality compared with those with high socioeconomic status
(HR 1.42, 95% CI 1.38-1.45 for men;
1.34, 1.28-1.39 for women)

The population attributable fraction was highest for smoking, followed by physical inactivity then socioeconomic status.

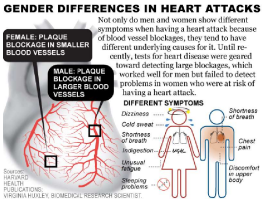
Gender differences & gender as a risk factor – background information

Male athletes have a three- to five-fold higher risk of sudden cardiac death compared to female athletes

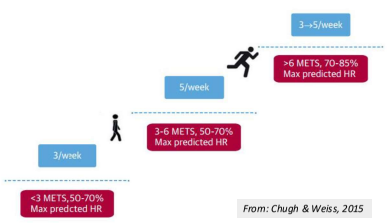
Emery MS, Kovacs RJ. Sudden cardiac death in athletes. JACC Heart Fail 2018;6:30-40.



ECGs of young athletes demonstrate gender-related differences in PR-interval, heart rate, QRS duration and lead voltages. These gender differences should be considered when using these characteristics in the screening of young athletes.



A Graded Approach to Exercise Conditioning in the Older Athlete – Background Information



From: Chugh & Weiss, 2015

Balancing the risk of sudden cardiac death with the protective effect of regular activity can be addressed through screening of the older athlete and by emphasis on the frequency, rather than the intensity, of the activity level, which should be increased gradually.

HR=heart rate; METS=metabolic equivalents