LAB 2.1 Safety of Exercise Participation

Part I  PAR-Q & YOU

Complete the PAR-Q questionnaire on page 47 in your text, or download the PAR-Q form from the Web site for the Canadian Society for Exercise Physiology (http://www.csep.ca/forms.asp). Answer all the questions carefully and honestly. Report your results.

Part II  General Health Profile

To help further assess the safety of exercise for you, complete as much of this health profile as possible.

General Information

Age: ________  Total cholesterol: ________  Blood pressure: _____ / _____
Height: ________  HDL: ________  Triglycerides: ________
Weight: ________  LDL: ________  Blood glucose level: ________

Are you currently trying to ______ gain or ______ lose weight? (check one if appropriate)

Medical Conditions/Treatments

Check any of the following that apply to you and add any other conditions that might affect your ability to exercise safely.

_____ heart disease  _____ depression, anxiety, or another psychological disorder  _____ other injury or joint problem: ______________________
_____ lung disease  _____ eating disorder  _____ substance abuse problem
_____ diabetes  _____ back pain  _____ other: ______________________
_____ allergies  _____ arthritis  _____ other: ______________________

_____ Do you have a family history of cardiovascular disease (CVD) (a parent, sibling, or child who had a heart attack or stroke before age 55 for men or 65 for women)?

List any medications or supplements you are taking or any medical treatments you are undergoing. Include the name of the substance or treatment and its purpose. Include both prescription and over-the-counter drugs and supplements.

Lifestyle Information

Check any of the following that is true for you, and fill in the requested information.

_____ I usually eat high-fat foods (fatty meats, cheese, fried foods, butter, full-fat dairy products) every day.
_____ I consume fewer than 5 servings of fruits and vegetables on most days.
_____ I smoke cigarettes or use other tobacco products. If true, describe your use of tobacco (type and frequency): ______________________
_____ I regularly drink alcohol. If true, describe your typical weekly consumption pattern: ______________________
_____ I often feel as if I need more sleep. (I need about _____ hours per day; I get about _____ hours per day.)
_____ I feel as though stress has adversely affected my level of wellness during the past year.
Describe your current activity pattern. What types of moderate physical activity do you engage in on a daily basis? Are you involved in a formal exercise program or do you regularly participate in sports or recreational activities?

Using Your Results

*How did you score?* Did the PAR-Q indicate that exercise is likely to be safe for you? Is there anything in your health profile that you think may affect your ability to exercise safely? Have you had any problems with exercise in the past?

*What should you do next?* If the assessments in this lab indicate that you should see your physician before beginning an exercise program, or if you have any questions about the safety of exercise for you, make an appointment to talk with your health care provider to address your concerns.