



WELLNESS WORKSHEET 70

Safety of Exercise Participation

People of any age who are not at high risk for serious health problems can safely exercise at a moderate intensity (60% or less of maximum heart rate) without a prior medical evaluation. Likewise, if you are male and under 40 or female and under 50 and in good health, exercise is probably safe for you. If you are over these ages or have health problems, especially high blood pressure, heart disease, muscle or joint problems, or obesity, see your physician before starting a vigorous exercise program. The Canadian Society for Exercise Physiology has developed the Physical Activity Readiness Questionnaire (PAR-Q) to help determine exercise safety; this questionnaire appears on the next page.

To further assess the safety of exercise for you, complete as much of the following health profile as possible. If the PAR-Q or anything on the general health profile 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.

General Health Profile for Exercise Safety

General Information

Age: _____ Total cholesterol: _____ Blood pressure: ____ / ____
 Height: _____ HDL: _____ Triglycerides: _____
 Weight: _____ LDL: _____ Blood glucose: _____
 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 ____ eating disorder ____ depression, anxiety, or another psychological disorder
 ____ lung disease ____ substance abuse problem
 ____ diabetes ____ back pain ____ other: _____
 ____ allergies ____ arthritis ____ other: _____
 ____ asthma ____ other injury or joint problem: _____
 ____ Do you have a family history of cardiovascular disease (a parent, sibling, or child who had a heart attack or stroke before age 55 for men or 65 for women)

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

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 7 servings of fruits and vegetables on most days.
 ____ I smoke cigarettes or use other tobacco products, or I am regularly exposed to ETS. If true, describe use/exposure: _____
 ____ I regularly drink alcohol. If true, describe consumption pattern: _____
 ____ I often feel that I need more sleep. (I need about ____ hours per day; I get about ____ hours per day)
 ____ I feel that stress has adversely affected my level of wellness during the past year.

Describe your current activity pattern. What types of moderate and vigorous activity do you engage in on a daily or weekly basis? _____