





# 2018 PAR-Q+

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

**PLEASE LIST YOUR MEDICAL CONDITION(S)  
AND ANY RELATED MEDICATIONS HERE:**

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

