

## Figure 1. PASQ

**Instructions:** First, save this form to your computer. Then, please complete this form by clicking the respective boxes in Sections 1-3 and sign/date electronically in Section 4. Upon completion, save it again to your computer and return as instructed.

### Section 1 – Current Physical Activity

When answering the questions in this section, please note the following definitions:

Moderate Intensity: An activity that causes noticeable increases in heart rate and breathing (e.g., brisk walking)

Vigorous Intensity: An activity that causes substantial increases in heart rate and breathing (e.g., jogging)

Over the last three months, have you regularly participated in physical activity for at least 30 minutes, three days/week at a **moderate** intensity?

- No     Yes

If **yes**, which of the following best describes any vigorous intensity activity in your regular routine in the last 3 months?

- I participate in some or all vigorous intensity activity  
 None, but I want to begin some vigorous intensity activity  
 None, and I want to continue moderate intensity activity

### Section 2 – Medical Conditions

Please select any of the following medical conditions that you currently have or have had.

- Heart attack  
 Heart surgery  
 Cardiac catheterization  
 Coronary angioplasty (PTCA)  
 Heart valve disease  
 Heart failure  
 Heart transplantation  
 Congenital heart disease  
 Abnormal heart rhythm  
 Pacemaker/implantable cardiac defibrillator  
 Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs and feet  
 Cerebrovascular disease – stroke or TIA (transient ischemic attack)  
 Type 1 or Type 2 diabetes  
 Renal (kidney) disease

### Section 3 – Signs or Symptoms

Please select any of the signs or symptoms that you have recently experienced.

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- Shortness of breath at rest or with mild exertion
- Dizziness or loss of consciousness during or shortly after exercise
- Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
- Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- An unpleasant awareness of forceful or rapid beating of the heart
- Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities

### Section 4 – Acknowledgment, Follow-Up and Signature

I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of any such changes.

\_\_\_\_\_

Type your name here

\_\_\_\_\_

Type your name – Electronic Signature

\_\_\_\_\_

Date