

## INFORMED CONSENT AGREEMENT FOR PHYSICAL ACTIVITY

I am willing to participate in a community-based physical activity program. I am aware that the exercises include: walking, weight-bearing, cardiovascular, strength, flexibility, balance and endurance activities involving the use of all muscles and joints.

**I understand** that I will be provided instruction by any or all of the following providers: Centre de santé communautaire de l'Estrie (CSCE) staff, volunteers, students and contracted fitness leaders. I understand that every participant has different level of physical fitness and skill and I recognize that it is my responsibility to inform the instructor(s) of my limitations and needs. I understand that part of the risk involved in undertaking any activity or program is dependent on my own state of fitness or health and I will report any changes in my health to the instructor.

**I understand** that I am free to withdraw from, reduce or modify my involvement in the program activities and realize I should do so upon any signs of light-headedness, fainting, chest discomfort, leg cramps, nausea and/or any other symptoms.

**I understand** and agree that I have been made aware of the risks and benefits of participating in physical activity. I have been offered the Physical Activity Readiness Questionnaire (PAR-Q) screening tool and understand that consultation with a Primary Care Provider is recommended if I answered "Yes" to one or more of the questions on the PAR-Q. I also understand that, in a community-based exercise program, the decision to participate is made at the risk of the individual participant.

**I therefore agree** that Centre de santé communautaire de l'Estrie, including its partners/organizers/volunteers/contracted workers/students/funders, is not liable for any loss, damage or personal injury that I may suffer as a result of my participation in any of its community-based programs.

I declare that I have been made aware of the risks, benefits and alternatives associated with my participation in the program and have read, understood, and agree with the contents of this *INFORMED CONSENT AGREEMENT*.

### Signature:

Participant: \_\_\_\_\_

Date: \_\_\_\_\_



## REGISTRATION FORM

File #: \_\_\_\_\_

Date: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Assigned sex at birth:  Male  Female  I prefer not answering

Address: \_\_\_\_\_ City and province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Preferred contact number:

Email: \_\_\_\_\_  I authorize the CSCE to contact me by email.

Date of birth: \_\_\_\_\_ Preferred language of service:  French  English  
(Day / Month / Year)

OHIP Health card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ City: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Tel.: \_\_\_\_\_  
(other than home)

*or in case of a minor*

Name of parents: \_\_\_\_\_ Tel.: \_\_\_\_\_  
(or guardian) (other than home)

\_\_\_\_\_ Tel.: \_\_\_\_\_  
(other than home)

Contact person in case of emergency (*other than spouse or parents/guardian of a minor*):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.: \_\_\_\_\_

### CLIENT HEALTH INFORMATION

Do you currently have a family physician?  Yes  No

Name of physician: \_\_\_\_\_ Name and location of the clinic: \_\_\_\_\_

Health problems including chronic conditions, surgery, previous hospitalization or other - please specify:

Medication you are currently taking (including vitamins and natural products):

Please attach your pharmacy medication record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Day / Month / Year)

The CSCE can now interact with you via electronic communication, which includes secure videoconference consultations and emails to convey certain types of information like appointment reminders. If you would like us to communicate with you via these methods, please read and sign the Electronic Communications Consent Form.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Preferred language of service:  French  English  
(Day / Month / Year)

Personal information collected by the Centre de santé communautaire de l'Estrie (CSCE) is used to help make informed decisions about the programs and services it provides to its target population. The information is used solely for this purpose. The CSCE does not sell, trade or divulge any personal information collected within the framework of the provision of its services. As required by law, personal information policies and procedures are implemented at the CSCE.

**What is your SEXUAL IDENTITY?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Male                   | <input type="checkbox"/> Female                 | <input type="checkbox"/> Intersex               |
| <input type="checkbox"/> Trans - Female to male | <input type="checkbox"/> Trans - Male to female | <input type="checkbox"/> Two-Spirit             |
| <input type="checkbox"/> Do not know            | <input type="checkbox"/> Prefer not to answer   | <input type="checkbox"/> Other (specify): _____ |

**What is your SEXUAL ORIENTATION?**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Bisexual    | <input type="checkbox"/> Gay                  | <input type="checkbox"/> Heterosexual           |
| <input type="checkbox"/> Lesbian     | <input type="checkbox"/> Queer                | <input type="checkbox"/> Two-Spirit             |
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other (specify): _____ |

**Please indicate your highest EDUCATION LEVEL attained?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Too young           | <input type="checkbox"/> Primary (grades 1-8)  | <input type="checkbox"/> Secondary or equivalent |
| <input type="checkbox"/> College             | <input type="checkbox"/> University bachelor's | <input type="checkbox"/> University postgraduate |
| <input type="checkbox"/> No formal education | <input type="checkbox"/> Do not know           | <input type="checkbox"/> Other (specify): _____  |

**What is your COMBINED ANNUAL HOUSEHOLD INCOME?**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 0 - \$14,999        | <input type="checkbox"/> \$30,000 - \$34,999 | <input type="checkbox"/> \$90,000 - \$119,999  | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$35,000 - \$39,999 | <input type="checkbox"/> \$120,000 - \$149,999 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$40,000 - \$59,999 | <input type="checkbox"/> \$150,000 or more     |   |
| <input type="checkbox"/> \$25,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$89,999 |  |   |

How many people are supported by this income in your household? \_\_\_\_\_

**What is your CURRENT HOUSEHOLD COMPOSITION?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Couple with children            | <input type="checkbox"/> Extended family      | <input type="checkbox"/> Do not know            |
| <input type="checkbox"/> Couple without child            | <input type="checkbox"/> Unrelated housemates | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Sole member                     | <input type="checkbox"/> Siblings             | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Grandparents with grandchildren | <input type="checkbox"/> Single parent        |   |

**What is your HOMELESS STATUS?**

- |                                       |  |                                  |  |
|---------------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> Not homeless | <input type="checkbox"/> Homeless/no address | <input type="checkbox"/> Shelter | <input type="checkbox"/> Other temporary |
|---------------------------------------|--|----------------------------------|--|

**What is your MOTHER TONGUE?**

- |                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> French | <input type="checkbox"/> English | <input type="checkbox"/> Other (specify): _____ |
|---------------------------------|----------------------------------|---|

If other, which of two official languages are you most comfortable communicating in?  French  English

What is your **RACIAL OR ETHNIC GROUP**?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White - North American | <input type="checkbox"/> Asian - East           | <input type="checkbox"/> Middle Eastern         |
| <input type="checkbox"/> White - European       | <input type="checkbox"/> Asian - South          | <input type="checkbox"/> Mixed Heritage         |
| <input type="checkbox"/> First Nations          | <input type="checkbox"/> Asian - South-East     | <input type="checkbox"/> Do not know            |
| <input type="checkbox"/> Indigenous/Aboriginal  | <input type="checkbox"/> Black - African        | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Inuit                  | <input type="checkbox"/> Black - Caribbean      | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Metis                  | <input type="checkbox"/> Black - North American |   |
| <input type="checkbox"/> Latino American        | <input type="checkbox"/> Indian - Caribbean     |   |

What is your country of origin? \_\_\_\_\_

Date/year of arrival in Canada (if applicable)? \_\_\_\_\_

What is your **RELIGION**?

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Catholic           | <input type="checkbox"/> Jewish    | <input type="checkbox"/> Eastern religions        |
| <input type="checkbox"/> Protestant         | <input type="checkbox"/> Buddhist  | <input type="checkbox"/> No religious affiliation |
| <input type="checkbox"/> Christian Orthodox | <input type="checkbox"/> Mennonite | <input type="checkbox"/> Do not know              |
| <input type="checkbox"/> Christian          | <input type="checkbox"/> Hindu     | <input type="checkbox"/> Prefer not to answer     |
| <input type="checkbox"/> Muslim             | <input type="checkbox"/> Sikh      | <input type="checkbox"/> Other (specify): _____   |

Do you have any of the following **DISABILITIES**?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chronic illness                 | <input type="checkbox"/> Learning disability      | <input type="checkbox"/> Mental illness         |
| <input type="checkbox"/> Physical disability             | <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Do not know            |
| <input type="checkbox"/> Dependence<br>(drug or alcohol) | <input type="checkbox"/> Sensory disability       | <input type="checkbox"/> Prefer not to answer   |
|  |   | <input type="checkbox"/> Other (specify): _____ |

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INFORMATION REGARDING YOUR WELLBEING.

How would you describe your **SENSE OF BELONGING TO COMMUNITY**?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Very strong     | <input type="checkbox"/> Somewhat weak | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> Somewhat strong | <input type="checkbox"/> Very weak     | <input type="checkbox"/> Prefer not to answer |

Self-assessment of **PHYSICAL HEALTH**:

- |                                    |                                      |   |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair        | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor        |   |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Do not know |   |

Self-assessment of **MENTAL HEALTH**:

- |                                    |                                      |   |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair        | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor        |   |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Do not know |   |

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

## PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

**1** Have you experienced **ANY** of the following (A to F) **within the past six months**?

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

**2** Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

**3** Has a health care provider told you that you should avoid or modify certain types of physical activity?

**4** Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ..... ➤

**YES** to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

## ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?  DAYS/WEEK
  - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?  MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day:  MINUTES/WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



## GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



## DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.  
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.  
(This completed questionnaire will help the QEP get to know you and understand your needs.)

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

<b>1 Have you experienced ANY of the following (A to F) within the past six months?</b>	
<p><b>A</b> A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p><b>B</b> A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p><b>C</b> Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p><b>D</b> Shortness of breath at rest</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p><b>E</b> Loss of consciousness/fainting for any reason</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p><b>F</b> Concussion</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the **ADVICE** for your **YES** response, go to **Page 2** of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

**2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?**

**YES**

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

**3 Has a health care provider told you that you should avoid or modify certain types of physical activity?**

**YES**

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

**4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?**

**YES**

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

## WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

▶ [csep.ca/certifications](https://csep.ca/certifications)

CSEP Certified members can help you with your physical activity goals.

▶ [csep.ca/guidelines](https://csep.ca/guidelines)

Canadian Physical Activity Guidelines for all ages.