



# Translation, Cultural Adaptation, and Reproducibility of the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+): The Brazilian Portuguese Version

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**Background:** The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) is the international standard for pre-participation risk stratification and screening. In order to provide a practical and valid screening tool to facilitate safe engagement in physical activity and fitness assessments for the Brazilian population, this study aimed to translate, culturally adapt, and verify the reproducibility of the evidence-based PAR-Q+ to the Brazilian Portuguese language.

**Method:** Initially, the document was translated by two independent translators, before Brazilian experts in health and physical activity evaluated the translations and produced a common initial version. Next, two English native speakers, fluent in Brazilian Portuguese and accustomed to the local culture, back-translated the questionnaire. These back translations were assessed by the organization in charge of the PAR-Q+, then a final Brazilian version was approved. A total of 493 Brazilians between 5 and 93 yr ( $39.9 \pm 25.4$  yr), 59% female, with varying levels of health and physical activity, completed the questionnaire twice, in person or online, 1–2 weeks apart. Cronbach's alpha was used to calculate the internal consistency of all items of the questionnaire, and the Kappa statistic was used to assess the individual reproducibility of each item of the document. Additionally, the intraclass correlation coefficient and its 95% confidence interval (CI) were used to verify the general reproducibility (reliability) of the translated version.

**Results:** The Brazilian version had an excellent internal consistency (0.993), with an almost perfect agreement in 93.8% of the questions, and a substantial agreement in the other 6.2%. The translated version also had a good to excellent total reproducibility (0.901, 95% CI: 0.887–0.914).

**Conclusion:** The results show this translation is a valid and reliable screening tool, which may facilitate a larger number of Brazilians to start or increase physical activity participation in a safe manner.

**Keywords:** health, exercise, cardiovascular disease, physical activity, risk stratification, translation

## INTRODUCTION

Physical inactivity is related to several health problems and is estimated to lead to the premature death of ~9% of the global population (1). Routine physical activity participation protects against more than 25 chronic medical conditions, such as cardiovascular disease, diabetes, some types of cancer, depression, and osteoporosis, and significantly reduces the risk of early mortality (2, 3). Owing to these benefits, governments and health organizations around the world are investing in initiatives for the promotion of regular physical activity, including changes in the physical environment and public policies (4). However, there are other factors associated with physical inactivity, such as biological and psychological aspects (3, 5). In this respect, the fear of injury, getting sick, and even dying are reported, among others, as some of the most common barriers to physical activity (6–8). These concerns are shared by health professionals who prescribe supervised as well as unsupervised physical activity and exercise to prevent and manage chronic diseases (8–10).

To address this issue the Physical Activity Readiness Questionnaire (PAR-Q) was created in Canada in the 1970s, as a pre-participation screening tool, based on experts' opinion (11, 12). With seven health-related questions to be answered as Yes or No, the document was used extensively globally (13). However, various limitations to the survey were acknowledged (14–16). For instance, a major limitation of the PAR-Q was that its use was restricted to people between 15 and 69 years of age (17). Age restrictions on a front-line pre-participation screening tool is a contemporary issue for physical activity participation given population aging worldwide (18). Another significant limitation was the conservative nature of the PAR-Q, which led to many false positives (19). When an individual answered Yes to one or more questions, they were advised to consult a physician for clearance to participate in physical activity (20, 21). However, obtaining physical activity clearance from a physician may not be feasible in several jurisdictions (22). On a global scale, access to medical professionals can involve very long waiting lists for public services, and access to private options is limited and unaffordable for many (23, 24).

Given such limitations, a series of systematic reviews together with an evidence-based consensus process were performed to establish best practices in risk stratification for physical activity participation (25–34). From this process, a new, evidence-based pre-participation screening tool was created: The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) (20). In the current PAR-Q+, when the respondent answers No to all seven evidence-informed initial questions, they are self-cleared for unrestricted physical activity participation (35).

If the individual answers Yes to one or more of these general health questions, they are required to complete follow-up questions on specific chronic medical conditions. If the individual responds No to all follow-up items, they are cleared to become more physically active. If a respondent answers Yes to one or more of these supplementary questions, they are referred to the electronic Physical Activity Readiness Medical Examination (ePARmed-X+; [www.eparmedx.com](http://www.eparmedx.com)), or to consult with a health professional qualified to prescribe exercise (19). Through this screening process, the vast majority of participants are able to self-clear for physical activity or exercise (36). Also, while the document has a total of 48 items, completing the tool is straightforward and takes ~5 min (19). Additionally, this new questionnaire was recently published in a digital format, thus providing the advantage of online completion (37).

Although chronic medical conditions are the primary cause of mortality in high-income countries, such as in Canada, these diseases affect low- and middle-income countries in a much higher proportion, with more than 75% of worldwide deaths from such diseases occurring in these nations (38, 39). This is the case of Brazil, a middle-income country, where chronic diseases are also a leading health problem (40). Before the COVID-19 pandemic, the main causes of deaths in the country were cancer and cardiovascular disease, which are directly linked to obesity (41, 42). The prevalence of obesity has been dramatically increasing in the country, with 12% of the youth population, as well as 20% of adults and 21% of older adults being considered obese in Brazil (43, 44). In large part, this scenario is due to sedentary lifestyles (45). Physical inactivity, a preeminent behavioral risk factor for chronic diseases and early mortality, is one of the most prevalent unhealthy behaviors in Brazilians (46, 47). According to studies about perceived barriers to physical activity in Brazil, having a disease and being afraid of getting injured are also among the main reasons preventing minors, adults, and the elderly from becoming more physically active (48–50). The country has one of the world's fastest aging populations, and over 70% of Brazilian seniors are considered insufficiently active (51, 52). This prevalence is 61% for adults (44) and over 80% for children and adolescents in the country (53).

Since the fear of worsening their health condition is among the main barriers to physical activity in Brazilians, an instrument like the PAR-Q+, validated to Brazilian Portuguese, could be crucial to allow numerous individuals to safely start or increase physical activity participation. Accordingly, the purpose of this study was to translate, culturally adapt, and verify the reproducibility of the questionnaire to the Brazilian context.

## METHODS

This study was designed in two phases. Initially, the questionnaire was translated and culturally adapted to the targeted language. Subsequently, a test re-test procedure was adopted with different age groups to verify reproducibility.

## TRANSLATION AND ADAPTATION

Permission to develop the Brazilian Portuguese version of the document was granted from the organization in charge of the questionnaire (i.e., the PAR-Q+ Collaboration). The screening tool was first translated into Brazilian Portuguese by two independent translators who speak Brazilian Portuguese as their native language. A group of Brazilian experts in health and physical activity then came together to produce a combined initial version. Overall, the experts involved in validating the PAR-Q+ in Brazilian Portuguese agreed with the translators' versions. Only a couple of minor phrasing adjustments were necessary to culturally adapt the PAR-Q+ to the Brazilian context. The next step was for two native English speakers, fluent in Brazilian Portuguese and accustomed to the Brazilian culture, with no previous exposure to the original PAR-Q+, to back-translate the questionnaire into English. When assessing these back-translations, the PAR-Q+ Collaboration noted a few terms slightly different from the original document. These were considered to have occurred due to the choice of terms in Brazilian Portuguese to allow a better understanding of the questionnaire by the Brazilian population, and these adaptations did not modify the original meaning. After having its accuracy ensured, a final version was approved (see **Appendix 1**).

## FIELD TESTING

To assess the reproducibility of the translated version, Brazilians living in Brazil and abroad responded to the questionnaire on two separate occasions, 1–2 weeks apart. A total of 567 individuals attending health and fitness facilities as well as members from the general public, male and female from all age groups, were invited to take part in this project. There were no exclusion criteria. However, 74 individuals did not complete the questionnaire for the second time, mainly due to schedule incompatibility. Therefore, the sample was composed of 493 participants (59% female), between 5 and 93 years old ( $39.9 \pm 25.4$  yr). A total of 114 were children and adolescents, 252 were adults, and 127 were older adults. The questionnaire was administered in person to 84 individuals in a lifestyle management program focusing on chronic disease prevention, 11 clients at a physiotherapy clinic, 24 participants of a fitness project, 14 members of a CrossFit gym, and 43 patients from a rehabilitation center. The remaining 317 questionnaires were completed online. Respondents represented a variety of health status cohorts such as clinical populations, healthy individuals, athletes, and non-competitive exercisers. As per the guidelines of the PAR-Q+, those under the legal age had the questionnaire completed by their parents/guardians. In all settings and forms of application the participants were welcomed to provide comments, if any, about their understanding of the

document. Participants also reported the time taken to answer the questionnaire for the first time.

## Statistical Analysis

Data were analyzed with SPSS for Windows (version 27.0). Using a 95% confidence interval, Kappa was calculated to evaluate the reproducibility of each question between the two applications (54). Additionally, the intraclass correlation coefficient (ICC) and its 95% confidence interval (CI) were calculated to verify the total reproducibility (reliability) (55). The sum of all positive questions was compared between the first and the second times the questionnaire was administered. The criteria for agreement was as follows: 0.0–0.20 (poor), 0.21–0.40 (fair), 0.41–0.6 (moderate), 0.61–0.8 (substantial), and 0.81–1.0 (almost perfect) (56). Internal consistency was calculated with Cronbach's alpha, using all initial and follow-up questions of the translated version. Significance level was set at 5% for all tests.

## RESULTS

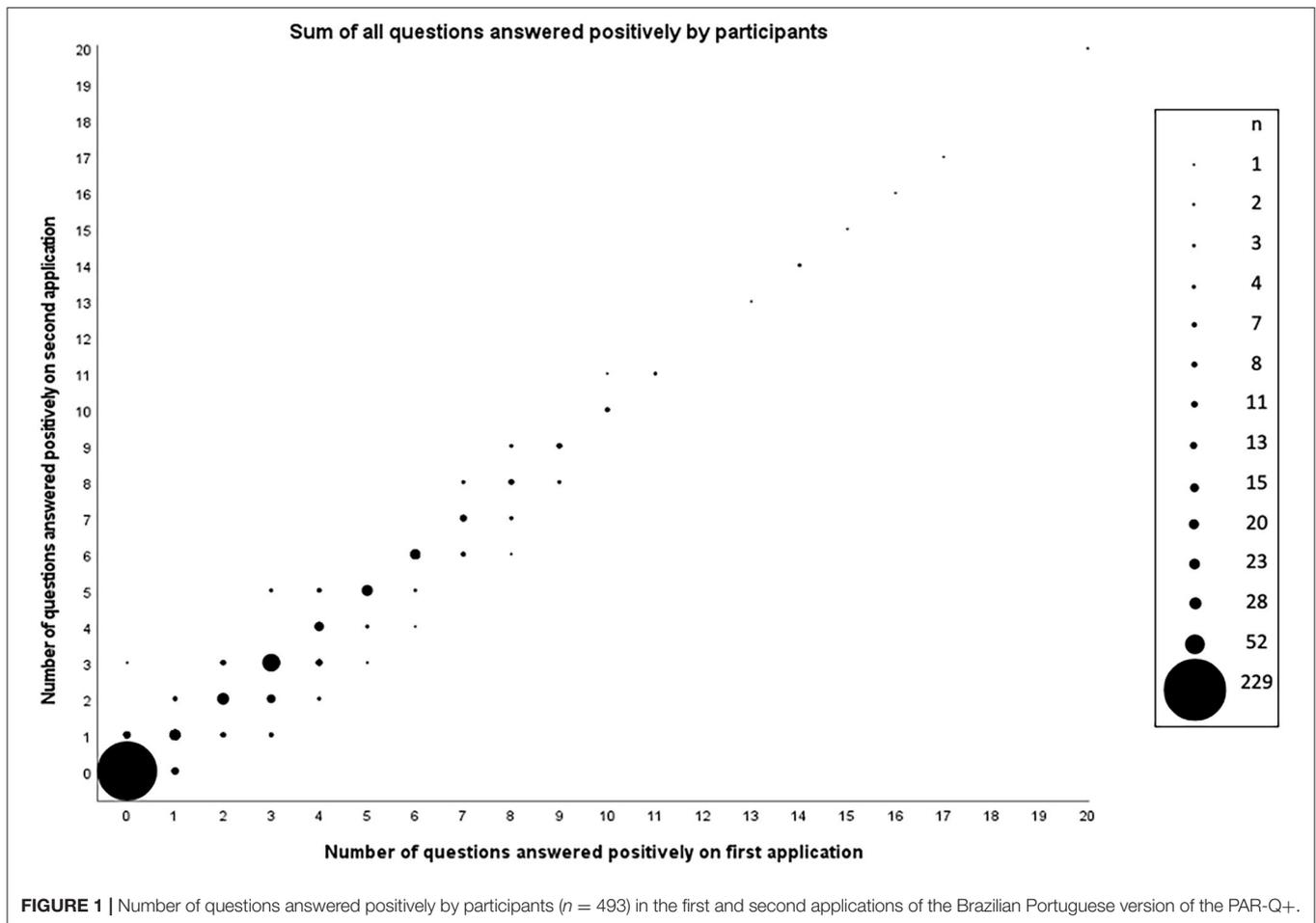
The Brazilian Portuguese version of the PAR-Q+ had excellent internal consistency with a Cronbach's alpha of 0.993. In terms of reproducibility, out of the 48 items of the questionnaire, 45 (93.8%) had an almost perfect agreement between the first and second applications, and three (6.2%) had a substantial agreement (follow-up questions 2a, 5e, and 8b). The translated version of the questionnaire had a good to excellent general reproducibility (ICC = 0.901, 95% CI: 0.887–0.914). Specifically, as shown in **Table 1**, every one of the seven general health questions of the questionnaire had an almost perfect agreement.

The maximum of questions answered positively was 20. A total of 405 (82.2%) participants provided the same answer to every question they answered both times they completed the questionnaire. Out of those, 229 answered negatively to all questions. For those individuals who did not have the same answer for all questions in both applications, 62 had one different answer, 16 responded two questions with different answers, and 10 had three answers that did not match. **Figure 1** shows the comparison of the sum of questions answered positively between the first and the second administrations of the questionnaire.

The time reported to answer the PAR-Q+ in Brazilian Portuguese was  $4.4 \pm 2.3$  min. After answering the questionnaire, a few participants provided their opinion about their

**TABLE 1** | Kappa value for each general health question between two applications of the Brazilian version of the PAR-Q+.

General health question	Agreement between applications
1	0.949
2	0.915
3	0.927
4	0.950
5	0.976
6	0.882
7	0.904



comprehension of the questionnaire. Two individuals taking medication reported uncertainty about how to answer the following question: 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). Since their health conditions were under control, these individuals received clarification from the researcher, explaining they should answer negatively. No other concern was raised by any participant.

Specifically, the subsample of children and adolescents had 46 questions (95.8%) presenting an almost perfect agreement and two questions (4.2%) presenting a substantial agreement: follow-up items 1 and 5e. The group of adults also had 46 items (95.8%) with an almost perfect agreement, and two items (4.2%) with a substantial agreement, namely follow-up questions 7c and 8b. In the subsample of older adults, 45 questions (93.8%) had an almost perfect agreement and three questions (6.2%) had a substantial agreement: follow-up items 4a, 5a, and 6. All age groups had excellent internal consistency. The group of children and adolescents had a good general reproducibility, and the other two subsamples, adults and older adults, had a good to excellent total reproducibility. The time reported to answer the questionnaire, the internal consistency, as well as the general

reproducibility for each one of the age groups are presented in **Table 2**.

## DISCUSSION

The Brazilian version of the PAR-Q+ showed strong reproducibility, with all items demonstrating an agreement between substantial and almost perfect in the whole sample, as well as in each age group. This strong reproducibility is similar to the one presented by the sample of Spanish speakers, which also had all questions in these categories of agreement (57).

The PAR-Q+ was initially developed in two languages, English and French, since it was created in Canada, which is a bilingual country (58, 59). To date, the questionnaire has been officially translated into Spanish, and multiple other translation processes are in progress (57). The study about the Spanish version analyzed the participants as a single group, which had 47 items presenting an almost perfect agreement and only one presenting a substantial agreement. In the whole sample of the Brazilian study this proportion was slightly different, with 45 items presenting an almost perfect agreement and three presenting substantial agreement. There are a number

**TABLE 2 |** Time to complete the questionnaire, internal consistency, and total reproducibility according to each age group of individuals to validate the Brazilian Portuguese version of the PAR-Q+.

	Children and adolescents (5–17 yr)	Adults (18–64 yr)	Older adults (65–93 yr)
Time to complete (mean $\pm$ standard deviation)	4.0 $\pm$ 2.2 min	4.1 $\pm$ 2.6 min	5.0 $\pm$ 1.8 min
Internal consistency (Cronbach's alpha)	0.980	0.993	0.997
Total reproducibility (ICC; 95% CI)	0.819 (0.766–0.866)	0.905 (0.888–0.921)	0.885 (0.843–0.920)

of potential explanations for this variation. The Brazilian Portuguese document was validated with almost triple the sample size than the Spanish version (177 participants), and with some individuals much younger and others much older than the participants in that study (13–85 years old). Also, most individuals in the Brazilian version answered the questionnaire online. Both of these factors could be considered strengths of the current validation, given that the larger age range increases the representativeness of the population, while the online application allows for a more widespread application. It is also possible, however, that these aspects led to a couple of answers being less consistent, which could explain the slightly higher number of questions below an almost perfect agreement. However, when providing feedback about their understanding of the questionnaire, other than two individuals requiring further clarification about one question, no additional concerns were raised.

For the whole sample and for each age group, all of the seven initial questions of the Brazilian version had an almost perfect agreement. However, it is possible that some participants did not pay full attention to all follow-up questions when answering the questionnaire for the second time. This may be a factor for those who answered the PAR-Q+ online by themselves, without the presence of a health/fitness professional. According to Kung et al. (60), a low rate of inattentive answers is expected in any research based on survey responses, and this rate can be higher if there is little or no incentive for respondents to complete a survey. Although our participants voluntarily accepted to participate in the study and received a sound and thorough explanation about the research's importance and how to proceed, they were not financially compensated. Additionally, according to Schneider et al. (61), who examined self-administered and internet-based questions on quality of life, some individuals may provide careless responses when there is a lack of personal, face-to-face interaction. This is supported by Meade and Craig (62), who pointed out that the distance from the respondent to the professional in charge of the questionnaire can lead to less accountability when completing the survey. An additional possible cause of some level of inattention is the need to repeatedly answer the same questionnaire in a short period of time (63, 64). This could have been a factor in the present study, since the validation process required participants to answer the same questionnaire twice, seven to 14 days apart. However, in real-life situations, this repetitive process will not be necessary to start or increase participation in physical activity, as per the questionnaire guidelines individuals will only have to respond once within any 12-month period, unless there is a change in

their health conditions. Furthermore, in their validation study of the International Physical Activity Questionnaire in 12 countries, Craig et al. (65) noted that longer questionnaires can be seen as boring and repetitive. Although the PAR-Q+ has many more questions than the previous PAR-Q, this innovative format, with the initial and the follow-up evidenced-based questions, is what makes this new screening tool unique, in providing physical activity clearance to 99% of its respondents without needing to be referred to a physician (66). Nevertheless, we showed that the Brazilian Portuguese version of the PAR-Q+, like the original document, takes approximately only 5 min to complete (19).

This questionnaire does not require that every individual who answers positively to one or more of the health general questions obtains clearance from a physician, making it a convenient screening tool in high- as well as in low- and middle-income nations. In industrialized countries, where the offer of medical services is usually sufficient for most the population, providing clearance for physical activity is often considered a time consuming and cumbersome process by physicians (67). Removing unnecessary consultations with this health professional before participating in physical activity or in a fitness appraisal is especially important in lower-income countries like Brazil, since due to social inequities in health, a large number of individuals have limited access to medical professionals (68). In fact, there is a need for low-cost and accurate self-assessment tools related to physical activity that can be utilized around the world in different cultures and ethnic groups (69). Specifically, effective screening provides a significant contribution to maximize physical activity engagement at the population level (16). Accordingly, having the PAR-Q+ properly translated and culturally validated to the Brazilian Portuguese language can contribute to greater numbers of individuals to safely start or increase physical activity participation.

## LIMITATIONS

While the present study has a considerable sample size, with individuals living in different locations, this cohort is not necessarily representative of the entire Brazilian population. To address this issue, participants were recruited in the most populous city in the country (São Paulo), which contains individuals from all Brazilian states. Participants were also recruited in two other major cities: Campinas and Vancouver (Canada). Another limitation was the fact that the cognitive debrief happened during the data collection instead of at a specific pre-test moment. The intention was to allow every

participant to provide feedback about their understanding of the questionnaire.

## CONCLUSION

Based on the findings of this study it can be concluded that, overall, Brazilians of different ages, male and female, healthy or living with chronic medical conditions, had no difficulty in understanding the translated and adapted version of the questionnaire. The results also indicate that participants were able to similarly complete the Brazilian Portuguese version of the PAR-Q+ on two independent occasions, showing the strong reproducibility of the questionnaire. Altogether, these outcomes demonstrate that the PAR-Q+ in Brazilian Portuguese is a valid and reliable screening tool. It is expected that nationwide implementation of the questionnaire could allow a substantial number of Brazilians to safely engage in more physical activity participation, as well as in fitness assessments, providing ways to enhance wellness and to contribute toward the prevention and management of chronic diseases in this population.

## DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

## ETHICS STATEMENT

The studies involving human participants were reviewed and approved by the Research and Ethics Board of the University of

British Columbia. Written informed consent to participate in this study was provided by the participants' legal guardian/next of kin.

## AUTHOR CONTRIBUTIONS

JS and PO designed the study. JS, MT, BS, ED, JC, and MM were responsible for data collection. JS and MT were responsible for statistical analyses. JS drafted the manuscript. PO, MT, BS, ED, EF, RR, SB, JC, PdS, MM, and DW critically revised the manuscript. All authors contributed to the article and approved the submitted version.

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## APPENDIX 1

# PAR-Q+ em português

## Questionário de Prontidão para Atividade Física para Todos

Os benefícios da atividade física regular para a saúde são evidentes. Mais pessoas deveriam praticar atividade física todos os dias da semana. Fazer atividade física é muito seguro para a MAIORIA das pessoas. Este questionário indicará se você precisa de orientação adicional de um médico OU profissional de saúde qualificado para atuar com exercício físico, antes de se tornar mais ativo fisicamente.

### PERGUNTAS GERAIS SOBRE A SAÚDE

Leia as 7 perguntas abaixo cuidadosamente e responda com sinceridade, assinalando SIM ou NÃO.	SIM	NÃO
1) O médico alguma vez disse que você tem problema de coração <input type="checkbox"/> OU pressão alta <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Você sente dor no peito em repouso, ao fazer suas atividades cotidianas comuns OU ao praticar atividade física?	<input type="checkbox"/>	<input type="checkbox"/>
3) Você perde o equilíbrio devido a tontura OU ficou inconsciente nos últimos 12 meses? Responda NÃO se sua tontura estiver associada a respiração rápida e/ou profunda (inclusive durante exercícios intensos).	<input type="checkbox"/>	<input type="checkbox"/>
4) Você foi diagnosticado com alguma outra condição crônica de saúde (que não seja pressão alta ou doença cardíaca)? LISTE AS CONDIÇÕES AQUI: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Você está tomando medicamentos prescritos pelo médico para uma condição crônica de saúde? LISTE AS CONDIÇÕES E OS MEDICAMENTOS AQUI: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Você atualmente tem (ou teve nos últimos 12 meses) um problema ósseo, articular ou de tecido mole (músculo, ligamento ou tendão) que poderia se agravar se você se tornasse mais ativo fisicamente? Responda NÃO se você tiver tido um problema que hoje não limita mais a sua capacidade de fazer atividade física. LISTE AS CONDIÇÕES AQUI: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) O médico alguma vez disse que você só deveria fazer atividade física sob supervisão médica?	<input type="checkbox"/>	<input type="checkbox"/>

 **Se você respondeu NÃO a todas as perguntas acima, você está liberado para fazer atividade física. Por favor assine a DECLARAÇÃO DO PARTICIPANTE. Você não precisa preencher as páginas 2 e 3.**

-  Comece a ser muito mais ativo fisicamente – comece devagar e aumente o ritmo aos poucos
-  Siga as recomendações da Organização Mundial de Saúde para a sua idade contidas em International Physical Activity Guidelines ([https://www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/](https://www.who.int/dietphysicalactivity/factsheet_recommendations/en/)).
-  Você está liberado para participar de avaliações de saúde e condicionamento físico.
-  Se você tiver acima de 45 anos e NÃO estiver acostumado a fazer exercícios intensos ou de esforço máximo, consulte um profissional de saúde qualificado para atuar com exercício físico, antes de participar de exercícios dessa intensidade.
-  Caso tenha alguma dúvida adicional, entre em contato com um profissional de saúde qualificado para atuar com exercício físico.

#### DECLARAÇÃO DO PARTICIPANTE

Se você for menor de idade ou precisar do consentimento de um responsável, seu pai, mãe, responsável legal ou cuidador também precisa assinar este formulário.

*Eu, abaixo-assinado, li, compreendi satisfatoriamente e preenchi este questionário. Reconheço que esta liberação para a prática de atividade física é válida por no máximo 12 meses a partir da data do preenchimento, e será invalidada caso minha condição de saúde mude. Reconheço também que o estabelecimento onde irei praticar atividade física pode guardar uma cópia deste formulário para registro. Neste caso, ele manterá a confidencialidade do mesmo, respondendo às leis e regulamentações aplicáveis.*

NOME \_\_\_\_\_ DATA \_\_\_\_\_

ASSINATURA \_\_\_\_\_ TESTEMUNHA \_\_\_\_\_

ASSINATURA DO PAI/MÃE/RESPONSÁVEL/CUIDADOR \_\_\_\_\_

 **Se você respondeu SIM a uma ou mais perguntas, PREENCHA AS PÁGINAS 2 E 3.**

 **Deixe para ficar mais ativo mais tarde se:**

-  Você tiver uma infecção aguda, como resfriado ou febre – é melhor esperar até se sentir bem.
-  Você estiver grávida – fale com um profissional de saúde, um médico, um profissional de saúde qualificado para atuar com exercício físico, e/ou preencha o formulário ePARmed-X+ ([www.eparmedx.com](http://www.eparmedx.com)) antes de se tornar mais ativa fisicamente.
-  Sua saúde mudar – responda às perguntas das páginas 2 e 3 deste documento e/ou fale com um médico ou um profissional de saúde qualificado para atuar com exercício físico, antes de continuar com qualquer programa de atividade física.

# PAR-Q+ em português

## PERGUNTAS ADICIONAIS SOBRE PROBLEMA(S) DE SAÚDE

### 1. Você tem artrite, osteoporose ou problemas de coluna?

Se a resposta for positiva, responda às perguntas 1a–1c

Se **NÃO**  pule para a pergunta 2

- 1a. Você tem dificuldade em controlar sua condição com medicamentos ou outros tratamentos prescritos por médicos? (Responda **NÃO** se não estiver tomando medicamentos ou fazendo outros tratamentos no momento) **SIM**  **NÃO**
- 1b. Você tem problemas articulares que causam dor, uma fratura recente ou fratura causada por osteoporose ou câncer, vértebra deslocada (como espondilolistese) e/ou espondilólise/defeito da pars interarticularis (fratura no anel ósseo na parte posterior da coluna vertebral)? **SIM**  **NÃO**
- 1c. Você recebeu injeções de esteroides ou tomou comprimidos de esteroides regularmente por mais de 3 meses? **SIM**  **NÃO**

### 2. Você tem algum tipo de câncer?

Se a resposta for positiva, responda às perguntas 2a–2b

Se **NÃO**  pule para a pergunta 3

- 2a. O seu diagnóstico de câncer inclui algum destes tipos: pulmão/broncogênico, mieloma múltiplo (câncer de células plasmáticas), cabeça e/ou pescoço? **SIM**  **NÃO**
- 2b. Você está recebendo tratamento para o câncer (como quimioterapia ou radioterapia)? **SIM**  **NÃO**

### 3. Você tem algum problema cardíaco ou cardiovascular? Isto inclui doença arterial coronariana, insuficiência cardíaca, anormalidade do ritmo cardíaco

Se a resposta for positiva, responda às perguntas 3a–3d

Se **NÃO**  pule para a pergunta 4

- 3a. Você tem dificuldade em controlar sua condição com medicamentos ou outros tratamentos prescritos por médicos? (Responda **NÃO** se não estiver tomando medicamentos ou fazendo outros tratamentos no momento) **SIM**  **NÃO**
- 3b. Você tem batimentos cardíacos irregulares que requerem acompanhamento médico (como fibrilação atrial, contração ventricular prematura)? **SIM**  **NÃO**
- 3c. Você tem insuficiência cardíaca crônica? **SIM**  **NÃO**
- 3d. Você foi diagnosticado com doença arterial coronariana (cardiovascular) e não praticou atividades físicas regulares nos últimos 2 meses? **SIM**  **NÃO**

### 4. Você tem pressão alta?

Se a resposta for positiva, responda às perguntas 4a–4b

Se **NÃO**  pule para a pergunta 5

- 4a. Você tem dificuldade em controlar sua condição com medicamentos ou outros tratamentos prescritos por médicos? (Responda **NÃO** se não estiver tomando medicamentos ou fazendo outros tratamentos no momento) **SIM**  **NÃO**
- 4b. Você tem pressão arterial em repouso igual ou superior a 160/90 mmHg com ou sem medicação? (Responda **SIM** se você não souber sua pressão arterial em repouso) **SIM**  **NÃO**

### 5. Você tem algum problema metabólico? Isto inclui diabetes tipo 1, diabetes tipo 2, pré-diabetes

Se a resposta for positiva, responda às perguntas 5a–5e

Se **NÃO**  pule para a pergunta 6

- 5a. Você costuma ter dificuldade em controlar seus níveis de açúcar no sangue com a alimentação, com medicamentos, ou com outros tratamentos prescritos por médicos? **SIM**  **NÃO**
- 5b. Você costuma ter sinais e sintomas de pouco açúcar no sangue (hipoglicemia) após exercícios e/ou durante suas atividades cotidianas? Sinais de hipoglicemia podem incluir tremores, nervosismo, irritabilidade fora do comum, transpiração excessiva, tontura, confusão mental, dificuldade para falar, fraqueza ou sonolência. **SIM**  **NÃO**
- 5c. Você tem algum sinal ou sintoma de complicações do diabetes, como doença cardíaca ou vascular e/ou complicações que afetam seus olhos, os rins **OU** perda de sensibilidade nos pés e dedos dos pés? **SIM**  **NÃO**
- 5d. Você tem outros problemas metabólicos (como diabetes gestacional, doença renal crônica ou problemas no fígado)? **SIM**  **NÃO**
- 5e. Você planeja fazer, num futuro próximo, exercícios que para você são mais intensos/vigorosos que o normal? **SIM**  **NÃO**

# PAR-Q+ em português

**6. Você tem problemas de saúde mental ou dificuldades de aprendizagem?** Isto inclui Alzheimer, transtorno de ansiedade, depressão, demência, transtorno alimentar, transtorno psicótico, disfunção intelectual, síndrome de Down  
Se a resposta for positiva, responda às perguntas 6a–6b Se **NÃO**  pule para a pergunta 7

6a. Você tem dificuldade em controlar sua condição com medicamentos ou outros tratamentos prescritos por médicos? (Responda **NÃO** se não estiver tomando medicamentos ou fazendo outros tratamentos no momento) SIM  NÃO

6b. Você tem síndrome de Down **E** problemas na coluna que afetam nervos ou músculos? SIM  NÃO

**7. Você tem alguma doença respiratória?** Isto inclui doença pulmonar obstrutiva crônica, asma, hipertensão arterial pulmonar

Se a resposta for positiva, responda às perguntas 7a–7d Se **NÃO**  pule para a pergunta 8

7a. Você tem dificuldade em controlar sua condição com medicamentos ou outros tratamentos prescritos por médicos? (Responda **NÃO** se não estiver tomando medicamentos ou fazendo outros tratamentos no momento) SIM  NÃO

7b. O médico alguma vez disse que você tem baixos níveis de oxigênio no sangue em repouso ou durante exercícios e/ou que você precisa de terapia de oxigênio suplementar? SIM  NÃO

7c. Se asmático, você atualmente apresenta sintomas como sensação de aperto no peito, respiração sibilante, dificuldade em respirar, tosse constante (mais de 2 dias/semana) ou você usou sua medicação de resgate mais de 2 vezes na última semana? SIM  NÃO

7d. O médico alguma vez disse que você tem pressão alta nos vasos sanguíneos dos pulmões? SIM  NÃO

**8. Você tem alguma lesão na medula espinhal?** Isto inclui tetraplegia e paraplegia

Se a resposta for positiva, responda às perguntas 8a–8c Se **NÃO**  pule para a pergunta 9

8a. Você tem dificuldade em controlar sua condição com medicamentos ou outros tratamentos prescritos por médicos? (Responda **NÃO** se não estiver tomando medicamentos ou fazendo outros tratamentos no momento) SIM  NÃO

8b. Você costuma apresentar pressão arterial baixa em repouso a ponto de causar tonturas e/ou desmaios? SIM  NÃO

8c. O médico alguma vez mencionou que você apresenta surtos repentinos de pressão arterial alta (conhecidos como disreflexia autonômica)? SIM  NÃO

**9. Você já teve derrame cerebral alguma vez?** Isto inclui ataque isquêmico transitório ou acidente vascular cerebral

Se a resposta for positiva, responda às perguntas 9a–9c Se **NÃO**  pule para a pergunta 10

9a. Você tem dificuldade em controlar sua condição com medicamentos ou outros tratamentos prescritos por médicos? (Responda **NÃO** se não estiver tomando medicamentos ou fazendo outros tratamentos no momento) SIM  NÃO

9b. Você tem dificuldade para caminhar ou mobilidade comprometida? SIM  NÃO

9c. Você sofreu um derrame ou teve comprometimento nos nervos ou músculos nos últimos 6 meses? SIM  NÃO

**10. Você tem qualquer outro problema de saúde não listado acima, ou você tem dois ou mais problemas de saúde?**

Se tiver outras condições, responda às perguntas 10a–10c Se **NÃO**  leia as recomendações da página 4

10a. Você sofreu de escurecimento da visão, desmaio ou perda de consciência como resultado de lesão na cabeça nos últimos 12 meses **OU** você teve uma concussão cerebral diagnosticada nos últimos 12 meses? SIM  NÃO

10b. Você tem um problema de saúde que não está listado (como epilepsia, problemas neurológicos, problemas renais)? SIM  NÃO

10c. Você tem atualmente dois ou mais problemas de saúde? SIM  NÃO

LISTE OS SEU(S) PROBLEMA(S) DE SAÚDE \_\_\_\_\_

E RESPECTIVO(S) MEDICAMENTO(S) AQUI: \_\_\_\_\_

**Vá até a página 4 para obter recomendações sobre sua condição atual de saúde e assine a DECLARAÇÃO DO PARTICIPANTE.**

# PAR-Q+ em português

 **Se você respondeu NÃO a todas as perguntas ADICIONAIS (páginas 2-3) sobre problemas de saúde, você está apto a se tornar mais ativo fisicamente - Assine a DECLARAÇÃO DO PARTICIPANTE abaixo.**

-  É aconselhável que você consulte um profissional de saúde qualificado para atuar com exercício físico, para ajudá-lo a desenvolver um plano de atividades físicas seguro e eficaz para atender às suas necessidades de saúde.
-  É recomendável que você comece devagar e aumente o ritmo aos poucos – 20–60 minutos de exercícios de intensidade baixa a moderada, 3–5 dias por semana, incluindo exercícios aeróbios e de fortalecimento muscular.
-  Ao progredir, tente acumular 150 minutos ou mais de atividades físicas de intensidade moderada por semana.
-  Se você tiver mais de 45 anos e **NÃO** estiver acostumado a fazer exercícios intensos ou de esforço máximo, consulte um profissional de saúde qualificado para atuar com exercício físico, antes de participar de exercícios dessa intensidade.

 **Se você respondeu SIM a uma ou mais das perguntas adicionais sobre sua condição de saúde:**

Você deve se informar melhor antes de se tornar mais ativo fisicamente ou de fazer uma avaliação física. Complete o programa on-line de recomendações para triagem e exercícios, especialmente projetado para esses casos, o ePARmed-X+ ([www.eparmedx.com](http://www.eparmedx.com)) e/ou consulte um profissional de saúde qualificado para atuar com exercício físico, para trabalhar com você usando o ePARmed-X+ e para obter mais informações.

 **Deixe para ficar mais ativo depois se:**

-  Você tiver uma infecção aguda, como resfriado ou febre – é melhor esperar até se sentir bem.
-  Você estiver grávida – fale com um profissional de saúde, um médico, um profissional de saúde qualificado para atuar com exercício físico, e/ou preencha o ePARmed-X+ ([www.eparmedx.com](http://www.eparmedx.com)) antes de se tornar mais ativa fisicamente.
-  Sua saúde mudar – fale com um médico ou um profissional de saúde qualificado para atuar com exercício físico, antes de continuar com qualquer programa de atividade física.

- Incentivamos que você faça uma cópia do PAR-Q+. Você deve usar todo o questionário, e alterações NÃO são permitidas.
- Os autores, a PAR-Q+ Collaboration, as organizações parceiras e seus agentes, não assumem qualquer responsabilidade por pessoas que fazem atividades físicas e/ou utilizam o PAR-Q+ ou o ePARmed-X+. Em caso de dúvida após preencher o questionário, consulte um médico antes de fazer alguma atividade física.

## DECLARAÇÃO DO PARTICIPANTE

- Pedimos a todos os que preencheram o PAR-Q+ que leiam e assinem a declaração abaixo.
- Se você for menor de idade ou precisar do consentimento de um responsável, seu pai, mãe, responsável legal ou cuidador também precisa assinar este formulário.

*Eu, abaixo-assinado, li, compreendi satisfatoriamente e preenchi este questionário. Reconheço que esta liberação para a prática de atividade física é válida por no máximo 12 meses a partir da data do preenchimento, e será invalidada caso minha condição de saúde mude. Reconheço também que o estabelecimento onde irei praticar atividade física pode guardar uma cópia deste formulário para registro. Neste caso, ele manterá a confidencialidade do mesmo, respondendo às leis e regulamentações aplicáveis.*

NOME \_\_\_\_\_ DATA \_\_\_\_\_

ASSINATURA \_\_\_\_\_ TESTEMUNHA \_\_\_\_\_

ASSINATURA DO PAI/MÃE/RESPONSÁVEL/CUIDADOR \_\_\_\_\_

Para mais informações, entre em contato com

[www.eparmedx.com](http://www.eparmedx.com)  
E-mail: [eparmedx@gmail.com](mailto:eparmedx@gmail.com)

**Citação para o PAR-Q+ em português:**  
Schwartz J, Oh P, Takito MY, Saunders B, Dolan E, Franchini E, Rhodes RE, Bredin SSD, Coelho JP, Santos P, Mazzucco M, and Warburton DER. Translation, cultural adaptation, and reproducibility of the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+): the Brazilian Portuguese version. *Front. Cardiovasc. Med.* doi: 10.3389/fcvm.2021.712696. 2021

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Traduzido por Bianca Bold (tradutora profissional) e Juliano Schwartz (CAPES/UBC), com apoio financeiro da University Health Network

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