

Pre & Post Natal Physical Activity Readiness Questionnaire (PARQ)

If you are planning to take part in physical activity or an exercise class and you are new to exercise, start by answering the questions below.

YOUR INSTRUCTOR WILL TREAT ALL INFORMATION CONFIDENTIALLY AND KEEP IT SECURE

Have you experienced any of the following, past or present? Please tick all that apply.

Shortness of Breath	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	Hypoglycaemia	<input type="checkbox"/>	Multiple Births	<input type="checkbox"/>
Miscarriage	<input type="checkbox"/>	Pelvic/Abdominal Cramps	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	Vaginal Bleeding	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Knee Problems or Pain	<input type="checkbox"/>
Vaginal Disorder	<input type="checkbox"/>	Incompetent Cervix	<input type="checkbox"/>	Back Problems or Pain	<input type="checkbox"/>
Blood Disorder	<input type="checkbox"/>	Multiple Gestation(twins etc)	<input type="checkbox"/>	Neck Problems or Pain	<input type="checkbox"/>
Major surgery in last 10 years?	<input type="checkbox"/>	Minor surgery in last 10 years?	<input type="checkbox"/>	Osteoporosis. bone/joint problem	<input type="checkbox"/>

IF YOU HAVE SELECTED ONE OR MORE OF THE ABOVE CONDITIONS

Talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which question(s) you selected. You may be able to do any activity you want – as long as you build up slowly and gradually. Or you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

IF YOU HAVE SELECTED NONE OF THE ABOVE CONDITIONS

You can be reasonably sure that you can start and become more physically active and take part in a suitable exercise programme. Remember to begin slowly and build up gradually.

PLEASE NOTE

If your health changes so that subsequently you answer YES to any of the above conditions, inform your fitness or health professional immediately. If you feel unwell because of temporary illness such as cold or flu – delay becoming more active and wait until you are better.

What type of exercise did you participate in before your pregnancy?

Is there anything in your medical history that you feel could affect your to exercise?

Are you taking any medications that may affect your ability to exercise?

Did you have any problems during your previous pregnancies, births or in the postnatal period that may impact your ability to exercise?

Is there anything about your pregnancy or birth you feel relevant to your participation in an exercise programme?

What concerns you most about pregnancy, birth or the postnatal period?

What are your goals for participation in a Pilates class?

FOR PRENATAL ONLY:

Due date:

Please tick which trimester you are currently in:

First Trimester 0-12 weeks Second Trimester 13-26 weeks 3rd Trimester 27-40 wks

Do you have any particular worries or concerns about exercise during pregnancy?

Has your doctor or midwife given you medical clearance to take part in exercise?

YES	NO
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FOR POSTNATAL ONLY:

Date baby was born:

Type of delivery

Did you have an Episiotomy?	YES	NO	(circle)
Are you breast-feeding?	YES	NO	
Are you getting up at night?	YES	NO	
Are you napping during the day?	YES	NO	

I HAVE READ AND UNDERSTOOD AND COMPLETED THE QUESTIONNAIRE

Name:

Signature:

Date:

Mobile Phone No.:

Home Tel No.:

Address:

Postcode:

E-mail address:

Occupation:

Your Date of Birth:

Emergency contact name:

Emergency phone number:

2nd Emergency contact name:

2nd Emergency phone number:

Doctors Name:

Doctors Tel No.:

Midwife Name:

Hospital:

Do you give us permission to contact your doctor/medical practitioner?

YES	NO
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 (circle)

PARmed-X for Pregnancy - Health Evaluation Form

(to be completed and given to the pre / postnatal fitness professional after obtaining medical clearance to exercise)

I, _____, (PLEASE PRINT YOUR NAME),
have discussed my plans to participate in physical activity during my current pregnancy with my health care provider and I have
obtained his/her approval to begin participation.

SIGNED

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DATE

Your health care providers comments:

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Important Information:

Please advise us before commencing any session if, for any reason, your health or ability to exercise changes.

If you are pregnant, we strongly recommend that you check with your doctor/midwife at regular intervals (perhaps at your antenatal check ups) if it is still ok for you to exercise.

If you are in doubt about the suitability of the exercises, please refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- Your doctor has not given you medical clearance to exercise/to continue to exercise
- You fail to observe instructions on safety and technique
- Such injury is caused by the negligence of another participant in the class/studio

The exercises and the transitions between exercises, should be performed at a pace which feels comfortable for you. Please tell the teacher if you feel any discomfort, dizziness, nausea or pain during the session. Please also inform the teacher if you feel discomfort or pain after a previous session.