



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 | <input type="checkbox"/> | Neck Problems or Pain | <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? If yes, please state what you are taking.

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 POSTNATAL ONLY:

Date baby was born:

Type of delivery

Did you have an Episiotomy? YES NO

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:

Address:

Home Tel No.:

Mobile Phone No.:

Postcode:

Date:

E-mail address:

Emergency contact name and phone number:

Doctors Name:

Doctors Tel No.:

Midwife Name:

Hospital: