



## Pre and Postnatal Physical Activity Readiness Questionnaire

In order for you to take part in any form of physical activity either prenatal or postnatal, please complete this physical activity 'readiness' questionnaire. The information contained within this questionnaire is kept strictly confidential and fully secure.

Name  Today's date

Date of birth  Due date

Address:

Home Tel. no./mobile no.  Email

Partner's name  Occupation

Emergency phone no.

GP Practice:  GP phone no.

Registered GP

Midwife:  Hospital:

Areas of interest (mark Y or N)

Nutrition  Weight gain  Exercise

Breastfeeding  How the body changes in pregnancy

Previous exercise history: frequency

Intensity

Type

Time/duration

Have you ever experienced any of the following symptoms, past or current, if YES please explain below eg. if you have a diagnosis +/- treatment for this condition?

Shortness of breath

Chest pains

miscarriage

Eating disorder

Heart disease

Hypoglycaemia

Pelvic/abdominal cramps

Vaginal bleeding

Diabetes

Multiple births

High blood pressure

Knee problems or pain



- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Seizures         | <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Back problems or pain |
| <input type="checkbox"/> Vaginal disorder | <input type="checkbox"/> Incompetent cervix | <input type="checkbox"/> Neck problems or pain |
| <input type="checkbox"/> Blood disorder   | <input type="checkbox"/> Multiple gestation |  |

If yes, please provide more information:

Is there anything in your medical history that you feel could affect your ability to exercise?  
Delete Yes or no

If yes, please specify:

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

If yes, please specify:

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

What are your goals for participating in physical activity?

For postnatal use only

Date baby was born

Type of delivery:

Did you have an episiotomy?

Are you breastfeeding?

Are you getting up at night?

Are you napping during the day?

Signed:

Date:

It is advisable to speak to your GP or midwife before commencing an exercise programme.

Client signature:

Date:

Provide a brief rationale to justify why the client is safe to exercise based on the information gathered and outline the programme aims.

After review and interpretation of the information gathered, I can confirm that there are no contraindications present to you commencing an exercise programme.

Dr Annaliese Mawdsley

Signature:

Date: