

Status of Current Pregnancy

1. Has your health care provider diagnosed any complications with this pregnancy?

Yes No

If yes, please list complication/s: \_\_\_\_\_

2. During this pregnancy have you experienced any of the following:

- \_\_\_\_\_ Vaginal bleeding or spotting
- \_\_\_\_\_ Faintness or dizziness
- \_\_\_\_\_ Fetus not growing to gestational age
- \_\_\_\_\_ Lack of weight gain
- \_\_\_\_\_ Excessive swelling
- \_\_\_\_\_ Extreme fatigue
- \_\_\_\_\_ Extreme nausea or vomiting

3. Did you exercise before this pregnancy?

Yes No

4. Are you currently exercising?

Yes No

If yes, what type of exercise, intensity, duration, and frequency do you do?

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