Screening Questionnaire for Antenatal & Postnatal Exercise PAR-Q

Please fill out this form at least 1 week before your first Antenatal/Postnatal class, please hand to Evesham's Reception or email it to at Joanna - joannaptandcounsellor@hotmail.com

RIVERS

NAME: _____ **DOB:** _____

ADDRESS: _____

_____ **POSTCODE:** _____

DUE DATE: _____ **HOSPITAL:** _____

Contact for special situations.

NAME OF CONTACT: _____ **RELATIONSHIP:** _____

TEL NO: _____ **ALTERNATIVE TEL NO:** _____

Regular physical activity is fun and healthy, especially during pregnancy. However, we would recommend that you complete and check this questionnaire with your doctor before embarking on any new activity programme.

When answering the following questions, common sense is your best guide. Please read the questions carefully and answer each one honestly. (All responses will be treated with the strictest of confidence).

A – General Health

	YES	NO
1. Has your doctor ever said that you have a heart condition? If YES, please give details.	☐	☐
2. Do you feel pain in your chest when you do physical activity?	☐	☐
3. In the past month, have you had chest pain when you were not doing physical activity?	☐	☐
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	☐	☐
5. Do you have back/pelvic or other joint problem that could be made worse by a change in your physical activity? If, YES please give details	☐	☐
6. Do you suffer from raised blood pressure? If YES, is this pregnancy related and how is it being treated?	☐	☐
7. Do you suffer from diabetes? If YES, is this pregnancy related and how is it being treated?	☐	☐
8. Do you suffer from asthma? If YES, how is this controlled?	☐	☐
9. Do you know of any other reason that could affect your participation in exercise?	☐	☐

SIGNED: _____ **DATE:** _____

If you encounter any problems as your pregnancy progresses, please would you have a quiet word with me about it.

B – Pre-exercise health checklist

General health status	YES	NO
1. Is this your first pregnancy? If NO, how many pregnancies have you had?	☐	☐
2. In the past have you experienced miscarriage in an earlier pregnancy? If YES, please give details	☐	☐
3. In the past have you experienced other pregnancy complications? If YES, please give details	☐	☐
4. Are you/were you a regular exerciser before becoming pregnant? If YES, please give details	☐	☐

Status of current pregnancy	YES	NO
Are you experiencing any of the following?		
1. Marked fatigue	☐	☐
2. Bleeding from the vagina (spotting)	☐	☐
3. Unexplained faintness or dizziness	☐	☐
4. Unexplained abdominal pain	☐	☐
5. Sudden swelling, pain or redness in the calf of one leg?	☐	☐
6. Persistent headaches or problems with headaches?	☐	☐
7. Sudden swelling of the ankles, hands or face	☐	☐
8. Absence of foetal movements after sixth month	☐	☐
9. Failure to gain weight after fifth month	☐	☐

If you have answered YES to any of the above questions, please give details:

Activity habits during the past month

1. List only regular fitness/recreational activities:

2. Does your regular occupation (job/home) activity involve:	YES	NO
Heavy lifting	☐	☐
Frequent walking/stair climbing	☐	☐
Occasional walking (once an hour)	☐	☐
Prolonged standing	☐	☐
Mainly sitting	☐	☐
Normal daily activity	☐	☐
3. Do you currently smoke tobacco?	☐	☐
4. Do you currently consume alcohol?	☐	☐

Physical activity intentions

What physical activity do you intend to do?

Note: Pregnant women are strongly advised not to smoke or consume alcohol during pregnancy and lactation.

C – Contraindications to exercise: to be completed by your healthcare professional		
Absolute contraindications	**YES**	**NO**
Does the patient have:		
1. Ruptures membranes, premature labour	☐	☐
2. Persistent second or third trimester bleeding/placenta praevia	☐	☐
3. Pregnancy-induced hypertension or pre-eclampsia	☐	☐
4. Incompetent cervix	☐	☐
5. Evidence of intrauterine growth restriction	☐	☐
6. High-order pregnancy (triplets)	☐	☐
7. Uncontrolled type-I diabetes, hypertension or thyroid disease, other serious cardiovascular respiratory or systemic diseases	☐	☐
Relative contraindications	**YES**	**NO**
Does the patient have:		
1. History of spontaneous abortion or premature labour in previous pregnancies	☐	☐
2. Mild/moderate cardiovascular or respiratory disease (eg, chronic hypertension, asthma)	☐	☐
3. Anaemia or iron deficiency	☐	☐
4. Malnutrition or eating disorder	☐	☐
5. Twin pregnancy after 28th week	☐	☐
NOTE: risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.		
Physical activity recommendation		
	YES	**NO**
Recommended/approved:	☐	☐
Contraindicated:	☐	☐

Declaration

I, _____ (participant's name), have discussed my plans to participate in physical activity during my pregnancy/Postnatal period with my health care provider and I have obtained his/her approval to begin participation.

Signed: _____ (participant's signature)

Name of Healthcare provider: _____

Signature of Healthcare provider: _____

Date: _____ (of both signatures above)

To be completed by Ante/Post Natal Instructor only:

Date received: _____
Notes:

D – Postnatal Health			
		YES	NO
1.	Please state your delivery date:		
2.	What type of delivery did you have?		
3.	Are you breastfeeding?	☐	☐
4.	Have you had your postnatal check-up?	☐	☐
5.	Was everything satisfactory at your postnatal check-up? If NO, please give details	☐	☐
6.	Are you/were you a regular exerciser before pregnancy? If YES, please give details	☐	☐
7.	Did you participate in physical activity during pregnancy? If YES, please give details	☐	☐
8.	Do you do/intend to do any other exercise in addition to this programme?	☐	☐
9.	Would you use a childminding service, whilst participating in exercise?	☐	☐
10.	Please add any additional comments or concerns:		

SIGNED: _____ **DATE:** _____

If you encounter any problems, please would you have a quiet word with Joanna Haines, class instructor.

Please fill out this form at least 1 week before your first Antenatal/Postnatal class, please hand to Evesham's Reception or email it to at Joanna: joannaptandcounsellor@hotmail.com

RIVERS