Physical Activity Readiness Questionnaire (PAR-Q) for Postnatal

Name: **Address:** **Phone No:** **Email:** **Your D.O.B:** **Proposed Start Date:**	**Baby's D.O.B:** **Type of Delivery:** **Baby's Name:** **6-8 Week GP Check and Outcome:** **Breastfeeding status:** **Emergency Contact Person & Tel. Number:**

General PARQ:

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	□	□
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 balance because of dizziness or do you ever lose consciousness?	□	□
5. Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?	□	□
6. Is your doctor currently prescribing medication for your blood pressure or heart condition?	□	□
7. Do you know of any other reason why you should not do physical activity?	□	□

Postnatal Specific Screening (please circle):

Currently, or during pregnancy, have you suffered any of the following conditions? Please circle.

Symphysis Pubis Dysfunction (SPD) or any pelvic pain	Depression / Anxiety	Bleeding during or after exercise
Carpal Tunnel Syndrome	Knee Pain	Lower / Upper Back or neck Pain
Tearing / Episiotomy. (Any problems with stitches)?	Diastasis Recti (abdominal muscle separation)	Coccyx Damage or Pain
Incontinence	Prolapse	Gestational Diabetes
Varicose Veins	Mastitis or any breast health / feeding issues	C-section wound discomfort

On the following questions, please provide as much detail as possible.

Reason for joining Lovefit?

Where did you give birth? (Home, Birth centre, Hospital)

Is that where you planned to give birth?

Was your birth a positive experience?

What pain relief (if any) did you have during labour?

Have you taken antiobiotics since giving birth?

Is this your first / second / third / fourth / fifth baby? (please circle)

What is your support network like? (Cooking, cleaning, mums' groups etc)

Any other medical considerations? (Chronic conditions such as asthma, diabetes, smoking, injuries etc)

How would you describe your current appetite and nutrition?

Please use the below space to provide more information if you circled any of the conditions on page 1 or if you have further details about the above questions, your general health, or pregnancy / birth / postpartum period.
e.g. Complications for you or your baby, bleeding beyond 8 weeks post birth etc.

Disclaimer: "I have read, understood and accurately completed this questionnaire. I can confirm that I am voluntarily engaging in an acceptable level of exercise, and have sought the necessary clearance from my *Healthcare Provider". *HCP = Midwife / GP / Women's Health Physio.

We will collect, use, and protect your data in accordance with our Privacy Policy.

SIGNATURE_____ TODAY'S DATE_____