



Physical Activity Readiness Questionnaire

Please fill out all fields in capitals. Information given remains strictly confidential.

Surname		First Name	
Occupation			D.O.B.
Address			
Postcode	Tel.	Email	

GENERAL HEALTH RELATED QUESTIONS

If you answer yes to any of the conditions below, you are strongly advised to seek medical approval before commencing this or any other exercise programme, and make sure your instructor is aware.

Have you had any injury, illness, back or joint conditions that may be aggravated by any exercise?	YES / NO	Comments
Do you suffer from arthritis, asthma, diabetes, epilepsy, hernia, dizziness, gout, ulcers or circulatory problems?	YES / NO	Comments
Do you have a heart condition, high blood pressure, rheumatic fever, elevated cholesterol, suffer palpitations, murmurs or chest pain, or have you had a stroke?	YES / NO	Comments
Are you taking any prescribed medicine?	YES / NO	Comments
Is there a family history of heart problems prior to age 60?	YES / NO	Comments
Are you aware of any other condition that might give reason to modify your exercise programme?	YES / NO	Comments
Are you pregnant?	YES / NO	If YES how many weeks?

POST-NATAL QUESTIONS

What is your baby's D.O.B.?			
What is his/her name?			
What type of birth did you have?	Natural	C-Section	Other:
Have you attended a postnatal check up?	6 weeks	12 weeks	Other:
Does your health care team know you are exercising?	YES	NO	
If so, have you been given specific exercises?	YES	NO	
Did you exercise during your pregnancy?	YES	NO	Type of activity:
Do you have any other children?	YES	NO	How old?
How did you hear about PUSHBABIES?			

I declare that to the best of my knowledge, I know of no reason why I should not take part in PUSHBABIES. I take part entirely at my own risk, and waive any legal recourse for any damage to myself, my children or my property, arising from my participation.

If any of the conditions above change I will inform the instructor before taking part in a future class.

Signed Date/...../.....

Contra-indications for Exercising During Pregnancy
(according to the American College of Obstetricians and Gynaecologists ACOG (1994))

- Pregnancy induced hypertension.
- Pre-term rupture of membrane.
- Pre-term labour during the prior or current pregnancy.
- Incompetent cervix.
- Persistent second to third trimester bleeding.
- Intra-uterine growth retardation.
- Severe anaemia.

If you have experienced or are currently experiencing any of the contra-indications below, you must not exercise and you must seek expert medical advice.

Reasons to Discontinue Exercise and Seek Medical Advice During Pregnancy
(adapted from Wolf, Hall, Webb et al (1989))

- Vaginal bloody discharge.
- Vaginal gush of fluid.
- Sudden swelling of hands, ankles or face.
- Persistent, severe headaches or visual disturbances.
- Unexplained fainting or dizziness.
- Swelling, pain and redness in the calf of one leg.
- Elevated pulse rate or blood pressure that persists after exercise.
- Persistent contractions (more than 6 – 8 per hour).
- Unexplained abdominal pain.
- Insufficient weight gain (less than 1kg per month) during last two trimesters.

If you experience any of the symptoms above, you must stop exercising and seek expert medical advice.