

VCR Fitness

Personal Training & Pilates



Post Natal Exercise Questionnaire

Physical Activity Readiness Questionnaire (PAR-Q) is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a PAR-Q is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a problem or hazard. PAR-Q has been designed to help inform the instructor about you so we can get the most out of your exercise program. It will also identify if you are in the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and answer the question the best way you can.. The information contained in this form is confidential and is subject to the regulations of the Privacy Act.

Name _____

Date of birth _____

Address _____

Tel no _____

Email _____

Do you have any medical conditions _____

Any joint conditions or pains that may affect your exercise program? _____

Did you have a Midwife _____

Midwife tel no _____

How old is your baby? _____

Are you under the care of any other health professional? _____

What type of delivery did you have?

Vaginal Yes/No

Forceps Yes/No

Caesarean Yes/No

Emergency caesarean Yes/No

Ventouse Yes/No

Did you require an episiotomy? _____

Did you tear? Yes / No

Have you had any of the following?

Antenatal incontinence Yes/No

Large baby (8lbs+) Yes/No

Prolonged 2nd stage labour Yes/No

Multiple birth Yes/No

Have you had your 6 week check? Yes/No

Do you still need to see Midwife or DR Yes/No

Have you had abdominal check? Yes/No

How was your pregnancy? _____

How was your labour?

Are there any conditions that you suffered with during your pregnancy?

Pelvic Girdle Pain Yes/No

Carpal Tunnel syndrome Yes/No

Pre-eclampsia Yes/No

Back ache Yes/No

Sciatica Yes/No

Hypertension Yes/No

Oedema Yes/No

Diabetes Yes/No

History of miscarriage Yes/No

Other _____

Did you exercise during your pregnancy? _____

Do you have any other children? _____

Are you breastfeeding? _____

1. Has your doctor ever said you have heart trouble? Yes / No
2. Do you frequently have pains in your heart or chest? Yes / No
3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes / No
4. Do you have a bone or joint problem that could be or has been aggravated by exercise? Yes / No
5. Has your doctor ever recommended medication for your blood pressure or a heart condition? Yes / No
6. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? Yes / No

If you answered YES to one or more of the above questions, please answer the following questions:

Have you consulted with your doctor regarding increasing your physical activity and/or performing a fitness assessment? Yes / No

Have you previously or do you still suffer from any of these following:
Diabetes / asthma / epilepsy / emphysema? Yes / No

Do you smoke? (If YES, how many daily) Yes / No

Do you currently have any injuries? Yes / No

Are you on any medication? Yes / No

Have you had surgery of any kind in the past 12 months? Yes / No

Did you have any complications during pregnancy or in the immediate postpartum period (Pain, Stitches etc): If YES please comment: If YES please comment _____

Print Name _____ Signature _____

Date _____ Trainers Signature _____

IF YOU ANSWERED YES to one or more questions*: You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

IF YOU ANSWERED NO to all questions: You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level.

“I have read, understood and accurately completed this questionnaire. I can confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury”.

NAME _____

TODAY'S DATE: _____

SIGNATURE: _____

BABY'S NAME: _____

DATE OF DELIVERY: _____

VAGINAL / C-SECTION? _____

EMAIL _____

TELEPHONE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NUMBER _____

*Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

SIGNATURE . _____

DATE . _____

NOTE: This physical activity clearance becomes invalid if your condition changes so that you would answer YES to any of the questions, having previously ticked NO. Please advise your trainer of any changes to your condition.