

# VCR Fitness

Personal Training & Pilates



## Pregnancy Exercise Questionnaire

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Tel no \_\_\_\_\_

Email \_\_\_\_\_

Midwife \_\_\_\_\_

Midwife tel no \_\_\_\_\_

Hospital \_\_\_\_\_

Do you have any medical conditions. Yes / No

Are you under the care of any other health professional? Yes / No

Are you pregnant now? If so, how many weeks? \_\_\_\_\_

Have you had any problems during this pregnancy? \_\_\_\_\_

Have you had complications in a previous pregnancy? \_\_\_\_\_

Any bleeding? \_\_\_\_\_

Have you been pregnant before? \_\_\_\_\_

Have you had any of following either before or during pregnancy?

Joint pain Yes / No

Chest pain Yes / No

Back pain Yes / No

Joint problems Yes / No

High blood pressure Yes / No

Marked fatigue Yes / No

Pelvic pain	Yes / No
Dizziness or fainting	Yes / No
Sudden swelling of hands or feet or ankles	Yes / No
Headaches	Yes / No
Failure to gain weight after 5 <sup>th</sup> month	Yes / No
Lack of fetal movement	Yes / No
Other_____	

Please detail what Exercise you were doing before pregnancy? \_\_\_\_\_

\_\_\_\_\_

Please detail what Exercise you were doing in the last month? \_\_\_\_\_

\_\_\_\_\_

What exercise are you planning to do? \_\_\_\_\_

\_\_\_\_\_

Is that different to what you have been doing? \_\_\_\_\_

\_\_\_\_\_

Have you had any health problems when exercising in the past? \_\_\_\_\_

\_\_\_\_\_

What are your reasons for exercising? \_\_\_\_\_

\_\_\_\_\_

How much do you drink? (before pregnancy) \_\_\_\_\_

\_\_\_\_\_

Do you smoke? If so how many a day? \_\_\_\_\_

\_\_\_\_\_

Have you ever had any of the following conditions:

1. Ruptured membranes, premature labour? Yes / No

2. Persistent second or third trimester bleeding/ placenta previa? Yes / No

3. Pregnancy-induced hypertension or pre-eclampsia? Yes / No
4. Incompetent cervix? Yes / No
5. Evidence of intrauterine growth restriction? Yes / No
6. High-order pregnancy (e.g. triplets)? Yes / No
7. Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder? Yes / No
8. History of spontaneous miscarriage or premature labour in previous pregnancies? Yes / No
9. Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)? Yes / No
10. Anemia or iron deficiency? (Hb < 100 g/L)? Yes / No
11. Malnutrition or eating disorder (anorexia, bulimia)? Yes / No
12. Twin pregnancy after 28th week? Yes / No
13. Other significant medical conditions? Please specify:

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes / No

2. Do you feel pain in your chest when you do physical activity? Yes / No
3. In the past month, have you had chest pain when you were not doing physical activity? Yes / No
4. Do you lose balance because of dizziness or do you ever lose consciousness? Yes / No
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? Yes / No
6. Is your doctor currently prescribing medication for your blood pressure or heart condition? Yes / No
7. Do you know of any other reason why you should not do physical activity? Yes / No

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy induced hypertension. The safety of prenatal exercise programs depends on an adequate level of maternal-fetal physiological reserve. This form is meant as a convenient checklist and prescription for use by health care providers to evaluate pregnant patients who want to enter a prenatal fitness program and for ongoing medical surveillance of exercising pregnant patients.

I have discussed the answers to this form with my fitness instructor and I have declared everything that I can think of that may affect my exercise program through pregnancy.

I understand that I must declare anything that changes or becomes a problem during our sessions or my pregnancy.

I understand that I am exercising at my own risk

Signed\_\_\_\_\_

Name\_\_\_\_\_

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.