

**Physical Activity Readiness Questionnaire- Postnatal women**

PAR-Q Is designed to 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 to increase the amount of physical activity in your life. For most people physical activity should not pose any problems or hazard. PAR-Q has been designed to identify 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 to them.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Baby Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**What is your gender?** Male; Female; Other; Prefer not to say

**Home Address:** \_\_\_\_\_ **Post code:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**Which one of the following best describes your ethnic group or background? (Please circle one option)**

White; Mixed; Asian or Asian British; Black or Black British; Other Ethnic Group

**Have you had your 6 weeks check up from your GP?** YES/NO

**Have you had a C-Section?** YES/NO

**Have you checked for diastasis abdominis (abdominal separation)?** YES/NO

Please include the outcome here:

\_\_\_\_\_

\_\_\_\_\_

**Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?** YES/NO/PREFER NOT TO SAY

**Do these physical or mental health conditions or illnesses have substantial effect on your ability to do normal daily activities?** YES/NO/PREFER NOT TO SAY

**Does this disability or illness affect you in any of the following areas?**

Long term pain; Chronic health condition; Mobility; Dexterity; Mental health; Visual; Breathing; Memory; Hearing; Learning; Speech; Behavioural; Other; None of these; Prefer not to say

Common sense is your best guide in answering these few questions. Please read carefully and circle **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

**Has your doctor ever said you have heart trouble?** YES/NO

**Do you frequently have pains in your heart and chest?** YES/NO

**Do you often feel faint or have spells of severe dizziness?** YES/NO

**Has a doctor ever said your blood pressure was too high?** YES/NO

**Has your doctor ever told you that you have bone or joint problem (s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?** YES/NO

Is there a physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? YES/NO

Are you currently pregnant? YES/NO

Do you suffer from any problems of the lower back. I.e chronic pain or numbness?  
YES/NO

Are you currently taking any medications? YES/NO

Do you currently have a disability or a communicable disease? YES/NO

Please explain anything here in the below box.

If you answered **NO** to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. The fact that you answered **NO** to the above questions, is no guarantee that you will have a normal response to exercise. **If you answered YES to any of the above questions, then you need written permission from a physician/doctor before participating in physical and aerobic fitness activities.**

Have you any of the below? Please tick

Increase in blood flow +

Postpartum Haemorrhage (PPH) +

Enlarged uterus +

Heavy Bleeding +

Pelvic issues

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### Declaration

I hereby give consent to attend Active Northumberland sessions and I authorise the organisers to administer First Aid where necessary. I understand that while involved in the delivery of these activities personnel will take every reasonable precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by myself. I am aware that during activities photographs will be taken for promotional use by Active Northumberland and agencies working in partnership with Active Northumberland, being used on the internet/social media also.

**Please tick this box if you AGREE to the above statement in regards to photography ( )**

**The information you have submitted on the behalf of your children (name and d.o.b) will also be kept until September 2022, please tick if you AGREE and consent for your child/children's data to be held with active northumberland, sport england and cfe.( )**

In accordance with the General Data Protection Regulation the information you give us will be held on our database until September 2023. This information will be shared to us from our workforce team of health professionals (nhs), nursery nurses, children centre staff/volunteers and rambler health walks. Sport England and CFE Research will also have access to this data. All of this data will then be securely held on our database in accordance with Active Northumberland and the General Data protection Regulation policy. No other fifth party (except the parties listed above) will have access to this and the information will not be shared to anyone else that's not listed. We will use this data to monitor and evaluate change and success in partnership with Sport England, CFE research and Northumbria University. All participants have the right to withdraw and request this data to be deleted at any time. It is at your responsibility to notify us with any changes in any of the questions or information supplied to us and to supply us with any relevant information regarding doctors guidance.

Active Northumberland will also use this information for the purpose of supplying you with information regarding future activities.

**Please tick if you would like to receive this information on further classes we offer ( )**

If you agree to the above declaration please sign below.

Print Name:

Signature:

Date: