



Physical Activity Readiness Questionnaire- Pregnant 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: _____ **D.O.B :** _____ **Due Date and Trimester:** _____
Pregnancy with twins/triplets etc? YES/NO

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

Doctor: _____ **Number:** _____

Midwife: _____

Are you under consultant care? YES/NO

If you answer yes to the above question please explain your reasoning and get Consultant consent to exercise.

What is your previous exercise to date: _____

Is there anything in your medical history that you feel could affect your ability to exercise?

Is there anything about your pregnancy you feel is relevant to your participation in a exercise programme/class?

Do you have any concerns? If so please write below:

Have you G.P, consultant or midwife Consent? YES/NO

PREGNANCY HISTORY

1. Is this your first pregnancy? YES/NO (If yes, please go to question 7)
2. Previous pregnancy dates: _____ Type of delivery _____
3. Have you ever suffered miscarriage? YES/NO
4. If yes please provide details:
5. Have you a history of previous complications during pregnancy? YES/NO
6. If yes please provide details:

7. During THIS pregnancy have you experienced any of the below: (please tick if so)

Deep back or pubic pain
Difficulty walking
Palpitations or unusually slow heart beat
Lower abdominal pain cramping
Headache, dizziness or faintness
Unusual breathlessness
Feeling extremely fatigued or hot

During THIS pregnancy do you have any of the below? Please Tick.

Heart Disease
Lung Disease
Cerclage
Multiple Gestation (Twin/Triplet pregnancy)
Placenta Previa after 26 weeks (low lying placenta)
Preterm Labour or ruptured membranes
Preeclampsia or pregnancy induced high blood pressure
Sudden swelling in the hands, feet or face
Severe anaemia
History of 3 or more miscarriage
Reduced Fetal (baby) Movement or a noticeable change in baby movements
Vaginal Bleeding

Type 1 Diabetes
Uterine contractions

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

Do you suffer from any problems with 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.

Informed consent:

You will be taking part in a prenatal exercise class, delivered by level 3 pre and postnatal personal trainers/instructors. Or qualified aquanatal midwifery teachers. Your workouts will be tailored to your stage in pregnancy. The workouts will be approximately 1 hour long starting with a warm up and ending with a cool down. The workout is aimed to build strength and to help you relax, learn breathing techniques, stretch and to support your overall physical and mental wellbeing. . Exercise can come with many benefits and some risks and its important to clients to keep us up to date with information regarding your health and well being and any updates we may need to make on your enrolment forms. Throughout all stages of pregnancy.

Do you give your personal consent to our exercise classes and programmes? classes
YES/NO

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 ()

In accordance with the General Data Protection Regulation the information you give us will be held on our database until September 2025. 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 midwifery led aquanatal sessions) 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. 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:

