



Pre and Postnatal
Physical Activity Readiness
Questionnaire (PARQ)

Please answer the following questions and where an answer is 'Yes' to any of the questions, please give additional information (including dates where appropriate).

YOUR INSTRUCTOR WILL TREAT ALL INFORMATION CONFIDENTIALLY AND KEEP IT SECURE

PATIENT INFORMATION

Name & Surname:		Today's date:	
Address:			
Tel no:		Mobile Tel no:	
Occupation:		Emergency Contact name & Tel no.:	
Email Address:			
GP's name:		GP Surgery name:	
GP Surgery Tel no:		Hospital name:	
Midwife name:		Referred by:	
Midwife Tel no:		Baby's due date:	
No. of children		No. of weeks Pregnant:	

MEDICAL HISTORY

Do you have or have you ever experienced any of the following health conditions, past or present? Please tick the box if YES. Please provide further details below for any conditions you have/had.

Shortness of breath	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Chest pains	<input type="checkbox"/>	Hypoglycaemia	<input type="checkbox"/>	Multiple births	<input type="checkbox"/>
Symphysis Pubis Dysfunction (central pubic area pain)	<input type="checkbox"/>	Sacrum or Sacroiliac Joint Pain (pain at the top of the buttocks)	<input type="checkbox"/>	Bleeding during or after exercise or any unexplained bleeding	<input type="checkbox"/>
Miscarriage	<input type="checkbox"/>	Pelvic/ Abdominal cramps	<input type="checkbox"/>	Upper back/ neck/ shoulder pain	<input type="checkbox"/>
Carpal Tunnel Syndrome	<input type="checkbox"/>	History or current episodes of High/ Low blood pressure, episodes of fainting, dizziness or breathlessness	<input type="checkbox"/>	Coccyx damage or pain	<input type="checkbox"/>
Separation of your abdominal muscles (Diastasis recti)	<input type="checkbox"/>	Incontinence (Urinary or Faecal)	<input type="checkbox"/>	Prolapse (Uterine, Bladder, Rectum, Vaginal)	<input type="checkbox"/>
Breast health/ Breast Feeding Issues/ Mastitis	<input type="checkbox"/>	Piles/ Haemorrhoids/ Varicose Veins/ Constipation	<input type="checkbox"/>	Did you receive an Epidural during birth?	<input type="checkbox"/>
Nerve damage during birth (Pudendal)	<input type="checkbox"/>	Gestational Diabetes	<input type="checkbox"/>	C-section wound discomfort or slow healing or ongoing numbness	<input type="checkbox"/>
Seizures/ Epilepsy	<input type="checkbox"/>	Anaemia or taking Iron Medication	<input type="checkbox"/>	Joint Pain/ Muscle Pain	<input type="checkbox"/>
Postnatal depression/ Anxiety/ depression	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>	Episiotomy Cut, Painful Perineum or Tears	<input type="checkbox"/>

If you answered **YES** to anything within your medical history above or you have/ had suffered any other complications or health conditions, then please provide further details and whether you feel it could affect your ability to exercise below? _____

Are you currently taking any medication? If YES, Please list.

Please give details of your Pregnancy &/or Postnatal phase, including any complications, illnesses, reasons to visit your Doctor or any other Health Practitioner including; Physiotherapy, Osteopathy, Massage, Pilates, Chiropractor etc.

PHYSICAL ACTIVITY HABITS & INTENTIONS

Please give details of your previous and current exercise abilities/ activities?

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

What are your goals for participating in our fitness classes and physical activity in general?

Do you have any concerns about your pregnancy, birth or postnatal phase? If so, please comment below.

POSTNATAL CLIENTS ONLY

Date of delivery:		Type of delivery:	
6 week Check up date & outcome:			
Breastfeeding status:		Post Natal bleeding status:	
Did you have an episiotomy?		Recently fitted Intra Uterine Device (IUD)?	

DECLARATION

If you answered YES to one or more of the above health conditions

Talk to your GP by phone or in person before you start becoming more physically active. Tell your GP about the questionnaire and which question(s) you answered yes to. You may be able to do any activity you want – as long as you begin slowly and build up gradually, or you may need to restrict your activities to those which are safe for you. Talk with your GP about the kind of activity you wish to participate in and follow his/ her advice.

If you answered to none of the above health conditions

You can be reasonably sure that you are ready and able to start to become more physically active and take part in a suitable exercise programme. Remember to start off exercising slowly and gradually build your physical activity levels.

IMPORTANT

If your health changes at all and you develop any of the above health conditions or any other, then please inform your fitness instructor and health professional immediately.

I can confirm that I have read, understood and completed this questionnaire, consulted with my GP if necessary and that it is my responsibility to ensure the safety of myself and my baby when participating in any of Bump and Beyond's fitness classes/ sessions.

Participants Signature: _____ Print name: _____
Date: _____

Please complete and email back to Polly@bumpandbeyond.org.uk. Any questions please contact Polly Simpkins, Pre & Postnatal Exercise Specialist at Bump & Beyond on 07936 578810.