

# Physical Activity Readiness Questionnaire (PAR-Q) for PREGNANCY

Absolute Contraindications	YES	NO
Ruptured membranes, premature labour?		
Persistent second or third trimester bleeding/placenta previa?		
Pregnancy-induced hypertension or pre-eclampsia?		
Incompetent cervix?		
Evidence of intrauterine growth restriction?		
High-order pregnancy (E.g., triplets)?		
Uncontrolled Type 1 diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder?		

Relative Contraindications	YES	NO
History of spontaneous abortion or premature labour in previous pregnancies?		
Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)?		
Anemia or iron deficiency? (Hb <100g/L)?		
Malnutrition or eating disorder (anorexia, bulimia)?		
Twin pregnancy after 28th week?		
Other significant medical condition?		
Please specify:		

**If you answered YES to one or more question, please seek approval to exercise by completing the 'Approval to exercise' section at the end of this form.**

**Please note:** If your health changes so that you would then answer YES to any of the above questions please speak to me and contact your Healthcare Professional in case we need to adapt your sessions.

I have read, understood and completed this questionnaire.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Approval to exercise

Name of healthcare professional/midwife: \_\_\_\_\_

Approval given: YES  Date: \_\_\_\_\_

Any further information: