

Shenda Falvey

Ante & Post Natal Personal Training

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Physical Activity Readiness Questionnaire (PAR-Q) Antenatal And Postnatal

Name: _____ Date: _____

Address: _____

Contact Number Mobile: _____ Home: _____

Email Address: _____

Date of Birth: _____ Due Date: _____

Hospital: _____ Contact Number: _____

GP Name: _____ Contact Number: _____

Surgery Address: _____

Emergency Contact Name: _____

Contact Number Mobile: _____ Home: _____

Regular physical activity is fun and healthy, especially during pregnancy. However, I would recommend that you complete and then check this questionnaire with your doctor before embarking on any new activity programme.

Has your doctor ever said that you have a heart condition? Yes ☐ No ☐

If yes, explain: _____

Do you feel pain in your chest when you do physical activity? Yes ☐ No ☐

In the past month, have you had chest pain when you were not doing physical activity? Yes ☐ No ☐

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes ☐ No ☐