

Physical Activity Readiness Questionnaire for new and expectant mothers (PAR-Q)

Name of Runner: _____

Your Leader in Running Fitness needs to be confident that you have been declared fit to exercise by an appropriate health professional and can be led through a safe and effective exercise programme. The only people that will have access to your details are your Leader(s) or group coordinator.

Person to contact in case of emergency Name: __

Contact Number: _____

Relationship: _____

Section A – For women who are currently pregnant

Is this your first pregnancy? Yes / No

What is your due date? _____

Did you exercise regularly before you became pregnant? Yes / No

Has your GP, Midwife or Obstetrician declared you fit to take part in an exercise and fitness programme involving impact activities such as jogging and running?

Yes / No

NB If no, then participation in walking activities only will be delivered until such a time as you have been declared fit for greater impact / intensity activity.

Section B – For post-natal women only

Has your doctor/ health professional completed your 6-8 week postnatal check? Yes /

No

Are you breastfeeding? Yes / No

Baby's Date of Birth _____ Delivery Type _____

Has your GP, Midwife or Obstetrician declared you fit to take part in an exercise and fitness programme involving impact activities such as jogging and running?

Yes / No

NB If no, then participation in walking activities only will be delivered until such a time as you have been declared fit for greater impact / intensity activity.



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Section C – To be read by all women

If I experience any of the following, I agree that I will discuss with my GP, Midwife or Obstetrician before re-commencing any exercise.

<input type="checkbox"/> Sudden swelling of ankles, hands or face	<input type="checkbox"/> High/Low blood pressure
<input type="checkbox"/> Headaches, dizziness or faintness	<input type="checkbox"/> Chest pains
<input type="checkbox"/> Abdominal pain or cramping	<input type="checkbox"/> Heart attack or palpitations
<input type="checkbox"/> Back, pelvis or pubic pain	<input type="checkbox"/> Changes to baby's movements
<input type="checkbox"/> Vaginal bleeding, fluid loss or spotting	<input type="checkbox"/> Joint problems
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Miscarriage

Formal Declaration

I declare that I have completed this questionnaire fully and honestly. I will inform my Leader in Running Fitness if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation

Signed: _____ Date: _____

NB – Leaders in Running Fitness using this PARQ, must make sure they have read and comply with the UKA, HCAF or local running group privacy policy.



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