# 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.

## 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.

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| --- | --- |
| * Sudden swelling of ankles, hands of face | * High/Low blood pressure |
| * Headaches, dizziness or faintness | * Chest pains |
| * Abdominal pain or cramping | * Heart attack or palpitations |
| * Back, pelvis or pubic pain | * Changes to baby’s movements |
| * Vaginal bleeding, fluid loss or spotting | * Joint problems |
| * Shortness of breath | * Diabetes |
| * Fatigue | * 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:

The following link contains UKAs policy on the personal information we collect about you.

[**UKA Privacy Policy**](https://www.uka.org.uk/privacy-policy/)

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