Postnatal Physical Activity Readiness Questionnaire

This questionnaire is designed to help me learn what I need to know to help you stay safe and healthy while reaching your goals. Please take your time and fill out this questionnaire as honestly as possible.

About You

Name:	**Email:**
Address:	**Date of birth:**
Phone Number:	**Gender pronouns:**
What's the best way to contact you? ☐ Call ☐ Text ☐ Email ☐ Other: _____	
Emergency Contact Name:	**Relationship:**
Emergency Contact Phone Number:	

Your Health

Primary Care Provider (PCP) Name:
PCP Phone Number/Email Address:
Permission to Contact PCP if Needed: ☐ Yes ☐ No

Please answer the questions below by checking YES or NO.	**YES**	**NO**
1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	☐	☐
2. Do you feel pain in your chest when you perform physical activity?	☐	☐
3. In the past month, have you had chest pain when you were not performing any physical activity?	☐	☐
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	☐	☐
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	☐	☐
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	☐	☐
7. Do you know of any other reason why you should not engage in physical activity?	☐	☐

Please check the box that applies to you below:

- ☐ 1. I answered NO to all questions above, and I have been cleared by my healthcare provider for exercise after birth.
- ☐ 2. I answered NO to all questions above, and I have NOT been cleared by my healthcare provider for exercise after birth.
- ☐ 3. I answered YES to one or more questions above, my healthcare provider is aware of these health conditions, and they have cleared me for exercise after birth.
- ☐ 4. I answered YES to one or more questions above, and I have NOT been cleared by my healthcare provider for exercise after birth.

If you checked box 1 or 3, please sign the release below.

If you checked box 2 or 4, I recommend getting clearance from your healthcare provider before resuming an exercise program.

Disclaimer and Release

→ I, the undersigned, have read, understood to my full satisfaction, and completed this questionnaire.

→ I understand that if my health changes, I must inform my coach and check with my PCP that I'm still cleared for exercise.

→ I recognize that it is my responsibility to work directly with my PCP before, during, and after seeking fitness and/or nutrition consultation.

→ I understand that any information provided is not to be followed without prior approval of my PCP. If I choose to use this information without such approval, I agree to accept full responsibility for my decision.

→ I acknowledge that my coach may retain a copy of this form for their records. In these instances, they will maintain the confidentiality of the same, complying with applicable law.

Signature:	**Date:**

Setting Boundaries

Throughout our coaching partnership, there may be things that come up that you are or are not comfortable talking about. Topics such as your pelvic floor health, nutrition, sleep, and stress may all have an impact on your training and your results to varying degrees.

Please indicate which topics you are comfortable talking about with me by checking the relevant boxes (or checking the first box if you are comfortable talking about all of them). If you are not comfortable talking about a certain issue with me, leave the box(es) blank. You may change your decision at any time.

As you go through the rest of this form, feel free to leave any questions you don't feel comfortable answering blank.

☐ I am comfortable talking about all of the topics listed below.

I am only comfortable talking about these specific topics:

- ☐ Birth experience
- ☐ Birth injuries or complications
- ☐ C-section recovery
- ☐ Postnatal bleeding
- ☐ Pregnancy experience
- ☐ Past pregnancies
- ☐ Miscarriage
- ☐ Fertility concerns or treatments
- ☐ Infant loss
- ☐ Menstrual cycle
- ☐ Pelvic floor health
- ☐ Diastasis recti
- ☐ Incontinence
- ☐ Pelvic organ prolapse
- ☐ Breastfeeding
- ☐ Breast tenderness or pain
- ☐ Sleep
- ☐ Stress
- ☐ Emotional issues and mental health
- ☐ Body image
- ☐ Nutrition
- ☐ Weight
- ☐ Other: _____

There may also be instances where it can be helpful for me to manually cue or manually assess you, which requires physical touch.

Please indicate which body parts you are comfortable having me manually cue or assess by checking the relevant boxes (or checking the first box if you are comfortable having me manually cue or assess all of them). If you are not comfortable having certain areas (or any part of your body) touched for cueing or assessment, leave the box(es) blank. You may change your decision at any time.

In addition to your consent here, I will also obtain your verbal consent before manually cueing or assessing you during a training session.

☐ I am comfortable with my coach manually cueing and manually assessing all the body parts listed below.

I am only comfortable with my coach manually cueing and manually assessing these specific body parts:

- ☐ Feet
- ☐ Legs
- ☐ Hands
- ☐ Arms
- ☐ Head
- ☐ Glutes
- ☐ Abdomen
- ☐ Upper back
- ☐ Lower back
- ☐ Neck
- ☐ Other: _____

Your Birth Experience

Date of child's birth: _____

Birth type: ☐ Vaginal ☐ Assisted (i.e., forceps, vacuum) ☐ C-section

Tearing: ☐ Yes ☐ No If yes, degree of tearing (if known): _____

Are you currently breastfeeding? ☐ Yes ☐ No

Are you currently experiencing any postpartum bleeding? If so, have you consulted with your doctor about it?

Did you have any birth complications?

Have you had your six-week checkup with your PCP?

- ☐ Yes, Date of appointment: _____
- ☐ No

Did your PCP clear you for exercise? If yes, did they recommend any limitations to exercise, and what are they?

What's your current activity level?

Your Past Birth Experience(s)

Please fill out this section if you've experienced birth in the past. If you haven't, skip down to "Your Pregnancy and Postnatal Experience."

Date(s) of birth: _____

Birth type: ☐ Vaginal ☐ Assisted ☐ C-section

Tearing: ☐ Yes ☐ No If yes, degree of tearing (if known): _____

Is there anything else you want me to know about your past birth experience(s)?

Your Pregnancy and Postnatal Experience

How did you feel during this pregnancy? Did you experience any symptoms or issues that impacted your ability to train?

Have you met with any of the following healthcare professionals in the past 12 months?

- ☐ Physiotherapists
- ☐ Acupuncturists
- ☐ Chiropractors
- ☐ Other (please specify): _____

Please describe the reason(s) for your visit(s):

Have you experienced any of the following before this pregnancy, during this pregnancy, or after birth? If so, please check the boxes and provide relevant details in the space provided below.

MUSCULOSKELETAL

- ☐ Central pubic area pain
- ☐ Coccyx (tailbone) damage or pain
- ☐ Lower back pain
- ☐ Pins and needles – location: _____
- ☐ Shooting or radiating pain in back, glutes, or legs – location: _____
- ☐ Abdominal bulging or doming
- ☐ Neck pain
- ☐ Knee pain
- ☐ Other joint pain (please specify): _____
- ☐ Other (please specify): _____

PELVIC HEALTH

- ☐ Heaviness, dragging, or bulging in the pelvic area
- ☐ Pelvic pain
- ☐ Pain around C-section incision/scar
- ☐ Diagnosis of pelvic organ prolapse
- ☐ Leaking urine while coughing, sneezing, exercising, or exerting yourself
- ☐ Strong and sudden urge to urinate
- ☐ Leaking of urine at rest
- ☐ Difficulty or discomfort w/ passing urine
- ☐ Uncontrollable gas
- ☐ Leaking of feces
- ☐ Straining during bowel movements
- ☐ Pain in the perineum during sexual intercourse (or any other time)
- ☐ Unexplained bleeding during or after exercise

OTHER

- ☐ Hemorrhoids or anal fissures
- ☐ Varicose veins
- ☐ Constipation
- ☐ Gestational diabetes
- ☐ Preeclampsia
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Other (please specify): _____

Use this space for details on any boxes checked above. Please include when symptoms started/diagnosis happened, any treatment(s), and current status.

Is there anything else you'd like me to know about this pregnancy or birth, or any past pregnancies or births?

Your Health Details

Have you been diagnosed (currently or in the past) with any significant medical conditions and/or injuries that you haven't mentioned yet? Please check all that apply.

- ☐ Heart condition
- ☐ Asthma
- ☐ Cancer
- ☐ Type 1 diabetes
- ☐ Type 2 diabetes
- ☐ Autoimmune condition
- ☐ Thyroid disease
- ☐ Seizures
- ☐ Fibromyalgia
- ☐ Arthritis
- ☐ Blood disorder
- ☐ Osteoporosis
- ☐ Knee pain or injury
- ☐ Neck pain or injury
- ☐ Back pain or injury
- ☐ Other (please list)

_____

_____

Use the space below to provide details on any boxes checked on the previous page.

Are you taking any medications, either over-the-counter or prescription? If so, list them all below.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Have you ever had surgery or experienced any other major medical event you want me to know about? If so, use the space below to share what happened, and when.

Your Training

In general, what are your goals for training right now? Check all that apply.

- ☐ Rehab & recover from pregnancy & birth
- ☐ Rebuild or improve strength
- ☐ Rebuild or improve aerobic fitness
- ☐ Reduce or prevent aches and pains
- ☐ Improve core & pelvic floor function
- ☐ Feel less stressed or anxious
- ☐ Improve or manage my mental health
- ☐ Feel more in control
- ☐ Have fun
- ☐ Improve overall health
- ☐ Change body composition
- ☐ Other: _____

Out of the goals you checked, which ones feel most important? Rank your top 3.

1. _____
2. _____
3. _____

What was your exercise routine like before becoming pregnant? How many times per week did you exercise, and what types of exercise did you do?

What was your exercise routine like while you were pregnant? How many times per week did you exercise, and what types of exercise did you do?

Right now, how much time do you realistically have each week to devote to your training?

Is there anything you want to change about how you exercise moving forward, compared to how you trained pre-pregnancy and during pregnancy? Are there any activities you want to resume/start?

Your Lifestyle

The purpose of the following questions is to help me, as your coach, get a better understanding of your lifestyle. Sleep, nutrition, hydration, and stress all affect your training and recovery.

When I have a better understanding of these factors, I can modify your workouts accordingly to ensure you can recover. It also helps us work together to make sure your program leaves you feeling strong and energized.

STRESS AND RECOVERY

How much sleep do you get in a 24-hour period? _____

Rate your general stress level on a scale of 1–10 (1=little, 10=extreme): _____

Rate your general energy level on a scale of 1–10 (1=exhausted, 10=fully energized): _____

Do you feel depressed or anxious? ☐ Yes ☐ No

Have you ever been diagnosed with depression or anxiety? ☐ Yes ☐ No

NUTRITION

How much water do you drink in a 24-hour period? _____

Who does most of the grocery shopping & cooking in your household? Has this changed since birth?

What does your nutrition look like on a "typical" day at the moment? Please list meals, snacks, and beverages.

What, if any, nutrition challenges have you run into post-birth? (For instance, is it difficult to find time to eat? Do you need help planning quick, healthy food options?)

What, if any, changes would you like to make to how you're eating, and why?

ENVIRONMENT

Who do you live with? (e.g., spouse/partner, parents, roommates, pets, children)

Right now, on a scale of 1–10 (1=little, 10=extreme)**, how supported do you feel by your environment and those around you in your efforts to recover and rebuild?** _____

What, if any, major obstacles are you encountering at home or with loved ones when it comes to your efforts to train, eat, and recover?

Your Coaching

What drove you to seek out postnatal coaching?

What do you hope to get out of our coaching experience?

What do you expect from me as your coach?

Is there anything else you want to share that you haven't been asked yet?