Antenatal Physical Activity Readiness Questionnaire (PAR-Q)

Before embarking on our Antenatal swimming session, we would be most grateful if you would take a few moments to complete the following questionnaire - THANK YOU				
NameD.O.B				
Add	lress			
Home telephoneMobile				
Due date of your baby				
Doo	ctor's Name, address and telephone number			
Em	ergency contact name and telephone number			
	ase answer the questions below. The questionnaire will determine if you ctors written permission <u>before</u> beginning swimming.	need to	obtain your	
•	Please read the questions carefully and answer each one honestly. Please speak to your teacher if there is anything that concerns you If you knowingly give incorrect information the Teacher and STA can bear no responsibility for any resultant injury or pain.			
Do	any of the following apply to you or your history?	YES	NO	
2. 3. 4. 5. 6. 7. 8. 9. 10. 12. 13. 14. 15. 16. 17. 18. 20.	Premature birth or threatened miscarriage (delete as appropriate) Previous miscarriage(s) Multiple pregnancies The fetus is small at the respective stage of their pregnancy Spotting, bleeding or leaking amniotic fluid (delete as appropriate) Symphsis Pubis Dysfunction (Pelvic Pain) Low lying placenta Cervical sutures Dizzy spells High or low blood pressure, or pre-eclampsia (delete as appropriate) Increased or decreased heart rate (delete as appropriate) Chest pain Heart or lung problems (delete as appropriate) Bone, joint or muscle problems (delete as appropriate) Low levels of iron in the blood (Severe Anaemia) Epilepsy Diabetes Overweight or underweight (delete as appropriate) Are you taking any prescribed medication to control a health condition? Please specify if possible (i.e. inhaler, insulin etc) Do you know of any other reason why you should not partake in swimming?			
	ou answer <u>YES</u> to any of the questions above, then you are required to obta mission <u>BEFORE</u> attending a session.	in your D	octors written	

Please remember any physical activity **should not be painful**. If it hurts **stop immediately** and tell your teacher.

Signed..... Date.....