## **Pre Natal Questions**

1: Are you pregnant?	YES/NO
2: How many weeks pregnant are you? and you	our due date is:
3: Does your doctor know you are pregnant?	YES/NO
4: Have you recently had a check up?	YES/NO
5: Does your doctor know you are exercising?	YES/NO
6: Were you exercising regularly before you conceived?	YES/NO
7: What type of exercise did/do you participate in?	
8: How many sessions or durations of each session?	
9: Have you experienced and complications with previous pro-	egnancies? YES/NO
Post Natal Questions	
1: How old is your baby?	
2: What type of birth did you have?	
3: Did you experience complications during delivery?	
4: Have you attended a post natal check up? YES/NO	Date:
5: Does your health care team know you are exercising?	YES/NO
6: Are you breast feeding?	YES/NO
7: Did you exercise during your pregnancy?	YES/NO
8: What type of activity and duration?	
9: Have you been given specific exercises by your health car	re team? YES/NO
IMPORTANT INFORMATION - Please read carefully and answer as thoroughly as possible: Have you ever suffered from or do you currently suffer from the following: Pregnancy induced hypertension Abdominal pain Pre-term labour (now or previously) Severe anaemia Bleeding in 2nd/3rd trimesters Incompetent cervix Miscarriages Poor general health Placenta praevia Overtired	
Comments:	