

DATE _____

Girls Gone Strong Postpartum Physical Activity Readiness Questionnaire

About you and your birth experience(s)...

NAME: _____

ADDRESS: _____

PHONE NO: _____

EMAIL: _____

DATE OF BIRTH: _____

DATE(S) OF DELIVERY: _____ NUMBER OF PREGNANCIES: _____

DELIVERY TYPE (VAGINAL/ASSISTED/C-SECTION): _____

TEARING (DEGREE IF KNOWN): _____

POSTNATAL BLEEDING STATUS: _____

OTHER COMPLICATIONS IF ANY: _____

BREASTFEEDING STATUS: _____

CURRENT ACTIVITY LEVEL: _____

Have you met with any of the following health care professional during or after your pregnancy?

PHYSIOTHERAPISTS

ACUPUNCTURISTS

CHIROPRACTORS

PLEASE DESCRIBE REASONS FOR YOUR VISIT(S):

Do/have you experienced any of the following? If so, please provide details for when these things occurred, in the space provided...

MUSCULOSKELETAL

Pain in the central pubic area? _____

Lower back pain or sciatica? (If so, explain where) _____

Neck pain? _____

Coccyx damage or pain? _____

Knee pain? _____

Any other joint pain (e.g. wrist)? _____

WOMEN'S HEALTH (CONT.)

Heaviness, dragging or bulging in the pelvic area? _____

Diagnosis of pelvic organ prolapse (uterus/bladder/rectum/vaginal)? _____

Hysterectomy? _____

- Leaking urine when you cough/sneeze/exercise? _____
- Strong and sudden urge to urinate? Is there leaking associated? _____
- Difficulty or discomfort with passing urine? _____
- Uncontrollable gas? _____
- Leaking of feces? _____
- Straining during bowel movements (constipation)? _____
- Pain in the perineum during sexual intercourse (or any other time)? _____
- Unexplained bleeding during or after exercise? _____

OTHER

- Haemorrhoids/varicose veins/constipation? _____
- Gestational diabetes? _____
- High/low blood pressure? _____

Lifestyle

HOW MUCH SLEEP DO YOU GET IN A 24 HOUR PERIOD? _____

HOW MUCH WATER DO YOU DRINK? _____

WHAT DOES YOUR NUTRITION LOOK LIKE ON A "TYPICAL" DAY? PLEASE LIST MEALS, AND APPROXIMATE SERVING SIZES: _____

RATE YOUR STRESS LEVEL ON A SCALE OF 1-10 (1=LITTLE, 10=EXTREME): _____

DO YOU FEEL DEPRESSED OR ANXIOUS, OR DO YOU SUFFER FROM MOOD SWINGS? _____

HAVE YOU EVER BEEN DIAGNOSED WITH POSTPARTUM DEPRESSION OR ANXIETY? _____