

GET ACTIVE QUESTIONNAIRE FOR PREGNANCY



NAME (+ NAME OF PARENT/GUARDIAN IF APPLICABLE) [PLEASE PRINT]:

TODAY'S DATE (DD/MM/YYYY):

YOUR DUE DATE (DD/MM/YYYY):

NO. OF WEEKS PREGNANT:

AGE:

Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Please answer YES or NO to each question to the best of your ability.
If your health changes as your pregnancy progresses you should fill in this questionnaire again.

1.	In this pregnancy, do you have:		
	a. Mild, moderate or severe respiratory or cardiovascular diseases (e.g., chronic bronchitis)?	Y	N
	b. Epilepsy that is not stable?	Y	N
	c. Type 1 diabetes that is not stable or your blood sugar is outside of target ranges?	Y	N
	d. Thyroid disease that is not stable or your thyroid function is outside of target ranges?	Y	N
	e. An eating disorder(s) or malnutrition?	Y	N
	f. Twins (28 weeks pregnant or later)? Or are you expecting triplets or higher multiple births?	Y	N
	g. Low red blood cell number (anemia) with high levels of fatigue and/or light-headedness?	Y	N
	h. High blood pressure (preeclampsia, gestational hypertension, or chronic hypertension that is not stable)?	Y	N
	i. A baby that is growing slowly (intrauterine growth restriction)?	Y	N
	j. Unexplained bleeding, ruptured membranes or labour before 37 weeks?	Y	N
	k. A placenta that is partially or completely covering the cervix (placenta previa)?	Y	N
	l. Weak cervical tissue (incompetent cervix)?	Y	N
	m. A stitch or tape to reinforce your cervix (cerclage)?	Y	N
2.	In previous pregnancies, have you had:		
	a. Recurrent miscarriages (loss of your baby before 20 weeks gestation two or more times)?	Y	N
	b. Early delivery (before 37 weeks gestation)?	Y	N
3.	Do you have any other medical condition that may affect your ability to be physically active during pregnancy? What is the condition? Specify:	Y	N
4.	Is there any other reason you are concerned about physical activity during pregnancy?		

Go to Page 2 Describe Your Physical Activity Level

Describe Your Physical Activity Level

During a typical week, what types of physical activities do you take part in (e.g., swimming, walking, resistance training, yoga)?

During the same week, please describe ON AVERAGE how often and for how long you engage in physical activity of a light, moderate or vigorous intensity. See definitions for intensity below the box.

ON AVERAGE	FREQUENCY (times per week)	INTENSITY (see below for definitions)	DURATION (minutes per session)
How physically active were you in the six months before pregnancy?	☐ 0 ☐ 3-4 ☐ 1-2 ☐ 5-7	☐ light ☐ moderate ☐ vigorous	☐ <20 ☐ 31-60 ☐ 20-30 ☐ >60
How physically active have you been during this pregnancy?	☐ 0 ☐ 3-4 ☐ 1-2 ☐ 5-7	☐ light ☐ moderate ☐ vigorous	☐ <20 ☐ 31-60 ☐ 20-30 ☐ >60
What are your physical activity goals for the rest of your pregnancy?	☐ 0 ☐ 3-4 ☐ 1-2 ☐ 5-7	☐ light ☐ moderate ☐ vigorous	☐ <20 ☐ 31-60 ☐ 20-30 ☐ >60

Light intensity physical activity: You are moving, but you do not sweat or breathe hard, such as walking to get the mail or light gardening.

Moderate intensity physical activity: Your heart rate goes up and you may sweat or breathe hard. You can talk, but could not sing. Examples include brisk walking.

Vigorous intensity physical activity: Your heart rate goes up substantially, you feel hot and sweaty, and you cannot say more than a few words without pausing to breathe. Examples include fast stationary cycling and running.

General Advice for Being Physically Active During Pregnancy

Follow the advice in the 2019 Canadian Guidelines for Physical Activity throughout Pregnancy: csepguidelines.ca/pregnancy

It recommends that pregnant women get at least 150 minutes of moderate-intensity physical activity (resistance training, brisk walking, swimming, gardening), spread over three or more days of the week. **If you are planning to take part in vigorous-intensity physical activity, or be physically active at elevations above 2500 m (8200 feet), then consult with your health care provider.** If you have any questions about physical activity during pregnancy, consult a Qualified Exercise Professional or your health care provider beforehand. This can help ensure that your physical activity is safe and suitable for you.

Declaration

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. **If my health changes, I will complete this questionnaire again.**

☐ **I answered NO to all questions on Page 1.**

Sign and date the declaration below.
Physical activity is recommended.

I answered YES to one or more questions on Page 1 and I will speak with my health care provider before beginning or continuing physical activity.

The Health Care Provider Consultation Form for Prenatal Physical Activity can be used to start the conversation (www.csep.ca/getactivequestionnaire-pregnancy).

☐ **I have spoken with my health care provider who has recommended that I take part in physical activity during my pregnancy.**

Sign and date the declaration below.

NAME (+ NAME OF PARENT/GUARDIAN IF APPLICABLE) [PLEASE PRINT]:		SIGNATURE (OR SIGNATURE OF PARENT/GUARDIAN IF APPLICABLE):
TODAY'S DATE (DD/MM/YYYY):	TELEPHONE (OPTIONAL):	EMAIL (OPTIONAL):