



POSTPARTUM TRAINING QUESTIONNAIRE

Client Name

Phone Number: _____

Client Address:

Client's DOB and Age: _____

Weeks/Months Postpartum: _____ Delivery Date:

Pregnancy (1st, 2nd)?: _____ Singles/
multiples?: _____

Cleared for exercise by health care provider?:

Ages of other children (if applicable):

MEDICAL HISTORY

Any existing injuries, medical conditions, or restrictions from your doctor?

Do you experience any aches or pains anywhere? If so, what are they and when do they tend to occur?

Do you ever have any accidental leakage during sudden movements (coughing, laughing, sneezing) or during exercise? Do you ever feel a sudden or urgent need to urinate?

Do you currently take any medications (OTC or prescription)? If so, what are they and what are they for?

Have you ever had a major surgery or injury? If so, does it still impact you today?

PREGNANCY & BIRTH EXPERIENCE

Describe your pregnancy experience (physically and mentally) and how it compared with your expectations. If relevant, how did it compare with previous pregnancies?

Vaginal or cesarean delivery? _____

Time in Labor: _____ Time pushing: _____

Interventions used (Pitocin, epidural, forceps, etc)?

Episiotomy or Tearing (and degree)?

Any stitches? _____

Overall, how did your birth experience compare with your expectations?

Have you done, or are you doing, any other recovery work (i.e. physical therapy)

Are you currently nursing/pumping?

GOALS

What is your primary reason for embarking on this training program?

What are your specific goals (aesthetics and performance) for this training program?

Days/week willing to train?

Days/week willing to exercise?

How can I best support you?

Anything you want me to keep in mind as your coach (what motivates you, what you like/don't like, etc)?

EXERCISE HABITS

Pre Pregnancy Exercise routine (#days/week, intensity, exercise type, etc)

Pregnancy Exercise routine (#days/week, intensity, exercise type, etc)

If relevant, Postpartum Exercise routine (#days/week, intensity, exercise type, etc)

From here on out, what would you want your postpartum exercise routine to be (#days/week, intensity, exercise type, etc)

LIFESTYLE

How are you feeling now (physically, mentally, emotionally)?

Are you on maternity leave? If so, when do plan to return (if at all)?

What is your occupation and what does that mean from physical activity standpoint (% of day spent sitting)?

Avg # hours/worked per week? _____ Stress Level from 1 (no stress) to 10 (severe stress) _____

What are the various sources of stress, and how would you rank them?

How long has your stress level been at this level? Prior to that, was it higher/lower? Why?

How much time (if any) do you devote to mind-clearing relaxation activities? If so, what do you do?

How many hours of sleep/night do you typically get? _____ How many would you like to get? _____

NUTRITION

How much water do you drink per day?

What other fluids do you typically consume per day and how much (coffee, tea, soda, wine, etc)? What do you typically drink with meals?

Do you currently follow a specific diet? (Paleo, low carb, low fat, intermittent fasting etc)

Anything else you would like to let me know?
