



PRENATAL TRAINING QUESTIONNAIRE

Client Name

Phone Number: _____

Client Address:

Client's DOB and Age: _____

Weeks pregnant _____ Due Date: _____

Pregnancy (1st, 2nd)? _____ Single/multiples/gender? _____

Cleared for Exercise? _____ Doctor's Name _____

Doctor's Contact Info _____

Ages of other children

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 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 EXPERIENCE & GOALS

Describe pregnancy experience so far. How are you feeling (physically, mentally, emotionally)?

If applicable, what was your previous pregnancy and birth experience? Did you do any core recovery afterward?

Do you have a vision for the type of delivery you'd like to have (unmedicated, epidural, planned cesarean)?

Do you feel supported and respected by your doctor or midwife?

Do you plan to take any classes or work with any other experts to prepare for labor and early motherhood (i.e. birthing classes, working with doula, etc)?

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

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

From here on out, what do you want your exercise routine to be (#days, intensity, type, etc)?

LIFESTYLE

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? _____

What is your support system like? (spouse, partner, family, friends etc) Do you feel you have ample support?

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?
