

Health check for fitness class for pregnant women

Name: _____

1) Since the beginning of this pregnancy did you ever have any bleeding?

Yes No

2) Since the beginning of this pregnancy did you ever have any contractions (or unexplained pain in the lower abdomen)?

Yes No

3) Have you ever had any problems with your heart (e.g. high blood pressure, dizziness)?

Yes No

4) Have you ever had any breathing problems (e.g. asthma)?

Yes No

5) Have you ever had any joint problems?

Yes No

If this is not your first pregnancy:

3) Did you have any bleeding in a previous pregnancy?

Yes No

4) Did you have any early contractions in a previous pregnancy?

Yes No