

### Pre-screening Questionnaire

Today's Date	ID# (office use only)
Date of birth	Address
Contact phone number	Contact e-mail
Currently pregnant?	Date of last delivery
Number of pregnancies	Number of deliveries
Age at last delivery	Type of delivery? C-section    Vaginal
Birth weight of baby	Your pre-pregnancy weight
Your current weight	Weight gain during pregnancy
Your height	Physician:  Physician phone:

1. Medical history:

	Yes	No		Yes	No
Heart conditions			Abdominal surgeries		
Diabetes			Neurological problems		
Back/neck problems			Gynecological surgeries		
Fibromyalgia			Inflammatory disease		
Lung conditions			Pain in arms/legs from back or neck		
Other major surgeries			High Blood Pressure		
Other bone/joint/tendon injuries			Other:		

2. Please describe any conditions you checked "yes" above:

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3. Did you experience any medical complications during this recent pregnancy or delivery? If yes, please describe:

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Research Study for Diastasis Recti - Pre-screening questionnaire

4. Have you ever been treated medically or non-medically for:

Lower back pain	yes	no
Sacroiliac dysfunction	yes	no
Pelvic floor dysfunction	yes	no
Abdominal hernia	yes	no
Incontinence of bowel/bladder	yes	no

5. If yes to any of the above, what treatment did you receive? (Please circle all that apply)

Physical Therapy      Chiropractic      Massage Therapy      Surgery Medications

Other \_\_\_\_\_

6. Do you have any other condition that would prohibit you from performing a gentle exercise program? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

7. Exercise history (Six months prior to most recent pregnancy):

Frequency of exercise:

- Rarely
- Less than once per month
- More than once per month
- Less than once per week
- Once to twice a week
- Three to four times a week
- Five to six times a week
- Daily

Type of exercise (please check all that apply):

Walking	
Swimming	
Biking (stationary, Spinning, road)	
Weight training	
Aerobics (land, water)	
Running, jogging	
Core training	
Sports specific training	
Tennis, racquetball	
Golf	
Snow board/skiing	
Mind/body (yoga, Pilates, tai chi)	
Martial arts	
Dancing	
Other:	

Office use only  
 Eligible: yes/no  
 Comment: