



**CASE STUDY #1 – SCENARIO:**

Michelle is a 28-year old expecting (pregnant) female. She has been exercising two to three times per week for the last six months. She has just found out she is 6 weeks pregnant with her first child. Michelle is available to workout 2-3 times per week for one hour each time. She is a part time teaching assistant at an elementary school.

**Phase I Situation**

Her Goals	<ul style="list-style-type: none"><li>▪ Wants to maintain a reasonable level of fitness during pregnancy. She heard it helps with delivery.</li><li>▪ Does not want excessive weight gain during pregnancy</li><li>▪ Wants to maintain her energy levels during pregnancy</li><li>▪ Does not want to endanger baby due to exercise</li></ul>
Height	5 ft. 5 in.
Weight	145 lbs.
Resting BP	128/82 mmHG
Resting HR	72 bpm
Blood Lipids	Normal
Medication	None
Max METS	Will change due to pregnancy
Availability	See intro
Activities	<ul style="list-style-type: none"><li>▪ Occasionally walks with husband</li><li>▪ Plays recreation softball 1x/week during summer</li></ul>
Injuries	None; lower back occasionally aches
Medical Diagnosis & Prescription	Pregnant; Physician clearance to exercise
Lifestyle	<ul style="list-style-type: none"><li>▪ Sometimes misses breakfast</li><li>▪ Sleeps 7-8 hrs/night</li><li>▪ Semi-active 9am-3pm job</li></ul>

**Phase II Situation**

Baby has arrived 8 months ago and she would like a new program to help her get back in shape

**CASE STUDY #1 - HEALTH SCREENING QUESTIONNAIRE:**

Taking part in any activity or exercise program can be an excellent way to improve or maintain your health and fitness levels, but preparation is required to enable a safe and effective program. Please answer the following questions to assess your own physical readiness:

		Yes	No
1.	Do you have any health or medical concerns? If yes, please specify <b>6 weeks pregnant</b>	X	
2.	Are you currently taking any medication? If yes, list medications and for what condition: Medication _____ Condition _____ Medication _____ Condition _____		X
3.	Do you smoke? If yes, how much? _____		X
4.	Do you, or have you ever had, any of the following health conditions? If yes, please elaborate.		
	• Blood Pressure Concerns:		X
	• Heart Murmur:		X
	• Any heart trouble:		X
	• Chest pains/pressure:		X
	• Disease of arteries:		X
	• Asthma/allergies:		X
	• High Cholesterol:		X
	• Back injury:		X
	• Back pains:	X	
	• Epilepsy:		X
	• Diabetes:		X
	• Varicose veins:		X
	• Lung Disease:		X
	• Dizziness/Fainting spells:		X
	• Arthritis:		X
	• Osteoporosis:		X
5.	Have you injured or have pain in the following areas? If yes, please elaborate.		
	• Neck:		X
	• Upper Back:		X
	• Shoulders:		X
	• Elbows:		X
	• Lower Back:	X	
	• Hips:		X
	• Wrists:		X
	• Knees:		X
6.	Have you had surgery in the past two years? If yes, when and for what:		X
7.	Are you currently undergoing treatment from any of the following? If yes, why? <b><u>Occasional lower back pain from occupation</u></b>		
	• Physiotherapist		X
	• Chiropractor		X
	• Massage Therapist	X	
	• Other Practitioner		X
8.	Are you pregnant now, planning to be or have been in the past 6 months?	X	
9.	Are you over 50 years of age?		X
10.	Do you have any physical limitations/injuries?		X
11.	Is there any reason not mentioned above, why you feel you should not participate in a regular physical exercise program?		X

If you answered YES to *any* of the above questions, please consult with your health care practitioner prior to taking part in an exercise program. Listen to any special advice or recommendations made by this specialist.

If you have answered NO to *all* of the above questions, you can be reasonably assured of your present suitability to take part in an exercise program designed by your trainer.

I, Case Study – Michelle declare that the information given her by me is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in physical activities or make it potentially dangerous or harmful for me to engage in such activities have been described here by me.

Michelle Case Study  
Signature of Participant

14 April, 2004  
Date

## CASE STUDY #1 - LIFESTYLE QUESTIONNAIRE

Name: Case Study #1 – Michelle

Date: 14 April, 2004

### Physical Activity

1. In the past year, how often have you been engaged in physical activity?

- > 4 times/week  
 3 to 4 times/week  
 2 to 3 times/week  
 1 to 2 times/week  
 1 to 2 times/month  
 None

2. List your current physical activities: Walks, recreational softball

3. What types of physical activity do you consider "fun"? Softball

4. What types of exercise interest you?

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Walking | <input type="checkbox"/> Jogging                  | <input type="checkbox"/> Swimming                     |
| <input checked="" type="checkbox"/> Cycling | <input type="checkbox"/> Dance Exercise           | <input checked="" type="checkbox"/> Strength Training |
| <input type="checkbox"/> Stationary biking  | <input type="checkbox"/> Rowing                   | <input type="checkbox"/> Racquetball                  |
| <input type="checkbox"/> Tennis             | <input checked="" type="checkbox"/> Other aerobic | <input type="checkbox"/> Stretching                   |

### Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)? Lack of time

6. What physical activity have you been successful with in the past (liked and participated in regularly)? Walking

7. Have you ever been at your desired fitness level? Yes  No

If yes, when? \_\_\_\_\_ What were you doing? \_\_\_\_\_

8. Do you feel any family, friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity?  
Yes  No

9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals?  
Yes  No

10. Do you start exercise programs but then find yourself unable to stick with them? Yes  No

### Occupation/Leisure

11. What is your present occupation? Teacher's Assistant

12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?  
Yes, walking, kneeling, bending and standing

13. What are your usual leisure activities? Watching movies

14. What are the physical demands of these activities? None

### Stressors

15. What types of things make you feel stressed? Lack of money and job security

16. How do you deal with your stress normally? I don't

### Dietary Patterns

17. How many meals do you have per day? 3 per day

18. How many snacks do you have per day? None

19. Do you feel you eat healthy "most of the time"? Yes

20. How many glasses of water do you drink per day? 3 per day

### Expectations

21. Specifically describe what you would like to accomplish through your fitness program during the next:

1 month: Safe exercises to perform during my pregnancy

4 months: Maintain a healthy weight gain during my pregnancy

1 year: Return to pre-pregnancy weight