

PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

NAVPERS 6110/3 (07-2011)

Supporting Directive OPNAVINST 6110.1

Privacy Statement

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy: OPNAVINST 6110.1J, Physical Readiness Program.

PRIMARY PURPOSE: The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

ROUTINE USES: Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

DISCLOSURE: Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

NAME:	DATE OF BIRTH:	DATE OF YOUR LAST PHA:
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1. Are you 50 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has anyone in your immediate family had a heart attack, died from a heart condition or died suddenly before age 50 as a result of a medical condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has anyone in your immediate family been diagnosed with Marfan's syndrome (a body structure tissue disorder that affects the skeletal system, cardiovascular system, eyes and skin)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has your healthcare provider told you that you have a heart problem or other medical condition (such as sickle cell trait) which limits your activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Has a healthcare provider ever counseled you on, or prescribed medication for, an increased lipid, cholesterol, or triglyceride level(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. In the past month, have you had chest pain when you were NOT doing physical activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you ever become lightheaded or dizzy, passed out, or nearly passed out during or after exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Is your healthcare provider currently prescribing medications (for example, water pills) for a blood pressure or heart condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. (Females) Are you now, or do you think that you may be pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Are you a current smoker or have you quit smoking within the past 3 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Do you know of any reason why you should not do physical activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

14. DATE:	15. MEMBER'S SIGNATURE:
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To Be Completed By Medical

PARFQ Screening completed on: _____ Member is cleared to participate in the PRT. YES NO

Member incurred a waiver (If yes, attach a copy of the medical waiver)? YES NO _____ Verified Date Of Last PHA

_____ PRINT NAME OF MDR _____ SIGNATURE OF MDR _____ DATE

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