

**PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)**

**NAVPERS 6110/3P (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

**PRIVACY ACT 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.

<p>1. Do any of the following apply to you? <i>(For Females Only)</i></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Save PRIMS PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months. "Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Save PRIMS PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Save PRIMS PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name ( <i>Last, First, MI</i> ):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
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**PRT PARTICIPATION STATUS**

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
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HCP/AMDR Name ( <i>Print</i> ):	HCP/AMDR Signature:	Date:
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