

Physical Activity Risk Factor Questionnaire (PARFQ) Instructions

Please follow the instructions below while completing the Physical Activity Risk Factor Questionnaire (PARFQ) Form (NAVPERS 6110/3).

Note: This form is to be filled out *after* your DoDMERB medical exam or your sports physical.

*****Be sure to read the instructions located in each block thoroughly and answer as applicable and stop at the appropriate block as it asks*****

- **Block 1:** Answer only if you are female – otherwise, leave blank.
 - **Block 2:** Answer “No.”
 - **Block 3:** Answer “Yes” or “No” as applicable based on your physical assessment status.
 - **Block 4:** Answer “No” as long as you have a “qualified” or “waived” status DoDMERB physical or Sports Physical.
 - **Block 5:** Answer “Yes” or “No” as applicable (If “Yes” – STOP).
 - **Block 6:** Answer “Yes” or “No” as applicable (If “Yes” – STOP).
 - **Block 7:** Answer “Yes” or “No” as applicable (If “Yes” – STOP).
 - **Block 8:** Only answer if you said “No” to Block 7.
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- **PARFQ Date:** The date that you are filling out this document.

 - **Date of Last PHA:** The date that you filled out the “Annual Certificate of Physical Condition”