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.

- **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”