

**COMMANDER, NAVY INSTALLATIONS COMMAND (CNIC)  
PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)  
FLEET AND FAMILY READINESS  
MORALE, WELFARE AND RECREATION**

**PRIVACY ACT STATEMENT: AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; CNICINST 6110.1 Morale, Welfare and Recreation Program. **PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool to identify the presence of known medical concerns, medical diagnosis or multiple risk factors prior to beginning a physical exercise program. **ROUTINE USERS:** Disclosures are permitted under 5 U.S.C. 55a(b), Privacy Act of 1974, as amended. **DISCLOSURE:** This information will only be accessed by command personnel on matters related to individual or group exercise prescription and instruction. Disclosure of information would be for official use only and shared only with those with official need to know.

<p><b>1. DO ANY OF THE FOLLOWING APPLY TO YOU?</b></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> </ul> <p><b>NOTE:</b> If you answer "Yes" to any of the above, you should consult with your primary Health Care Provider (HCP) before beginning an exercise program.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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<p><b>2. HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS OR PROBLEMS?</b></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 or without exertion.</li> <li>• Other medical issues (including bone and joint problems) that would keep you from safely participating in an exercise program.</li> </ul> <p><b>NOTE:</b> If "No" proceed to question 3. If "Yes", you should consult with your primary HCP before beginning an exercise program.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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<p><b>3. DOES EITHER OF THE FOLLOWING APPLY TO YOU?</b></p> <ul style="list-style-type: none"> <li>• Male 45, Female 55 or older.</li> <li>• A family history of myocardial infraction, coronary revascularization or sudden death before the age of 50.</li> </ul> <p><b>NOTE:</b> If "No", proceed to question 4. If "Yes" to any of the above, you should consult with your primary HCP before beginning an exercise program.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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<p><b>4. HAVE YOU BEEN PHYSICALLY INACTIVE?</b></p> <ul style="list-style-type: none"> <li>• "Inactive" is defined no light to moderate or vigorous leisure-time physical activity of at least 10 minutes a day.</li> </ul> <p><b>NOTE:</b> If "No", proceed to question 5. If "Yes" to any of the above, you should consult with your primary HCP before beginning an exercise program.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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<p><b>5. DOES ONE (1) OR MORE OF THE FOLLOWING APPLY TO YOU?</b></p> <ul style="list-style-type: none"> <li>• Used any tobacco products in the last 30 days.</li> <li>• Diagnosed with Diabetes and/or High Blood Pressure.</li> <li>• Diagnosed with dyslipidemia (LDL above 129 or HDL below 39).</li> <li>• Family history of heart disease at any age.</li> </ul> <p><b>NOTE:</b> If "No", you can be reasonably sure that you can start becoming more physically active. If "Yes" to any of the above, you should consult with your primary HCP before beginning an exercise program.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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**CLEARANCE STATUS (TO BE FILLED OUT AND ENDORSED BY YOUR PRIMARY HCP) IF WORKING ONE-ON-ONE OR IN SMALL GROUP PERSONAL TRAINING.**

PATRONS NAME (LAST, FIRST, MI)	DATE OF BIRTH	PATRON SIGNATURE
	XXXXXXXX	
HCP NAME (LAST, FIRST, MI)	HCP SIGNATURE	
HCP TELEPHONE	DATE	HCP STAMP
CLEARED WITH NO RESTRICTIONS <input type="checkbox"/>	CLEARED WITH ATTACHED RESTRICTIONS <input type="checkbox"/>	NOT CLEARED <input type="checkbox"/>