

Physical Activity Risk Factor Questionnaire (PARFQ)

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Member Name: _____

SSN: _____

Risk Assessment Date: _____

Date of your last PHA: _____

1. Are you 50 years of age or older?

Yes 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?

Yes 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)?

Yes No

4. Has your healthcare provider told you that you have a heart problem or other medical condition which limits your activities?

Yes No

5. Has a healthcare provider ever counseled you on, or prescribed medication for, an increased lipid, cholesterol, or triglyceride level(s)?

Yes No

6. Do you feel pain in your chest when you do physical activity?

Yes No

7. In the past month, have you had chest pain when you were NOT doing physical activity?

Yes No

8. Have you ever become lightheaded or dizzy, passed out, or nearly passed out during or after exercise?

Yes 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?

Yes No

10. Is your healthcare provider currently prescribing medications (for example: water pills) for a blood pressure or heart condition?

Yes No

11. (Females) Are you now, or do you think you may be pregnant?

Yes No

12. Are you a current smoker or have you quit smoking within the past 3 months?

Yes No

13. Do you know of any reason why you should not do physical activity?

Yes No

Member Signature: _____

To be completed by Medical:

PARFQ Screening completed on: _____.

Results of the screening are: _____.

Member is cleared to participate in the PRT Yes No

Member incurred waiver (If yes, attach a copy of SP 600)? Yes No

Verified Date of Last PHA

Name/Signature of MDR