

## Questionnaire for Specific Health Examination / Basic Health Examination / 30s Health Examination

Furigana reading:

Name:

Date of Birth (YYYY/MM/DD): / / Sex: M / F

Questions		Answers
These questions are about any medication you are currently taking.		
1	Are you taking any blood pressure medication?	1 Yes 2 No
2	Are you taking any insulin injectors or medicine to lower your blood sugar?	1 Yes 2 No
3	Are you taking any medication to lower your cholesterol or triglycerides?	1 Yes 2 No
4	Has a doctor ever told you that you have a stroke (cerebral hemorrhage, cerebral infarction, etc.), or have you ever received treatment for a stroke?	1 Yes 2 No
5	Has a doctor ever told you that you have heart disease (angina pectoris, myocardial infarction, etc.), or have you ever received treatment for heart disease?	1 Yes 2 No
6	Has a doctor ever told you that you have chronic kidney disease or renal failure, or are you receiving treatment (dialysis) for it?	1 Yes 2 No
7	Has a doctor ever told you that you are anemic?	1 Yes 2 No
8	Currently, do you habitually smoke cigarettes? (*Current habitual smokers" are those who have smoked 100 or more cigarettes in total or who have smoked for more than six months, and those who have smoked in the preceding one month period.)	1 Yes 2 I used to smoke, but haven't smoked in the preceding month 3 No
9	Have you gained more than 10kg since you were 20 years old?	1 Yes 2 No
10	For at least a year, have you been exercising for at least 30 minutes at least twice weekly, breaking a light sweat?	1 Yes 2 No
11	In your daily life, do you walk or engage in equivalent physical activity for at least one hour a day?	1 Yes 2 No
12	Do you walk faster than people of the same age and sex?	1 Yes 2 No
13	Which of the following describes how you chew your food?	1 I can chew and eat anything 2 I have concerns about my teeth, gums, or bite, etc., and chewing can be difficult 3 I can barely chew at all
14	Do you eat faster than other people?	1 Faster 2 Same 3 Slower
15	At least three time a week, do you eat dinner within two hours of when you go to bed?	1 Yes 2 No
16	Do you have snacks or sweet drinks in addition to your three meals of breakfast, lunch, and dinner?	1 Every day 2 Sometimes 3 Rarely
17	Do you skip breakfast at least three time a week?	1 Yes 2 No
18	How often do you drink alcohol? (sake, shochu, beer, liquor, etc.) ("I quit" in the answers refers to those who used to drink alcohol at least one a month in the past, but have not consumed alcohol in the preceding one year.)	1 Every day 2 5-6 days/week 3 3-4 days/week 4 1-2 days/week 5 1-3 days/month 6 1 day/month or less 7 I quit 8 I don't/can't drink
19	When you drink alcohol, how much do you drink? (One "drink" is as follows for various types of alcohol: sake (15% alcohol, 180 ml), beer (5% alcohol, 500ml), shochu (25% alcohol, approx. 110 ml), whiskey (43% alcohol, 60ml), wine (14% alcohol, approx. 180ml), canned chuhai (5% alcohol, approx. 500ml; or 7% alcohol, approx. 350 ml)	1 1 drink or less 2 1-2 drinks 3 2-3 drinks 4 3-5 drinks 5 5 drinks or more
20	Do you get enough sleep and rest?	1 Yes 2 No
21	Would you like to improve your lifestyle habits, such as exercise or diet?	1 I don't intend to improve my habits 2 I intend to improve my habits (within 6 months) 3 I intend to improve in the near future (within 1 month) and have started to do so little by little 4 I have already been working to improve my habits (less than 6 months) 5 I have already been working to improve my habits (more than 6 months)
22	Have you ever received specific health guidance on improve your lifestyle?	1 Yes 2 No
23	Please fill in this brief overview of your medical history: Surgery history: Yes [ ] No Prior illnesses other than questions 4-7: Yes [ ] No	
24	For the following conditions, please circle any family members who have a medical history of that condition. Heart disease: Grandfather / grandmother / father / mother / brother / sister Stroke: Grandfather / grandmother / father / mother / brother / sister High blood pressure: Grandfather / grandmother / father / mother / brother / sister Diabetes: Grandfather / grandmother / father / mother / brother / sister Other: Grandfather / grandmother / father / mother / brother / sister Nothing in particular	

\* Fill out this form and bring it, along with your health examination ticket and health insurance card, to the medical institution where you will receive your examination.

(For submission to Minato City)

Medical institution name: