

# Questionnaire

(For the following questions,  
please circle what applies)

Name				
Date of birth			sex	
Mounth	Day	Year	(Age: )	M · F

No.	Questions	Choices
1	How is your current health condition?	① Good ② Somewhat good ③ Normal ④ Not very good ⑤ Not good
2	Are you satisfied with your daily life?	① Satisfied ② Somewhat satisfied ③ Somewhat unsatisfied ④ Unsatisfied
3	Do you regularly eat three meals a day?	① Yes            ② No
4	Compared to 6 months ago, do you find it more difficult to eat tough or solid foods(※)? ※Dried shredded squid, pickled radish daikon, etc.	① Yes            ② No
5	Do you find yourself choking on tea or soup?	① Yes            ② No
6	Have you lost 2-3kg or more in the past 6 months?	① Yes            ② No
7	Do you think your walking speed has slowed down as compared to before?	① Yes            ② No
8	Have you fallen down previously in the past year?	① Yes            ② No
9	Do you exercise (take walks etc.) at least once a week?	① Yes            ② No
10	Do people around you comment on your forgetfulness e.g. say to you, "You are always asking the same thing."?	① Yes            ② No
11	There are times when you don't remember today's date?	① Yes            ② No
12	Do you smoke?	① I smoke ② I don't smoke ③ I quit
13	Do you go out at least once a week?	① Yes            ② No
14	Do you regularly meet with family or friends?	① Yes            ② No
15	When you are not feeling well, do you have someone close by to talk to?	① Yes            ② No