

Katakana

Name: \_\_\_\_\_

Date of birth: (Mon) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Male / Female

## Special / Basic Health Checkups Questionnaire

	Questions	Answers
	Questions regarding medications you are currently taking.	
1	Do you take medication to lower your blood pressure?	1. Yes 2. No
2	Do you inject insulin or take medication to lower your blood sugar?	1. Yes 2. No
3	Do you take medication to lower your cholesterol?	1. Yes 2. No
4	Has a doctor ever told you that you suffered a stroke (cerebral hemorrhage, infarction, or clot) or treated you for one?	1. Yes 2. No
5	Has a doctor ever told you that you have a heart condition (angina, myocardial infarction, or heart attack) or treated you for one?	1. Yes 2. No
6	Has a doctor ever told you that you have chronic renal insufficiency (kidney failure)? Have you ever been treated for it (undergone dialysis)?	1. Yes 2. No
7	Has a doctor ever told you that you were anemic?	1. Yes 2. No
8	Are you presently a habitual smoker? (* A habitual smoker is a person who has smoked a total of 100 cigarettes or more, or for a period of six months or longer, and has been smoking during the past month).	1. Yes 2. No
9	Has your weight increased by 10 kg or more over your weight at the age of 20?	1. Yes 2. No
10	Have you been exercising to the point of a light sweat for thirty-minute or longer periods at least twice a week for one year or more?	1. Yes 2. No
11	Do you walk or perform equivalent physical activity in your daily life for at least one hour every day?	1. Yes 2. No
12	Do you walk fast in comparison to others of your age group?	1. Yes 2. No
13	Has your weight increased or decreased by 3 kg or more in the past year?	1. Yes 2. No
14	Do you eat fast in comparison to others?	1. Fast 2. Average 3. Slow
15	Do you go to bed within two hours of eating dinner three or more times a week?	1. Yes 2. No
16	Do you have a late-night snack (in addition to three meals) three or more times a week?	1. Yes 2. No
17	Do you skip breakfast three or more times a week?	1. Yes 2. No
18	How frequently do you consume alcoholic beverages (sake, shochu, beer, wine, liquor, etc.)?	1. Every day 2. Occasionally 3. Rarely (Not at all)
19	When you drink, how much alcohol do you consume in one day? One small bottle of sake (180 ml) is equivalent to one medium bottle of beer (500 ml), 35% vol. (70 proof) shochu (80 ml), one double whiskey (60 ml), two glasses of wine (240 ml).	1. Up to 180 ml 2. 180 to less than 360 ml 3. 360 to less than 540 ml 4. Over 540 ml
20	Do you feel sufficiently rested after a night's sleep?	1. Yes 2. No
21	Are you considering or improving your eating, exercise and other lifestyle habits?	1. I don't plan to change 2. I plan to change (within about six months) 3. I plan to change soon (within about one month) and am starting gradually 4. I have already started to change (within the last six months) 5. I have already started to change (more than six months ago)
22	If offered an opportunity of receiving guidance under health insurance regarding ways of changing your lifestyle habits, would you take it?	1. Yes 2. No
23	Please describe your medical history. Have you ever had surgery? Yes ( ) No Have you ever had a serious illness other than those mentioned in questions 4-7? Yes ( ) No	
24	Please describe your family's medical history. Heart disease ... Father / Mother / Elder brother / Elder sister / Younger brother / Younger sister Stroke ... Father / Mother / Elder brother / Elder sister / Younger brother / Younger sister High blood pressure ... Father / Mother / Elder brother / Elder sister / Younger brother / Younger sister Diabetes ... Father / Mother / Elder brother / Elder sister / Younger brother / Younger sister Other ( ) ... Father / Mother / Elder brother / Elder sister / Younger brother / Younger sister None	

\* Please complete this form and bring it, together with your Checkup Ticket and Health Insurance Certificate to the medical institution when you visit for your health checkup.

(To Minato City)

Name of medical institution in charge