

Special health checkup • Basic health  
checkup • Age 30 health checkup

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_ (Yr) \_\_\_\_ (Mo.) \_\_\_\_ (Date) M F

Questionnaire

	Questions	Answers
	Questions regarding medications you are currently taking	1.Yes 2.No
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 and neutral fat?	1.Yes 2.No
4	Has a doctor ever told you that you suffered a stroke (cerebral hemorrhage,infarction,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,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 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 psysical 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	How well do you chew your food?	1. I can chew any type of food easily. 2. I sometimes have difficulty chewing because of problems with my teeth, gum, or dental occlusion (contact between teeth). 3. I can barely chew any food.
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 eat snacks or drink sweet drinks between meals?	1. Every day 2.Occasionally 3.Rarely
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 (180ml) is equivarent to one medium bottle of beer (500ml),25% vol.(50 proof) shochu(110ml),one double whiskey (60ml),two glasses of wine (240ml).	1.Up to 180ml 2.180-360ml 3.360-540ml 4.Over 540ml
20	Do you feel sufficiently rested after a night's sleep?	1.Yes 2.No
21	Are you considering changing or improving your eating,exercise and other lifestyle habits?	1.I don't plan to change 2.I plan to change (within six months) 3.I plan to change soon (within 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 (within the last six months)
22	If offered the oppportunity 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 family's 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. Has any member of your immediate family suffered from: Heart disease . . . Father,Mother,Older/Younger Brother/Sister Stroke . . . Father,Mother,Older/Younger Brother/Sister High blood pressure . . . Father,Mother,Older/Younger Brother/Sister Diabetes . . . Father,Mother,Older/Younger Brother/Sister Other ( ) . . . Father,Mother,Older/Younger Brother/Sister Non	

※Please complete this form and bring it,together with your Examination Ticket and Health Insurance Certificate,to the medical facility when you report for your health examination.

Name of medical facility: