

Questionnaire on Specific Health Checkups

カルテ番号

| Faculty | Name Last/Middle/First name | sex |
|---------|-----------------------------|-----|
| | | |

| Questionnaire on specific health examination | | Answers | |
|--|--|--|-----------------------------|
| 1-3 | Are you taking the following medicines at present? | | |
| | 1 Medication to reduce blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 2 Medication to reduce blood sugar or insulin injection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 3 Medication to reduce cholesterol or tryglycerides levels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Have you ever been told by your doctor that you have a stroke (cerebral hemorrhage and infarction, etc.) or been treated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Have you ever been told by your doctor that you have a heart disease (angina pectoris, myocardial infarction, etc) or been treated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Have you ever been diagnosed as having chronic renal failure or been treated (dialysis)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Have you ever been told by your doctor that you have anemia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | Are you habitually smoking now? "A smoker" is a person who satisfies both 1 and 2 1. have been smoking over the past month. 2. have smoked a total of over 100 cigarettes or have smoked over a period of 6 months | <input type="checkbox"/> Yes (satisfies both 1 and 2) <input type="checkbox"/> Used to smoke (satisfies 2) <input type="checkbox"/> No (other 1 and 2) | |
| 9 | Have you gained over 10 kg from your weight at age 20? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | Do you exercise lightly for over 30 minutes a time, 2 times weekly, for over a year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | In your daily life, do you walk or perform equivalent physical activity for at least one hour a day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Do you walk faster than people of your age and sex? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Which of these best describes your condition while eating and eating on food? | <input type="checkbox"/> I can chew and eat anything. <input type="checkbox"/> Sometimes I have difficulty chewing due to problems of tooth, gum, or occlusion. <input type="checkbox"/> I can hardly chew. | |
| 14 | Do you eat faster than others ? | <input type="checkbox"/> faster <input type="checkbox"/> normal <input type="checkbox"/> slower | |
| 15 | Do you have supper two hours before bedtime more than three times a week ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Do you eat snacks or drink sweet beverages between meals? | <input type="checkbox"/> everyday <input type="checkbox"/> sometimes <input type="checkbox"/> rarely | |
| 17 | Do you skip breakfast 3 or more times a week ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18 | How often do you drink? (sake, shochu, beer, wine, whisky, brandy, etc.) "I stopped drinking" means you used to drink habitually at least once a month, but have not consumed alcoholic beverages for at least one year. | <input type="checkbox"/> everyday <input type="checkbox"/> 1-3day/month <input type="checkbox"/> 5-6day/week <input type="checkbox"/> Less than 1day/month <input type="checkbox"/> 3-4day/week <input type="checkbox"/> I stopped drinking <input type="checkbox"/> 2-1day/week <input type="checkbox"/> I can't drink | |
| 19 | How much do you drink per day on drinking day? One unit of alcohol equivalent to Sake 15% (180 ml): beer 5% (500 ml), Shochu 25% (110 ml), Whisky double 43% (60 ml), wine 14% (180 ml), Canned chu hai 5% (500 ml)・7% (350 ml) | <input type="checkbox"/> less than 180 ml (=one unit) <input type="checkbox"/> 180-360 ml <input type="checkbox"/> 360-540ml <input type="checkbox"/> 540-900 ml <input type="checkbox"/> more than 900 ml | |
| 20 | Do you sleep well and enough? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 | Would you like to improve your lifestyle such as exercise and diet? | <input type="checkbox"/> Don't want <input type="checkbox"/> Do want <input type="checkbox"/> want to improve in near future (within a month) and began to start <input type="checkbox"/> already trying to improve (less than 6 months) <input type="checkbox"/> already trying to improve (over 6 months) | |
| 22 | If you have an opportunity to receive health guidance on improving your lifestyle, would you like to use it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23 | (We will ask you the question below on the health check-up day.) more than 4 hours have passed since your last meal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24 | Is there any possibility that you may be pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |