《Medical Checkup》 Special health checkups and Special health-maintenance guidance

Health Insurance Code and Number : -	Date of Birth :
Name of Medical Examinee :	Age on the last day of the fiscal year (March 31):

	Questionnaire **Please select appropriate answer.**		
1-3	Are you currently taking any medication from 'a' to 'c' ? **Only the case in tak	king medication under the guidance of doctor's	
а	Medication to lower your blood pressure	① Yes ② No	
b	Medication to lower your blood sugar level, or taking insulin shots	① Yes ② No	
С	Medication to lower your cholesterol or neutral fat levels	① Yes ② No	
4	Have you ever been diagnosed with a stroke (cerebral hemorrhage, infarction, etc.) by a physician or received treatment for it ?	① Yes ② No	
5	Have you ever been diagnosed with heart disease (angina, myocardial infarction, etc.) by a physician or received treatment for it?	① Yes ② No	
6	Have you been diagnosed with chronic kidney disease (CKD) or renal/kidney failure by a physician, or are you receiving medical care for these diseases ?	① Yes ② No	
7	Have you ever been diagnosed with anemia by a physician ?	① Yes ② No	
8	Do you currently smoke cigarettes on a regular basis? (* "On a regular basis" refers to "those who have smoked a total of 100 cigarettes or more in their lifetime or those who have smoked for 6 months or more in their lifetime" and have "smoked in the most recent month.")	① Yes ② No	
9	Have you gained 10 kg or more since you were 20 years old ?	① Yes ② No	
10	Do you work out hard enough that you lightly sweat for more than 30 minutes a session, at least twice a week over a year?	① Yes ② No	
11	In your daily life, do you walk or conduct an equivalent physical activity for more than an hour each day?	① Yes ② No	
12	Do you walk faster than people of the same sex who are nearly your age ?	① Yes ② No	
13	Which situation below best describes your condition when chewing food ?	 You can chew and eat anything. There are parts of your teeth, gums and dental occlusion that you are concerned about, and it is difficult to chew. You are largely unable to chew. 	
14	Do you eat faster than others ?	① Fast ② Normal ③ Slow	
15	Do you eat dinner within two hours of going to bed 3 times a week or more ?	① Yes ② No	
16	Are you intaking sweets or any food outside of the standard 3-meal breakfast-lunch-dinner?	① Every day ② Sometimes ③ Rarely	
17	Do you skip breakfast 3 times a week or more ?	① Yes ② No	
18	Frequency of consuming alcohol (sake, shochu, beer, liqueur, etc.)	① Every day ② Sometimes ③ Almost never (or cannot drink)	
19	Amount of alcohol consumed per day **One cup of sake (180ml) is equivalent to: One beer bottle (approx. 500ml); shochu of 25% alcohol (80ml); One shot of double whiskey (60ml); Two glasses of wine (240ml)	① Less than a cup ② 1 to 2 cups ③ 2 to 3 cups ④3 cups or more	
20	Do you get enough rest from sleeping ?	① Yes ② No	
21	Would you like to improve your life habits, such as exercising and diet ?	 I do not intend to improve them. I intend to improve them (within 6 months or so). I intend to improve them in the near future (within a month or so), and I am starting to improve them a bit at a time. I have already been working on them (for less than 6 months). I have already been working on them (for more than 6 months). 	
22	If possible, would you like to use an opportunity to receive health guidance on improving your life habits ?	① Yes ② No	