《Medical Checkup》 Special health checkups and Special health-maintenance guidance/Working History

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

【Special health checkups and Special health-maintenance guidance】Questionnaire　※Please select appropriate answer.		
1-3	Are you currently taking any medication from 'a' to 'c' ? ※Only the case in taking medication under the guidance of doctor's	
a	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
c	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	Are you a regular smoker? You are considered to be a regular smoker if both of the following criteria apply: Criterion 1: You have smoked within the past month Criterion 2: You have smoked for over six months at any point in your life or have smoked a total of over 100 cigarettes over the course of your life	①Yes (both criteria 1 and 2 apply to you) ② I used to smoke, but I have not smoked within the past month (only criterion 2 applies) ③No (neither criteria 1 nor 2 apply)
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 ?	① You can chew and eat anything. ② There are parts of your teeth, gums and dental occlusion that you are concerned about, and it is difficult to chew. ③ 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	How often do you drink alcohol (sake, shochu, beer, liquor, etc.)? (* Select "I no longer drink" if you were a habitual drinker that drank once or more per month in the past but have not drunk alcohol within the past one-year period.)	①Every day　②5 to 6 times a week ③3 to 4 times a week　④1 to 2 times a week ⑤1 to 3 times a month　⑥Less than once per month ⑦I no longer drink　⑧I don't drink (I can't drink)
19	How much do you drink per day? 1 cup of sake (15% ABV, 180 ml) is equivalent to: 500 ml of beer (5% ABV),Roughly 110 ml of shochu (25% ABV),Roughly 180 ml of wine (14% ABV),60 ml of whiskey (43% ABV),500 ml of canned chuhai (5% ABV) or 350 ml of canned chuhai (7% ABV)	①Less than a cup　② 1 to 2 cups　③ 2 to 3 cups ④3 to 5 cups　⑤5 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 ?	① I do not intend to improve them. ② I intend to improve them (within 6 months or so). ③ 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. ④ I have already been working on them (for less than 6 months). ⑤ I have already been working on them (for more than 6 months).
22	Have you ever received specific health guidance about improving your life habits?	① Yes　② No

Working history *Only for Insured person		
1	Working History (within 128 characters) *Please fill in the type of job, number of years, etc. Workplace is not required. e.g.)5 years of sales experience	
2	Do you have any working history with hazardous materials(*)? (*)hazardous materials Dust work, organic solvent handling work, lead handling work, specific chemical substance handling work, radiation exposure work, noise workplace, etc.	① Yes　② No