

○Please fill out this form before health checkup

		Entry date: _____ (ymd)
No.	Questions	Answers
1-3	Are you taking the following medicines at present?	
1	a. Medication to reduce blood pressure	①Yes ②No
2	b. Medication to reduce blood sugar or insulin injection	①Yes ②No
3	c. Medication to reduce your level of cholesterol or of neutral fat	①Yes ②No
4	Have you ever been told by the doctor you have had a stroke (cerebral hemorrhage, brain infarction, etc.) and received treatment?	①Yes ②No
5	Have you ever been told by the doctor you have a heart disease (angina pectoris, myocardial infarction, etc.) and received treatment?	①Yes ②No
6	Have you ever been diagnosed as having chronic kidney disease or kidney failure and received treatment (dialysis therapy)?	①Yes ②No
7	Have you ever been diagnosed as anemic?	①Yes ②No
8	Are you currently smoking regularly? (*"currently smoking regularly" refers to those who fall into the both of the condition 1 and 2. Condition 1: Those who have been smoking over the past 1 month Condition 2: Those who have smoked for more than 6 month or a total of over 100 cigarettes until now.)	①Yes (fall into the both of the condition 1 and 2) ②Have somoked before but haven't smoked in the past month (fall into the condition 2 only.) ③ No (other than ① and ②)
9	Have you gained over 10kg from your weight at age 20?	①Yes ②No
10	Are you in a habit of doing exercise to sweat lightly for over 30 minutes a time, 2 times weekly, for over a year?	①Yes ②No
11	In your daily life do you walk or do any equivalent amount of physical activity for more than one hour a day?	①Yes ②No
12	Is your walking speed faster than the speed of those of your age and sex?	①Yes ②No
13	Which of these best describes your condition while eating and chewing on food?	①I can chew on anything ②Sometimes I have difficulty chewing due to problems of tooth, gum, or occlusion. ③I can hardly chew
14	Is your eating speed quicker than others?	①Quicker ②Normal ③Slower
15	Do you eat supper two 2 hours before bedtime more than 3 times a week?	①Yes ②No
16	Do you eat snacks or drink sweet beverages between meals?	①Everyday ②Sometimes ③Rarely eat
17	Do you skip breakfast more than 3 times a week?	①Yes ②No
18	How often do you drink alcohol? (sake, shochu, beer, whisky, or brandy, etc.) (*"quit" refers to those who used to habitually drink alcohol more than once a month but have not consumed alcohol in the past year)	①Everyday ②5-6 day per week ③3-4days per week ④1-2days per week ⑤1-2days per month ⑥Less than once a month ⑦Quit drinking alcohol ⑧Don't (can't) drink alcohol
19	How much do you drink alcohol per day? 180ml of sake (15% alcohol) is equivalent to 500ml of beer (5%), 110ml of shochu (25%), 180ml of wine (14%), 60ml of whisky (43%), 500ml of canned chuhai (5%) and 350ml of canned chuhai (7%)	①Less than 180ml ②180-360ml ③360-900ml ④More than 900ml
20	Do you sleep well and enough?	①Yes ②No
21	Do you want to improve your life habits of eating and exercising?	①Don't want to ②Do want to (within 6 months) ③Want to improve in near future (within a month) and began to start little by little ④Already trying to improve (less than 6 months) ⑤Already trying to improve (over 6 months)
22	Have you ever received specific health guidance for lifestyle improvement?	①Yes ②No

*Regardless of your answers to the questions, if you became subject to "Specific health guidance" based on the results of the health checkup, we will send you a "Specific health guidance coupon."

This English version is for reference only. Please fill out Japanese questionnaire form.
(この英訳版の間診票をご参照いただき、日本語版の間診票にご記入ください)