Questionnaire on Specific Health Checkups ^{カルテ番号}

Faculty		Name Last/Middle/First name		sex
Questionnaire on specific health examination		Anowers		
Questionnaire on specific health examination Answers Are you taking the following medicines at present? Answers				
	1 Medication to reduce blood press		🗌 Yes	No
1-3	2 Medication to reduce blood suga	r or insulin injection	☐ Yes	No
	3 Medication to reduce cholesterol or tryglycerides levels		☐ Yes	No
4	Have you ever been told by your doctor that you have a stroke (cerebral hemorrhage and infarction, etc.) or been treated?		☐ Yes	□ No
5	Have you ever been told by your doctor that you have a heart disease (angina pectoris, myocardial infarction, etc) or been treated?		🗌 Yes	□ No
6	Have you ever been diagnosed as having chronic renal failure or been treated (dialysis)?		☐ Yes	No
7	Have you ever been told by your doctor that you have anemia?		🗌 Yes	No
	Are you habitually smoking now?		Yes (satisf	ies both 1 and 2)
8	"A smoker" is a person who satisfies			ke (satisfies 2)
	1. have been smoking over the past month.			1 and 2)
9	2. have smoked a total of over 100 cigarettes or have smoked over a period of 6 months Have you gained over 10 kg from your weight at age 20? Yes No			
		minutes a time, 2 times weekly, for over a		
10	year?			No
11	In your daily life, do you walk or per least one hour a day?	form equivalent physical activity for at	🗌 Yes	□ No
12	Do you walk faster than people of y	our age and sex?	🗌 Yes	No
			☐ I can chew a	nd eat anything.
13	Which of these best describes your	condition while eating and eating on foodl?	Sometimes I	have difficulty chewing due to
				ooth, gum, or occlusion.
			I can hardly o	
14	Do you eat faster than others ?		faster	normal slower
15	Do you have supper two hours befo	re bedtime more than three times a week ?	Yes	□ No
			everyday	
16	Do you eat snacks or drink sweet b	everages between meals?	sometimes	
			rarely	
17	Do you skip breakfast 3 or more tim		└ Yes	No
	-	chu, beer, wine, whisky, brandy, etc.)	everyday	☐ 1-3day/month
18	"I stopped drinking" means you used to drink habitually at least once a month,		└ 5-6day/week	Less than1day/month
	but have not consumed alcoholic bev	rerages for at least one year.	□ 3-4day/week	I stopped drinking
			2-1day/week	🛛 🗌 I can't drink
	How much do you drink per day on drinking day?		less than 180) ml (=one unit)
10	One unit of alcohol equivalment to S		□ 180-360 ml	360-540ml
19	beer 5% (500 ml), Shochu 25% (110 r	ml), Whisky double 43% (60 ml),	□ 540-900 ml	
	wine 14% (180 ml), Canned chu hai 5	% (500 ml)• 7% (350 ml)	🗌 more than 90	0 ml
20	Do you sleep well and enough?		☐ Yes	No
			🗌 Don't want	
			🗌 Do want	
				ove in near future (within a
	Would you like to improve your lifestyle such as exercise and diet?		month) and began to	-
			already trying months)	g to improve (less than 6
			🔲 already trying	g to improve (over 6 months)
22	lifestyle?	alth guidance to help you enjoy a healthier	🗌 Yes	□ No
23	(We will ask you the question below more than 4 hours have passed sinc		🗌 Yes	□ No
24	Is there any possibility that you may	/ be pregnant?	🗌 Yes	🗌 No