

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 your level of cholesterol or of tryglycerides	<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" refers to a person who has smoked 100 or more cigarettes or for 6 or more months and who has smoked for the past month.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 at a time, 2 times weekly, and 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 the sama age and sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Which of these best describes your condition while chewing and eating a meal?	<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 more than three times a week within two hours before going to bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Do you eat snacks or drink sweet beverage between meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.)	<input type="checkbox"/> everyday <input type="checkbox"/> sometimes <input type="checkbox"/> rarely drink (can't drink)
19	How much do you drink per day on drinking day? Standard for 1 unit of Sake (180 ml): beer (500 ml), Shochu 25% (110 ml), whisky double (60 ml), 2 glasses of wine (240 ml)	<input type="checkbox"/> less than 180 ml <input type="checkbox"/> 180-360 ml <input type="checkbox"/> 360-540 ml <input type="checkbox"/> more than 540 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