

Genki Sukoyaka Health Check Form (Basic Health Check)

Date of health check	Address Higashihiroshima City	Tel. - -	
Medical facility	Name	M · F	Age at end of coming March Date of birth Year: Month: Day:

※ Please fill in the section within the bold lines.

To be filled in by the patient

1. Please answer the following questions. Please circle the answers that apply to you.

1	Are you currently taking medicine to lower your blood pressure?	① Yes ② No
2	Are you currently taking medicine or injecting insulin to lower your blood sugar level?	① Yes ② No
3	Are you currently taking medicine to lower your cholesterol or neutral fat?	① Yes ② No
4	Have you ever been told by your doctor that you have had a stroke (cerebral hemorrhage, cerebral infarction, etc.)? Have you ever been treated for a stroke?	① Yes ② No
5	Have you ever been told by your doctor that you have heart disease (angina, myocardial infarction etc.)? Have you ever had treatment for such disease?	① Yes ② No
6	Have you ever been told by your doctor that you have chronic kidney disease or renal failure? Are you receiving treatment (artificial dialysis, etc.)?	① Yes ② No
7	Have you ever been told by your doctor that you are anemic?	① Yes ② No
8	Do you currently smoke regularly? ※ If you have smoked more than 100 cigarettes in total, or you have smoked for more than six months, and you have smoked within the last month, please answer 'yes'.	① Yes ② No
9	Has your weight increased by 10kg or more from your weight at age 20?	① Yes ② No
10	Have you been doing exercise (enough to make you sweat) for at least 30 minutes a time, twice a week or more, from more than one year ago?	① Yes ② No
11	In your daily life, do you walk (or do some equivalent physical activity) for at least one hour per day?	① Yes ② No
12	Do you walk faster than people of the same sex and of about the same age as yourself?	① Yes ② No
13	When eating food, which of the following applies to you?	① I can chew anything. ② It is sometimes hard to chew, because some of my teeth and gums don't meet well. ③ I can hardly chew.
14	Do you eat faster than other people?	① Faster ② Normally ③ Slower
15	Do you eat dinner within two hours of going to bed three times a week or more?	① Yes ② No
16	Do you eat snacks or drink sweet drinks other than at breakfast, lunch or dinner?	① Every day ② Sometimes ③ Almost never
17	Do you miss breakfast three or more times a week?	① Yes ② No
18	How often do you drink alcohol (sake, shochu, beer, liquors, etc.)?	① Every day ② Sometimes ③ Almost never/ I can't drink
19	On a day when you drink, how much do you drink? 1 unit is approximately 180ml of sake, 500ml of beer, 110ml of shochu (25%), 1 double whisky (60ml), or 2 glasses of wine (240ml)	① Less than one unit ② 1 to less than 2 units ③ 2 to less than 3 units ④ 3 units or more
20	Do you get enough sleep to be refreshed?	① Yes ② No
2. If there are any symptoms that concern you at present, please write them here.		