

Genki Sukoyaka Health Checkup Questionnaire (Basic Health

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 fill in by the patient

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

1	Are you currently taking medicines to lower your blood pressure?	① Yes ② No
2	Are you currently taking medicines 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 a stroke (cerebral hemorrhage, cerebral infarction, etc.)? Have you ever had treatment for such stroke?	① Yes ② No
5	Have you ever been told by your doctor that you have heart disease (angina pectoris, 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 anemia?	① Yes ② No
8	Do you currently smoke regularly? ※A "current habitual smoker" means the one who meets both conditions 1 and 2. Condition 1: Have smoked for more than one month Condition 2: Have smoked for more than 6 months or smoked more than 100 cigarettes totally in your lifetime	① Yes (Both conditions 1 and 2 are met) ② Smoked before but haven't smoked in the last month (Only condition 2 is met) ③ NO (Conditions 1 and 2 excluded)
9	Has your weight increased by 10kg or more since you were 20 years old?	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 a 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 bite, because some of my teeth and gums don't meet well. ③ I can hardly bite.
14	Do you eat faster than other people?	① Faster ② Normally ③ Slower
15	Do you eat dinner within two hours before going to bed three times a week or more?	① Yes ② No
16	Do you eat snacks or sweet drinks in addition to the three meals?	① Every day ② Sometimes ③ Almost never
17	Do you skip breakfast three or more times a week?	① Yes ② No
18	How often do you drink alcohol (sake, shochu, beer, liquors, etc.)? ※"Stop" refers to those who previously habitually drank alcohol at least once a month, but have not consumed alcohol for the past year or more.	① Every day ② 5-6 days a week ③ 3-4 days a week ④ 1-2 days a week ⑤ 1-3 days per month ⑥ Less than 1 day a month ⑦ Stop ⑧ I don't drink/ I can't drink
19	When you drink on a day, how much do you drink? 1 unit is approximately 180ml of sake(15%), 500ml of beer(5%), 110ml of shochu (25%), 60ml of whisky (43%), or 180ml of wine (14%), Canned Chuhai(500ml,5% or 350ml,7%)	① Less than one unit ② 1 to less than 2 units ③ 2 to less than 3 units ④ 3 to less than 5 units ⑤ 5 units or more
20	Do you get enough sleep to be refreshed?	① Yes ② No
2. If you have any symptoms which is worrying now, please write them here.		