## Genki Sukoyaka Health Check Questionnaire (Basic Check for Latter-Stage Elderly Persons)

| Date of check            |  | Address Higashihiro         | shima City                |                            |  |                   |             |                       |  |
|--------------------------|--|-----------------------------|---------------------------|----------------------------|--|-------------------|-------------|-----------------------|--|
| Name of medical facility |  |                             | ·                         | Tel.:                      |  | -                 |             | -                     |  |
|                          |  | Furigana                    |                           | Age as of Ma<br>31st, 2023 |  | Date of bir       | th          |                       |  |
|                          |  | Name                        | M<br>•                    |                            |  |                   |             |                       |  |
|                          | llease complete the information within the   | hold lines                  | F                         |                            |  | YYY               | Υ           | MM DD                 |  |
|                          |  |                             |                           |                            |  |                   |             |                       |  |
| 1.                       | . Please answer the following questions. Please circle the answers that apply to you.  |                             |                           |                            |  |                   |             |                       |  |
| 1                        | Are you currently taking medicin   | e to lower your blood p     | ressure?                  |                            | 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 are anemic?  |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
|                          | How is the state of your health at present?  |                             |                           | <u> </u>                   | 1  | Good              | <u>2</u>    |                       |  |
| 5                        |  |                             |                           |                            | <u>3</u><br><u>5</u>   | Normal<br>Not goo | <u>4</u>    | Not so good           |  |
|                          | Are you satisfied with your daily life?  |                             |                           | (                          |  | Satisfied         | <u></u><br> | Quite satisfied       |  |
| 6                        |  |                             |                           |                            | <ul><li>3 A little dissatisfied 4 Dissatisfied</li></ul>                                       |                   |             |                       |  |
| 7                        | Do you eat three proper meals a day?   |                             |                           |                            | <u>(1)</u>   | Yes               | 2           | No                    |  |
|                          | Compared to six months ago, do you find it more difficult to eat hard things (※)?  |                             |                           |                            |  |                   |             |                       |  |
| 8                        |  |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
| 9                        | Do you ever choke on tea, soup   | , etc.?                     |                           |                            | 1  | Yes               | 2           | No                    |  |
| 10                       | In the past six months, have you lost more than 2-3 kg in weight?  |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
| 11                       | 1 Do you think the speed at which you walk is slower than before?  |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
| 12                       | 2 Have you fallen over during the past year?   |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
| 13                       | Do you do some sort of exercise (for example, walking) at least once a week?   |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
| 14                       | Do the people around you tell you that you are becoming forgetful, for example that you keep asking the same things?   |                             |                           | •                          | 1  | Yes               | 2           | No                    |  |
| 15                       | Do you ever have times when you don't know what the date is?   |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
|                          |  |                             |                           |                            | 1  | Yes               |             |                       |  |
| 16                       | Do you smoke?  |                             |                           |                            | 2  | No                |             |                       |  |
|                          |  |                             |                           |                            | 3  | I gave up smoking |             |                       |  |
| 17                       | How often do you drink alcohol (   | sake, shochu, beer, liq     | uors, etc.)?              | _                          | Alm  | ost neve          | r/ I ca     | metimes<br>an't drink |  |
| 18                       | 1 unit is approximately 180ml of sake, 500m<br>On a day when you drink, how much do you drink? of beer, 110ml of shochu (25%), 1 double<br>whisky (60ml), or 2 glasses of wine (240ml) |                             |                           | uble (3)                   | Less than one unit     1 to less than 2 units     2 to less than 3 units     4 3 units or more |                   |             |                       |  |
| 19                       | Do you go out of your home at le   | east once a week?           |                           |                            | 1  | Yes               | 2           | No                    |  |
| 20                       | Do you see friends and family re   | gularly?                    |                           |                            | 1  | Yes               | 2           | No                    |  |
| 21                       | Is there someone close to you who you can talk to if you don't feel well?  |                             |                           | 1                          | Yes  | 2                 | No          |                       |  |
| 22                       | Do you get enough sleep to be refreshed?   |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
|                          | 3 Do you laugh almost every day?  If there is anything that concerns you about your health at present, please write it here.   |                             |                           |                            | 1  | Yes               | 2           | No                    |  |
| 2.                       | It there is anything that concerns you   | about your health at preser | nt, please write it here. |                            |  |                   |             |                       |  |