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

				_	-	-
Date of check	,	Address Higashihiroshima City	Tel.:	-	-	
Name of medical facility	F	Furigana	3181, 2023	Date of birth		
		Name • F		YYYY	MN	1 DD

** Please complete the information within the bold lines. To be fill in by the person taking the health check										
1	Please answer the following questions. Please circle the answers that apply to you									
	Are you currently taking medicines to lower your blood pressure?	1	Yes	2	No					
		1)	Yes	2	No					
	Are you currently taking medicines or injecting insulin to lower your blood sugar level?									
	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 anemia?	1	Yes	<u>2</u>	No Not so had					
5	How is the state of your health at present?	3	Good Norma							
Э	Tiow is the state of your nearth at present:	5	Not go							
		1	Satisfied		Quite satisfied					
6	Are you satisfied with your daily life?	3	A little di	ssatisf	ied 4 Dissatisfied					
7	Do you eat three proper meals a day?	(1)	Yes	2						
	Compared to six months ago, do you find it more difficult to eat hard things (※)?									
8	(※) Dried squid, pickles, etc.	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	Do you think the speed at which you walk is slower than before?	1	Yes	2	No					
12	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					
16 [1	Yes							
	Do you smoke?	2	No							
		3	I gave	up sr	noking					
17 >					6 days a week ④ 1-2 days a					
	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	week 5 1-3 days per month								
	year or more.	6 Less than 1 day a month 7 Stop 8 I don't drink/ I can't drink								
\vdash		① Less than one unit								
18	1 unit is approximately 180ml of sake(15%), 500ml of When you drink on a day, how much do you drink? beer(5%), 110ml of shochu (25%), 60ml of whisky (43%), or 180ml of wine (44%), Capped Churai/600ml 5% or		② 1 to less than 2 units ③ 2 to less than 3 units							
	350ml,7%)		o less thunits or i		units					
19	Do you go out of your home at least once a week?	1)	Yes	2	No					
	Do you see friends and family regularly?	(1)	Yes	(2)	No					
	Is there someone close to you who you can talk to if you don't feel well?	1	Yes	2	No					
	Do you get enough sleep to be refreshed?	1	Yes	2	No					
23 Do you laugh almost every day?				2	No					
	If you have any symptoms which is worrying now, please write them here.	1	Yes							
1		I								