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| ※Please make sure to complete the medical questionnaire beforehand and take it to a medical institution. |
| ①Subjective symptoms (Please circle the ones that apply to you.) |  |  |
| 　1. Chest tightness　　　　　2. Palpitation, Breathlessness　　　3. Headache　　　　　 4. Heartburn, Stomachache |
| 　5. Cough, Phlegm　　　　　6. Stiff shoulder/neck　　　　　　　 7. Numbness in the limbs　　 8. Dry mouth　　 |
| 　9. Dizziness, Lightheadedness　　 10. Constipation　　　　　 11. Other symptoms ( ) |
| ②Medical Questions |  |  |
| № | Questions | Choices(Please circle the ones which apply to you.) |
| Q1-Q3: Are you taking any medications of the following a, b or c? |
| 1  | a. Hypotensive agent | 1. Yes | 2. No |
| 2  | b. Hypoglycemic agent or insulin shots | 1. Yes | 2. No |
| 3  | c.　 Hypocholesterolemic drug or lipid lowering drug | 1. Yes | 2. No |
| 4  | Have you ever told by your doctor that you had stroke such as cerebral infarction or cerebral hemorrhage, or received any of the treatment? | 1. Yes | 2. No |
| 5 | Have you ever told by your doctor that you had heart disease such as angina pectoris or heart attack, or received any of the treatment? | 1. Yes | 2. No |
| 6 | Have you ever told by your doctor that you had chronic kidney disease or kidney failure, or received any of the treatment such as dialysis? | 1. Yes | 2. No |
| 7 | Have you ever told by your doctor that you were anemic? | 1. Yes | 2. No |
| 8  | Do you have a habit of smoking? | 1. Yes (applicable to both Condition 1 and 2)2. I used to smoke, but haven’t been smoking for the past month. (applicable to only Condition 2)3. No (other than Condition 1 or 2) |
| (\*Habitual smokers refer to the ones who meet both Condition 1 and 2.)Condition 1: I have been smoking for the past month.Condition 2: Have you ever smoked either for more than 6 months or more than 100 cigarettes in total in your lifetime? |
| 9 | I have gained weight more than 10 kg since I was 20 years old.  | 1. Yes | 2. No |
| 10 | I’ve been continuing light exercises twice a week or more for over a year.  | 1. Yes | 2. No |
| 11 | I’ve been continuing walking or an equivalent exercise for more than one hour every day.  | 1. Yes | 2. No |
| 12  | I walk faster than persons of my gender of my age range.  | 1. Yes | 2. No |
| 13 | 　 | 1. I can chew my food well. |
| Which one does it apply to you when eating? | 2. I have concerns over my teeth, gum and malocclusion, and have sometimes a trouble |
| with chewing. |
| 　 | 3. I can hardly chew. |
| 14 | Eating speed comparing yourself to others  | 1. Fast　　 2. Normal　 3. Slow |
| 15 | I eat dinner 2 hours or less before going to bed more than 3 times a week. | 1. Yes | 2. No |
| 16  | Do you snack or drink sugary drinks between meals? | 1. Every day　2. Sometimes　3. I rarely have snacks. |
| 17 | I skip breakfast more than 3 times a week.  | 1. Yes | 2. No |
| 18  | How often do you drink alcohol such as Japanese sake, Japanese shochu, beer and whiskey?\*” Stopped drinking” refers to those who used to drink alcohol more than once a month, but hasn’t been drinking in the past year. | 1. Every day　 2. 5 to 6 days a week 3. 3 to 4 days a week 4. 1 to 2 days a week 5. 1 to 3 days a month 6. Less than one day a month 7. Stopped drinking 8. I don’t drink/I can’t drink.  |
| 19 | The amount of alcohol consumed for one day | 1. Less than 1 gou 2. 1 to less than 2 gou 3. 2 to less than 3 gou 4. 3 to less than 5 gou5. More than 5 gou |
| Japanese sake 1 gou (180 ml with 15% alcohol content) as a guideBeer (500 ml with 5% alcohol content), Shochu (about 110 ml with 25% alcohol content), Wine (about 180 ml with 14% alcohol content), Whiskey (60 ml with 43% alcohol content), Canned fruit cocktail (about 500 ml with 5% alcohol content and about 350 ml with 7% alcohol content)) |
| 20  | I feel refreshed after a good night’s sleep.  | 1. Yes | 2. No |
| 21 | Do you want to improve your livelihood by doing exercise and shaping dietary patterns? | 1. I don’t intend to improve. |
| 2. I intend to improve (in about 6 months). |
| 3. I intend to improve soon (in about 6 months) and have gradually started working on it. |
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| 4. I’ve been already working on it (less than 6 months). |
| 5. I’ve been already working on it (over 6 months). |
| 22 | Have you ever received Specific Health Guidance on improvement in your livelihood before?  | 1. Yes | 2. No |