

① Specified Medical Examination

【Questionnaire】 Please circle ○ the appropriate number.

- 1 Are you currently taking blood pressure medicine?
- 2 Are you currently taking insulin injections or medicine to lower blood sugar?
- 3 Are you currently taking medicine for dyslipidemia (medicine that lower cholesterol and triglycerides)?
- 4 Have you ever had a stroke (Cerebral hemorrhage, cerebral infarction, etc.) ?
- 5 Have you ever been diagnosed with heart disease (Angina pectoris, myocardial infarction, etc.)?
- 6 Have you ever had or received treatment (dialysis) for chronic kidney disease or renal failure?
- 7 Have you ever been told you have anemia?
- 8 Are you currently smoking?
  - Condition 1: Have been smoking for the past month
  - Condition 2: Have smoked for more than 6 months in your lifetime, or have smoked more than 100 cigarettes in total.
- 1 Yes (Both 1 and 2)
- 2 I used to smoke, but I haven't smoked in the past month. (Only 2)
- 3 No (Neither 1 nor 2)
- 9 Has your weight increased by 10kg or more since you were 20 years old?
- 1 0 Have you been doing light sweat-inducing exercise for at least 30 minutes at a time, two or more days a week, for over a year?
- 1 1 Do you walk or do equivalent physical activity for at least 1 hour a day in your daily life?
- 1 2 Do you walk faster than others of the same age and gender?
- 1 3 Which applies to you when you chew and eat your meals?
  - 1 I can chew anything
  - 2 I have some problems with my gums, teeth and biting that make eating difficult.
  - 3 I can hardly chew at all.
- 1 4 How quickly do you eat compared to others?
  - 1 I eat quickly.
  - 2 Normal speed.
  - 3 I eat slowly.

- 1 5 Do you eat dinner within 2 hours before going to bed at least 3 days a week?  
1 6 How often do you consume snacks or sweet drinks in addition to the three meals of breakfast, lunch, and dinner?

- 1 Every day
- 2 Sometimes
- 3 Almost never

- 1 7 Do you skip breakfast three or more times a week?  
1 8 How often do you drink alcohol?

(※ “Quit” refers to those who have had a habit of drinking at least once a month in the past, but who have not consumed alcoholic beverages in 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 a month
- 6 Once a month or less
- 7 I stopped drinking alcohol.
- 8 I do not drink alcohol (I cannot drink)

- 1 9 The amount of alcohol you consume per drinking day

※ Approximate amount of 1 cup of sake (Beer: 500ml, Wine: 180ml, Whiskey 180ml)

- 1 Less than 1 cup (I do not drink)
- 2 1 ~ 2 cups
- 3 2 ~ 3 cups
- 4 3 ~ 5 cups
- 5 More than 5 cups

- 2 0 Are you able to sleep well?

- 2 1 Do you want to improve your lifestyle habits such as exercise and eating habits?

- 1 I have no intention of improving.
- 2 I intend to improve (within 6 months)
- 3 I intend to improve it soon (within 1 month)
- 4 I'm working on improving (within 6 months)

【英語・特定健診】 翻訳文書 .docx

I'm working on improving (for more than 6 months)

2 2 Have you ever received specific health guidance regarding improving your lifestyle habits?