

② 75 and Over Health Exam

[Questionnaire] Please circle○ the appropriate number.

Do you take any medication?

- 1 None
- 2 Blood pressure
- 3 Blood sugar
- 4 Lipids (cholesterol, triglycerides, etc.)
- 5 Other

Do you drink alcohol?

- 1 Yes (Drink→ Amount→ )
- 2 No

1 How is your current health condition?

- 1 Good
- 2 Fairly good
- 3 Usual
- 4 Not so good
- 5 Bad

2 Are you satisfied with your daily lifestyle?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat unsatisfied
- 4 Unsatisfied

3 Do you eat three meals a day?

4 Do you find it harder to eat hard foods compared to six months ago?

5 Do you sometimes choke on tea or soup?

6 Have you lost 2-3 kg or more in 6 months?

7 Do you think you are walking slower than before?

8 Have you fallen in the past year?

9 Do you do exercise such as walking at least once a week?

1 0 Have you been told by people around you that you have forgetfulness, such as "asking the same things all the time"?

1 1 Do you sometimes have trouble knowing what the current month and day is?

1 2 Do you smoke?

- 1 Yes

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2 Not anymore

3 I quit

1 3 Do you go out at least once a week?

1 4 Do you usually have contact with your family and friends?

1 5 Is there someone close to you that you can talk to when you feel unwell?