This sheet is a sample. Please fill in an answer on the enclosed Japanese sheet while referring to this sheet.

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V. Other Lifestyle Issues

For each of the following questions, write the number corresponding to your answer in the space on the right, under "Answer."

Question	Choice of Answers	Answer
1: Are you taking any medication for lowering blood pressure?	1: Yes 2: No	8
2: Are you taking any medication for lowering blood sugar level, or taking insulin injections?	1: Yes 2: No	8
3: Are you taking any medication for lowering cholesterol or neutral fat?	1: Yes 2: No	8
4: Have you ever been diagnosed by a doctor as having chronic kidney disease or renal failure, or are you receiving treatment for this (e.g. dialysis)?	1: Yes 2: No	8
5: Have you performed exercise sufficient to generate a light sweat for at least 30 minutes, at least two days a week, for more than a year?	1: Yes 2: No	8
6: Do you walk or perform a similar level of physical activity for one hour or longer a day?	1: Yes 2: No	8
7: Do you walk quickly compared to people of the same sex and similar age?	1: Yes 2: No	8
8: Do you eat quickly compared to other people?	1: Fast 2: Normal 3: slow	8
9: Do you eat your evening meal within two hours before bedtime three times or more per week?	1: Yes 2: No	8
10: Do you often have snacks and/or sweet drinks other than breakfast, lunch, and evening meal?	1: every day 2: sometimes 3: consume very little	8
11: Do you skip breakfast three times or more a week?	1: Yes 2: No	8
12: Which of the following applies to you when you chew your food?	1: I can chew everything properly. 2: I am concerned about my teeth, gums or bite, and sometimes experience difficulty chewing. 3: I can hardly chew.	8
13: Do you get sufficient quality sleep?	1: Yes 2: No	8
14: Have you gained weight of 10 kg or more since you were twenty years old?	1: Yes 2: No	8
15: Are you planning on improving your lifestyle habits such as exercise and diet?	1: I do not plan to improve my lifestyle 2: I plan to improve my lifestyle (within approximately six months) 3: I plan to improve my lifestyle (within approximately one month) 4: I have been involved in improving my lifestyle (for less than six months) 5: I have been involved in improving my lifestyle (for six months or longer)	8
16: Have you previously been given specific health guidance for improving your lifestyle?	1: Yes 2: No	8

(Purpose of the use of personal data)

Personal data from patients who undergo the health check-up are used for assessing the health condition of these patients, performing tests, preparing reports of results, providing guidance for further in-depth examination, calculating medical charges, publication at academic conferences, etc., after anonymization, providing health consultations, etc.
Data from patients who undergo the regular health check-ups and specific health check-ups stipulated in the Industrial Safety and Health Act and/or the Act for the Assurance of Medical Care for the Elderly will be used for submission to employees, medical insurers, and health consulting organizations.
If you do not consent to this use of your personal data, you will be unable to undergo the health check-up. For details, please access our website.

Consent to use of personal data.

I agree.

Let's Check Your Health!

Registration No.

Health Check-up Form

Reception No. 8888

■ Items to be collected beforehand that you will bring to the clinic with you

■ Health check-up course

■ Health check-up items (not necessarily in the sequence in which they are performed)

Cautions about the Health Check-up

■ **About food: Patients who are to undergo stomach X-rays, abdominal ultrasound, and/or blood tests:**
(Patients with check-ups in the morning:)
In the case of the evening meal on the day before the health check-up, please eat it before 9 p.m., and avoid oily food, eggs, and milk.
Please eat nothing at all on the morning of the check-up, including even candy or chewing gum.
(Patients with check-ups in the afternoon:)
• Patients who are to undergo stomach X-rays and/or abdominal ultrasound: Please eat only a light breakfast, before 7 a.m.
Other patients: Please eat only a light breakfast and lunch, avoiding oily food, eggs, and milk.

■ **About liquid intake: Patients who are to undergo stomach X-rays, abdominal ultrasound, and/or blood tests:**
• Patients who are to undergo stomach X-rays, and/or abdominal ultrasound: You may drink one cup or less of cold or hot water up to 3 hours before the examination, but do not drink anything after that.
Other patients: Please drink only cold or hot water, up to immediately before the examination.

■ **Clothing**
• On the day of the health check-up, please wear clothes that are easy to take off and put on, and are separated at the waist. You will be asked to take off your socks or stockings for the examination.
• Patients who are to undergo chest X-rays: Please remove bras, other underwear with metal fittings, necklaces and chains, magnetic bandages, poultices, etc., before the examination. Please wear a plain T-shirt with no printed pattern, embroidery, etc.

■ **About taking medicine**
• It is acceptable for you to take medicine for heart disease and/or hypertension. However, please take it more than 3 hours before the examination, with only a small quantity of water.

■ **Others**
• Patients who are pregnant or suspect they might be pregnant must not undergo chest or stomach X-rays.
• If you receive any additional instructions from organizations of which you are a member, your workplace, your health insurance association, etc., please review them.

Name		Identification code	
	Age calculation date	Affiliation	
Date of birth	(years)	Health insurance card	Code No.

If you need to correct your name, etc., please enter " I " below, and then make the correction right after that. (Please rule out with two lines any text that you which to delete or correct.)

たしかめましょう健康
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This sheet is a sample. Please fill in an answer on the enclosed Japanese sheet while referring to this sheet.

1 6 2

Fill in the spaces surrounded by thick lines using a black pencil.

(Write an appropriate number or " | " connecting two dots in the applicable boxes.)

I. Past Medical History (Clinical History)

Your medical history information that was provided last time.

- No changes in the medical history information that was provided last time.
- I do not have any of the medical conditions listed to the left, and have not had any in the past.
- There are medical conditions in the information that need to be deleted.(Cross out the medical conditions that need to be deleted using two horizontal lines.)
- There are changes or new additions.

* Fill in the space below for "Changes and New Additions."

01. Hypertension
02. Myocardial infarction
03. Angina pectoris
04. Arrhythmia
05. Valvular diseases of the heart
06. Pulmonary tuberculosis
07. Pneumonia/bronchitis
08. Asthma
09. Emphysema
10. Other types of pulmonary disease
11. Cerebral hemorrhage
12. Cerebral infarction
13. Liver disease
14. Kidney disease
15. Anemia
16. Inflammatory bowel disease
17. Dyslipidemia (hyperlipidemia)
18. Diabetes
19. Gout (hyperuricemia)
20. Thyroid disease
21. Immune allergic disease (e.g. rheumatoid arthritis)
22. Gastric or duodenal ulcer
23. Gallbladder diseases (gallstones, polyps, cholecystitis)
24. Urolithiasis (stones in the kidney, urinary tract, and bladder)
25. Eye disease
26. Cancer ( )
27. Other diseases ( )

Changes and New Additions

An example: Underwent surgery for myocardial infarction at the age of 45 years, and currently under treatment.

Disease name number	Past history	Underwent surgery	Under treatment	Under observation	Untreated	Age at onset
0 2	·	1	1	·	·	4 5 (years)
8 8	·	·	·	·	·	8 8 (years)
8 8	·	·	·	·	·	8 8 (years)
8 8	·	·	·	·	·	8 8 (years)
8 8	·	·	·	·	·	8 8 (years)

Descriptions of situations

Past history: You have a history of a disease, which has been cured, or symptoms are not present.
Under treatment: You are receiving treatment provided by the attending physician.
Under observation: You are under observation while undergoing regular examinations by the attending physician. You are undergoing dietary treatment, and receiving advice on daily habits. You are not taking medicine.
Untreated: You are not visiting a hospital regularly (excluding visits for health check-ups).

II. Symptoms You Have

(Draw a vertical line in each box next to symptoms that you have had within the past three months.)

1. No particular subjective symptoms
2. Headache
3. Dizziness
4. Dry throat
5. Palpitation and/or shortness of breath
6. Prolonged cough
7. A lot of phlegm
8. Bloody phlegm
9. Dysphagia
10. Heartburn and nausea
11. Chest pain
12. Constriction in the chest
13. Abdominal pain
14. Diarrhea
15. Constipation
16. Bloody stools
17. Difficulty starting urination
18. Frequent urination
19. General fatigue
20. Weight loss of more than 3 kg

* For female patients only: Menstruating | Pregnant | Suspect might be pregnant | Neither pregnant nor menstruating

* Only patients who are to have the stomach cancer risk test (ABC test):
→ Have you ever undergone H. pylori elimination therapy?
1: Yes 2: No 3: I do not know

III. Occupational History

For each of the following questions, write the number corresponding to your answer in the space on the right, under "Answer."

Question	Choice of Answers	Answer
1: Have you ever handled heavy objects in your work?	1: Yes 2: No	8
2: Have you ever worked in an environment with lots of rocks, sand, or dust?	1: Yes 2: No	8
3: Have you ever used a machine that vibrates at high speed in your work?	1: Yes 2: No	8
4: Have you ever handled a hazardous substance in your work?	1: Yes 2: No	8
5: Have you ever handled radiation in your work?	1: Yes 2: No	8
6: At your current workplace, what is the shift system?	0: I do not currently work. 1: I work a full-time day shift. 2: I work a full-time night shift. 3: I work variable shifts (both nights and days).	8
7: At your current workplace, for the past one month, what is the approximate average number of hours per day that you have worked?	0: I do not currently work. 1: Less than 6 hours 2: 6 to 8 hours 3: 8 to 10 hours 4: 10 hours or more	8
8: At your current workplace, for the past one month, what is the approximate average number of days per week that you have worked?	0: I do not currently work. 1: Less than 3 days 2: 3 to 5 days 3: 5 days 4: 6 days or more	8

IV. Lifestyle

For each of the following questions, write the number corresponding to your answer in the space on the right, under "Answer."

Last time F

1. Do you currently have a smoking habit?

* To "currently have a smoking habit" means to meet both Conditions 1 and 2.

Condition 1: You have smoked during the past 1 month.
Condition 2: During your life, you have smoked for at least 6 months and/or you have smoked at least 100 cigarettes.

Method for converting heated tobacco products to number of cigarettes

Product with which a stick containing tobacco leaves is heated directly
1 stick = 1 cigarette

Product with which a vapor is passed through a capsule or pod containing tobacco leaves
1 box = 20 cigarettes

* From guidelines for smoking cessation therapy

* Information provided last time (Your response at the last health check-up with this Association. Numbers of years are shown with appropriate additions made.)

Last time

Response	Answer
0: No change this time 1: I do not smoke. 2: I used to smoke, but I have not smoked within the last month (meeting only Condition 2). 3: I smoke (meeting both Condition 1 and Condition 2).	8 If your response is "2" or "3," please answer the following questions:
• Average number of cigarettes per day	8 8 stick
• Number of years that you have smoked	8 8 years

2. How often do you drink?

* "I have stopped drinking" means that in the past you habitually consumed alcohol at least once per month, but you have not consumed alcohol for at least the past year.

Conversion method

Beer or chuhai* (5% alcohol by volume)	350 mL = 0.7 goh
* Chuhai is similar to alcopops, consisting of a blend of shochu and a soft drink, usually sweet and fruit-flavored.	
Beer or chuhai (5% alcohol by volume)	500 mL = 1.0 goh
Chuhai (7% alcohol by volume)	350 mL = 1.0 goh
Sake (15% alcohol by volume)	180 mL = 1.0 goh
Shochu (25% alcohol by volume)	110 mL = 1.0 goh
* Shochu is a Japanese distilled liquor.	
Wine (14% alcohol by volume)	180 mL = 1.0 goh
Whiskey (43% alcohol by volume)	60 mL = 1.0 goh

* Information provided last time (Your response at the last health check-up with this Association.)

Last time

Response	Answer
0: No change this time 1: I drink every day. 2: I drink five or six times a week. 3: I drink three or four times a week. 4: I drink once or twice a week. 5: I drink one to three times a month. 6: I drink a few times a year. 7: I have stopped drinking. 8: I do not drink.	8 Patients who answered 1 to 6:
Amount of alcohol consumed each time I drink 1: Less than 1 goh 4: Three to five goh 2: One to two goh 5: Five goh or more 3: Two to three goh	8