Questionnaire

2024.4 ~

*Please fill in this form yourself.

Name		Date of birth		Today's date	

Please check any that apply.

Which, if any, of the following have you experienced recently?

☐ Lack of appetite ☐ Headaches or heavy-headedness ☐ Heartburn ☐ Shoulder stiffness or back pain ☐ Frequent urination ☐ Swelling
☐ Constipation ☐ Difficulty in sleeping ☐ Tightness in your chest ☐ Tingling in your hands or feet ☐ Feeling as if your bladder has not completely emptied
☐ Diarrhea ☐ Dizziness or unsteadiness ☐ Stomach pain ☐ Intense fatigue or malaise ☐ Shortness or temper
☐ Coughing or phlegm ☐ Excessive thirst ☐ Heart palpitations or shortness of breath (during everyday activities or while walking) ☐ Irregular heartbeat ☐ Feelings of depression or listlessness

Are you currently being treated for or undergoing follow-up care for any disease?
(Diseases other than high blood pressure, diabetes, and hyperlipidemia)

☐ No
☐ Yes ( )

Have you ever had any of the following diseases?
(Medical history)

☐ High blood pressure ☐ Diabetes ☐ Hyperlipidemia ☐ Liver disease
☐ Tuberculosis ☐ Gout ☐ Other ( )

No.	Question	Answer	Additional information
1-3	Are you currently taking any of the following drugs ([a] through [c])?		
1	a. Medicine to lower your blood pressure	① Yes ② No	
2	b. Medicine to lower your blood sugar or insulin injections	① Yes ② No	
3	c. Medicine to lower cholesterol or neutral lipids	① Yes ② No	
4	Have you ever been told by a doctor that you've had a stroke (cerebral hemorrhage, cerebral infarction, etc.), or been treated for stroke?	① Yes ② No	
5	Have you ever been told by a doctor that you have heart disease (angina, myocardial infarction, etc.), or been treated for heart disease?	① Yes ② No	
6	Have you ever been told by a doctor that you're experiencing chronic renal failure or renal insufficiency, or been treated for a related condition (dialysis, etc.)?	① Yes ② No	
7	Have you ever been told by a doctor that you're anemic?	① Yes ② No	
8	Are you a regular smoker? (In this context, you're a regular smoker if you meet the following two conditions: 1. You've smoked in the last month. 2. You've smoked for at least six months in the past, or you've smoked a total of at least 100 cigarettes over the course of your life.)	① Yes (I meet both conditions.) ② I used to smoke, but I haven't smoked in the last month. (I meet only the second condition.) ③ No (I meet neither condition.)	
9	Have you gained at least 10 kilograms since your weight at age 20?	① Yes ② No	
10	Have you exercised moderately (enough to produce a light sweat) for 30 minutes or more at least twice a week for at least one year?	① Yes ② No	
11	Do you walk or engage in an equivalent level of physical activity for at least one hour a day as part of your daily routine?	① Yes ② No	
12	Do you walk faster than someone of roughly the same age and sex?	① Yes ② No	
13	Which of the following best describes your eating habits?	① I can chew and eat anything. ② Some foods are difficult to chew, and I have concerns about my teeth, gums, bite, etc. ③ I can hardly chew.	
14	How quickly do you eat compared to others?	① Faster ② About the same ③ Slower	
15	Do you eat less than two hours before going to bed three or more times a week?	① Yes ② No	
16	How often do you eat snacks or drink sweet beverages between meals?	① Every day ② Occasionally ③ Almost never	
17	Do you skip breakfast three or more times a week?	① Yes ② No	
18	How often do you drink alcoholic beverages (Japanese sake or *shochu*, beer, wine, etc.)? (In this context "I quit drinking" means you used to drink at least once a month but have not had alcoholic beverages for at least a year.)	① Every day ② Five or six days a week ③ Three or four days a week ④ Once or twice a week ⑤ One to three days a month ⑥ Less than once a month ⑦ I quit drinking. ⑧ I don't drink. (I can't drink.)	
19	How much do you drink a day? In this context, one drink means 180 mL of a beverage that contains 15% alcohol, or about: 500 mL of beer (5% alcohol), 110 mL of *shochu* (25% alcohol), 180 mL of wine (14% alcohol), 60 mL of whiskey (43% alcohol), 350 mL or 500 mL of sour-type mixed drinks sold in cans (7% or 5% alcohol, respectively)	① Less than one ② At least one but less than two ③ At least two but less than three ④ At least three but less than five ⑤ Five or more	
20	Do you feel refreshed after a night's sleep?	① Yes ② No	
21	Are you interested in exercising more or otherwise enjoying a healthier lifestyle? When did you start making changes, or when do you plan to start?	① I'm not interested in making any changes. ② I'm interested in making changes and will start in the next six months or so. ③ I will start making changes soon (within about a month). I'm interested in making changes and am taking a gradual approach. ④ I started making changes within the last six months. ⑤ I started making changes at least six months ago.	
22	Have you ever received specific health guidance to help you enjoy a healthier lifestyle?	① Yes ② No	