

## Questionnaire Sheet for General Health Examinations

This questionnaire is used by employers for the purpose of understanding the health status of their workers, preventing the onset of cerebrovascular and cardiovascular diseases, and preventing the exacerbation of lifestyle-related diseases.

記入日 年 月 日  
Date Y M D

※Please write it in Japanese.

## 個人情報 personal information

フリガナ Furigana				Sex:	生年月日 Date of Birth	年 月 日 歳 Y M D years old
氏名 Name				男・女 Male/Female		
住所 address	〒				電話番号 phone number	自宅 home phone number ( ) 携帯 cell phone number ( )
国籍 nationality				日本語 Japanese language	分かる easy ・ 難しい difficult	

## 会社情報 Company Information

会社名 Organization /Company				電話番号 Company phone number	
会社住所 Company address	〒 * If you are receiving a health checkup through Kyokai Kenpo, please write your company's address.				
業務歴 Work history	<input type="checkbox"/> 事務 Office work	<input type="checkbox"/> 営業 Sales representative	<input type="checkbox"/> 設計 Design		
	<input type="checkbox"/> 販売 Sales,Retail	<input type="checkbox"/> 技術 Technology	<input type="checkbox"/> 工事・設備 Construction / Facilities		
	<input type="checkbox"/> コンピュータ関連	<input type="checkbox"/> 運転 Operation	<input type="checkbox"/> その他 Other( )		

## 既往歴 Medical history

高血圧 High blood pressure	糖尿病 Diabetes	不整脈 Arrhythmia	脂質異常症 Dyslipidemia
貧血 Anemia	痛風 Gout	胃・十二指腸潰瘍 Gastric and duodenal ulcers	肝機能障害 Liver dysfunction
その他 Other( )			

## 自覚症状 Subjective symptoms

日中の眠気 Daytime sleepiness	夜間目が覚める Waking up at night	いびきをかく Snoring
胃もたれ、胸やけ stomach heaviness, Heartburn	便秘 Constipation	下痢 Diarrhea
動悸・息切れ Palpitations,Shortness of breath	肩こり・腰痛 Stiff shoulders,Back pain	めまい Dizziness
その他 Other( )		

※Please fill out the back side.

No	Questions	Answers
	【食後の時間】 How many hours has it been since your last meal?	No · Yes
1	【血圧の薬】 Do you take any blood pressure medication?	No · Yes
2	【血糖の薬】 Do you currently use insulin injections or take medication for high blood sugar?	No · Yes
3	【脂質の薬】 Do you currently take any medication to lower your cholesterol or triglycerides?	No · Yes
4	【脳卒中】 Have you ever been told by the doctor you have had a stroke (cerebral hemorrhage, brain infarction, etc.) and received treatment?	No · Yes
5	【心臓病】 Have you ever been told by the doctor you have a heart disease (angina pectoris, myocardial infarction, etc.) and received treatment?	No · Yes
6	【腎臓病】 Have you ever been diagnosed as having chronic kidney disease or kidney failure and received treatment (dialysis therapy)?	No · Yes
7	【貧血】 Have you ever been diagnosed as anemic?	No · Yes
8	【喫煙】 Are you currently a heavy smoker? (“A heavy smoker” refers to those who have smoked a total of over 100 cigarettes or have smoked over a period of 6 months and have been smoking over the past month.)	① いいえ No ② 以前 I'm a former smoker. ③ はい Yes
9	【体重増加】 Have you gained over 10 kg from your weight at age 20?	No · Yes
10	【運動】 Are you in a habit of doing exercise to sweat lightly for over 30 minutes a time, 2 times weekly, for over a year?	No · Yes
11	【身体活動】 In your daily life do you walk or do any equivalent amount of physical activity for more than one hour a day?	No · Yes
12	【歩行速度】 Is your walking speed faster than the speed of those of your age and sex?	No · Yes
13	【食べる状態】 Which of these best describes your condition while eating and chewing on food? ①何でも ②気になる部分あり ③かめない	① I can chew on anything. ② Sometimes I have difficulty chewing due to problems of tooth, gum, or occlusion. ③ I can hardly chew.
14	【食べる速度】 Is your eating speed quicker than others?	No · Yes
15	【就寝前食事】 Do you eat supper two hours before bedtime more than 3 times a week?	No · Yes
16	【間食】 Do you eat snacks or drink sweet beverages between meals?	No · Yes
17	【朝食】 Do you skip breakfast more than 3 times a week?	No · Yes
18	【お酒の頻度】 How often do you drink? (sake, shochu, beer, wine, whisky, or brandy, etc.) ①毎日②週5～6③週3～4日④週1～2日⑤月1～3日⑥月1日未満⑦やめた⑧飲まない	①Everyday②5 to 6 days a week③3 to 4 days a week④1 to 2 days a week⑤1 to 3 days a month⑥Less than once a month⑦I stopped. ⑧Cannot drink
19	【飲酒量】 How much do you drink per day? Sake (180 ml), beer (500 ml), Shochu 25% (110 ml), double whisky (60 ml), two glasses of wine (240 ml)	①Less than 180 ml ②180 –360ml ③360 –540 ml ④540–900ml ⑤More than 900 ml
20	【睡眠】 Do you sleep well and enough?	No · Yes
21	【生活習慣改善】 Do you want to improve your life habits of eating and exercising? ①改善しない ②6か月以内に改善予定 ③1か月以内に改善予定 ④6か月以内に取組済 ⑤6か月以上取組済	①Don't want to ②Do want to (within 6 months) ③Want to improve in near future (within a month) and began to start ④Already trying to improve (less than 6 months) ⑤Already trying to improve (over 6 months)
22	【保険指導】 Have you ever received specific health guidance?	No · Yes

Thank you for your cooperation.

三和クリニック