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Medical Questionnaire

Personal information Please correct any mistakes in your information with a red pen.

Sponsoring group or company	( )	Date of health check	年 月 日
		Site of health check	
Insurance number		Health check course	
Furigana		Date of birth	年 月 日 age
Name		Department	Sex
		Personal code	
Address	〒	Phone number	( )

受付番号 / Health insurance card code / Health insurance card number / 世帯・所属コード / 地区コード / 区分・組コード

Please fill out this form and submit it on the day of your health check. Use **a black lead pencil** to clearly check your answers, and write numbers clearly and legibly.

(1) Medical History:Past and Present Illnesses

	Taking medicine・Undergoing treatment	Under observation	Past illness	Past surgical history
None				
High blood pressure	✓	✓	✓	
Diabetes	✓	✓	✓	
Cholesterol and lipid disorders	✓	✓	✓	
Anemia	✓	✓	✓	
Heart disease	✓	✓	✓	✓
Kidney disease	✓	✓	✓	✓
Eye disease	✓	✓	✓	✓
Stroke	✓	✓	✓	✓
Respiratory disease	✓	✓	✓	✓
Hyperuricemia	✓	✓	✓	
Prostate disease	✓	✓	✓	✓
Gastric/esophageal disease [Surgery S.H.R]	✓	✓	✓	✓
Intestinal disease	✓	✓	✓	✓
Liver disease	✓	✓	✓	✓
Biliary tract disease	✓	✓	✓	✓
Pancreatic disease	✓	✓	✓	✓
Thyroid disease	✓	✓	✓	✓
Osteoporosis	✓	✓	✓	
Depression	✓	✓	✓	
Orthopedic disorder	✓	✓	✓	✓
Gynecological condition	✓	✓	✓	✓
Breast disease	✓	✓	✓	✓
Ear disease	✓	✓	✓	✓
Other disease →				

Specific gastric/esophageal diseases:

- ✓ Gastric ulcer
- ✓ Duodenal ulcer
- ✓ Gastric polyp
- ✓ Chronic gastritis
- ✓ Other stomach or esophageal disease

Specific heart diseases:

- ✓ Angina
- ✓ Myocardial infarction
- ✓ Valvular disease
- ✓ Arrhythmia
- ✓ Myocardial disease
- ✓ Other cardiovascular disease

(2) In the past year, have you noticed any of the following symptoms?

✓ None

- ✓ Numbness in hands or feet
- ✓ Chest pain
- ✓ Palpitations
- ✓ Arrhythmia
- ✓ Loss of consciousness
- ✓ Shortness of breath
- ✓ Dizziness
- ✓ Swelling or puffiness in face or limbs
- ✓ Excessive thirst
- ✓ Weight gain
- ✓ Weight loss
- ✓ Lack of appetite
- ✓ Lethargy/fatigue
- ✓ Abdominal pain
- ✓ Heartburn/belching
- ✓ Feeling of something stuck in throat
- ✓ Blood in stool
- ✓ Constipation (3 days or more)
- ✓ Feeling of incomplete defecation
- ✓ Persistent cough or phlegm production
- ✓ Blood in phlegm (during the past 6 months)
- ✓ Difficulty urinating
- ✓ Frequent urination
- ✓ Pain in lower back and/or joints

Other

(3) Eating and drinking

(The last time you ate or drank)

✓ Yesterday ✓ Morning

✓ Today ✓ Afternoon

(Hour : 0-11) hour (Minute : 0-59) min

Have you taken any medication today?

Yes・No

(4) Family History

※Cancer types:

1.Stomach 2. Colorectal 3. Uterine 4. Breast 5. Lung 6. Other

✓ None

	Cancer *Write the number	Stroke	High blood pressure	Cardio-vascular disease	Diabetes	Thyroid disease	Sudden death
Father		✓	✓	✓	✓	✓	✓
Mother		✓	✓	✓	✓	✓	✓
Brother/Sister		✓	✓	✓	✓	✓	✓
Child		✓	✓	✓	✓	✓	✓
Grandparent, aunt or uncle						✓	✓

(5) When was your last health/medical checkup, and were any irregularities found?

	Health check	Stomach	Colorectal	Uterus	Breast	Lung	Prostate
Year							
Irregularities	Y・N	Y・N	Y・N	Y・N	Y・N	Y・N	Y・N
Follow-up tests	C・N	C・N	C・N	C・N	C・N	C・N	C・N

Y : Yes / N : No C : Complete / N : Not Complete

*This form will be machine scanned, so please do not stain, fold or bend this form.

Please continue to the reverse side of this form

(6) Occupation

1. Agriculture/forestry / 2. Fishery industry / 3. Law enforcement or security
4. Professional/specialized field / 5. Technical field / 6. Research / 7. Office work
8. Managerial position / 9.Manufacturing/machinery / 10. Transportation / 11. Construction
12. Sales / 13. Service industry / 14. Unemployed

Occupation code

If your work has involved construction, demolition, or contact with fine particles, how old were you when you began this work, and what type of work did you do?

Type of work From age ( )

(7) Alcohol consumption

How often do you drink alcohol?

- ☐ Rarely
- ☐ Sometimes (days / week)
- ☐ Every day

One "*go*" (180 ml) unit of Japanese sake is approximately equivalent to:		
Beer	500ml	1 standard bottle
Whiskey	60ml	1 double shot
Shochu (25%)	110ml	
Wine	240ml	2 glasses

For those who drink sometimes or everyday, how much Japanese sake would you drink per day?

☐ Less than 1 "*go*" unit ☐ Less than 2 "*go*" units ☐ Less than 3 "*go*" units ☐ More than 3 "*go*" units

(8) Exercise, diet, etc.

- ☐ I have gained 10 kg or more after age 20
- ☐ I exercise enough to sweat for a period of 30 minutes or more at least twice a week, and have done so for one year or longer
- ☐ I walk or engage in a similar level of physical activity for at least one hour every day
- ☐ I walk more quickly than the average person of the same age and sex
- ☐ I eat within two hours of going to bed three times a week or more
- ☐ I skip breakfast three times a week or more
- ☐ I do not get enough sleep

I snack between meals and/or drink sweetened beverages

☐ Everyday ☐ Sometimes ☐ Rarely

My eating speed is ( ) that of the average person

☐ faster than ☐ the same as ☐ slower than

When chewing food, …

- ☐ I have no problem chewing things
- ☐ I have problems with my teeth, gums, bite alignment or other issues which can sometimes make it hard for me to chew
- ☐ I unable to chew almost anything

Are you trying to improve your exercise or lifestyle habits?

- ☐ No
- ☐ I intend to make improvements (within the next 6 months)
- ☐ I intend to make improvements (within the next months)
- ☐ I have been making improvements (for a period of less than 6 months)
- ☐ I have been making improvements (for a period of 6 months or more)

If you had the opportunity to learn about ways of improving your lifestyle habits from the public health office, would you take advantage of this opportunity?

☐ Yes ☐ No

(9) Smoking

Are you a current smoker? (of conventional tobacco products or heated tobacco products)

*A "current smoker" is someone who has smoked at least 100 cigarettes in their lifetime and has smoked in the past month,or someone who has smoked for a period of at least 6 months and has smoked in the last month

- ☐ I have never smoked
- ☐ I am an ex-smoker
- ☐ I am a current smoker

For those who smoke, are you thinking of quitting?

☐ Yes ☐ No

What kind of tobacco do you smoke?

☐ conventional tobacco products ☐ heated tobacco products

If you are a current smoker or an ex-smoker, how much do/did you smoke, and for how many years?

An average of CI( )

cigarettes/day for years

If you have quit smoking, how old were you when you quit? years old

How many years ago did you quit? years old

0 4

(10) For women only

Are you currently pregnant or could you possibly be pregnant? ☐ Yes ☐ No

Do you have your menstrual period today? ☐ Yes ☐ No

When was your last menstrual period? for a total of

From month day days

☐ I have a regular period ☐ I have a irregular period

If you are post-menopausal, which did you experience?

Natural menopause at age years old

Surgical menopause at age years old

Pregnancy and childbirth

I have given birth times

I have given birth ( ) times

I have been pregnant ( ) times

I have had ( ) Caesarean sections

Have you ever received the Human Papillomavirus (HPV) vaccine? ☐ Yes ☐ No

Have you experienced any of the following symptoms?

- ☐ Abnormal vaginal bleeding
- ☐ Increased vaginal discharge
- ☐ Pelvic or abdominal pain between menstrual periods

Have you noticed any changes your breast(s)?

- ☐ Lump(s)
- ☐ Pain
- ☐ Rash
- ☐ Other ( )

Do you perform breast self-examinations?

- ☐ No, I don't know how
- ☐ Yes, every month
- ☐ Yes, occasionally
- ☐ No, I don't

(11) Please answer the following questions if you will have a stomach cancer screening today:

Have you ever been tested for Helicobacter pylori? ☐ No ☐ Yes

Have you ever undergone Helicobacter pylori eradication therapy? ☐ No ☐ Yes

If you answered "yes," was the treatment:

☐ Successful ☐ Unsuccessful ☐ Don't know

What year did you undergo eradication therapy?

1.Showa 2.Heisei 3.Reiwa year

(12) If you will not have a stomach cancer screening today:

Will you have a stomach cancer screening this year?

- ☐ Yes, I will
- ☐ I already had one
- ☐ No, I won't

***Please answer this question if you are age 40 or older and will not have a stomach cancer screening today**

【Consent to the handling of personal information】

We strictly manage personal information,comply with laws and other norms,and handle it with the utmost care based on our personal information protection policy.

Personal information of everyone may be provided or entrusted when required by law in order to operate health checkup services and to properly manage health and accuracy.In addition, the results of medical examinations may be reported to the outsourcer (municipality, business office insurance association, etc.).

It is posted privacy policy,purpose of use,provision to Third Parties and more on outsourcing at the health checkup venue and home page.
https://www.yamagata-yobou.jp/summary/policy/

About the handling of personal information

Agree ☐ Disagree ☐