

Please fill in this sheet before take the health examination

Please read the "Handling of Personal Information", and agree to disclose personal information before completing this questionnaire. Disclosure of personal information is arbitrary, but if you do not agree, we may not be able to provide an accurate report.

☐ Agree ☐ Disagree ☐ Partially disagree

Name: (Given name)

(Family name)

Please answer below question from ① to ⑨ about your health condition.

This sheet will be directly processed with a special reader. Please do not dirty, fold or bend this sheet.

Please complete with a pencil or ball-point pen.

Please do not go over the box lines when marking this sheet.

Please black out in the corresponding box number on the right.

① Smoking

a. Are you currently smoking regularly? (currently smoking regularly refers to those who fall into the both of the condition 1 and 2.)

Condition 1: Those who have been smoking over the past 1 month.

Condition 2: Those who have smoked for more then

6 months or a total over 100 cigarettes until now.

1. Yes (fall into the both of the condition 1 and 2.)  
2. Have smoked before but have not smoked in the past month  
(fall into the condition

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The number of smoked cigarettes a day.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

② Alcohol Intake

a. How often do you drink alcohol?

(sake, shochu, beer whisky or brandy etc.)

(quit refers to those who used to habitually drink alcohol more than once a month but have not consumed alcohol in the past year.)

b. Answered drinking alcohol

1. Drink daily  
2. Drink 5 to 6 days a week  
3. Drink 3 to 4 days a week  
4. Drink 1 to 2 days a week  
5. Drink 1 to 3 months a month  
6. Drink less than 1 day a month  
7. Quit  
8. Not drink

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	
<input type="checkbox"/>	<input type="checkbox"/>	
1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Guide to 180ml of sake (15% alcohol) 500ml of beer (5%)  
110ml of shochu (25%)  
180ml of wine (14%)  
60ml of whisky (43%)  
500ml of canned

1. less than 1 drink  
2. less than 1 to 2 drinks  
3. less than 2 to 3 drinks  
4. less than 3 to 5 drinks  
5. more than 5 drinks

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	5	
<input type="checkbox"/>	<input type="checkbox"/>	

③ a. Chewing food

1. can chew without trouble  
2. difficult to chew  
3. can not chew

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Have you tried to improve your lifestyle through exercise or diet?

1. do not plan to improve  
2. plan to improve (within about 6 months)  
3. plan to improve (within about 1 month)  
4. already started (within last 6 months)  
5. already started (more than 6 months)

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	5	
<input type="checkbox"/>	<input type="checkbox"/>	

c. Compared to other people, do you eat at a fast pace?

1. Fast  
2. Normal  
3. Slow

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Do you eat snacks between meals?

1. Daily  
2. Sometimes  
3. Rarely

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Do you skip breakfast 3 or more times a week?

1	2
<input type="checkbox"/>	<input type="checkbox"/>

f. Do you eat dinner within 2 hours of going to bed, 3 or more times a week?

<input type="checkbox"/>	<input type="checkbox"/>
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g. Are you increasing your weight over 10kg, compared when you were 20 years old?

<input type="checkbox"/>	<input type="checkbox"/>
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h. Do you get enough rest when you sleep?

<input type="checkbox"/>	<input type="checkbox"/>
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i. Compared to someone of the same sex and about the same age, is your walking pace fast?

<input type="checkbox"/>	<input type="checkbox"/>
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j. Have you exercised for 30 minutes or more a time hard enough to break out into a light sweat, 2 times or more a week for more than a year?

<input type="checkbox"/>	<input type="checkbox"/>
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k. Within your daily life, do you walk or conduct similar physical activities for more than an hour a day?

<input type="checkbox"/>	<input type="checkbox"/>
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l. Have you ever been taken the specific health guidance about improvement of lifestyle habit?

<input type="checkbox"/>	<input type="checkbox"/>
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Please sign the Agreement and complete questions (1) to (9) first.  
(Complete questions (4) to (9) on the facing page.)