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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		Receipt number
		Site of health check		Health insurance card code
Insurance number		Health check course		Health insurance card number
Furigana		Date of birth	age	世帯・所属コード
Name		Department	Sex	
		Personal code		地区コード
Address	〒	Phone number	( )	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

☐ None

	Under medication treatment at a medical institution	Under observation at a medical institution	Past illness	Past surgical history
1 High blood pressure	☐	☐	☐	
2 Diabetes	☐	☐	☐	
3 Cholesterol and lipid disorders	☐	☐	☐	
4 Anemia	☐	☐	☐	
5 Heart disease	☐	☐	☐	☐
6 Kidney disease	☐	☐	☐	☐
7 Eye disease	☐	☐	☐	☐
8 Stroke (cerebral infarction, intracerebral hemorrhage, subarachnoid hemorrhage)	☐	☐	☐	☐
9 Respiratory disease	☐	☐	☐	☐
10 Hyperuricemia	☐	☐	☐	
11 Prostate disease	☐	☐	☐	☐
12 Gastric/esophageal disease	☐	☐	☐	☐
13 Intestinal disease	☐	☐	☐	☐
14 Liver disease	☐	☐	☐	☐
15 Biliary tract disease	☐	☐	☐	☐
16 Pancreatic disease	☐	☐	☐	☐
17 Thyroid disease	☐	☐	☐	☐
18 Osteoporosis	☐	☐	☐	
19 Depression	☐	☐	☐	
20 Orthopedic disorder	☐	☐	☐	☐
21 Gynecological condition	☐	☐	☐	☐
22 Breast disease	☐	☐	☐	☐
23 Ear disease	☐	☐	☐	☐
24 Other disease	☐	☐	☐	☐

Specific heart diseases:
30 ☐ Angina 31 ☐ Myocardial infarction 32 ☐ Valvular disease
33 ☐ Arrhythmia 34 ☐ Myocardial disease 35 ☐ Other cardiovascular disease

Specific gastric/esophageal diseases:
25 ☐ Gastric ulcer 26 ☐ Duodenal ulcer 27 ☐ Gastric polyp
28 ☐ Chronic gastritis 29 ☐ Other stomach or esophageal disease (Including Helicobacter pylori eradication.) [Surgery S.H.]

(2) In the past year, have you noticed any of the following symptoms? Please mark all that apply.

☐ None

1 ☐ Numbness in hands or feet	9 ☐ Excessive thirst	18 ☐ Blood in stool
2 ☐ Chest pain	10 ☐ Weight gain	19 ☐ Constipation (3 days or more)
3 ☐ Palpitations	11 ☐ Weight loss	20 ☐ Feeling of incomplete defecation
4 ☐ Arrhythmia	12 ☐ Lack of appetite	21 ☐ Persistent cough or phlegm production
5 ☐ Loss of consciousness	13 ☐ Lethargy/fatigue	22 ☐ Blood in phlegm (during the past 6 months)
6 ☐ Shortness of breath	14 ☐ Abdominal pain	23 ☐ Difficulty urinating
7 ☐ Dizziness	15 ☐ Heartburn/belching	24 ☐ Frequent urination
8 ☐ Swelling or puffiness in face or limbs	16 ☐ Feeling of something stuck in throat	25 ☐ Pain in lower back and/or joints

99 ☐ Other [ ]

(3) Eating and drinking(The last time you finished eating or drinking

※Excludes water that does not contain suger(tea,water)

☐ Yesterday ☐ Today

ex(Hour : 0～23) ☐☐ hour (Minute : 0～59) ☐☐ min

Have you taken any medication today? yes ・ no

Medical examination institution entry field
☐ underlying disease
Urine test not performed

(4) Family History

☐ None

Please mark all that apply.

	Cancer						Stroke	High blood pressure	Heart disease	Diabetes	Thyroid disease	Sudden death
	Stomach	Colorectal	Uterine	Breast	Lung	Other						
Father	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mother	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Brother/Sister	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Child	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Grandparent, aunt or uncle										☐	☐	☐

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

If the last consuitation was in 2024

※R stands for "Reiwa"

	(entry example) Health check	Health check	Stomach	Colorecta	Uterus	Breast	Lung	Prostate
Year	R 6	R	R	R	R	R	R	R
Irregularities	(Y)・N	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	C・N

Please write about your most recent health checkup using the Japanease calender.You do not need to fill out this form if you have not had a health check in the past 6 years or more.

*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)Alcohol consumption

How often do you drink alcohol?

※"Stopped"means that you have had a habit of drinking once a month or more in the past ,and you have not drunk alcohol for more than a year.

- 1.Every day
- 2.5-6 days a week
- 3.3-4 days a week
- 4.1-2 days a week
- 5.1-3 days a month
- 6.Less than 1 day per month
- 7.Stopped
- 8.No dinking habit

For those who selected 1 to 6 above, how much Japanese sake do you drink per day?

- Less than 1 "go" unit
- Less than 2 "go" units
- Less than 3 "go" units
- Less than 5 "go" units
- More than 5 "go" units

One "*go*" (180 ml) unit of Japanese sake is approximately equivalent to:

●Beer(5%)	500ml	●Shochu(25%)	110ml
●Wne(14%)	180ml	●Whiskey(43%)	60ml
●Can Chu-Hi(5%)	500ml	●Can Chu-Hi(7%)	350ml

(7)Exercise, diet, etc.

Please mark all that apply.

- 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

Please select the appropricate option from the options and mark it with a ✓ point.

・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 thi opportunity?

Yes / No

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(8) Smoking

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

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

An average of Cl( ) cigarettes/day for year

For those who ex-smorker

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

How many years ago did you quit? years ago

For those who current smoker

Are you thinking of quitting? Yes / No

Tobacco type

conventional tobacco products / heated tobacco products

(9) 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

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

Will you have a stomach cancer screening this year?

Yes, I will / No, I won't / Already examined

(11) 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 mounth 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

Postoperative menopause years

Medical examination institution entry field — Not fillable

Pregnancy and childb

Number of births times

I have had( )Caesarean sections

I have given birth( )times Age at last birth( )years old

Have you ever had the Human Papillomavirus (HPV) vaccine? Yes / No

Have you experienced any of the following symptoms?

Please mark all that apply.

- Abnormal vaginal bleeding 26
- Increased vaginal discharge 27
- Pelvic or abdominal pain between menstrual periods 28
- Breast Lump(s) 29
- Breast pain 30
- Breast eczema 31
- Other ( ) 99

About "Breast Awareness"

・Do you know "Breast Awareness" ?

Yes / No

・Do you take steps such as performing breast selfexaminations or undergoing regular breast cancer screening?

Yes / No