

Standard Questionnaire

Name	
Date of birth	
Date of completing this form	

Please select and check your answer for each of the following questions.

No.	Questions	Answer			
1-3 Please answer whether you are currently taking any of the following medications (a-c) *Please only answer "yes" if you are taking medication prescribed by a doctor as treatment					
1	a. Medicine to lower blood pressure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	b. Medicine to lower blood sugar or insulin injections	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3	c. Medicine to reduce your level of cholesterol or neutral fat	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	Have you ever been diagnosed as having suffered a stroke (cerebral hemorrhage, cerebral infarction, etc.) and received treatment for it?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5	Have you ever been diagnosed with a heart disease (angina pectoris, myocardial infarction, etc.) and received treatment for it?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6	Have you ever been diagnosed with chronic kidney disease or kidney failure and received treatment for it (such as dialysis)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7	Have you ever been diagnosed with anemia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8	Are you currently a habitual smoker of cigarettes (including e-cigarettes)? A current habitual smoker refers to people who satisfy both condition 1 and 2 below. Condition 1: Have smoked in the past month Condition 2: Have smoked for at least 6 months, or a total of at least 100 cigarettes, in your lifetime	<input type="checkbox"/>	Yes (satisfying both condition 1 and 2)		
		<input type="checkbox"/>	I used to smoke, but I haven't smoked in the past month (satisfying only condition 2)		
		<input type="checkbox"/>	No (neither of the above)		
9	Have you gained 10 kg or more in weight compared to your weight at age 20?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10	Have you been exercising at least twice a week, for at least 30 minutes a session, and enough to work up a light sweat, for at least 1 year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11	Do you walk or perform equivalent physical activities in your daily routine for at least 1 hour a day?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12	Do you walk faster than people of the same gender who are about the same age as you?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13	Which of these best describes how you chew food during a meal?	<input type="checkbox"/>	I can chew on anything		
		<input type="checkbox"/>	I sometimes have difficulty chewing due to problems with my teeth, gums, or bite		
		<input type="checkbox"/>	I can barely chew anything		
14	How is your eating speed compared to other people?	<input type="checkbox"/>	Faster	<input type="checkbox"/>	Average
		<input type="checkbox"/>	Slower		
15	Do you eat dinner 2 hours or less before going to bed 3 or more times a week?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16	Do you consume snacks or sweet beverages between meals?	<input type="checkbox"/>	Every day	<input type="checkbox"/>	Sometimes
		<input type="checkbox"/>	Rarely		

No.	Questions	Answer			
17	Do you skip breakfast 3 or more times a week?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18	How often do you drink alcohol (sake, shochu, beer, wine, spirits, etc.)? *“Stopped” refers to people who have a history of drinking habitually at least once a month in the past, and have not consumed alcohol for at least a year	<input type="checkbox"/>	Every day	<input type="checkbox"/>	5–6 days a week
		<input type="checkbox"/>	3–4 days a week	<input type="checkbox"/>	1–2 days a week
		<input type="checkbox"/>	1–3 days a month	<input type="checkbox"/>	Less than once a month
		<input type="checkbox"/>	I stopped drinking*	<input type="checkbox"/>	Don't / cannot drink
19	What is the amount of alcohol that you consume on a day that you drink? One unit is roughly equivalent to the following: Sake (alc. 15%, 180 ml), beer (5%, 500 ml), shochu (25%, 110 ml), wine (14%, approx. 180 ml), whiskey (43%, 60 ml), canned chuhai (5%, approx. 500 ml / 7%, approx. 350 ml)	<input type="checkbox"/>	Less than 1 unit	<input type="checkbox"/>	1–2 units
		<input type="checkbox"/>	2–3 units	<input type="checkbox"/>	3–5 units
		<input type="checkbox"/>	5 units or more		
20	Do you get enough rest when you sleep?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21	Would you like to improve your lifestyle in areas such as exercise and eating habits?	<input type="checkbox"/>	Have no plans to		
		<input type="checkbox"/>	Would like to (within the next 6 months or so)		
		<input type="checkbox"/>	Would like to in the near future (within the next month or so) and am already making small changes		
		<input type="checkbox"/>	Already trying to improve (for less than 6 months)		
		<input type="checkbox"/>	Already trying to improve (for over 6 months)		
22	Have you ever received specific health guidance on improving your lifestyle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No