

Note This translation is just for reference purposes. Your answers must be entered on the original Japanese form.

Note Please fill in with a ballpoint pen. Please do not fold this paper

Corporation name				Sex		Male	
n Japanese				Sex		Female	
a Katakana							
m							
e				Age as of next March		years	
Date of birth				Year		Month	
				Date		31	

部 署	
社員番号	
保険証No	

この欄は記入しなくてよい

Medical history Please enter the name of the disease, age of onset, and treatment status.

● Treatment status 0. Under treatment (with medication) 1. Under treatment (no medicine) 2. During follow-up 3. healing 4. Surgery 5. Abandoned

□ no history

Entry example: 01 45 0

Disease name	Age of onset	Treatment status	Disease name
1			2
2			3
3			4
			5
			6

01 Heart disease 02 Brain attack 03 Hypertension 04 Diabetes 05 Kidney trouble 06 Gout 07 Liver disease 08 Dyslipidemia

09 Ophthalmic disease 13 Anemia 14 Gastric or duodenal ulcer 20 Respiratory disease 25 Gynecological diseases 45 Thyroid disease

32 Lung cancer 33 Stomach cancer 34 Colorectal cancer 35 Breast cancer 36 Uterine cancer 37 Prostate cancer 17 Other

その他の病名

Subjective symptoms Please enter the number of the applicable symptom.

□ no symptoms

01 Fatigue	07 Dizziness or dizzy after standing	21 Stomach pain / abdominal pain
03 Weight gain (over 3 kg)	08 Sleep disorder	23 Constipation
04 Weight loss (over 3 kg)	09 Swelling	24 Diarrhea
05 Appetite loss	10 Palpitations or shortness of breath	29 Numbness
06 Headache	13 Cough	35 Lower back pain
	16 Chest pain / back pain	36 Joint pain / swelling
		43 Eye strain / pain
		39 Other

Business history Please fill in the work you have experience

□ no history

01 High temperature environment	07 Heavy carrier
02 Low temperature	08 Loud sound
03 Radiation	09 Under the mine
04 Dust	10 Midnight
05 Abnormal atmospheric pressure	11 Hazardous material handling
06 Vibration	12 Toxic gas vapor dust
	13 Pathogen pollution

Work status If you are currently working, please write the appropriate number.

● What kind of work system do you have in your current workplace?
 (1) Always day shift (2) Always night shift (3) Both day shift and night shift

● What is the average daily working time in the last month at your current workplace?
 (1) Less than 6 hours (2) 6 hours or more and less than 8 hours
 (3) 8 hours or more and less than 10 hours (4) 10 hours or more

● What is the average number of working days per week in the last month at your current workplace?
 (1) Less than 3 days (2) 3 days or more and less than 5 days
 (3) 5 days (4) 6 days or more

Everyone should answer the questions below regardless of age

① Have you ever been diagnosed with kidney dysfunction or received dialysis therapy? Yes No

② Are you more than 10 kg over your weight when you were 20 years old? Yes No

③ Have you been exercising with light sweating for 30 min. or more at least two days a week for over one year? Yes No

④ In your daily life, do you walk or do an equivalent amount of physical activity more than one hour a day? Yes No

⑤ Do you walk faster than other almost same age persons? Yes No

⑥ Which describes your situation when you chew food?
 ※ Choose from ① to ③ and record your choice in the box to the right

① Can chew and eat anything
 ② Teeth, gums, or dental bite are bothering you, so chewing can be difficult
 ③ Practically cannot chew

⑦ Do you eat faster than those around you? Faster Same Slower

⑧ Do you eat a meal within two hours of bedtime three or more times a week? Yes No

⑨ Do you eat sweet snacks or sweet drink between meals? Daily Sometimes Rarely

⑩ Do you skip breakfast three or more times a week? Yes No

⑪ Are you getting good sleep? Yes No

⑫ Do you have plans to improve your exercise habits and lifestyle?
 ※ Choose from ① to ⑤ and record your choice in the box to the right

① No plans
 ② Plan to within the next 6 months
 ③ Plan to within the next 1 months
 ④ Already improving (less than 6 months)
 ⑤ Already improving (6 months or more)

⑬ If given the opportunity to receive counseling to improve the healthiness of your lifestyle, would you use it? Yes No

History of treatment to displace H.pylori Yes No

Stomach operation

smoking ① Yes ② No

Currently, do you smoke regularly? Yes No

Number of cigarettes per day

Number of years Years

(※ Regular smoking is defined as having smoked during the last one month and either having smoked at least 100 cigarettes since starting or having smoked for at least 6 months)
 If you recently quit smoking and have not smoked for at least the past one month, check "No"

Drink liquor Enter the appropriate number below.

Frequency ① Every day ② Sometimes ③ No drink

Glasses per day ① Less than one ② One or more but less than two ③ Two or more but less than three ④ Three or more

One glass equivalents:
 180 ml of sake
 500 ml (1 can) of beer
 110ml of shochu (25%)
 60ml(double) of whiskey
 240ml(2glasses) of wine