Yokohama National Health Insurance Specific Health Checkup Questionnaire

Please refer to this English Questionnaire Sheet and fill out Japanese Questionnaire Sheet.

(この英訳版の問診票をご参照いただき、日本語版の問診票にご記入ください)

For the following questions, please circle what applies

1	Number	Questions	Answer	
2 b Lam taking medicine to lower my blood sugar or taking insulin 3 c Lam taking medicine to lower my cholesterol or neutral fat level 1. Yes 2. No 4 Have you been treated by a doctor for a cerebral stroke (cerebral infarction, etc.)? 1. Yes 2. No 5 Have you been treated by a doctor for heart disease (angine, heart attack, etc.)? 1. Yes 2. No 6 Have you been treated by a doctor for chronic kidney disease or renal failure with dialysis, etc.? 1. Yes 2. No 7 Do you have a amenia? 1. Yes 2. No 8 Gondan have samoking habit? 1. Yes 2. No 9 Use have a smoking habit? 1. Yes 2. No 10 Do you do have a smoking habit? 1. Yes 2. No 11 In your regular life, do you walk and move my body or more than 6 months) 1. Yes 2. No 12 Do you walk faster than people around your age? 1. Yes 2. No 1. I can chew any food. 2. There are times it is difficult to chew. 3. I don't chew most food 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. I can chew any food. 3. I don't chew most food 1. Yes 2. No 1. Yes 3. No 1. Yes 3. No 1. Yes 3. No 1. Yes 3. No 1. I can chew any food. 3. I don't chew most food 4. What is your eating speed compared to others? 1. Yes 3. No 1. I can chew any food. 4. These are times it is difficult to chew. 5. I don't chew most food 1. Yes 5. No 1. Yes 7. No 1. Yes 7. No 1. I can chew any food. 7. Peer yday. 7. Sometimes 7. Leveryday. 7. Sometimes 8. Jedon't really intake anything 1. Yes 7. No 1. Everyday. 7. Sometimes 9. Leveryday. 9. Sometimes	1~3	Now, are you taking medicine for any of the following (a-c) conditions?		
3 c Lam taking medicine to lower my cholesterol or neutral fat level 1, Yes 2, No 4 Have you been treated by a doctor for heart disease (angine, heart attack, etc.)? 1, Yes 2, No 5 Have you been treated by a doctor for chronic kidney disease or renal failure with dialysis, etc.? 1, Yes 2, No 6 Have you been treated by a doctor for chronic kidney disease or renal failure with dialysis, etc.? 1, Yes 2, No 7 Do you have a smoking habit? 1, Yes 2, No 8 (Smoking habit = if you have smoked for a month recently, have smoked more than 100 digarettes, or you have been smoking for more than 6 months) 9 Have you gained more than 10 kilograms since you were 20? 1, Yes 2, No 10 Do you do light exercise a tleast twice a week for at least 30 minutes over the past year? 1, Yes 2, No 11 In your regular life, do you walk and move my body for more than an hour a day? 1, Yes 2, No 12 Do you walk faster than people around your age? 1, Yes 2, No 13 What condition describes your chewing while eating? 1, I can chew any food. 14 What is your eating speed compared to others? 1, Fast 2, Normal 3, Slow 15 Do you act dinner two hours before bed at least 3 times a week? 1, Yes 2, No 16 Do you act dinner two hours before bed at least 3 times a week? 1, Yes 2, No 17 Do you only a day to drink sweet things outside of regular meals? 1, Everyday 2, Sometimes 3, I don't creally intake anything 1, Yes 2, No 18 How frequently do you drink alcohol? 1, Yes 2, No 19 Do you get enough rest from sleep? 1, Yes 2, No 20 Do you get enough rest from sleep? 1, Yes 2, No 21 Leveryday 2, Sometimes 3, I don't really intake anything 2, Yes 2, No 22 Leveryday 2, Sometimes 3, I don't really intake anything 1, Yes 2, No 23 Leveryday 3, Sometimes 3, I don't drink, if I did it would be less than 1\(\frac{1}{2}\) (gou) 3, 2-3 \(\frac{1}{2}\) (2-3 \(\frac{1}{2}\)	1	a I am taking medicine to lower my blood pressure	1. Yes 2. No	
Here you been treated by a doctor for a corebral stroke (corebral hemorrhage, corebral infarction, etc.)? 1, Yes 2, No	2	b I am taking medicine to lower my blood sugar or taking insulin	1. Yes 2. No	
Have you been treated by a doctor for heart disease (angins, heart attack, etc.)? 1, Yes 2, No 6 Have you been treated by a doctor for chronic kidney disease or renal failure with dialysis, etc.? 1, Yes 2, No 7 Do you have anemia? 1, Yes 2, No 1, Yes 2, No 2, No 2, No 2, No 3, No 3	3	c I am taking medicine to lower my cholesterol or neutral fat level	1. Yes 2. No	
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Do you want to improve your exercise and eating habits? 2. Within 6 months. 3. Within 1 month. 4. I have been improving for the past 6 months 5. I have been improving for more than 6 months	20	Do you get enough rest from sleep?	1. Yes 2. No	
Would you make use of the opportunity to receive health guidance on improving your lifestyle? 1. Yes 2. No	21	Do you want to improve your exercise and eating habits? 2. Within 6 months. 3. Within 1 month. 4. I have been improving for	·	
	22	Would you make use of the opportunity to receive health guidance on improving your lifestyle? 1. Yes 2. No		

Information of Specific Health Check-up Items

Items which every medical examinee will be checked

	Aims of the Check-up	Examination Items
Inquiries	To know about your lifestyle habit and	Inquires (Current medication situation, smoking
	current treatment circumstances of life style-	history, lifestyle habit such as eating)
• Examination	Examine subjective and objective symptoms	Physical examination
		Height, Weight, Waist perimeter
Examinatio n Items	If you are visceral fat type obesity	BMI calculation [weight(kg) ÷ height(m) ÷ height(m)]
	Dyslipidemia or not	Check blood pressure
	Diabetes or not	Blood test (TG(Neutral Fats), HDL cholesterol, LDL cholesterol)
	Concerning kidney function	Blood test (Fasting blood sugar and hemoglobin
		A1c)
		Urinalysis (Sugar in urine)
	Concerning kidney function	Urinalysis (Protein in urine)
		Blood test (%Creatinine, %Uric Acid)
	Diabetes or not	Blood test (GOT, GPT, γ-GTP)
	Concerning bladder and urinary system	Urinalysis (※Occult blood in urine)

Items with \times mark are not the check up items provided by the state.

Medical fee for diabetes and renal failure is increasing.

Therefore Yokohama City National Health Insurance check them additionally to find diseases related to eating habits such as gouty arthritis early and also to prevent it to be serious.

• Examination items checked when the figures strikes the state basis and the doctor thinks it is needed

Aims of the Check-up	Examination Items	
If there is anemia	Blood test (Red blood count, MCH,Hematocrit level)	
Condition of heart function	Electrocardiograph	
Condition of blood vessel (Arteriosclerosis)	Electrocardiograph	

[For electrocardiograph]

- 1 For anemia examination
- · Diagnosed as anemia in the past
- · The doctor suspects as anemia by the check-up
- 2 For electrocardiograph
- · When the systolic blood pressure is same or more than 140mmHg at the specific health check-up
- · When the diastolic blood pressure is same or more than 90mmHg at the specific health check-up
- · When arrhythmia is suspected by the inquiry of the specific health check-up
- 3 For funduscopy
- · When the systolic blood pressure is same or more than 140mmHg at the specific health check-up
- · When the diastolic blood pressure is same or more than 90mmHg at the specific health check-up
- · Fasting blood sugar is same or more than 126mg/dl
- When blood sugar/hemoglobin A1c is same or more than 6.5%
- · People whose blood sugar figure didn't strike the state basis this year, however it had struck last year