

Questionnaire for Health Checkup

2021年4月からの問診票

Name:

Use a pencil or mechanical pencil to fill in. Draw a diagonal line in of the applicable column and write a number in the column .

1. Smoking

No (gave up) Yes (per day) cigarettes years

2. Alcohol

No Yes days a week, go/day

Rough standard of 1 go of sake (180 mL): One medium bottle of beer (about 500 mL), 25 degrees of shochu (110 mL), 1 double whiskey (60 mL), Two glasses of wine (240 mL)

3. About recent subjective symptoms (Please choose symptoms that particularly concern you up to 5 items.)

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Headache/feeling heavy in the head | <input type="checkbox"/> Malaise/feelings of weakness | <input type="checkbox"/> Mucosal inflammation/abnormality | <input type="checkbox"/> Abnormal reflex of patellar tendon/Achilles tendon | <input type="checkbox"/> Cyanosis |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Reduced/impaired visual acuity | <input type="checkbox"/> Skin inflammation/abnormality | <input type="checkbox"/> Parkinsonian symptoms | <input type="checkbox"/> Abnormal urination |
| <input type="checkbox"/> Dizziness/Vertigo | <input type="checkbox"/> Conjunctival/corneal abnormality | <input type="checkbox"/> Skin/eye irritation | <input type="checkbox"/> Pain in the distal part of the limbs | <input type="checkbox"/> Defecation abnormality |
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Pain in the eye(s)/blurred vision | <input type="checkbox"/> Respiratory/upper respiratory tract irritation | <input type="checkbox"/> Numbness/paralysis of the limbs | <input type="checkbox"/> Abnormal sweating |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Photophobia (dazzling) | <input type="checkbox"/> Pharyngeal pain/discomfort | <input type="checkbox"/> Movement disorder such as finger tremor | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Abnormal taste | <input type="checkbox"/> Lacrimation | <input type="checkbox"/> Scratchy throat | <input type="checkbox"/> Abnormal sensation | <input type="checkbox"/> Bleeding tendency |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Nosebleed/pain in the nose | <input type="checkbox"/> Chest pain/tightness | <input type="checkbox"/> Convulsion | <input type="checkbox"/> Nothing in particular |
| <input type="checkbox"/> Anxiety/restlessness | <input type="checkbox"/> Abnormality in the nasal cavity | <input type="checkbox"/> Palpitation | <input type="checkbox"/> Joint pain/muscle pain [Only for persons who undergo blood sampling] | <input type="checkbox"/> [Only for women] |
| <input type="checkbox"/> Decreased concentration | <input type="checkbox"/> Abnormal respiratory symptoms/asthma | <input type="checkbox"/> Abdominal pain/sense of abnormality | <input type="checkbox"/> Decreased grip strength | <input type="checkbox"/> Have felt sick by blood sampling |
| <input type="checkbox"/> Sleep disorder | <input type="checkbox"/> Abnormal breath sounds | <input type="checkbox"/> Change in teeth or discoloration | <input type="checkbox"/> Gait disturbance | <input type="checkbox"/> Have had rash due to alcohol disinfection |
| <input type="checkbox"/> Excitability | <input type="checkbox"/> Frequent coughing | <input type="checkbox"/> Gingivitis/stomatitis | <input type="checkbox"/> Ataxia | <input type="checkbox"/> Have had numbness in hands after blood sampling |
| <input type="checkbox"/> Fatigue/fatigability | <input type="checkbox"/> Frequent sputum | <input type="checkbox"/> Enlargement of lymph nodes of neck, etc. | <input type="checkbox"/> Poor writing | <input type="checkbox"/> During menstruation |

4. Past/present medical history * Enter medical history in the table on the right.

- Simple survey on working conditions (1) Exposure to the relevant substances in the event of accident or repair Yes No Don't know
- (2) Use of local exhaust ventilation Always Sometimes Not installed
- (3) Use of protective equipment Always Sometimes Not use
- Glasses Gloves Protective clothing Mask Other

Medical history

Please place a checkmark in each right box below the name of a disease that you have had or for which you are undergoing treatment. In addition, please fill your age when you were affected by the disease.

If you have no medical history, please place a checkmark in the right blank box.

No past history/present illness

	Past	Under treatment	Outpatient / No medicine	code		Past	Under treatment	Outpatient / No medicine	code		Past	Under treatment	Outpatient / No medicine	code
《 Gastric/duodenal disease 》					《 Kidney/urinary tract disease 》					《 Bone/muscle/peripheral nerve disease 》				
Chronic gastritis				53	Nephritis				70	Fracture				79
Gastric ulcer				55	IgA nephropathy				238	Lumbago				66
Duodenal ulcer				56	Nephrosis				71	Disk herniation				68
Gastric polyps				54	Pyelonephritis				186	Spinal column stenosis				209
Gastric submucosal tumor				163	Hemodialysis				72	Gonarthrosis				210
Gastric diverticulum				151	Nephrolithiasis/urolithiasis				73	Coxarthrosis				211
Helicobacter pylori positive				164	Prostatitis				187	Shoulder periarthrosis (frozen shoulder)				212
Gastric cancer				6	Prostatic hyperplasia				74	Osteoporosis				67
Other diseases				121	Cystitis				128	Neuralgia				137
《 Esophageal disease 》					Renal cancer					188				
Reflux esophagitis				178	Prostate cancer				189	Scoliosis				148
Esophageal hiatal hernia				147	Bladder cancer				190	Rheumatism				65
Esophageal varices				160	Other diseases				131	Other diseases				69
Esophageal carcinoma				162	《 Skin disease 》					《 Autoimmune disease 》				
Other diseases				120	Atopic dermatitis				100	Systemic lupus erythematosus				214
《 Colonic disease 》					Urticaria					191				
Colonic polyp				57	Chronic eczema				192	Scleroderma				215
Irritable bowel syndrome				155	Benign skin tumor				193	Dermatomyositis				216
Ulcerative colitis				117	Burn				80	Multiple sclerosis				217
Crohn's disease				153	Herpes zoster				194	Myasthenia gravis				218
Colon diverticulum				152	Skin cancer				195	Sjogren's syndrome				219
Intestinal obstruction (ileus)				116	Other diseases				99	Other diseases				52
Colon/rectal cancer				7	《 Cerebrovascular/cranial nerve disease 》					《 Mammary gland disease 》				
Other diseases				122	Cerebral infarction				41	Mastitis				159
《 Gallbladder/hepatic/pancreatic disease 》					Cerebral hemorrhage					40				
Gall bladder polyp				58	Hydrocephalus				196	Fibroadenoma				157
Gallstone				59	Parkinson's disease				197	Benign mammary neoplasm				92
Cholecystitis				60	Epilepsy				24	Breast cancer (right)				171
Hepatitis				82	Facial palsy				198	Breast cancer (left)				172
Hepatitis B				3	Brain tumor				199	Other diseases				239
Hepatitis C				4	Meningitis				244	《 Uterine, ovarian and tubal diseases 》				
Fatty liver				61	Other diseases				97	Uterine myoma				76
Liver cirrhosis				62	《 Blood disease 》					Endometriosis				
Pancreatitis				63	Anemia				14	Adenomyosis uteri				129
Bile duct cancer				179	Purpura				233	Cervical duct polyp				176
Hepatic cancer				138	Aplastic anemia				200	Ovarian cystoma				130
Pancreatic carcinoma				180	Leukemia				11	Ovarian cystoma				167
Other diseases				64	Multiple myeloma				223	Ovarian cyst				156
《 Eye disease 》					Other diseases					15				
Cataracta				27	《 Endocrine disease 》					Uterine cervical cancer				
Glaucoma				28	Hyperthyroidism				201	Uterine body cancer				174
Retinal detachment				181	Hypothyroidism				202	Ovarian cancer				175
Age-related macular degeneration				182	Goiter				203	Other diseases				177
Retinopathy				98	Thyroid cancer				245	Other diseases				133
Allergic conjunctivitis				183	Diabetes mellitus				17	《 Traumatic injury 》				
Other diseases				29	Gout/hyperuricemia				18	Cervical sprain				227
《 Bronchial/pulmonary disease 》					Dyslipidemia					19				
Bronchial asthma				46	Other diseases				20	Meniscus injury				228
Bronchiectasis				48	《 Neuropsychiatric disease 》					Ligament injury				
Pneumonia				43	Autonomic nervous system disorder				25	Internal injury				229
Pleuritis				49	Depression				21	Spinal cord injury				230
Pneumothorax				109	Neurosis				22	Limb amputation				231
Pulmonary cystic disease				108	Panic disorder				234	Other traumatic injury disorders				81
Emphysema				47	Adjustment disorder				235	《 Others 》				
Interstitial pneumonia				145	Schizophrenia				236	Other cancers				13
Pulmonary tuberculosis				1	Other diseases				23	Malignant lymphoma				222
Pneumoconiosis / Asbestosis				146	《 Otic/nasal/pharyngeal/laryngeal disease 》					Behcet's disease				
Lung cancer				8	Otitis media				32	Progressive muscular dystrophy				170
Sarcoidosis				221	Sudden hearing loss				33	Post organ transplantation				242
Mediastinal tumor				166	Congenital deafness				204	Anal prolapse				243
Other diseases				50	Meniere's disease				34	Temporomandibular joint disease				224
《 Cardiovascular disease 》					Allergic rhinitis					112				
Hypertension				36	Sinusitis				45	Hyperventilation syndrome				225
Angina pectoris				102	Tonsillar hypertrophy				205	Other diseases				136
Myocardial infarction				103	Vocal cord polyp				206					
Arrhythmia				38	Laryngeal cancer				207					
Cardiac valvular disease				104	Sleep apnea syndrome				208					
Cardiomyopathy				39	Other diseases				101					
Congenital heart disease				105										
Arteriosclerosis obliterans				184										
Venous aneurysm				237										
Aortic aneurysm				185										
Kawasaki's disease				220										
Other diseases				42										