

Questionnaire for Health Checkup

2021 年 4 月からの問診票

2024年3月31日まで使用可

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 ☐ No ☐ Yes ☐ days a week, ☐ go/day

2. Alcohol

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	<div>[Only for persons who undergo blood sampling] <input type="checkbox"/> Have felt sick by blood sampling</div> <div>[Only for women] <input type="checkbox"/> Pregnant or possibly pregnant</div>
<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	<div><input type="checkbox"/> Have had rash due to alcohol disinfection</div> <div><input type="checkbox"/> During menstruation</div>
<input type="checkbox"/> Sleep disorder	<input type="checkbox"/> Abnormal breath sounds	<input type="checkbox"/> Change in teeth or discoloration	<input type="checkbox"/> Gait disturbance	<div><input type="checkbox"/> Have had numbness in hands after blood sampling</div>
<input type="checkbox"/> Excitability	<input type="checkbox"/> Frequent coughing	<input type="checkbox"/> Gingivitis/stomatitis	<input type="checkbox"/> Ataxia	
<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	

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know				
(2) Use of local exhaust ventilation	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	(3) Use of protective equipment	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Glasses	<input type="checkbox"/> Gloves	<input type="checkbox"/> Protective clothing
	<input type="checkbox"/> Not installed		<input type="checkbox"/> Not use		<input type="checkbox"/> Mask	<input type="checkbox"/> 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.

<input type="checkbox"/>	No past history/present illness
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	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 periarthritis (frozen shoulder)				212
Gastric cancer				6	Prostatic hyperplasia				74	Osteoporosis				67
Other diseases				121	Cystitis				128	Neuralgia				137
《 Esophageal disease 》					Renal cancer				188	Cervical spondylosis				213
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	Scleroderma				215
Colonic polyp				57	Chronic eczema				192	Dermatomyositis				216
Irritable bowel syndrome				155	Benign skin tumor				193	Multiple sclerosis				217
Ulcerative colitis				117	Burn				80	Myasthenia gravis				218
Crohn's disease				153	Herpes zoster				194	Sjogren's syndrome				219
Colon diverticulum				152	Skin cancer				195	Other diseases				52
Intestinal obstruction (ileus)				116	Other diseases				99	《 Mammary gland disease 》				
Colon/rectal cancer				7	《 Cerebrovascular/cranial nerve disease 》					Mastitis				159
Other diseases				122	Cerebral infarction				41	Mastopathy				75
《 Gallbladder/hepatic/pancreatic disease 》					Cerebral hemorrhage				40	Galactoceles				158
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				129
Pancreatitis				63	Anemia				14	Adenomyosis uteri				176
Bile duct cancer				179	Purpura				233	Cervical duct polyp				130
Hepatic cancer				138	Aplastic anemia				200	Ovarian cystoma				167
Pancreatic carcinoma				180	Leukemia				11	Ovarian cyst				156
Other diseases				64	Multiple myeloma				223	Benign ovarian tumor				226
《 Eye disease 》					Other diseases				15	Menopausal symptom				77
Cataracta				27	《 Endocrine disease 》					Uterine cervical cancer				174
Glaucoma				28	Hyperthyroidism				201	Uterine body cancer				175
Retinal detachment				181	Hypothyroidism				202	Ovarian cancer				177
Age-related macular degeneration				182	Goiter				203	Other diseases				133
Retinopathy				98	Thyroid cancer				245	《 Traumatic injury 》				
Allergic conjunctivitis				183	Diabetes mellitus				17	Cervical sprain				227
Other diseases				29	Gout/hyperuricemia				18	Meniscus injury				228
《 Bronchial/pulmonary disease 》					Dyslipidemia				19	Ligament injury				229
Bronchial asthma				46	Other diseases				20	Internal injury				230
Bronchiectasis				48	《 Neuropsychiatric disease 》					Spinal cord injury				231
Pneumonia				43	Autonomic nervous system disorder				25	Limb amputation				232
Pleuritis				49	Depression				21	Other traumatic injury disorders				81
Pneumothorax				109	Neurosis				22	《 Others 》				
Pulmonary cystic disease				108	Panic disorder				234	Other cancers				13
Emphysema				47	Adjustment disorder				235	Malignant lymphoma				222
Interstitial pneumonia				145	Schizophrenia				236	Behcet's disease				170
Pulmonary tuberculosis				1	Other diseases				23	Progressive muscular dystrophy				241
Pneumococcal infection / Asbestosis				146	《 Otic/nasal/pharyngeal/laryngeal disease 》					Post organ transplantation				242
Lung cancer				8	Otitis media				32	Anal prolapse				243
Sarcoidosis				221	Sudden hearing loss				33	Temporomandibular joint disease				224
Mediastinal tumor				166	Congenital deafness				204	Hyperventilation syndrome				225
Other diseases				50	Meniere's disease				34	Other diseases				136
《 Cardiovascular disease 》					Allergic rhinitis				112					
Hypertension				36	Sinusitis				45					
Angina pectoris				102	Tonsillar hypertrophy				205					
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										