

Questionnaire for Health Checkup

2024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 (Please indicate if [1] and/or [2] below apply.)

- [1] Have been smoking for the past month
[2] Have smoked ≥ 6 months or ≥ 100 cigarettes in lifetime

Form for smoking status with checkboxes for 'Neither applies', 'Both [1] and [2] apply', 'Only [2] applies', 'cigarettes a day', and 'years'.

2. Alcohol

Form for alcohol consumption with checkboxes for 'Yes' and 'No', and options for frequency (days a week) and amount (go/day).

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

Large form for subjective symptoms with multiple columns of checkboxes for various symptoms like eye fatigue, loss of appetite, joint pain, etc.

4. Recent living conditions

Form for living conditions with sub-sections (1) Chewing condition, (4) Lifestyle habits, (5) Improvement of lifestyle, and (6) Health guidance.

5. Work history (Those who are currently "on a leave of absence" or "unemployed" do not have to answer the following questions.)

Form for work history with sub-sections (1) Past work history, (2) Current work system, (3) Average working hours, and (4) Average number of working days.

6. Medications

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

< The following questions are for women who undergo breast cancer screening/Pap smear test. >

Form for medical history with checkboxes for breast symptoms, menstrual history, and pregnancy history.

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.

Box for 'No past history/present illness' with a checkmark.

Large table for medical history with columns for disease names, checkboxes for 'Past', 'Under treatment', and 'Outpatient/No medicine', and a column for 'code'.