

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

2. Alcohol

Yes → [] [] days a week

[] No [] 1-3 days a month

[] Quit drinking (≥ 1 year ago) [] < 1 day a month

[] Neither applies [] Both [1] and [2] apply

[] Only [2] applies → [] [] cigarettes a day [] [] years

< Rough indication of 1 go of 15% sake (180 mL) >
5% beer (about 500 mL)
25% shochu (110 mL)
14% wine (180 mL)
43% whiskey (60 mL)
7% canned chuhai (350 mL)

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

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

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

- (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 (3) Use of protective equipment [] Always [] Sometimes [] Glasses [] Gloves [] Protective clothing
[] Not installed [] Not use [] 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

Table with columns for disease names, Past, Under treatment, Outpatient/No medicine, and code. Rows include categories like Gastric/duodenal disease, Kidney/urinary tract disease, Bone/muscle/peripheral nerve disease, Esophageal disease, Skin disease, Colonic disease, Gallbladder/hepatic/pancreatic disease, Eye disease, Endocrine disease, Bronchial/pulmonary disease, Cardiovascular disease, etc.