

QUESTIONNAIRE

2018.4 ~

Name	
Date of birth	
Date of completing this form	

※ Please complete in your own handwriting.

Please select and circle your answer for each of the following questions.

NO	Questions	Answer choices
1-3	Are you currently taking the following medications?	
1	a. a drug to lower blood pressure	① Yes ② No
2	b. a drug to lower blood glucose or insulin injections	① Yes ② No
3	c. a drug to lower cholesterol or neutral fat	① Yes ② No
4	Have you ever been told by a doctor that you have stroke (e.g., cerebral hemorrhage, cerebral infarction) or have you ever received treatment for stroke?	① Yes ② No
5	Have you ever been told by a doctor that you have heart disease (e.g., angina, myocardial infarction) or have you ever received treatment for heart disease?	① Yes ② No
6	Have you ever been told by a doctor that you have chronic renal failure/renal insufficiency or have you ever received treatment for chronic renal failure (dialysis, etc.)?	① Yes ② No
7	Have you ever been told by a doctor that you have anemia?	① Yes ② No
8	Are you a current regular smoker? (※ A “current regular smoker” is a person who has smoked a total of 100 or more cigarettes or smoked for 6 months or longer and has been smoking for the last 1 month.)	① Yes ② No
9	Have you gained ≥ 10 kg since you were 20 years old?	① Yes ② No
10	Have you been exercising at least 2 days per week, at least 30 minutes each at an intensity that causes a slight sweat, for at least 1 year?	① Yes ② No
11	Do you walk for at least 1 hour everyday or have equivalent physical activities in your daily life?	① Yes ② No
12	Do you walk faster than people of your age and sex?	① Yes ② No
13	When you chew your food, what most accurately describes your chewing?	① I can chew all my food. ② There are some problems with my teeth, gums or engagement of the teeth so that I sometimes have trouble chewing. ③ I can hardly chew.
14	How fast do you eat compared to others?	① Faster ② Normal ③ Slower
15	Do you have an evening meal within 2 hours before bedtime 3 days or more per week?	① Yes ② No
16	Do you have any snacks or sweet beverages other than breakfast, lunch and dinner?	① Everyday ② Sometimes ③ Rarely
17	Do you skip breakfast 3 days or more per week?	① Yes ② No
18	How often do you drink alcohol (Sake , shochu [distilled spirits], beer, liquor, etc.)?	① Everyday ② Sometimes ③ Rarely (can't drink)
19	How much do you drink a day, in terms of glasses of refined sake? (A glass [180 mL] of refined Sake (rice wine) is equivalent to a medium bottle [500 mL] of beer, 110 mL of shochu (alcohol content 25 percent), a glass [double, 60 mL] of whiskey, and 2 glasses [240 mL] of wine.)	① <1 ② ≥ 1 and <2 ③ ≥ 2 and <3 ④ ≥ 3
20	Do you feel refreshed after a night's sleep?	① Yes ② No
21	Are you going to start or have you started lifestyle modifications (e.g., increase physical activity, improve dietary habit)?	① I don't mean to start. ② I'm going to start in the future (e.g., within 6 months). ③ I'm going to start soon (e.g., in a month), or I have just started some of them. ④ I already started (<6 months ago). ⑤ I already started (≥ 6 months ago).
22	Are you willing to get health counseling about lifestyle modifications if the opportunity arises?	① Yes ② No