


# Specific Health Checkup Form (ages 40-74), City of Setagaya, FY 20XX

Personal Copy

\* Checkup must be done by March 31, 20XX+1.

\* If you fill in the phone number field, we can inform you by flyer and text about health services (health checkups, health guidance, etc.) and nursing care services (optional).

Question		Answer	
1.	Are you currently taking medication to reduce your blood pressure?	1. Yes	2. No
2.	Are you currently taking medication or insulin injections to lower your blood glucose?	1. Yes	2. No
3.	Are you currently using medication to lower your cholesterol or triglycerides?	1. Yes	2. No
4.	Have you ever been diagnosed with or received treatment for stroke (brain bleed, cerebral infarction, etc.)?	1. Yes	2. No
5.	Have you ever been diagnosed with or received treatment for heart disease (angina, myocardial infarction, etc.)?	1. Yes	2. No
6.	Have you ever been diagnosed with or received treatment for chronic kidney disease or kidney failure (including dialysis)?	1. Yes	2. No
7.	Have you ever been diagnosed with anemia?	1. Yes	2. No
8.	Are you a "regular smoker"? *A "regular smoker" is defined as someone who meets both of these conditions: Condition 1: Has smoked within the past month Condition 2: Has smoked for over 6 months total or more than 100 cigarettes over lifetime	<div>1. Yes (meeting both conditions 1 and 2)</div> <hr/> <div>2. Previously smoked but not in the past month (meeting condition 2 only)</div> <hr/> <div>3. No (neither 1 nor 2)</div>	
	If you are considering quitting, please check this box: 		
9.	Have you put on more than 10kg since the age of 20?	1. Yes	2. No
10.	Do you partake in exercise that causes a light sweat for at least 30 minutes, twice a week or more, for a year or more?	1. Yes	2. No
11.	Do you walk daily or do some other equivalent exercise for at least one hour a day?	1. Yes	2. No
12.	Do you walk faster than others of the same age and gender?	1. Yes	2. No
13.	How would you describe your ability to chew food?	<div>1. I can chew and eat anything.</div> <hr/> <div>2. I have some difficulty chewing due to problems with teeth, gums, or bite alignment.</div> <hr/> <div>3. I can hardly chew.</div>	

Question	Answer	
	1. Fast	
	2. Normal	
	3. Slow	
14. How would you rate your eating speed compared to others?		
15. Do you eat dinner within 2 hours of bedtime 3 times a week or more?	1. Yes	2. No
16. Do you snack or drink sweet beverages outside of the 3 meals of the day?	1. Every day	
	2. Sometimes	
	3. Hardly at all	
17. Do you skip breakfast 3 times a week or more?	1. Yes	2. No
18. How often do you drink alcohol (sake, shochu, beer, spirits, etc.)? (* "Given up": those who previously drank regularly (at least once a month) but have not drunken alcohol for at least the past year)	1. Daily	2. 5-6 days/week
	3. 3-4 days/week	4. 1-2 days/week
	5. 1-3 days/month	6. Less than once/month
	7. Given up	8. Do not drink (cannot drink)
19. Average alcohol consumption per drinking day Rough guide: cup (1 serve) of sake = 15% alcohol, 180ml Beer (5%, 500ml) Shochu (25%, 110ml) Wine (14%, 180ml) Whiskey (43%, 60ml) Canned chu-hi (5%, 500ml or 7%, 350ml)	1. Under 1 serve	
	2. 1-2 serves	
	3. 2-3 serves	
	4. 3-5 serves	
	5. 5+ serves	
20. Do you get adequate restful sleep?	1. Yes	2. No
21. Are you interested in improving your exercise and diet?	1. No	
	2. Yes (within 6 months)	
	3. Yes (soon)	
	4. Have already done so (< 6 months)	
	5. Have already done so (≥ 6 months)	
22. Have you previously received Specific Health Guidance regarding lifestyle improvements?	1. Yes	2. No

Tests	Standard value	Test results			
Total cholesterol	130–220				mg/dℓ
ALP	38–113				U/ℓ
LD (LDH)	120–245				IU/ ℓ
Uric acid	M: 3-7 F: 2-6		.		mg/dℓ
Urea nitrogen	8.0–23.0		.		mg/dℓ
Total protein	6.7–8.3		.		g/dℓ
Albumin	3.8–5.3		.		g/dℓ
White blood cell count	3500–9000				/mm <sup>3</sup>
Platelet count	13.0–36.9		.		10 <sup>9</sup> /μℓ

Referral letter	To:	Facility name									
	Please provide    1. Ophthalmoscopy    2. Lung cancer screening.										
	Referring doctor								Number of referral facility		
	Referral date										
Funduscopy examination	Conducting facility		1. Own hospital		2. Referral hospital						
	Intraocular pressure	Right	mmHg			Left		mmHg			
	Scheie's classification	H-type (hypertensive change)				0    1    2    3    4					
		S-type (atherosclerotic change)				0    1    2    3    4					
	Findings (including suspicions)	1. Diabetic changes    2. Bleeding 3. White dots    4. Macular degeneration 5. Optic disc cupping 6. Other ( )						<div>Points calculation *Max 399 points</div> <div><div></div><div></div><div></div></div>			
		Reason for testing		1. Doctor's discretion							
ECG	1. Findings (Mark the corresponding number in the findings below with a circle.)                      2. No findings										
	Findings (including suspicions)	1. Abnormal Q wave    2. Left ventricular hypertrophy 3. ST changes    4. T wave changes    5. WPW syndrome 6. Right bundle branch block 7. Supraventricular premature contraction 8. Premature ventricular contraction    9. Atrial fibrillation 10. Supraventricular tachycardia 11. Other ( )									
	Reason for testing	1. Doctor's discretion    2. Suspected arrhythmia at interview, etc.									
Chest X-ray	Front	1. No Findings                  2. Findings				<div><input type="checkbox"/> Digital <input type="checkbox"/> Analog (Large format) *Side X-ray only for lung cancer screening</div>					
		Findings									
	Side	1. No Findings                  2. Findings									
		Findings									
	Lung cancer screening results		1. No further screening    2. Further screening required (Note: )								
Visit	1. Doctor only                  2. With nurse										
	Sputum smear test	1. Negative                  2. Positive (Gaffky: )									
○Final Assessment											
1. Normal		2. Guidance required			3. Treatment required						
Disease (including suspicions)	Treatment required	Guidance required	Disease (including suspicions)	Treatment required	Guidance required						
Hypertension	1	2	Lung disease	1	2						
Hyperuricemia	1	2	Heart disease	1	2						
Anemia	1	2	Kidney disease	1	2						
Liver disease	1	2	Dyslipidemia	1	2						
Diabetes	1	2	Cerebrovascular disease	1	2						
Other ( )				1	2						
Other ( )				1	2						
Other ( )				1	2						
Notes											
Facility ID:		1	3	1							
Healthcare facility name											
Address											
Tel:											
Name of doctor											

◎ Guide to understanding your final assessment

1. If your result is “**Normal**,” it means that no abnormalities were detected. This does not guarantee future health. If you experience any symptoms, consult a physician promptly. Continue regular health checkups.
2. If your result is “**Guidance required**,” it means that you need to continue to be observed or retested at a healthcare facility due to one of the following: an unclear diagnosis resulting from your tests, findings that are difficult to classify as normal or abnormal, or abnormalities that may appear as a result of your physical condition during testing, even though you are healthy.
3. If your result is “**Treatment required**,” it means that you will need to promptly undergo medical treatment. If you are currently in treatment, it is important that you continue to follow the guidance of your lead physician.

◎ Guide to understanding your test results

Fold along the dotted line on the left to align  
and view your test results.

Mountain fold line

Tests		Purpose & Meaning
Urinalysis	Protein	Screens for diabetes, kidney and urinary system disease.
	Glucose	
	Occult blood	
Triglycerides		Elevated levels indicate increased risk of lifestyle diseases.
HDL cholesterol		Low levels indicate increased risk of atherosclerosis.
LDL cholesterol		Elevated levels indicate increased risk of atherosclerosis.
AST (GOT)		Elevated levels may indicate liver disease.
ALT (GPT)		
$\gamma$ –GT ( $\gamma$ –GTP)		Elevated levels may indicate alcoholic hepatitis, etc.
Blood glucose		Elevated levels may indicate diabetes.
Hemoglobin A1c		
Red blood cell count		Low levels may indicate anemia.
Hemoglobin		
Hematocrit		
Creatinin		Elevated levels may indicate kidney disease.
eGFR		Low levels may indicate kidney disease.
Total cholesterol		Elevated levels indicate increased risk of atherosclerosis.
ALP (alkaline phosphatase)		Elevated levels may indicate liver disease.
LD (LDH) (lactate dehydrogenase)		Elevated levels may indicate disease of the heart or liver.
Uric acid		Elevated levels may indicate gout.
Urea nitrogen		Elevated levels may indicate kidney disease.
Total protein		Low levels may indicate renal dysfunction, malnutrition, or hepatic dysfunction.
Albumin		
White blood cell count		Check for any blood disorder.
Platelet count		Low levels indicate increased bleeding risk.
Funduscopy examination		Check for progression of arteriosclerosis or diabetes.
ECG		Check heart condition, arrhythmia, etc.
Chest X-ray		Check for tuberculosis, etc.
Home visit Sputum Test		Check for TB bacillus in sputum.

※ Measurements can be affected by age, sex and food intake. Standard values may also vary according to differences in measurement methods, and between individuals. Please use the standard values as a guide only. These test results alone are insufficient to make a diagnosis, so please listen carefully to the instructions of the doctor.

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◎ About Body Mass Index

Formula: BMI = body weight (kg) ÷height (m)<sup>2</sup>  
Threshold: BMI ≥ 25.0 is obese