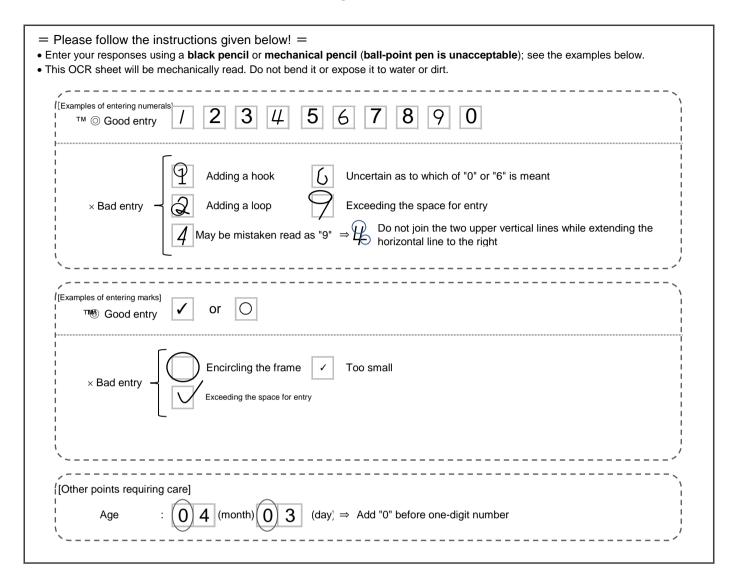
How to Fill in the OCR Supplemental Table 1. Questionnaire = Advice to All Who Are Going to Receive the Health Checkup =



[Please ensure that you have answered all the questions!]

If your responses to the questionnaire are incomplete, you will have to sit for an inquiry on the date of the health checkup.

In such cases, the time taken for the checkup will be longer than usual. Please understand it.

| ■ Name: | years old | I D | | | | | | 1 | 1 | |
|------------|--------------|------------|---|--|--|--|--|---|---|--|
| | Qu | estionnair | е | | | | | | | |

- 1. Are you currently suffering from any illness for which you are now receiving treatment? Please check the appropriate boxes.
 - Please enter the name of illness on which you are receiving doctor's care through periodical visit to a medical facility.

| | | - | • | octor's care through periodical visit to a medical facili se check the column, "No illness warranting outpatient care | - |
|-------------------------|--|-----------------------|----------------|---|--------------|
| | No illness warranting outpatient ca | are | | | |
| | Taking medication for hypertension (s Have hypertension, but do not take a | • | • , | (Using blood pressure-lowering medication) ing doctor's care through periodic visits to a medical facility) | |
| | Taking medication for diabetes mellit Have diabetes mellitus, but do not tal | | _ | O) (Using insulin injections or blood glucose-lowering medication) eceiving doctor's care through periodic visits to a medical facility) | |
| | Taking medication for dyslipidemia (h Have dyslipidemia (hyperlipidemia) b | | , , | e years ago) (Using cholesterol- or triglyceride-lowering medication (Receiving doctor's care through periodic visits to a medication) | |
| | Diagnosed by a doctor as having heart disease (angin | na pectoris, myoca | ardial infarct | ion, etc.) or receiving treatment for heart disease (Diagnosis: |) |
| | Diagnosed by a doctor as having stroke (cerebral | hemorrhage, cer | ebral infaro | tion, etc.) or receiving treatment for stroke (Diagnosis: |) |
| | Diagnosed by a doctor as having chronic kidney disease | e or renal failure, o | r receiving t | eatment (hemodialysis, etc.) for chronic kidney disease/renal failure | |
| | Taking medication for anemia Have an | emia, but do r | not take a | ny medication (Receiving doctor's care through periodic visits to a medical | al facility) |
| |] Taking medication for gout (hyperuric | cemia) | | | |
| | Liver disease Diagnosis (| |) | Gastroduodenal disease Diagnosis (|) |
| | Colorectal disease Diagnosis (| |) | Gallstone | |
| | Urogenital disease Diagnosis (| |) | Orthopedic disease Diagnosis (|) |
| | Respiratory system disease Diagnosis (| |) | Neuropsychiatric disease Diagnosis (|) |
| | Others Diagnosis (| |) | | |
| 2. Inc | [Hearing test] Suffering from tinnitus at presen' [right left Have suffered from ear illness before Diagnosis (right left Receiving outpatient care for ear illness at Diagnosis (right left | ft both side | | [Ophthalmological test] Have undergone LASIK surgery before Have suffered from eye illness before Diagnosis (Receiving outpatient care for eye illness at present Diagnosis (|) |
| 3. Please | enter the name of each illness that you have suffered | from before. If yo | ou have nev | er suffered from any significant illness, please check the box against "No | 1е." |
| | None | | 1 | | 7 |
| | Diagnosis | Age upon onset | | Diagnosis Age upon onse | - |
| | | years | | year | |
| | | years | | year | - |
| | | | | acility at which you are receiving outpatient | care |
| | you have your family doctor (attending | | | ∐ No ☐ Yes | |
| Ple | ase enter the name of the medical facility that you v | isit, the name of | the depar | tment that you visit, and the name of the doctor who attends to you. | |

) Specialty (

Specialty (

Medical facility (

Medical facility (

| lame: | years | I D | | | 1 2 |
|---|--|--|--|--|--|
| ame. | old | Questionnaire | | | |
| Family history | rolativas (naranta grandnar | onto brothere/sisters | and an an) have | a history of the | fallowing illaconce? |
| • Do any of your blood r | relatives (parents, grandpare | Unexplained | and so on) nave | a nistory of the | following illnesses? |
| Hypertension | Diabetes Myocardial mellitus infarction | Stroke sudden death | Glaucoma Canc | er 1 , | enter the cancer-affected site |
| Father | | | | Site: (|) |
| Mother | | | | Site: (|) |
| Grandparent | | | | Site: (|) |
| Brother/Sister | | | | Site: (|) |
| erformed within the phormality and the re | have any abnormality (<u>r</u> previous 3 years (includes esults of the re-test or d | ding checkup at ot | | • | • |
| Abnormality found | Re-test/detailed te | st results (please encircl | e the relevant alte | ernative) | In other cases, enter the outcome in the parentheses |
| (| 1 7 | | rised to undergo follow- nrough health checkups | No visit (No test) | () |
| (| 1 -7 | | rised to undergo follow- nrough health checkups | No visit (No test) | () |
| (| 1 — | | rised to undergo follow- nrough health checkups | No visit (No test) | () |
| Have you undergone No | e gastric endoscopy withi Yes If "Yes," please | n the previous one y | | |) |
| Have you undergon No | | enter the endoscopy results colorectal endoscopy perfor | . (| year month) A |) opproximate or incomplete answer will also suffice |
| | | | | | |
| | <u> </u> | Please check the symptoms | <u> </u> | <u> </u> | ng the previous one year. |
| None If you have | not had any of the symptoms li | isted below, please chec | k the box against | "None." | |
| None If you have | not had any of the symptoms i | isted below, please chec | k the box against | "None." | ring evacuation |
| None If you have Heartburn Gastric discon | not had any of the symptoms li Frequent country for Frequent spi | isted below, please checugh Palpita | k the box against ation ss of breath | "None." Bleeding du | ring evacuation |
| None If you have Heartburn Gastric discon | not had any of the symptoms li Frequent countries Frequent spi Chest pain | isted below, please checugh Palpita utum Shortne | k the box against ation ss of breath | "None." Bleeding du Pain during Residual uri | ring evacuation urination ne sensation |
| None If you have Heartburn Gastric discon Stomachach Nausea | not had any of the symptoms li Frequent countries Frequent spi Chest pain Tightness of the chest | isted below, please checugh Palpita utum Shortne Heada | ek the box against ation ss of breath ache ghtheadedness | "None." Bleeding du | ring evacuation urination ne sensation |
| Heartburn Gastric discon | not had any of the symptoms li Frequent countries Frequent spi Chest pain Tightness of the chest | isted below, please checugh Palpita utum Shortne | ek the box against ation ss of breath ache ghtheadedness | "None." Bleeding du Pain during Residual uri | ring evacuation urination ne sensation |
| None If you have Heartburn Gastric discon Stomachach Nausea Difficulty in swa | not had any of the symptoms li Frequent countries Frequent spi Chest pain Tightness of the chest | isted below, please checugh Palpita utum Shortne Heada st Dizziness/li | ek the box against ation ss of breath ache ghtheadedness | "None." Bleeding du Pain during Residual uri Difficulty in | ring evacuation urination ne sensation urinatior s experienced within the previous one y |
| None If you have Heartburn Gastric discon Stomachach Nausea Difficulty in swa | not had any of the symptoms li Frequent countries Trequent spi Chest pain Tightness of the chest Allowing Arrhythmia describing your job. *if your job does re | isted below, please checugh Palpita utum Shortne Heada st Dizziness/li | ek the box against ation ss of breath ache ghtheadedness | "None." Bleeding du Pain during Residual uri Difficulty in Loss of consciousnes | ring evacuation urination ne sensation urinatior s experienced within the previous one y |

| | | | | | | | | 1 | - |
|------------|-------|-----|--|--|--|------|------|------|---|
| Name: | years | וטו | | | | | | ' | _ |
| . 15.1.101 | old | | | | | | | | _ |

Questionnaire

| 10. Inquiry about your lifestyle Please | check the relevant alter | natives or enter n | umeral: | |
|---|----------------------------------|----------------------------|-----------------------------|-----------------------------------|
| Do you smoke habitually? | No, I don't smoke | Yes, I smo | oke. I have stopped smoking | |
| If you are a smoker or ex-smoker, please enter the smoke/smoked daily and the duration of smoking. | number of cigarettes that you | Daily | cigarettes Ca. | years |
| Please enter the frequency of your drinking alcohol. | (1) Every day | (2) Sometin | nes (3) h | Having stopped drinking |
| | Seldom (unable | to drink) | | years ago) |
| [If you have checked (1), (2) or (3):] Please answer the volume of alcohol consumed on a typical drinking day. | | to less than 2 Go | | |
| *Japanese wine 1 Go (180 mL) is approximately equivalent On how many days of the week do you your answer is (3), on how may days of the wee | ou drink alcohol? (If | days | glass of whisky (60 m | nL), two glasses of wine (240 mL) |
| Have you lost weight by 3 kg or more during | the previous 1 year? | | ☐ No | Yes |
| If "Yes," please give the reason for the weight loss | of 3 kg or more. | et therapy or exer | cise [| Reason unknown |
| | Ot | her reasons (| |) |
| Have you gained weight by 10 kg or more as compared to you see that the second se | our weight recorded when you v | vere 20 years old? | ☐ No | Yes |
| Have you been exercising (for 30 minutes or more of the week for one year or longer? | ore, until you sweat lightly | on 2 days or | □ No | Yes |
| Do you walk or engage in similar physical activity | for one hour or more per day | in your daily life? | □ No | Yes |
| Do you walk faster than people of the same again. | ge and gender as you? | | ☐ No | Yes |
| Please select the style of eating food from the alt | ernatives given below. | Check one | alternative. | |
| I can chew/eat any food. | | I can hardly | chew food. | |
| I sometimes have difficulty in | chewing food because | of problems with | my teeth, gums, | occlusion or the like. |
| How about your speed of eating as comp | ared to other people? | Faster | Normal | Slower |
| Do you take your supper within 2 hours of your before bedti | me thrice or more per week? | | ☐ No | Yes |
| Do you take snack or sweet beverage in addition to three meals | s (breakfast, lunch and supper)? | Every day | Sometimes | Seldom |
| Do you skip breakfast three times or | more per week? | | ☐ No | Yes |
| ●How many days, on average, per wee | k have you eaten fish | in the past 1 m | onth? | days |
| Do you intend to improve your lifestyle (exercis | | Check one a | | |
| No intention to improve my lifes | | | mprove my lifestyle (les | • |
| Intend to improve my lifestyle (within Intend to improve my lifestyle soon (| • | | | ce 6 months ago or more) |
| If you are given the opportunity to receive health guidance. | e for improvement of your lifes | tyle, will you utilize it? | ☐ No | Yes |
| Do you feel sufficiently refreshed a | after a night of slee | p? | ☐ No | Yes |
| How many hours do you sleep daily, or | on average? | | hours | |

| ame: | | years old Question | naire | | <u></u> |
|---|---|--|------------------------------|--|---------------------|
| | | Question | nane | | |
| Questions for wo | men only | | | | |
| | ot pregnant now. | I may be pregnant now (or, I an pregnant now (or, I an and sure if | m not sure if I am pregnant) |). I am pregnant (| months of pregnancy |
| 2 Inquiry about r | | e check the relevant a | | | |
| Are you currently me | □ | Yes | *If you are currently menst | ruating, it can affect the results of some your health checkup to a time | • |
| | | ergo a breast exami | | eck the relevant alt | ernative. |
| 0 1 | nt care for breast disease at through periodic visits to a hospi | | ∐ Yes | Currently receiving | treatment for |
| 2. Breastfeeding | at present | ☐ No | Yes | breast cancer or visit outpatient care • Underwent surgery | ting a hospital for |
| I weaned my infant off b 3. months). | reast milk recently (within the pre | vious 6 No | Yes | less than 6 years ago • Breastfeeding at pro • Recently weaned in | o resent |
| Currently receiving a 4. etc.) | ugmentation mammoplasty (i | injection, No | Yes | milk (within the previor • Pregnant at presen • Receiving augumen | ous 6 months) it |
| 5. I have an impl | anted cardiac pacem | naker. | Yes | mammoplasty Breast examination was performed under these | vill not be |
| 6. I have an ence | ephalo-peritoneal shu | unt. No | Yes | even if the subject re | |
| Family history: Do 7. of the illnesses lis Breast (White cancer (White cancer) | ted below? | es (grandparents, parents | prostate cancer (Who | ren) have a history of any | Site: |
| ◎ I have under | gone surgery for breast o | cancer. No | Yes | s (right | left) |
| | gone surgery for breast il | llness (benign). | Yes | s (🗌 right | ☐ left) |
| 1. Currently receiving outp | | _ | | | |
| I have undergone gynecological surgery. | ☐ No | Yes (| ase enter the operation you | have received | |
| 3. I have a history of pregnancy. | □No | Yes (Fred deliv | quency of times) | *If you have been pregnant be enter your 'para' status. | efore, please |
| 4. Experience of sexual intercourse | Absent | Present | | | |
| 5. Menstrual cycle | Regulai | Irregular | Menopause | (at age | |
| 6. Last menstrual perio | d (month | (day), started days | ; | | |
| | | | | *If you are postme | |
| 7. Menstrual pair | n | Present | | may skip question | ns 6 through 8. |