

Note to fill in

Good

Bad

## Kawaguchi City Specific Health Checkup( and Complete Physical Checkup) Checkup Ticket · Questionnaire

Checkup Date	20	YY.	MM.	DD	Gender		
Name					Daytime Contact Number	-	-
Date of Birth				Age at the end of Fiscal Year	Age	Hours easy to be connected	: ~ :
Address	〒 - - - - -						
Insured Person's Code · Number	Code	Number			Branch Number※		

※Not indispensable(can be left blank)

	Checkup Ticket Reference Number	00110031	Questions 1~ 22		Answer(make a tick in each <input type="checkbox"/> )		
Insured Person's Information	Insurer's Number	00110031	1	Currently taking medicines to lower blood pressure. (prescribed drugs for the treatment of hypertension)	①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>		
	Insurer's Name	Kawaguchi City National Health Insurance Program		2	Currently taking insulin injection or hypoglycemic drug? (prescribed drugs for the treatment of diabetes)	①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>	
	Payment Service Provider's Number	91199026	3		Currently taking medicines to lower cholesterol level or neutral lipid? (prescribed drugs for the treatment of dyslipidemia)	①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>	
	Payment Service Provider's Name	Association of National Health Insurance Programs		4	Have you ever been diagnosed as having a stroke (cerebral hemorrhage, brain infraction, etc.) or received treatment for it?	①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>	
	Expiration Date of Ticket		5		Have you ever been diagnosed as having a heart disease (angina pectoris, cardiac infraction, etc.) or received treatment for it?	①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>	
	Fee to be charged at counter	¥0		※See the back page for Complete Physical Checkup fee.			
6	Have you ever been diagnosed as having a kidney disease or chronic kidney failure, and received or receiving treatment (artificial dialysis, etc.) for it?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
7	Have you ever been diagnosed as anemic?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
8	Are you a habitual smoker?		①Yes→ <input type="checkbox"/> ②Used to be a smoker, but not smoked for the last one month.    ②No→ <input type="checkbox"/>				
(the total lifetime smoking period amounts to 6 months and more, and have already consumed over 100 cigarettes up to the present. And being a smoker as of the last 30 days.)							
9	Have you gained over 10kg of weight from the one at the age of 20?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
10	Are you in a habit of doing exercise to sweat lightly for over 30 minutes at a time, 2 times a week, for over a year?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
11	In your daily life, do you walk or do any equivalent amount of physical activity more than one hour a day?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
12	Do you think your walking speed is quite fast compared to the one of those of your age and sex?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
13	Which of these best describes the condition of your mastication while eating food?		①Masticate anything <input type="checkbox"/>	②Sometimes with difficulty <input type="checkbox"/>	③Almost hard to masticate <input type="checkbox"/>		
14	Do you feel your eating speed is quite fast compare to others?		①Faster→ <input type="checkbox"/>	②the same→ <input type="checkbox"/>	③Slower→ <input type="checkbox"/>		
15	Do you have a habit of eating meals two hours before bedtime more than 3 times a week?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
16	Do you have a habit of having snacks or sweetened beverage between meals?		①Everyday→ <input type="checkbox"/>	②Sometimes→ <input type="checkbox"/>	③Rarely <input type="checkbox"/>		
17	Do you skip breakfast more than 3 times a week?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
18	How often do you drink? (sake, shochu, beer, wine, whisky, brandy, etc.) <small>("quit" means the person who had the habit of drinking at least once a month have not touched alcohol for more than a year)</small>		①Everyday <input type="checkbox"/>	②5-6/week <input type="checkbox"/>	③3-4/week <input type="checkbox"/>	④ 1-2/week <input type="checkbox"/>	
			⑤1-3/month <input type="checkbox"/>	⑥ 1/month or less <input type="checkbox"/>	⑦ Quit <input type="checkbox"/>	⑧ Do not drink(Cannot) <input type="checkbox"/>	
19	How much do you drink on one occasion? <small>Equivalent to sake 1-go (Alc.15% · 180ml) : beer (Alc.5% · ≒500ml), shochu(Alc.25% · ≒110ml), wine(Alc.14% · ≒180ml)、whisly(Alc.43% · ≒60ml), canned chu-hi(Alc.5度 · ≒500ml, Alc.7% · ≒350ml)</small>		① less than 1 go <input type="checkbox"/>	② Up to 1-2 go <input type="checkbox"/>	③ Up to 2-3 go <input type="checkbox"/>	④Up to 3-5 go <input type="checkbox"/>	⑤More than 5 go <input type="checkbox"/>
20	Do you feel you have a good sleep to get enough recovery?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			
21	Seek for ways to improve your daily routines such as habit of eating and exercising?	① No <input type="checkbox"/>	② Seeking for (within 6 months) <input type="checkbox"/>	③ Seeking for (before soon) <input type="checkbox"/>	④ Have been on it (for 6 months or less) <input type="checkbox"/>	⑤ Have been on it (over 6 months) <input type="checkbox"/>	
22	Have you ever received Specific Health Guidance with the aime of improving your daily routines?			①Yes→ <input type="checkbox"/> ②No→ <input type="checkbox"/>			

# Kawaguchi City National Health Insurance Program

## Specific Health Checkup

**Please be sure to read**

Eligibility requires to have Kawaguchi City National Health Insurance certificate on the day of taking the checkup.

If you take this checkup after the day of disqualification (※), the whole expenses will be charged on you from a medical institution carried out the checkup.

This ticket becomes invalid on the day you lost qualification of the Program. Immediately throw away this ticket after you have lost qualification of this Program.

※Day of disqualification of the Program is the day you switched to other Health Insurance Program (Social Insurance, etc.), not the day you came to the National Health Insurance counter for the procedure to leave the Program. Please check your eligibility before taking this checkup.

※Cost of Complete Physical Checkup; ¥9,900 for age 30-64, ¥6,600 for age 65-74.

1. Take Specific Health Checkup within the term printed on the “Specific Health Checkup (and Complete Physical Checkup) Checkup Ticket • Questionnaire”. If you will turn 75 years old this year, take this checkup by a day before your birthday.

Cost for age 75 and older persons’ Health Checkups are covered by the Medical Care System for the Latter Stage of Life (Free of charge). Please contact Health and Welfare Services for the Elderly Office.

2. In case any changes occurred on Name, Insurance Registration Code • Insured Person’s Number, Address, please write altered items in corresponding spaces on enclosed “Specific Health Checkup (and Complete Physical Checkup) Checkup Ticket • Questionnaire”.

3. When you take Specific Health Checkup, please bring this “Specific Health Checkup (and Complete Physical Checkup) Checkup Ticket • Questionnaire” and enclosed “Specific Health Checkup Medical Card” to the reception counter and show “Myna Health Insurance Card or documents that prove your membership of National Health Insurance Program”.

4. **Personal information provided through Specific Health Checkup and its result will be handled based on the Act on the Protection of Personal Information and shall be announced to relevant authorities as well as be used to provide statistical data and public health service to residents. We appreciate your prior understanding that Kawaguchi city or city’s designated public health worker will contact via phone or by post for those we considered to be needing improvement in lifestyle and so forth, to provide health guidance. The result of Complete Physical Checkup will be handled the same as above.**

5. For further information, please inquire National Health Insurance Division, Kawaguchi City.