№	Questions	Choices	回答
1	How is your current health condition?	① Good ② Quite good ③ Normal ④ Not very good ⑤ Poor	
2	Are you satisfied with your daily life?	① Satisfied ② Quite satisfied ③ Quite unsatisfied ④ Unsatisfied	
3	Do you have 3 regular meals a day?	① Yes ② No	
4	Do you find it more difficult to eat solid foods* compared to half a year ago? *Dried shredded squid, pickled daikon radish, etc.	① Yes ② No	
5	Do you sometimes choke on your tea, soup dishes, etc.?	① Yes ② No	
6	Have you lost 2 to 3 kg or more during the past 6 months?	① Yes ② No	
7	Do you feel your walking pace is slower than before?	① Yes ② No	
8	Have you fallen over the past year?	① Yes ② No	
9	Do you walk or do some exercise at least once a week?	① Yes ② No	
10	Do people around you comment on your forgetfulness, for example, saying: "You are always asking the same thing"?	① Yes ② No	
11	Do you sometimes have difficulty in remembering today's date? (Do you sometimes have difficulty in remembering what day it is today?)	① Yes ② No	
12	Do you smoke?	① I smoke ② I don't smoke ③ I quit smoking	
13	Do you go out at least once a week?	① Yes ② No	
14	Do you regularly meet with your family or friends?	① Yes ② No	
15	Do you have someone around you whom you can talk with when you are not feeling well?	① Yes ② No	