No.		Questions	Choices
1-3		Are you taking the following medicines at present?	
	1	a. Medication to reduce blood pressure	① Yes ② No
	2	b. Medication to reduce blood sugar or insulin injection	① Yes ② No
	3	c. Medication to reduce your level of cholesterol or of neutral fat	① Yes ② No
4		Have you ever been told by a doctor that you have had a stroke (cerebral hemorrhage, brain infarction, etc.) and received treatment?	① Yes ② No
5		Have you ever been told by a doctor that you have a heart disease (angina pectoris, myocardial infarction, etc.) and received treatment?	① Yes ② No
6		Have you ever been diagnosed as having chronic kidney disease or kidney failure and received treatment (dialysis treatment, etc.)?	① Yes ② No
7		Have you ever been diagnosed as anemic?	① Yes ② No
8		Are you a currently a regular smoker? (* A “current regular smoker" refers to those that apply to both of the following conditions 1 and 2: Condition 1: Smoked regularly in the past month Condition 2: Smoked a lifetime total of six months or more, or have smoked a total of 100 cigarettes or more)	① Yes (Conditions 1 and 2 apply) ② I smoked in the past but not within the last month (only Condition 2 applies) ③ No (other than ① and ②)
9		Have you gained over 10 kg from your weight at age 20?	① Yes ② No
10		Have you been in a habit of doing moderate exercise to work up a sweat for over 30 minutes twice or more a week for not less than 1 year?	① Yes ② No
11		In your daily life, do you walk or do any equivalent amount of physical activity for at least 1 hour?	① Yes ② No
12		Do you walk faster compared to people of the same age/gender?	① Yes ② No
13		Which of the following best describes your condition when you chew while eating meals?	① I have no problem chewing food. ② Sometimes I have difficulty chewing due to problems with teeth, gums or occlusion. ③ I can hardly chew.
14		Do you eat faster compared to others?	① Faster ② Average ③ Slower
15		Do you eat supper within 2 hours before bedtime at least 3 times a week?	① Yes ② No
16		Do you eat snacks or drink sweet beverages other than when having meals?	① Every day ② Sometimes ③ Rarely eat/drink
17		Do you skip breakfast at least 3 times a week?	① Yes ② No
18		How often do you drink alcohol (Japanese sake, shochu, beer, Western liquor, etc.)? (* “Quit drinking” refers to those who used to drink alcohol regularly at least once a month in the past, but have not consumed alcohol for more than a year.)	①Every day ②5-6 days a week ③3-4 days a week ④1-2 days a week ⑤1-3 days a month ⑥Less than 1 day per month ⑦Quit drinking ⑧Don't drink (can't drink)
19		When you drink alcohol, how much do you drink? One "drink" is as follows for various types of alcohol: Japanese sake (15% alcohol, 180 ml), shochu (25% alcohol, 110 ml), beer (5% alcohol, 500 ml), wine (14% alcohol, 240 ml - 2 glasses)	①Less than 1 drink ②1 to 2 drinks ③2 to 3 drinks ④3 to 5 drinks ⑤5 drinks or more
20		Do you sleep well and enough?	① Yes ② No
21		Do you want to improve your lifestyle habits such as exercise habits and eating habits?	① I don't plan to improve my habits ② I plan to improve my habits (within about 6 months) ③ I plan to improve my habits in the near future (within 1 month) and begin to work on this gradually ④ I am already in the process of improving my habits (for less than 6 months) ⑤ I am already in the process of improving my habits (for at least 6 months)
22		Have you ever received any specific health guidance concerning improvements in lifestyle habits?	① Yes ② No