Comprehensive Survey for Living Conditions [Health]

(Survey as of June 6, 2019)

This survey is a fundamental statistical survey conducted by the government in accordance with the Statistics Law. We take all possible measures to protect the confidentiality of questionnaire information, so please fill in the questionnaire as it is. Please fill in the questionnaire as it is.

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| < Notes on filling out the form > Please fill out one copy of this questionnaire for each person in your household. Please read the "How to Fill Out (Household and Health Form)" carefully before filling out the form. If you do not know how to fill out the form, please ask the surveyor when you pick it up. If you do not understand how to fill out the form, please ask the surveyor when you pick it up. Please circle one number that applies to you or all the numbers that apply to you. If you are unable to fill out the form by yourself, please have a family member or caregiver help you fill it out. Please use a black ballpoint pen if possible. |

Question 1: Please fill in your gender and date of birth. For gender/era, please add a circle to one of the applicable numbers and write the number in the right column for the year of birth.

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| --- | --- |
| sex | Date of birth |
| 1 male2 female | 1 Meiji4 Heisei2 Taisho5 Era Year Month New3 Showa |

Investigator Entry Fields

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|  |
| District number |  |  |  |  |  | Unit Ward Number |  |  | Household number |  |  |

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Question 2: Are you currently hospitalized in a hospital or clinic, or in a long-term care insurance facility?

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| 1 Yes2 No |

Question 4: Are you currently attending a hospital, clinic (doctor's office, dentist's office), or anma, acupuncture, moxibustion, or judo therapist (treatment center) for an injury or illness (disease or injury)? (Including house calls, home visits, and those attended for the symptoms of supplemental Q3-1)

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| 1 Going2 Not going through |

Question ~~4-1~~: What kind of illness or injury are you suffering from? Please circle the number of all the injuries or illnesses that apply to you. Please write the number of the injury or illness that concerns you the most in the space provided.

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| 01 Diabetes15 Acute nasopharyngitis (cold)32 Diseases of the kidneys02 Obesity16. Allergic rhinitis33 BPH03 Dyslipidemia17. Chronic obstructive pulmonary disease34 Menopause or postmenopausal disorders04 Thyroid Diseases18 Gasp 35 Fractures05 Depression19 Other respiratory systems 36 Injuries other than fractures06 Dementia20 Diseases of the stomach and duodenum37 Anemia and blood diseases07 Parkinson's disease21 Diseases of the liver and gallbladder38 Malignant neoplasms08 Other Neurological Diseases22 Other digestive systems39 Pregnancy and puerperal diseases09 Eye Diseases23 Dental diseases40 Infertility10 Ear diseases24. Atopic dermatitis41 Others11. Hypertension25 Other skin diseases42 Unknown12 Stroke (cerebral hemorrhage, etc.)26 Gout13 Angina pectoris and myocardial infarction27. Rheumatoid arthritis14 Other circulatory systems28. Arthropathy29. Stiff neck disease30 Low back pain31 Osteoporosis Fill in the number of the symptom that concerns you the most. |

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Question 16: Have you had any medical examinations (physical examinations, medical checkups, or physical examinations) in the past year? Have you had any medical checkups in the past year?

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| 1 Yes2 No |

Question 16-1: On what occasions did you receive health checkups? Please add a circle to all applicable numbers.

\* If you receive the service at a medical institution instructed by each institution of 1 ~ 3, please add a circle to the number of each institution.

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| 1 Health checkups conducted by municipalities2. Health checkups conducted by employers or health insurance societies, etc. (including family members' workplaces)3 Health checkups conducted by the school4 Comprehensive medical checkup (medical examinations other than those 1 ~ 3 above)5 Others |

Please answer supplemental question 16-2 only if you answered "2 no" to question 16].

16-2

What was the reason why you did not take the course? Please circle all that apply.

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| --- |
| 01 Because I didn't know08 Because I was confident in my health and didn't feel the need02 Because I couldn't get an hour 03 Because the place is far away09 Because you can visit a medical institution whenever you are worried04 Because it costs05 Because I am worried about examinations (blood collection, stomach camera, etc.)10 I don't want to receive it because I'm worried about the outcome 06 Because I was going to a medical institution at that time11 Because I'm sorry12 Others 07 Because I don't feel the need to take it every year |

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Continue to the next page.

Question 17: Have you had any of the following three cancer screenings in the past year? Please answer each question. For each screening, please indicate the occasion for which you were examined.

|  |  |
| --- | --- |
| Gastric cancer screening (X-ray with barium or endoscope (gastric camera, fiberscope), etc.) 1 Didn't receive 2 Received | What opportunities did you get screened?Please add a circle to all applicable numbers. 1 Medical examination conducted by municipalities2. Medical examinations conducted by employers or health insurance societies, etc. (including family members' workplaces)3 Others |
| Lung cancer screening (chest X-ray, sputum examination, etc.) 1 Didn't receive 2 Received | What opportunities did you get screened?Please add a circle to all applicable numbers. 1 Medical examination conducted by municipalities2. Medical examinations conducted by employers or health insurance societies, etc. (including family members' workplaces)3 Others |
|  Colon cancer screening (fecal occult blood reaction test (stool examination)) 1 Didn't receive 2 Received | ３What opportunities did you get screened?Please add a circle to all applicable numbers. 1 Medical examination conducted by municipalities2. Medical examinations conducted by employers or health insurance societies, etc. (including family members' place of employment)3 Others |

Question 18: Have you had stomach cancer screenings in the past two years?

Also, please tell us what kind of occasion you received a medical examination.

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| Gastric cancer screening (X-ray with barium or endoscope (gastric camera, fiberscope), etc.) 1 Didn't receive 2 Received | What opportunities did you get screened?Please add a circle to all applicable numbers. 1 Medical examination conducted by municipalities2. Medical examinations conducted by employers or health insurance societies, etc. (including family members' workplaces)3 Others |

If you are a woman over the age of 20, please continue to answer.

Question 19: Have you had the following two cancer screenings in the past two years? Please answer about each medical examination. Also, please answer what kind of occasion you received for each medical examination.

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| --- | --- |
| Uterine cancer (cervical cancer) screening (uterine cytology, examination, etc.) 1 Didn't receive 2 Received | What opportunities did you get screened?Please add a circle to all applicable numbers. 1 Medical examination conducted by municipalities2. Medical examinations conducted by employers or health insurance societies, etc. (including family members' place of employment)3 Others |
| Breast cancer screening (mammography, breast ultrasound (echo) examination, etc.) 1 Didn't receive 2 Received | What opportunities did you get screened?Please add a circle to all applicable numbers. 1 Medical examination conducted by municipalities2. Medical examinations conducted by employers or health insurance societies, etc. (including family members' workplaces)3 Others |

Thank you for taking the time to fill out this form.

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