「（英語版）特定健康診査記録票 兼 特定保健指導利用券」日本語の健診記録票への記載の際にご活用ください。

Utsunomiya City　Specific Health Examination Record Form and Specific Health Guidance Voucher

●Please fill out the form neatly in block letters.
●This is a carbon copy form, so please write firmly

Health insurance card no.

Eligibility category

Appointment Ticket Reference Number

Eligibility category

Public health insurance

Social insurance transfer

Screening date　Year 20　Month　Day

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Address: _____

Utsunomiya City

Mobile/home: _____

Name: _____ 1. Male 2. Female

Date of birth: _____

Questions	Response
1. (Fill in on the day of your screening)　Has it been 10 or more hours since your last meal?	① Yes ② No
2. Are you currently taking any medicine to lower your blood pressure?	① Yes ② No
3. Are you currently taking insulin injections or oral diabetes medicine?	① Yes ② No
4. Are you currently taking any medicine to lower your cholesterol or triglycerides?	① Yes ② No
5. Has a doctor ever told you that you have had a stroke (such as a hemorrhagic stroke or ischemic stroke), or are you currently undergoing treatment or have you received treatment for it in the past?	① Yes ② No
6. Has a doctor ever told you that you have heart disease (such as angina or a heart attack), or are you currently undergoing treatment or have you received treatment for it in the past?	① Yes ② No
7. Has a doctor ever told you that you have chronic kidney disease or kidney failure, or are you currently undergoing treatment (such as dialysis) or have you received treatment for it in the past?	① Yes ② No
8. Has a doctor ever told you that you have anemia?	① Yes ② No
9. Have you gained 10 kg or more since you were 20 years old?	① Yes ② No
10. Have you been doing light exercise that makes you break a light sweat for at least 30 minutes per session at least twice a week for over a year?	① Yes ② No
11. Do you walk or do a similar physical activity for at least one hour a day in your daily life?	① Yes ② No
12. Do you walk faster than people of the same gender who are about the same age as you?	① Yes ② No
13. Which of the following best describes the state of your mouth when you chew your food?	① I have no difficulty with chewing and can eat anything ② I have concerns about my teeth, gums, or bite, which sometimes make it difficult to chew ③ I can hardly chew at all
14. Do you eat faster than most people?	① Yes, faster ② Normal speed ③ No, slower
15. Do you eat dinner within two hours of going to bed three or more times a week?	① Yes ② No
16. Do you skip breakfast three or more times a week?	① Yes ② No
17. Do you eat snacks or drink sugary beverages in addition to your three daily meals?	① Everyday ② Sometimes ③ Almost never
18. How often do you drink alcohol (sake, shochu, beer, Western spirits, etc.)? (※"Quit" refers to those who used to drink habitually at least once a month but have not consumed alcohol for at least the past year.)	① Everyday ② 5 to 6 days a week ③ 3 to 4 days a week ④ 1 to 2 days a week ⑤ 1 to 3 days a month ⑥ Less than 1 day a month ⑦ I quit ⑧ I don't drink (I can't drink)
19. Daily alcohol consumption on drinking days 【Alcoholic beverages equivalent to 1 cup of sake (15% ABV, 180 ml)】 Beer/Happoshu (5% ABV, 500 ml)　Shochu (25% ABV, approx. 110 ml) Wine (14% ABV, approx. 180 ml)　Whiskey (43% ABV, 60 ml) Canned chu-hai (5% ABV, approx. 500 ml; 7% ABV, approx. 350 ml)	① Less than 1 cup ② 1 to less than 2 cups ③ 2 to less than 3 cups ④ 3 to less than 5 cups ⑤ 5 cups or more
20. Do you currently smoke regularly? ※"Current regular smokers" are those who meet both Condition 1. and Condition 2. Condition 1.: I have smoked within the past month Condition 2.: I have smoked for at least 6 months in my lifetime, or have smoked a total of 100 or more cigarettes	① Yes (I meet both Condition 1. and Condition 2.) ② I used to smoke, but haven't smoked for the past month (I meet Condition 2. only) ③ No (Other than ① and ②)
21. Are you getting enough quality sleep?	① Yes ② No
22. Do you plan to make changes to your lifestyle habits, such as your exercise routine and diet?	① No, I don't plan to ② Yes, I plan to (Within approximately 6 months) ③ I plan to make improvements soon (within approximately 1.　month) and have already started taking small steps ④ I am already working on making improvements (less than 6 months) ⑤ I am already working on making improvements (6 months or more)
23. Have you ever received specific health guidance regarding lifestyle improvements?	① Yes ② No

Disease currently being treated		Disease treated in the past	
Self-reported symptoms		Objective symptoms	

Height	cm
Weight	kg
Body mass index	kg/m²

Waist circumference: cm

※ BMI = Weight (kg) ÷ Height (m) ÷ Height (m) (Rounded to the nearest tenth)

Obesity classification	1. No abnormalities	2. Needs medical guidance

Blood pressure	Systolic	mmHg
	Diastolic	mmHg

Blood pressure assessment: 1. No Abnormalities 2. Needs medical guidance 3. Medical consultation recommended 4. Undergoing treatment

Time of blood draw	1. Fasting for 10 hours or more	2. Fasting for less than 10 hours

Blood lipids	Triglycerides	mg/dl
	HDL cholesterol	mg/dl
	LDL cholesterol	mg/dl

→ 1. No abnormalities 2. Needs medical guidance 3. Medical consultation recommended 4. Undergoing treatment

LDL cholesterol	mg/dl
HbA1. c test	%

→ Lipid assessment / Blood glucose assessment

1. No abnormalities 2. Needs medical guidance 3. Medical consultation recommended 4. Undergoing treatment

※ Conducted simultaneously only for Utsunomiya City National Health Insurance subscribers
(For recipients of public assistance or those who switched to social insurance mid-fiscal year, only one test will be performed depending on the time of blood draw)

Liver function	AST	U/l
	ALT	U/l
	γ−GT	U/l

Urine analysis	Total protein	1 − 2 ± 3 + 4 + + 5 + + + or more
	Glucose	1 − 2 ± 3 + 4 + + 5 + + + or more

Renal function	Creatinine	mg/dl
	eGFR	ml/min/173m²

→ Liver function assessment / Comprehensive urine analysis assessment

1. No abnormalities
2. Needs medical guidance
3. Medical consultation recommended
4. Undergoing treatment

【Comprehensive health examination】
Available only to National Health Insurance subscribers and recipients of public assistance (Those who switched to social insurance mid-fiscal year are not eligible for the comprehensive health examination)

This is applicable only to individuals ages 40 to 74 who meet at least one of the following criteria and are deemed necessary by a physician (Excluding those currently under medical supervision or receiving treatment for related conditions)

<Creatinine Test> This test is performed for all participants, but only to determine eligibility for the detailed health examination.

- ☐ Based on the results of the specific health examination for the current fiscal year, the participant has a systolic blood pressure of 130 mmHg or higher, or a diastolic blood pressure of 85 mmHg or higher.
- ☐ Based on the results of the specific health examination for the current fiscal year, the participant has a fasting blood glucose level of 100 mg/dL or higher, or an HbA1c (NGSP value) of 5.6% or higher.

<Electrocardiogram (ECG)> ☐ Perform ☐ Do not perform

- ☐ Based on the results of the specified health examination for the current fiscal year, the individual has a systolic blood pressure
- ☐ A medical question interview or other assessment indicates a suspected arrhythmia.

→ Findings

ECG assessment
1. No abnormalities 2. Needs medical guidance
3. Medical consultation recommended

<Fundus examination> ☐ Perform ☐ Do not perform

- ☐ Based on the results of the specific health examination for the current fiscal year, the individual has a systolic blood pressure of 140 mmHg or higher, or a diastolic blood pressure of 90 mmHg or higher.
- ☐ Based on the results of the specific health examination for the current fiscal year, the individual has a fasting blood glucose level of 126 mg/dL or higher, or an HbA1c (NGSP value) of 6.5% or higher.

→ Findings, test methods, and results

Fundus assessment
1. No abnormalities 2. Needs medical guidance
3. Medical consultation recommended

<Anemia Test> ☐ Perform ☐ Do not perform

☐ Has a history of anemia or anemia is suspected based on visual examination, etc.

Red blood cell count	×10⁴/μl
Hemoglobin level	g/dl
Hematocrit	%

Anemia assessment: 1. No abnormalities
2. Needs medical guidance 3. Medical consultation recommended

Metabolic syndrome assessment	1. Meets criteria 2. At Risk 3. Does not meet criteria 4. Unable to determine

Physician's judgment
<Circle the applicable number>
1. No abnormalities
2. Needs observation
3. Needs medical guidance
4. Needs medical care
5 Undergoing treatment

<Health guidance assessment>
1. Active support
2. Motivational support
3. Information provision
4. Information provision due to medication use
5 Unable to determine

Name of medical institution・
Name of physician

Medical institution No.