

Checkup List for Regular Health Examination

Name of examinee		Resident registration number		Telephone	home:
					mobile phone:
Name of workplace(No.)		Insurance card No.		E-mail address	
Address					zip code
					-

※ To ensure an accurate judgment of your health status, please do not leave any questions unanswered.

1. Have you ever suffered from any of the following diseases or are you being treated for any of the following diseases or any other serious illness?
 ※ Tuberculosis, hepatitis, liver diseases, hypertension, stroke, diabetes, or cancer.

If you have any diseases, please list and describe below.

Name of diseases	Onset of diseases(year)	Current status	
		Complete recovery	Under treatment
()		①	②
()		①	②
()		①	②

2. Did any member of your family suffer or die from the following diseases?

① Liver diseases()
 ② Hypertension ()
 ③ Stroke () ④ Heart disease ()
 ⑤ Diabetes () ⑥ Cancer ()

3. Is there any kind of disease or symptoms which, you suspect, you might have?
 ① No ② Yes
 (Name of disease :)

4. What kinds of food do you usually eat?
 ① I usually eat vegetables.
 ② I eat meat and vegetables equally.
 ③ I usually eat meat

5. How often do you drink alcohol?
 ① I never (rarely) drink.
 ② I drink twice or three times a month.
 ③ I drink once or twice a week.
 ④ I drink three or four times a week.
 ⑤ I drink almost every day.

6. When you drink, how much do you usually drink? (based on one bottle of Soju)
 ① less than a half bottle ② one bottle
 ③ one and a half bottles ④ more than two bottles

7. Do you smoke cigarettes currently?
 ① No, I don't
 ② I had smoked, but I quit smoking year(s) ago.
 ③ Yes, I do

8. How many cigarettes do (did) you smoke per day?
 ① less than a half pack
 ② more than a half pack but less than one pack
 ③ more than one pack but less than two packs
 ④ two packs or more

9. How long have you been smoking?
 If you quit smoking, how long did you smoke?
 ① less than 5 years ② 5~9years ③ 10~19years
 ④ 20~29years ⑤ more than 30years
 ⑥ the year when you started smoking :

10. How many times do you exercise to the point of perspiration (sweating) per week?
 ① never ② once or twice ③ three to four times ④ five to six times ⑤ everyday

11. Have you ever felt physical or mental difficulties over the past month?
 ① Frequently ② sometimes ③ never
 ④ I don't know