

Specific Health Examination “Questionnaire

Please fill in all the information in the bold frame below and send it together with a copy of your medical checkup results.

Please agree to the privacy policy on the reverse side and submit the results. Please fill in the name in the bold frame to indicate your consent.

insurance identification card symbol	insurance card number	Full Name	Date of Birth
Address* to which QUO Cards will be sent		Phone number (daytime contact)	Name of medical institution

	Questions	Answer
1	Are you currently using blood pressure-lowering medications?	1. Yes 2. No
2	Are you currently using blood sugar-lowering medications or insulin injections?	1. Yes 2. No
3	Are you currently using cholesterol or triglyceride lowering medications?	1. Yes 2. No
4	Have you ever been told by a doctor that you had a stroke(e.g., cerebral hemorrhage, cerebral infarction),or have you ever received treatment for a stroke?	1. Yes 2. No
5	Have you ever been told by a doctor that you have heart disease(e.g., angina,myocardial infarction),or have you ever received treatment for heart disease?	1. Yes 2. No
6	Have you ever been told by a doctor that you have chronic kidney disease/kidney failure,or are you receiving treatment (e.g., dialysis)for these conditions?	1. Yes 2. No
7	Have you ever been diagnosed as anemic?	1. Yes 2. No
8	Are you a current regular smoker? *Required Yes No *A current regular smoker is a person who has smoked for at least six months during the lifetime or has smoked more than 100 cigarettes in total and has smoked in the last month.	1. Yes 2. No 3. Used to smoke,but have not smoked for the last month
9	Have you gained more than 10kg since you were 20years old?	1. Yes 2. No
10	Are you in the habit of doing exercise to sweat lightly for over 30 minutes a time, two times weekly, for over a year?	1. Yes 2. No
11	Do you walk or have equivalent physical activities for at least one hour every day in your daily life?	1. Yes 2. No
12	Do you walk faster than people of your age and sex?	1. Yes 2. No
13	When you chew your food, which most accurately describes your chewing?	1. I can chew anything. 2. Sometimes I have difficulty chewing due to problems with the teeth, gums, or bite. 3. I can hardly chew.
14	How fast do you eat compared with others?	1. Faster 2. Normal 3. Slower
15	Do you have an evening meal within two hours before bedtime three days or more a week?	1. Yes 2. No
16	Do you have any snacks or sweet beverages other than breakfast, lunch, and dinner?	1. Everyday 2. Some-times 3. Almost never
17	Do you skip breakfast three days or more a week?	1. Yes 2. No
18	How often do you drink(sake, shochu, beer, wine, whisky, or brandy, etc.)? *Please select "Quit drinking" if you had been drinking at least once a month, but you have not consumed alcohol for more than one year.	1. Everyday 2. 5-6 days weekly 3. 3-4 days weekly 4. 1-2 days weekly 5. 1-3 days monthly 6. Not more than one day per month 7. Quit drinking 8. Do not (cannot) drink at all
19	Question for those who regularly drink alcohol. How much alcohol do you drink per day in sake equivalent volume? [One cup (180ml) of sake (15% alcohol) is nearly equivalent to the following:] ≒ 500ml of beer (5% alcohol) ≒ 500ml of canned cocktail of japanese spirits (5% alcohol) ≒ 350ml of canned cocktail of japanese spirits (7% alcohol) ≒ 180ml of wine (14% alcohol) ≒ 110ml of shochu (distilled spirits) (25% alcohol) ≒ 60ml of whisky (43% alcohol)	1. Not more than 1 cup 2. Not more than 1-2 cups 3. Not more than 2-3 cups 4. Not more than 3-5 cups 5. More than 5 cups
20	Do you feel refreshed when you wake up?	1. Yes 2. No
21	Do you want to improve your life habits of eating and exercising?	1. No,I' m not. 2. Yes (within about six months). 3. Yes, soon (within about one months), or I have just started it. 4. I am already working on it (for less than six months). 5. I am already working on it (for more than six months).
22	Have you ever received specific health guidance to improve your lifestyle?	1. Yes 2. No

【Health Checkup (Incl. Specific Checkup) and Handling of Personal Information for Health Guidance】
[Voluntary Continuation] and [Dependent]

1. Name and personal information protection supervisor

Name: Bosch Health Insurance Society

Personal information protection supervisor: Manager

Place: 2-5-5, Yakyu-cho, Higashimatsuyama-shi, Saitama

2. Purpose for using personal information

The collected information is used for implementing specific health guidance through "Information Service", "Motivation Support", and "Positive Support", etc. as metabolic syndrome measures.

3. Provision of personal information to the third party

This society will not provide the third party with the personal information consigned by those who have a health checkup excluding the followings.

- When it is agreed with those who have a health checkup,
- When it is stipulated in the law or the ordinance,
- When it is difficult to get the approval of the person, although the provision is necessary to protect the human life, body or property,
- When it is difficult to get the approval of the person, although the provision is specially necessary to improve the public health or to promote the healthy nurturing of children,
- When it is necessary to cooperate with any of the governmental organizations, the local public organizations, or the agents assigned with the jobs, which perform the statutory operation. However, when getting the consent of the person himself/herself may affect the implementation of the clerical duties concerned.

4. Entrustment of personal information to the external contractors

We consign the collected personal information to Wemex Corporation and Octawell Inc. and Kenkohokenkumiairengokai saitamarengokai to ensure the proper security control of the personal information.

5. Contact, asking for confirmation and inquiring those who have a health checkup (incl. specific checkup) of details

According to the collected personal information, we may contact those who had a health checkup to give inform or to inquire about the details, if necessary in pursuance of the service.

6. Where to contact for requiring personal information disclosure, etc. and inquiries

It is possible to require the notice about the purpose of using personal information, disclosure, correction, addition, deletion, and halt of provision of personal information to the third party.

For the further questions on these requirements, please contact the following information desk.

7. The arbitrariness of providing personal information

It is arbitrary to provide personal information. However, in case this personal information is not provided, there may be possibility that we cannot perform your health control properly and that we cannot provide you with proper health guidance.

You can withdraw the application or can make correction to the application, etc. separately even after you provided us with the consent.

Please contact the following information desk, if you wish further explanation or confirmation about this matter.

【Information Desk】

Bosch Health Insurance Society, Administration Office

Address: 〒355-0028 2-5-5, Yakyu-cho, Higashimatsuyama-shi, Saitama

Phone: 0949-22-0890, FAX: 0493-23-7466

E-mail: bosch-kenpo@bosch-kenpo.or.jp