

Additional health checkup questionnaires

Last Name		Resident Reg. No.	
Given Name			

※ Please fill out this questionnaire if it is applicable to you.



Functional assessment of elderly (66, 70, and 80 years of age)

1. Do you receive inoculations with influenza vaccine every year?

- ① Yes ② No

2. Have you received vaccinations against pneumonia?

- ① Yes ② No

3. The following questions are about your ability to perform activities of daily living

Please read and answer the questions below.

1) If someone sets the table for your meal, you can eat by yourself without any help.

- ① Yes ② No

2) Can you put on your clothes without any help?

- ① Yes ② No

3) Can you go to the toilet by yourself?

- ① Yes ② No

4) When you take a bath or a shower, can you wash by yourself?

- ① Yes ② No

5) Can you prepare your meals?

- ① Yes ② No

6) Can you go to places that are of walking distance, such as a store, clinic, neighbor, or any public offices, by yourself?

- ① Yes ② No

4. About fall injury: Have you fell down during the last 6 months?

- ① Yes ② No

5. Urinary function: Do you have any difficulty in urinating or in holding your urine?

- ① Yes ② No