

## Lifestyle assessment

Please circle or fill in the answers that apply.

Job category	Clerical, Sales, Development, Management, Other ( )
Work system	Day shift, Night shift
Family members in the same household	Spouse: Yes, No
	Children: Yes (      years old,      years old,      years old ) None
	Parents: Father, Mother, None Need for in-home care: Yes, No

### <1> Questions about your current life

For the following questions, please circle the appropriate answer.

- 1) Do you get appropriate sleep? (7–8 h) (Yes, No)
- 2) Do you smoke cigarettes? (Yes, No)
- 3) Do you maintain appropriate body weight? (Yes, No)
- 4) Do you eat or drink excessively? (Yes, No)
- 5) Do you regularly exercise or play sports enough to sweat lightly? (Yes, No)
- 6) Do you eat breakfast daily? (Yes, No)
- 7) Do you refrain from eating between meals? (Yes, No)

### <2> Questions about your health condition

Have you visited a hospital or been hospitalized for any of the following illnesses?

Also, please fill in the applicable boxes with a check mark (✓).

Disease name	Current situation			
	Recovered	Receiving treatment	Under observation	Delaying / avoiding treatment
Hypertension				
Hypercholesterolemia				
Cerebrovascular disease				
Heart disease				
Diabetes mellitus				
Joint pain (arthritis)				

### <3> Questions about physical activity

Do you regularly exercise or participate in leisure activities? If so, list them below.

( )

Among the following, please circle those that apply most closely to your current situation.

(Here, regular exercise means three times a week or more, and for more than 20 minutes at a time.)

- 1) I do not exercise at all and do not intend to begin exercising within the next six months.
- 2) I do not exercise at all, but am thinking about beginning exercising within six months.
- 3) I exercise a little, but not regularly.
- 4) I exercise regularly, but started less than six months ago.
- 5) I exercise regularly and have continued this for at least six months.

<4> Questions about your dedication to exercise

For each question, please answer by placing a check mark (✓) in the appropriate box.

Question	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
Even when I am a little tired, I have the will power to exercise.					
Even when I don't feel like exercising, I have the will power to exercise.					
Even when I am busy and there is no time, I have the will power to exercise.					
Even during vacations (holidays), I have the will power to exercise.					
Even when the weather is not good, I have the will power to exercise.					
	x1	x2	x3	x4	x5
				Total	=

<5> Questions about eating habits

Which of the following do you think your eating habits correspond to? Please circle the applicable number.

- 1) I am not careful about my eating habits and do not intend to be careful in the future either.
- 2) I am not careful about my eating habits, but I intend to start being careful within the next six months.
- 3) I am not careful about my eating habits, but I intend to start being careful within the next 30 days.
- 4) I am careful about my eating habits regularly, but I started less than six months ago.
- 5) I am careful about my eating habits regularly, and I have been careful for more than six months.

<6> Questions about the extent of your confidence regarding your eating habits

For each question, choose the answer that applies most closely by placing a check mark (✓) in the box.

Questions	I have little confidence	I have some confidence	I have confidence
I will choose healthy meals such as Japanese food.			
I will think about nutrition when eating.			
I will eat meals at home.			
I will eat a well-balanced combination of meat and fish.			
I will eat vegetables with each meal.			
If eating out or at a cafeteria, I will choose a set meal.			
I will choose foods by referring to the nutritional labeling.			
I will eat in moderation.			
When I eat a staple food (rice, bread, noodles), I won't eat more than one portion.			
I will refrain from snacks.			
I won't eat immediately before going to sleep.			
I will refrain from using mayonnaise, dressings, oils, and fats in my cooking.			
I will refrain from thick seasonings.			
I refrain from drinking alcohol.			
	x0	x1	x2
			Total =