

National Screening Program

 Regular checkup

 Life cycle-based checkup

※ Answers must be provided for all questions so the information will be reported correctly.

First name		Residenti al ID No.		Tel. No.	Home	
Given name					Cell phone	
<input type="checkbox"/> health insurance <input type="checkbox"/> medicaid recipient			E-mail address			
current address						post code
						-

※ Do you agree to receive health information or notices from the NHIC (National Health Insurance Corporation), KCDC (Korea Centers for Disease Control and Prevention), NCC(National Center for Cancer), and/or health centers by letters or e-mail? (please check) Yes No

※ These are questions about your medical history.

※ Please complete the following questions about your present condition by ticking the appropriate box.

1. Have you ever been diagnosed by a medical doctor with any of the following diseases (Box a) or are you currently taking any medication (Box b)?

	brain stroke/paralysis	heart disease (heart attack)	high blood pressure	diabetes	dyslipi demia	tuberculo sis	other (cancer)
a							
b							

2. Has anyone in your family died from or gotten the any following diseases?

name	brain stroke/paralysis	heart disease (heart attack)	high blood pressure	diabetes	other (cancer)
Yes					

3. Are you a Hepatitis B virus antigen carrier ? ① Yes ② No ③ No idea

※ These are questions about smoking.

4. Please complete the following questions about your present condition by ticking the appropriate box..

4-1. Have you ever smoked over 5 packs of tobacco (100 cigarettes) in your life ?

① No, I never smoked. (⇐ go to the question 5) ② Yes, I used to smoke but quit (⇐ Go to the Question 4-2)

③ Yes, I'm still smoking (⇐ Go to the question 4-3)

4-2. If you used to smoke but you are not smoking now, please answer the following.

For how many years had you smoked?	Total _____ years
How many cigarettes in a typical day did you smoke before you quit?	_____ Cigarettes

4-3. If you are still smoking, please answer the following.

How long have you been smoking ?	Total _____ years
How many cigarettes on average do you smoke in a typical day?	_____ cigarettes

※ These are questions about drinking.

5. Please complete the following questions about your current drinking habit by ticking the appropriate box.

5-1. How many times a week do you drink alcohol?

0 1 2 3 4 5 6 7

5-2. How much do you drink on average per day? (※ Regardless of the type of alcohol, count the total number of glasses) (_____)glasses

※ These are questions about exercising

6. These are questions about your physical activity for last week. Please complete the following questions by ticking the appropriate box.

6-1. During the last week, how many days did you exercise vigorously for over 20 minutes until you were almost out of breath? (example: running, aerobics, cycling in high speed, mountain hiking, etc.)

0 1 2 3 4 5 6 7

6-2. During the last week, how many days did you exercise in a moderate level for more than 30 minutes until you had to breath a little faster than usual? (ex: fast walking, tennis, bicycle riding, cleaning, etc.) ※ except the relevant answer from 6-1

0 1 2 3 4 5 6 7

6-3. During the last week, how many days did you walk for the total of 30 minutes or more in a day including 10 minute walks each time? (example: light exercise, walk to the work or walk for leisure, etc.)

※ Please exclude exercises you answered in 6-1 and 6-2

0 1 2 3 4 5 6 7

※ These are questions about cognitive functions (Only answer if you are 66, 70, or 74 years old.)
(If a family member accompanied you, please let her/him answer the questions. if not, answer the following questions by yourself)

7. Please complete the following questions about current cognitive condition compared to last year by ticking the appropriate box.

7-1. Compared to friends or other people, the memory is worse than others.

① No ② Occasionally ③ Yes

7-2. Compared to last year, the memory is worse than before.

① No ② Occasionally ③ Yes

7-3. The memory can interfere with handling an important matter.

① No ② Occasionally ③ Yes

7-4. Has anyone noticed you with short memory?

① No ② Occasionally ③ Yes

7-5. Do you have some difficulties to perform an daily chores that you used to do well before?

① No ② Occasionally ③ Yes

※ emotional status (Only answer if you are 40 years old)

8. Please answer the frequency you experience emotionally during the last week by ticking the appropriate box.

during the last week, I	Hardly ever (less than 1 day)	Not too often (couple of days)	Sometimes (more than 3 days)	Always (over 5 days)
8-1 was annoyed and bothered by things that were not before.				
8-2. didn't want to eat and even lost appetite				
8-3. felt sad even when someone tried to help me.				
8-4. felt depressed.				

※ please, complete this form with 별지 제2호 서식 only 66 years old