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**Appendix 1. Specific medical questionnaire used in Tottori City**


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**Do you have any of the following symptoms?**


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**Subjective symptoms**

1. Chest tightness
  2. Increased heart rate
  3. Palpitation
  4. Dyspnoea
  5. Insomnia
  6. Stiff neck and/or backache
  7. Numbness of limbs
  8. Dizziness or blindness
  9. Always upset
  10. Abdomen stretched
  11. Diarrhoea
  12. Constipation
  13. Both diarrhoea and constipation
  14. Haemorrhoids
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**Do you receive any of the following medical therapy?**


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**Pharmacotherapy**

- |                                     |     |    |
|-------------------------------------|-----|----|
| 1. Medicine to lower blood pressure | Yes | No |
| 2. Medicine to lower blood sugar    | Yes | No |
| 3. Medicine to lower cholesterol    | Yes | No |
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**Have you ever suffered any of the following disease?**


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**Past history**

- |                            |     |    |
|----------------------------|-----|----|
| 1. Cerebrovascular disease | Yes | No |
| 2. Heart disease           | Yes | No |
| 3. Chronic renal failure   | Yes | No |
| 4. Anaemia                 | Yes | No |
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**Do you have any of the following disease?**


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**Others**

1. Hypertension
  2. Hypotension
  3. Arrhythmia
  4. Dyslipidaemia
  5. Hyperuricaemia
  6. Renal disease
  7. Diabetes mellitus
  8. Liver disease
  9. Gastroduodenal ulcer
  10. Depression
  11. Osteoporosis
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	Smoke cigarettes regularly	Yes	No
	Weight increases more than 10 kg from 20 years old	Yes	No
	Exercise to sweat lightly more than 30 minutes: more than twice a week and more than a year	Yes	No
	Walk or equal physical activity for more than an hour	Yes	No
	Walk faster than a person of the same age	Yes	No
	Weight decreased/increased more than 3 kg in this year	Yes	No
	Eat faster or slower than other people	Faster Slower Correspond to none	
<b>Lifestyle</b>	Have dinner within two hours before bed more than three days in a week	Yes	No
	Eat snacks after dinner three or more times in a week	Yes	No
	Do not eat breakfast more than three times a week	Yes	No
	Frequency of drinking alcoholic beverages in a week	Every day Sometimes Hardly drink	
	Drink a bottle of sake or alcohol beverages of the same amount per day (500 mL of beer, 60 mL of whiskey, 240 mL of wine, 80 mL of Shochu)	Less than a bottle From 1 to 2 From 2 to 3 More than 3 bottles	
	Sleeping enough to feel rested	Yes	No
			1. Do not intend to improve 2. Intend to improve about within six months 3. Plan to improve in the near future, and get started little by little 4. Already keep working on the improvement for <6 months 5. Already keep working on the improvement for >6 months
<b>Intention about health guidance</b>	Do you intend to improve your lifestyle using methods such as changing exercise or eating habits?		
	If you have the opportunity to receive health guidance on improving your lifestyle, are you willing to use it?	Yes	No