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		**Residential ID No.**		**Tel. No.**	**Home**	
Given name					**Cell phone**	
☐ **health insurance** ☐ **medicaid recipient**			**E-mail address**			
current address					**post code**	
					-	

※ Do you agree to receive health information or notices from the National Health Insurance Cooperation (NHIC) and/or health centers by letter 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)?

질병명	brain stroke/paralysis	heart disease (heart attack)	high blood pressure	diabetes	dyslipidemia	tuberculosis	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. When you drink, usually how much do you drink a day? (glass(es))

(※ No matter what kind of liquor it may be, each one will pay due to their own glass. However, one can of beer(355cc) is equal to 1.6 glasses of beer.)

[Annex No. 1] <뒷 면>

※ 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

210㎜×297㎜일반용지 60g/㎡

[Annex No. 2] <앞면>

Supplementary Medical screening program for the Age of 66

First name		Residential ID No.		Tel. No.	Home	
Given name					Cell phone	
☐ health insurance ☐ medicaid recipient			E-mail address			
current address					post code	
					-	

※ Do you agree to receive health information or notices from the National Health Insurance Cooperation (NHIC) and/or health centers by letter or e-mail? (please check ☑) Yes ☐ No ☐

※ These are questions about inoculations.

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

① Yes ② No

※ These are questions about your capabilities on daily routines.

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

2-1. If someone set the table for your meal, you can eat by yourself without any help.

① Yes ② No

2-2. Can you put on your clothes without any help?

① Yes ② No

2-3. Can you go to the toilet by yourself ?

① Yes ② No

2-4. When you take a bath or a shower, can you wash by yourself?

① Yes ② No

2-5. Can you prepare your meals?

① Yes ② No

2-6. Can you go to the places in a walking distance such as a store, clinic, neighbor, or any public offices by yourself without any help?

① Yes ② No

[Annex No. 2] <뒷면>

※ These are questions about affective status.

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

3-1. Have you become less active and have little will to do anything lately?

① Yes ② No

3-2. Do you feel you are useless?

① Yes ② No

3-3. Do you feel that your future is hopeless?

① Yes ② No

※ These are questions about fall Injury and Urinary function.

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 a trouble of holding your urine?

① Yes ② No

e210㎜×297㎜일반용지 60g/㎡

[Annex No. 3] <앞면>

National Dental Examination

☐ **Regular checkup** ☐ **Life cycle-based checkup**

First name		**Residential ID No.**		**Tel. No.**	**Home**	
Given name					**Cell phone**	
☐ **health insurance** ☐ **medicaid recipient**				**E-mail address**		
current address					**post code**	
					-	

※ Do you agree to receive health information or notices from the National Health Insurance Cooperation (NHIC) and/or health centers by letter or e-mail? (please check ☑) Yes ☐ No ☐

※ These are questions about dental care service and personal perception on dental health.

1. Have you ever visited a dental clinic or a dental hospital?
   ① Yes ② No ③ No idea
2. Have you ever had teeth cleaned and polished?
   ① Yes ② No ③ No idea
3 What would you rate about your dental health?
   ① very good ② good ③ fine ④ bad ⑤ very bad

※ These are questions about your dental health habits.

4. Do you smoke?
   ① No ② Yes ③ Quit
5. How many time did you brush your teeth yesterday? ( ) times
6. How often have you brushed your teeth before you go to bed in the last week?
   ① always ② almost always ③ sometimes ④ never
7. How often do you use floss or an interdental brush?
   ① always ② almost always ③ sometimes ④ never
   ⑤ I don't even know what they are.

※ These are questions about dental health related symptoms.

8. Have you ever felt any pain from your teeth during the last year? ① yes ② no
9. Have you ever had any pain or bleeding from you gum during the last year?
   ① yes ② no
10. Have you ever been sick from tongue or inside of cheeks during the last year?
    ① yes ② no
11. Have you ever experienced a bad breath during the last year? ① yes ② no
12. Have you ever felt pains on your teeth when you eat cold food or when you brush your teeth during the last year?
    ① yes ② no
13. Have you ever had a difficulty to open your mouth or made noise from your jaw during the last year?
    ① Yes ② No

[Annex No. 3] <뒷면>

※ These are questions about dental function. (If you use denture, tell us about how you feel when you wear your denture.)

14. Do you have any difficulty chewing food due to teeth, denture or any gum health problem?
① very difficult ② difficult ③ ok
④ not difficult ⑤ comfortable

15. Do you have any difficulty in speaking due to teeth condition, denture or any gum problems in your gum?
① very difficult ② difficult ③ ok
④ not difficult ⑤ comfortable

※ These are questions about denture. (Only for false teeth users.)

16. When you talk or chew food, is your denture moving around?
① Yes ② No

17. Do you have any pain in your mouth due to your denture?
① Yes ② No

18. Before you go to bed, do you take out your denture? ① Yes ② No

※ Any relevant disease with dental health.

19. Do you have diabetes? ① Yes ② No ③ No idea

※ If you have had a question or asked the dentist about a serious symptom, please write down your message.

210㎜×297㎜일반용지 또는 NCR 2P 60g/㎡

[Annex No. 4]

National Cancer Screening program

☐ **Regular checkup** ☐ **Life cycle-based checkup**

First name		**Residential ID No.**		**Tel. No.**	**Home**	
Given name					**Cell phone**	
☐ **health insurance** ☐ **medicaid recipient**				**E-mail address**		
current address					**post code**	
					-	

※ Do you agree to receive health information or notices from the National Health Insurance Cooperation (NHIC) and/or health centers by letter or e-mail? (please check ☑) Yes ☐ No ☐

※ These are questions about Cancer.

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

1. Do you have any uncomfortable areas in your body? where?
   ① Yes (symptom:_____) ② No

2. **In the last six months, have you experienced a weight increase exceeding 5kg without any specific reasons**?
   ① No ② Yes. Total Weight loss (_____ kg)

3. Do you have any family members including yourself who have Cancer?

Type of Cancer	No	No idea	Yes ()				
			You	Parents	Brother	Sister	Kids
Gastric Cancer							
Breast Cancer							
Colon and Rectal cancer							
Hepatoma							
Cervical cancer							
Other (_____)							

4. Have you ever undergone these examinations before?

Examination		Period			
		over 10 years ago or none	within 1 year	between 1 and 2 years	between 2 and 10 years
Gastric Cancer	Upper gastrointestinography				
	Endoscopy				
Breast Cancer	Mammogram				
Colon and Rectal cancer	Fecal Occult Blood (Stool Test)				
	Barium Enema				
	Endoscopy				
Cervical Cancer	Cervical Skin Exam				
Hepatoma	Liver Ultrasound	none	within 6 months	between 6 and 12 months	over more than 1 year

※ These are questions only about Gastric Cancer, Hepatoma, Colon and Rectal Cancer.

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

5. Have you ever been diagnosed with any stomach disease?

Disease	Gastric ulcer	Gastritis	Duodenal ulcer	Polyp	Other (write)
Yes					

6. Have you ever been diagnosed with any colon disease?

Disease	Polyp-rectal	Ulcerative colitis	Crohn's disease	Hemorrhoid	Other (write)
Yes					

7. Have you ever been diagnosed with any liver disease?

Disease	Hepatitis B carrier	Hepatitis B	Hepatitis C	Cirrhosis	Other (write)
Yes					

※ These are questions Only about Breast Cancer, Cervical Cancer (Only for Women)

8. When was your first menstrual period ?

① age _____ ② Not yet

9. Do you still have menstrual period ?

① Yes ② remove cervix or uterus

③ menopause (age : _____)

10. Have you ever taken any medications or hormonal treatment to relieve any menopausal symptoms?

① No never ② taking less 2 years

③ between 2 and 5 years ④ more than 5 years ⑤ no idea

11. How many children do you have?

① 1 ② more than 2 ③ no child

12. How long did you breast-feeding your child?

① less than 6 months ② between 6 and 12 months ③ more than 1 year ④ none

13. Have you ever been diagnosed with a benign tumor?

(benign tumor is Not a cancer, just a tumor)

① Yes ② No ③ No idea

14. Have you ever taken any birth control pills?

① No never ② less than 1 year

③ over 1 year ④ No idea

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 7] <앞면>

Results of Regular Medical Checkup (1st)

Name		ID Number	- 1(2)******
Date of examination	(Date) (Year)	Place	☐ visiting ☐ other

Exam	Medical history		Diagnosis		External wound or Sequela	
			Medication			
	Habit			Health		

Section	Aim Disease	Fact	Result	Consultation: Normal A (Satisfactory)	Consultation: Normal B (Warning) (need more health care, but no problem for your health)
Measurement	Obesity	Height	㎝		
		Weight	㎏		
		Waist	㎝	male - under 90 /female - under85	-
		Body Mass Index	kg/m^2	18.5-24.9	
	Optic difficulties	Eyesight (left/right)	/		
	Auditory difficulties	Hearing ability (left/right)	/		
	High blood pressure	Blood pressure (Max./Mini.)	/ mmHg	under 120 / under 80	120-139 / 80-89
Urine test	Kidney disease	Albuminuria		Negative	Weak benign ±
Blood test	Anemia, etc.	Blood pigment	g/dL	male: 13-16.5 female: 12-15.5	male: 12-12.9 / 16.6-17.5 female: 10-11.9 / 15.6-16.5
	Diabetes	Blood sugar before meal	mg/dL	under 100	100-125
	Dyslipidemia, High blood pressure, Arteriosclerosis	Total Cholesterol	mg/dL	under 200	200-239
		HDL-Cholesterol	mg/dL	over 60	40-59
		Triglyceride	mg/dL	under 150	150-199
		(LDL-Cholesterol)	mg/dL	under 130	130-159
	Chronic kidney disease	Creatinine	mg/dL	less than 1.5	-
		Glomerular Filtration Rate (GFR)	$mL/min/1.73m^2$	over 60	-
	Liver disease	AST(SGOT)	U/L	less than 40	41-50
		ALT(SGPT)	U/L	less than 35	36-45
		(γ-GTP)	U/L	male: 11-63, female: 8-35	male: 64-77 female: 36-45
Radio-exam	TB, Chest disease	Chest radiology examination		Normal, unactive	-
	Prescription				

Results		Date of Results	
	☐ **Normal A** ☐ **Normal B** ☐ **Doubtful disease** ☐ **Doubtful high blood pressure or diabetes (secondary examination)** ☐ **Patients with illnesses**	Examining Physician	Licence number
			Physician's Name (signature)

※ For someone who has been diagnosed with high blood pleasure or diabetes, please take the 2nd Medical examination within **30 days (**If you cannot, you can get a 2nd exam in next January**)** from the date of this notification.
※ If the physician documents a necessity for the coverage of medical care on the Results of Regular Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.
※ Because not all diseases are diagnosed, if you have any specific problems, like excessive weight loss, please talk with a physician.
※ The normal reference values of blood tests (Normal A, Normal B) may vary by the test format, depending on the treating facility.
※ Those who are identified as potential TB patients according to the results of the breast radiation test shall visit the nearest hospital or clinic as soon as possible to undergo a verification test.

We are notifying you of these medical examine results as follows.

Date Year

Office code _____ Office name _____

[Annex No. 7] <뒷 면>

Results of the Health Risk Appraisal.

Health risk level for possible disease.	
Identified Health Risk Factors.	
Management your health risk factors.	
Cognitive function difficulty (70 - 74 years old)	☐ Nothing specific (the grand total is 0-3 points from question 3) ☐ Need more survey or counseling from the 2nd medical examination (the grand total is 4-10 points from question 7) (※ Standard score - ① No : 0 point, ② Occasionally : 1 point, ③ Frequently : 2 points)

※ Health danger results are for reducing the health danger factors to promote the examinee's health in the future. These results are based on the medical checkup questionnaire and health checkup results.

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 7-2]〈개정 2011.12.27.〉

Results of Medical Benefit Health Checkup (1st)

Name		ID Number	- 1(2)******	Verifying Institution (Code)	
Date of examination	(Date) (Year)		Place	☐ visiting ☐ other	

Exam	Medical history		Diagnosis		External wound or Sequela	
			Medication			
	Habit			Health		

Section	Aim Disease	Fact	Result	Consultation: Normal A (Satisfactory)	Consultation: Normal B (Warning) (need more health care, but no problem for your health)
Measurement	Obesity	Height	㎝		
		Weight	㎏		
		Waist	㎝	male - under 90 /female - under85	-
		Body Mass Index	kg/m^2	18.5-24.9	
	Optic difficulties	Eyesight (left/right)	/		
	Auditory difficulties	Hearing ability (left/right)	/		
	High blood pressure	Blood pressure (Max./Mini.)	/ mmHg	under 120 / under 80	120-139 / 80-89
Urine test	Kidney disease	Albuminuria		Negative	Weak benign ±
Blood test	Anemia, etc.	Blood pigment	g/dL	male: 13-16.5 female: 12-15.5	male: 12-12.9 / 16.6-17.5 female: 10-11.9 / 15.6-16.5
	Diabetes	Blood sugar before meal	mg/dL	under 100	100-125
	Dyslipidemia, High blood pressure, Arteriosclerosis	Total Cholesterol	mg/dL	under 200	200-239
		HDL-Cholesterol	mg/dL	over 60	40-59
		Triglyceride	mg/dL	under 150	150-199
		(LDL-Cholesterol)	mg/dL	under 130	130-159
	Chronic kidney disease	Creatinine	mg/dL	less than 1.5	-
		Glomerular Filtration Rate (GFR)	mL/min/1.73m^2	over 60	-
	Liver disease	AST(SGOT)	U/L	less than 40	41-50
		ALT(SGPT)	U/L	less than 35	36-45
		(γ-GTP)	U/L	male: 11-63, female: 8-35	male: 64-77 female: 36-45
Radio-exam	TB, Chest disease	Chest radiology examination		Normal, unactive	-
	Prescription				

Results	Date of Results		
☐ **Normal A** ☐ **Normal B** ☐ **Doubtful disease** ☐ **Doubtful** High blood pressure or Diabetes **(secondary examination)** ☐ **patientswith illnesses**	Examining Physician	Licence number	
		Physician's Name	(signature)

※ For someone who has been diagnosed with high blood pleasure or diabetes, please take the 2nd Medical examination within **30 days (**If you cannot, you can get a 2nd exam in next January**)** from the date of this notification.

※ If medical payment is necessary, the examination must be performed following the medical payment protocols outlined under 「Medical Payments Act Enforcement Regulations」 Article 3. Those that qualify for preferred medical facility payments must first obtain an exam at a facility of their choice.

※ Because not all diseases are diagnosed, if you have any specific problems, like excessive weight loss, please talk with a physician.

※ The normal reference values of blood tests (Normal A, Normal B) may vary by the test format, depending on the treating facility.

※ Those who are identified as potential TB patients according to the results of the breast radiation test shall visit the nearest hospital or clinic as soon as possible to undergo a verification test.

We are notifying you of these medical examine results as follows.

Date Year

medical payment facility code _____ Office name _____

210㎜×297㎜[일반용지 60g/㎡(재활용품)

[Annex No. 7-2] 〈개정 2011.12.27〉 <뒷면>

Results of the Health Risk Appraisal.

Health risk level for possible disease.	
Identified Health Risk Factors.	
Management your health risk factors.	
Cognitive function difficulty (70 - 74 years old)	☐ Nothing specific (the grand total is 0-3 points from question 3) ☐ Need more survey or counseling from the 2nd medical examination (the grand total is 4-10 points from question 7) (※ Standard score - ① No : 0 point, ② Occasionally : 1 point, ③ Frequently : 2 points)

※ Health danger results are for reducing the health danger factors to promote the examinee's health in the future. These results are based on the medical checkup questionnaire and health checkup results.

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 8]

Results of Regular Medical Checkup (2nd)

Name		Residential ID No.	- 1(2)******
Date of examination		Place	☐ visiting ☐ other

The 2nd test results of **Cognitive function difficulty,** Diabetes, High blood pressure

Section	**☐ Diabetes**			**☐ High blood pressure**		
Results	Blood sugar before meal mg/dl			Blood pressure measurement : mmHg		
Reference Values	Normal	Impaired Fasting Glucose	Diabetes	Normal	Prehypertension	Hypertension
	Below 100	100-125	Above 125	Systolic BP below 120 and Diastolic BP below 80	Systolic BP at 120-139 or Diastolic BP at 80-89	Systolic BP above 140 or Diastolic BP above 90
Treatment plan	☐ Check up at next medical examine ☐ Control diet and exercise, then check up again a couple of months later ☐ Needs medical treatment.			☐ Check up at next medical exam ☐ Control diet and exercise, then check up again a couple of months later ☐ Needs medical treatment.		
Cognitive function difficulty (70 - 74 years old)	☐ Nothing specific (0-5 points) ☐ Loss of Cognitive function (6-30 points, needs additional medical checkup and counselling in Neurology or Psychiatric Department)					

Final prescription

Diabetes result	☐ Normal ☐ elevated blood sugar before meal ☐ Diabetes (☐ someone with medical history)	Date of Results		
High blood pressure result	☐ Normal ☐ Elevated blood pressure ☐ High blood pressure (☐ someone with medical history)	Examining Physician	Licence number	
			Physician's Name	(signature)

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ Because not all diseases are diagnosed, if you have any specific problems, like excessive weight loss, please talk with a physician.

We are notifying you of these medical examination results as follows.

Date Year

Office code _____ Office name _____

[Annex No. 8-2] 〈개정 2011.12.27〉

Results of Medical Benefit Health Checkup (2nd)

Name		Residential ID No.	- 1(2)******	Guarantor (Preference)	
Date of examination		Place	☐ visiting ☐ other		

The 2nd test results of **Cognitive function difficulty,** Diabetes, High blood pressure

Section	**☐ Diabetes**			**☐ High blood pressure**		
Results	Blood sugar before meal mg/dl			Blood pressure measurement : mmHg		
Reference Values	Normal	Impaired Fasting Glucose	Diabetes	Normal	Prehypertension	Hypertension
	Below 100	100-125	Above 125	Systolic BP below 120 and Diastolic BP below 80	Systolic BP at 120-139 or Diastolic BP at 80-89	Systolic BP above 140 or Diastolic BP above 90
Treatment plan	☐ Check up at next medical examine ☐ Control diet and exercise, then check up again a couple of months later ☐ Needs medical treatment.			☐ Check up at next medical exam ☐ Control diet and exercise, then check up again a couple of months later ☐ Needs medical treatment.		
Cognitive function difficulty (70 - 74 years old)	☐ Nothing specific (0-5 points) ☐ Loss of Cognitive function (6-30 points, needs additional medical checkup and counselling in Neurology or Psychiatric Department)					

Final prescription

Diabetes result	☐ Normal ☐ elevated blood sugar before meal ☐ Diabetes (☐ someone with medical history)	Date of Results		
High blood pressure result	☐ Normal ☐ Elevated blood pressure ☐ High blood pressure (☐ someone with medical history)	Examining Physician	Licence number	
			Physician's Name	(signature)

※ If medical payment is necessary, the examination must be performed following the medical payment protocols outlined under 「Medical Payments Act Enforcement Regulations」 Article 3. Those that qualify for preferred medical facility payments must first obtain an exam at a facility of their choice.

※ Because not all diseases are diagnosed, if you have any specific problems, like excessive weight loss, please talk with a physician.

We are notifying you of these medical examination results as follows.

Date Year

medical payment facility code _____ Office name _____

210㎜×297㎜[일반용지 60g/㎡(재활용품)

[Annex No. 9] <앞면>

Results of Life cycle-Based Medical Checkup (1st, Only 40 years old)

Full name		Residential ID No.	- 1(2)******
Date of examination	(Date), (Year)	Place	☐ visiting ☐ other

Exam	Medical history		Diagnosis		External wound or Sequela	
			Medication			
	Habit			Health		

Section	Aim Disease	Fact			Result	Consultation: Normal A (Satisfactory)	Consultation: Normal B (Warning) (need more health care, but no problem for your health)
Measurement	Obesity	Height			㎝		
		Weight			kg		
		Waist			㎝	male - under 90 female - under 85	
		Body Mass Index			kg/m^2	18.5-24.9	
	Optic difficulties	Eyesight (left/right)			/		
	Auditory difficulties	Hearing ability (left/right)			/		
	High blood pressure	Blood pressure (Max./Mini.)			/ mmHg	under 120 / under 80	120-139 / 80-89
Urine	Kidney disease	Albuminuria				Negative	Weak benign ±
Blood	Anemia, etc.	Blood pigment			g/dL	male: 13-16.5 female: 12-15.5	male: 12-12.9 / 16.6-17.5 female: 10-11.9 / 15.6-16.5
	Diabetes	Blood sugar before meal			mg/dL	under 100	100-125
	Dyslipidemia, High blood pressure, Arteriosclerosis	Total Cholesterol			mg/dL	under 200	200-239
		HDL-Cholesterol			mg/dL	over 60	40-59
		Triglyceride			mg/dL	under 150	150-199
		(LDL-Cholesterol)			mg/dL	under 130	130-159
	Chronic kidney disease	Creatinine			mg/dL	less than 1.5	-
		Glomerular Filtration Rate (GFR)			mL/min/1.73m²	over 60	-
	Liver disease	AST(SGOT)			U/L	less than 40	41-50
		ALT(SGPT)			U/L	less than 35	36-45
		(γ-GTP)			U/L	male: 11-63, female: 8-35	male: 64-77, female: 36-45
		Hepatitis B	Surface antigen	General		Negative(-)	Benign(+)
				Detail			
			Surface antibody	General		Benign(+)	Negative(-)
				Detail	mIU/mL	Detail : over 10	-
			Result			carrier , immune, vaccination	
Radio-	TB, Chest disease	Chest radiology examination				Normal, Unactive	-
Prescription							

Results	Date of Results	
☐ **Normal A** ☐ **Normal B** ☐ **Doubtful disease** ☐ **Doubtful** High blood pressure or Diabetes **(secondary examination)** ☐ **Patients with illnesses**	Examining Physician	Licence number Physician's Name (signature)

※ As all recipients are eligible for the secondary examination regardless of the primary examination results, please receive consultation on secondary examinations and health risk appraisals within 30 days (until January 31 of the following year) of being notified of the results.
※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.
※ Because not all diseases are diagnosed, if you have any specific problems, like excessive weight loss, please talk with a physician.
※ The reference values of blood tests (Normal A, Normal B) may vary by the test format, depending on the treating facility.
※ Those who are identified as potential TB patients according to the results of the breast radiation test shall visit the nearest hospital or clinic as soon as possible to undergo a verification test.

We are notifying you of these medical examination results as follows.

Office code _____ Office name _____

[Annex No. 9] <뒷 면>

Health risk level for possible disease.	
Identified Health Risk Factors.	
Management your health risk factors.	
Recent affective symptoms	☐ Nothing specific ☐ Require more survey or counseling from 2nd medical examination
Prescription	

※ You can receive specific details from a physician about these 2nd round test results.

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 10] <앞면>

Results of Life Cycle-Based Medical Checkup (1st, Only 66 years old)

Full name		Residential ID No.	- 1(2)******
Date of examination	(Date), (Year)	Place	☐ visiting ☐ other

Exam	Medical history	Diagnosis		External wound or Sequela	
		Medication			
	Habit		Health		

Section	Disease	Fact		Results	Consultation: Normal A (Satisfactory)	Consultation: Normal B (Warning) (need more health care, but no problem for your health)
Measurement	Obesity	Height		cm		
		Weight		kg		
		Waist		cm	male - under 90 female - under85	
		Body mess index		kg/m^2	18.5-24.9	
	Optic difficulties	Eyesight (left/right)		/		
	Auditory difficulties	Hearing ability (left/right)		/		
	High blood pressure	Blood pressure (Max./Mini.)		/ mmHg	under 120 / under 80	120-139 / 80-89
Senior	Injury from a fall	Lower limbs capacity (get up, walk 3m and walk back, and sit)		sec. difficulty in walking (exists/nonexistence)	Less than 10 sec.	11-20 sec.
		Parallel	Open eyes	sec.	over 15 sec.	6-14 sec.
			Closed eyes	sec.	over 20 sec.	10-19 sec.
Urine	Kidney disease	Albuminuria			Negative	Weak benign ±
Blood exam	Anemia, etc.	Blood pigment		g/dL	male: 13-16.5 female: 12-15.5	male: 12-12.9 / 16.6-17.5 female: 10-11.9/15.6-16.5
	Diabetes	Blood sugar before meal		mg/dL	under 100	100-125
	Dyslipidemia, High blood pressure, Arteriosclerosis	Total Cholesterol		mg/dL	under 200	200-239
		HDL-Cholesterol		mg/dL	over 60	40-59
		Triglyceride		mg/dL	under 150	150-199
		(LDL-Cholesterol)		mg/dL	under 130	130-159
	Chronic kidney disease	Creatinine		mg/dL	less than 1.5	-
		Glomerular Filtration Rate (GFR)		mL/min/1.73m²	over 60	-
	Liver disease	AST(SGOT)		U/L	less than 40	41-50
		ALT(SGPT)		U/L	less than 35	36-45
		(γ-GTP)		U/L	male: 11-63, female: 8-35	male: 64-77, female: 36-45
Radiology	TB, Chest disease	Chest radiology examination			Normal, unactive	-
	Osteoporosis	Bone Mineral Density			Over T-score -1.0 or higher than 120㎎/㎤	T-score -under 1.0 ~ -excess 2.5 or 80~120㎎/㎤
Prescription						

Results	Date of results	
☐ **Normal A** ☐ **Normal B** ☐ **Doubtful disease** ☐ **Doubtful** High blood pressure or Diabetes **(secondary examination)** ☐ **Patients with illnesses**	Examining Physician: Licence no	
	Examining Physician: Physician's Name	(signature)

As all recipients are eligible for the secondary examination regardless of the primary examination results, please receive consultation on secondary examinations and health risk appraisals within 30 days (until January 31 of the following year) of being notified of the results.

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ Because not all diseases are diagnosed, if you have any specific problems, like excessive weight loss, please talk with a physician.

※ The reference values of blood tests (Normal A, Normal B) may vary by the test format, depending on the treating facility.

※ Those who are identified as potential TB patients according to the results of the breast radiation test shall visit the nearest hospital or clinic as soon as possible to undergo a verification test.

We are notifying you of these medical examination results as follows.

Date Year

Office code _____ Office name _____

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 10] <뒷면>

Health risk level for possible disease		
Identified Health Risk Factors.		
Management your health risk factors.		
Results for recent affective status & Cognitive function difficulty	**Recent feeling**	☐ Nothing specific (The all answers on question 3 are "NO") ☐ Need more survey or counseling from 2nd medical examination (In case all answers of question 3 are "NO")
	Cognitive function difficulty	☐ Nothing specific (Total score on question 7 is 0~3) ☐ Need more counseling and survey (total score on question 7 is 4-10) (※ The score rule - ① No : 0 point, ② sometimes : 1 point, ③ occasionally : 2 points)
Results of disease precaution & daily routine performance capability	○ Influenza vaccination ☐ Yes ☐ No ○ Injury from a fall ☐ Yes ☐ No ○ Urine difficulty ☐ Yes ☐ No ○ Osteoporosis (woman) ☐ Yes ☐ No ○ daily routine performance capability ☐ normal ☐ minor ☐ serious ☐ very serious	
Results of body function	○ Eyesight : ☐ normal ☐ loss eyesight ○ Hearing : ☐ normal ☐ loss hearing ○ Function examination : ☐ normal ☐ minor ☐ serious	
Prescription		

※ You can receive specific details from a physician about these 2nd round test results.

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 11] <앞면>

Results of 2nd Life Cycle-Based Medical Checkup

Full name		Residential ID No.	- 1(2)******
Date of examination		Place of examination	☐ visiting ☐ other

Summery of 1st Health results (*focus on the disease type)

Results of 2nd examination on Diabetes**, High blood pressure**

Section	☐ Diabetes			☐ **High blood pressure**		
Examination	Blood sugar with empty stomach mg/dl			Blood pressure : mmHg		
Reference Values	Normal	Impaired Fasting Glucose	Diabetes	Normal	Prehypertension	Hypertension
	Below 100	100-125	Above 126	Systolic BP below 120 and Diastolic BP below 80	Systolic BP at 120-139 or Diastolic BP at 80-89	Systolic BP above 140 or Diastolic BP above 90
Treatment plan	☐ Check up next medical examination ☐ Re-checkup within 2-3 months, besides exercise and diet prescription ☐ Needs medication			☐ Recheck during the next follow up exam ☐ Re-checkup within 2-3 months, besides exercise and diet program ☐ Needs medication		

Result of life habits

Section (total)	**List**	**Results & Prescription**	
Smoking	Nicotine dependance	☐ low (0-3points) ☐ middle (4-6points) ☐ high (7-10points)	
	Prescription	☐ counseling and education ☐ Nicotine replacement therapy (candy, patch, etc.) ☐ referral (smoking cessation clinic or Quitline)	
Drinking	Results	☐ moderate drinking ☐ at-risk drinking ☐ alcohol abuse (alcohol dependance, misuse of alcohol)	
	Prescription	☐ counseling and education ☐ medication treatment ☐ referral (alcohol clinic, rehabilitation)	
Exercise	Results	☐ needs more ☐ basic ☐ enough	
	Prescription	Type	☐ fast walking ☐ swimming ☐ mountain hiking ☐ aerobics ☐ stretching ☐ weight ☐ other ( ) ☐ taking over
		Time	☐ 10 minutes ☐ 15~30 minutes ☐ over 30 minutes ☐ other
		Frequency	☐ 1-2 times a week ☐ 3-4 times a week ☐ over 5 times
Nutrition	Results	☐ bad ☐ normal ☐ good	
	Prescription	☐ eat more (☐ dairy products ☐ protein ☐ vegetables and fruit) ☐ eat less (☐ fat ☐ sugar ☐ salt)) ☐ right eating habit (☐ never skip breakfast ☐ balanced diet) ☐ taking over (nutrition class)	
Obesity	Results	Body Mass Index	Waist
		☐ underweight ☐ normal weight ☐ overweight ☐ morbidly obese	☐ abdominal obesity
	Prescription	☐ Less meal amount ☐ Fewer snacks or midnight munchies ☐ Less drinking amount or times ☐ Less eating fastfoods or eating out ☐ read the exercising prescription ☐ talking over (weight clinic) ☐ other ( )	

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 11] <뒷 면>

Results of psychiatric health examination				
Depression (40 years old)	☐ Nothing specific (0-20points) ☐ specific (21-24points) ☐ Specific on depression (25-60 points, needs more counseling and additional care in Psychiatric Department)			
Depression (66 years old)	☐ Nothing specific (0-9 points) ☐ specific (10-11 points) ☐ specific on depression (12-15 points, needs more counseling and additional care in Psychiatric Department)			
Cognitive function difficulty (66 years old)	☐ Nothing specific (0-5points) ☐ Loss of **cognitive function** (6-30 points, needs more counseling and additional care in Psychiatry Department)			
Diabetes results	☐ Normal ☐ Blood sugar elevated ☐ Diabetes (☐ someone who has medical history)	Date of results		
High blood pressure results	☐ normal ☐ elevated blood pressure ☐ high blood pressure (☐ someone who has medical history)	Examining Physician	Licence no.	
			Physician's Name	(signature)

Final Prescription

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ Because not all diseases are diagnosed, if you have any specific problems, like excessive weight loss, please talk with a physician.

We are notifying you of these medical examination results as follows.

Date Year

Office code _____ Office name _____

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 12]

Results of Dental Checkup

☐ **Regular checkup** ☐ **Life cycle-based checkup**

Full name		Residential ID No.	- 1(2)******
Date of examination	(Date) (Year)	Place of examination	☐ visiting ☐ other

Section	Related disease	Examination list		Results	Other opinion
Dental Examination	Dental Caries (calvities)	Caries	Crown	☐ No ☐ Yes	
			(over 55 years old) dental root	☐ No ☐ Yes	
	Loss of function	Loss of teeth		☐ No ☐ Yes	
	Decalcification	tooth eruption		☐ No ☐ Yes	
	Caries, pericoronitis	**(over 55 years old) upper left 3rd molar (wisdom)**		☐ normal ☐ specific	
Tissue Examination	Gum disease	Degree of Infection		☐ Absent ☐ Gingivitis ☐ Periodontitis	
		Dental Plaque		☐ Absent ☐ Present	
Bridge or Implant examination	Mouth function difficulty	Bridge or implant condition		☐ Fine ☐ need to repair ☐ none	
		(over 55 years old) Denture condition		☐ Fine ☐need to repair ☐ none	
Oral Tissue Biopsy	Oral Tissue Lesions	Abnormalities in oral tissue		☐ Absent ☐ Present	
Plaque Test	**※ This test is only for 40 years old who is receiving special health examination.**				**rule of results**
	Caries, Gum disease	Upper right molar (#15) caries		( ) points	fine (less than 1points), average (1~3 points), poor (over 3 points) ※ Average score = Sum of each section/Number of teeth
		Upper right prosthion (#11) caries		( ) points	
		Upper left molar (#26) caries		( ) points	
		Lower left molar (#36) caries		( ) points	
		Lower left prosthion (#31) caries		( ) points	
		Lower right molar (#44) caries		( ) points	
		Average score		( ) points	

Final Opinion & Prescription		**Final Opinion**	**Additional Treatment**
	1	Now No problem with oral health	
	2	Educate on how to brush teeth	
	3	Remove cavities	
	4	Need to remove calculus	
	5	Need to remedy gum disease.	
	6	Need to pull out teeth.	
	7	Need to make false tooth/teeth	
	8	Need to make or repair the bridge or implant again	
	9	Need additional tests to inspect the soft tissue	
	10	Other :_____	

Inspector	Licence no.		Examining Physician	(signature)

Office code _____ Office name _____ Date

Year

210㎜×297㎜ 일반용지 또는 **NCR용지 2P 60g/㎡**

[Annex No. 13]

Results of Stomach Cancer Screening

Full name		Residential ID No.	- 1(2)******

	Test List (Date of Examination)		Results	Decision ※ write as it is following the examination rule
	Name of Test-date/year ※Maxim 2 -Upper Gastrointestinography, Endoscopy	Opinion (Location) ※ Write cancer location following the opinion		
		Pathology ※ In case of no Tissue Test, leave blank		
	Recommendation			

Date of results	Date/Year	Examining Physician	Licence no.	
			Name of doctor	(signature)

Results of Stomach Cancer Screening

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ Stomach Cancer has the highest incidence of cancer in South Korea. However, it is possible to find it through regular medical checkups, and when found early it is commonly overcome by endoscopy remedy or surgery.

※ We recommend persons of both sexes who are over 40 to receive Endoscopy or Upper Gastrointestinography every 2 years, even if they don't have any special symptoms, because Stomach Cancer sharply increases after age 40.

※ Even if test results are normal, in case you feel any symptoms like stomachache, heartburn (fasting, after eating), you need to speak with a physician. In case you get results other than normal, please follow your doctor's recommendation.

We are notifying you of these medical examination results as follows.

Date/Year

Office code _____ Office name _____

※ Cancer exam form follows the examination rule on extra Cancer exam reports

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 13-2]

Results of Liver Cancer Screening

Full name		ID. No	- 1(2)******

	Test List (Date of Examination)	Results	Decision ※ write as it is following the examination rule
	Name of Examination- date/year ※ Maximum 5 tests including 2 ot 3 tests for Liver disease, Ultrasonography or Alpha-feto protein test		
	Recommendation		

Date of results	Date/Year	Examining Physician	Licence no.	
			Name of doctor	(signature)

Results of Liver Cancer Screening

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ For those who are over 40 and belong to a high-risk group (liver cirrhosis, hepatitis-B antigen positive, C-type hepatitis antibody positive, a chronic liver disease patient due to B- or C-type hepatitis virus), undergoing the liver cancer screening examination is recommended. (The liver ultrasound and serum alpha-fetoprotein examination are conducted every year.)

※ It is impossible to judge all cancers through the liver test. Therefore, if you have any symptoms like weight lose, jaundice, or sudden fatigue, you need to speak to a physician, In case you get results other than normal, please, follow the doctor's recommendation.

We are notifying you of these medical examination results as follows.

Date/Year

Office code _____ Office name _____

※ Cancer exam form follows the examination rule on extra Cancer exam reports

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 13-3] **Results of Colon Cancer Screening**

Full name		ID. No.	- 1(2)******

	Test List (Date of Examination)		Results	Decision ※ write as it is following the examination rule
	Name of Test-date/year ※ Maximum 3 tests including Fecal Occult Blood Test (FOBT), Digital rectal exam (DRE), or Endoscopy	Opinion (Location) ※ Record recommendations based on FOBT (no location of lesion) ※ The opinion with only FOBT, you don't need to write down		
		Pathology ※ In case of no Pathology, leave blank		
	Recommendation			

Date of result	Date/Year	Examining Physician	Licence no.	
			Name of doctor	(signature)

The Result of Colon Cancer Screening

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ Recently, the incidence of Colon Cancer is sharply increasing. However, it is possible to find it through regular medical checkups, and when found early it is commonly overcome with endoscopy remedy or surgery.

※ Due to the sharp rise in the incidence of colon cancers on those over age 50, we recommend both men and women over 50 to have an annual Fecal Occult Blood Test screening, even when there are no signs or symptoms. When the results of the Fecal Occult Blood Test come out abnormal, the presence of colon cancer can be confirmed by DRE or colonoscopy.

※ It is difficult to diagnose all colon disorders solely by the Fecal Occult Blood test. Even if the result of the Fecal Occult Blood Test is negative, you need to consult with a physician for any symptoms (weight loss, change in stool girth, bloody stools) and follow the recommendations appropriate to your diagnosis.

We are notifying you of these medical examination results as follows.

Date/year

Office code _____ Office name _____

※ Cancer exam form follows the examination rule on extra Cancer exam reports 210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 13-4]

Results of Breast Cancer Screening

Full name		Residential ID No.	- 1(2)******

	The Examination List (Date of Examination)		Results	Decision ※ write as it is following the examination rule
	X-ray mammography (date/year)	Opinion (Location) ※ Write cancer Location following the opinion		
	Recommendation			

Date of results	Date/Year	Examining Physician	Licence no.	
			Name of doctor	(signature)

The Result of Breast Cancer Screening

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ Recently, there has been an increase in breast cancer. However, it is possible to detect early and/or cure through regular health checkups.

※ We recommend that persons over 40 receive breast x-ray every 2 years for early diseases detection.

※ If you have ever had any breast surgery or a lump that feels different from the surrounding breast tissue or a bleeding nipple, you need to speak to a physician even if a breast cancer exam is said to be normal. In case you get results other than normal, please follow the doctor's recommendation.

We are notifying you of these medical examination results as follows.

Date/year

Office code _____ Office name _____

※ Cancer exam form makes as it is following the examination rule on extra Cancer exam report

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 13-5]

Results of Cervical Cancer Screening

Full name		Residential ID No.	- 1(2)******

	Test List (Date of Examination)		Results	Decision ※ write as it is following the examination rule	
	Pap smear screening (Date/year)	Pathological types (Biopsy procedures) ※ If you do not do this exam, you don't need to write it down.			
	Recommendation				
	Date of results	Date/Year	Examining Physician	Licence no.	
				Name of doctor	(signature)

Results of Cervical Cancer Screening

※ If the physician documents a necessity for coverage of medical care on the Results of the Medical Checkup form, the form replaces the letter of request for medical expenses (letter of request for medical exam). This form may be used to obtain a medical exam at a general hospital.

※ It is possible to detect Cervical cancer early through a biopsy screen test, In case of early discover, cervical cancer is commonly overcome with a simple surgery.

※ We recommend women who are over 30 with sexual experience to receive a biopsy screen test every 2 years.

※ If you have any symptoms like unusual bleeding of the cervix uteri, etc., even if the cervical cancer exam report is said to be normal, you need to speak to a physician. In case you get results other than normal, please follow the doctor's recommendation.

We are notifying you of these medical examination results as follows.

Date/year

Office code _____ Office name _____

※ Cancer exam form follows the examination rule on extra Cancer exam reports

210㎜×297㎜ 일반용지 60g/㎡

[Annex No. 18] 〈Amendment 27 12, 2011〉

Consent for the Utilization of Results for Follow-Up Care or Post-Health Screening

*** Please check the appropriate health screening box where you agree to provide the necessary information.**

〔 ☐ General health screening ☐ Life cycle-based health screening ☐ Cancer screening ☐ Infant health screening〕

This agreement is made in order to provide those who have been verified to have or who may possibly have high blood pressure, diabetes or dyslipidemia with follow-up management services (health counseling, education, support for smoking cessation, support for drinking cessation, exercises and nutrition).
The consent may be withdrawn at any given time by visiting the National Health Insurance Corporation or by calling the customer service center at 1577-1000 and verifying personal identity.

○ Range of Information Provided

- Personal identification information: Name, ID card number, address, phone number, e-mail
- Health screening information: Health screening results and medical history

○ Length of Information Use and Possession: Two years

○ Utilizing Facility: Public Health Centers

※ Your screening results will be solely used under the "Lawful Protection of Personal Information of Public Agency Act" within the scope of confidentiality as a "Framework Act on Health Examination." It will never be used for any other purposes, or will be provided to other facilities.
※ The signatory has the right to withdraw the consent at any time. By doing so, he/she may be disqualified from the health screening service program.

The medical examination organization has fully explained the utilization of the results of the medical check-up to me, and I agree to allow the public health centers to use the above information for the follow-up medical check-up management.

Month, Day, Year

Name of Examinee: _____ (Signature)
ID Card Number: _____

Name of Confirming Agency: _____
Name of Confirmer: _____ (Signature)

210㎜×297㎜[Plain paper 60g/㎡(Recyclable material)

[Annex No. 4]

Verification for 0000 Health Screening Candidate (For presentation at the examining facility) (For Corporate Subscribers)

<table>
<tr><td colspan="2">Name</td><td></td><td>ID card No.</td><td colspan="3">-1(2)******</td></tr>
<tr><td colspan="2">Name of work place</td><td></td><td>Workplace transition No.</td><td colspan="3"></td></tr>
<tr><td colspan="2">Health insurance No.</td><td></td><td>Affiliated branch</td><td colspan="3"></td></tr>
<tr><td colspan="2">Work division[주1)]</td><td></td><td>Department</td><td colspan="3"></td></tr>
<tr><td colspan="7">Examination facts and expenses</td></tr>
<tr><td>1st exam</td><td>No charge</td><td colspan="3">Vision, hearing, blood pressure, urine test, blood test, x-ray, oral exam, medical examination by interview, any other medical examination
※ The period of the exam: until Dec. 31, 0000</td><td>Exam for Hepatitis B (age 40)[주2)]</td><td></td></tr>
<tr><td>Oral screening</td><td>No charge for a person</td><td colspan="5">Dental caries, missing teeth examination, periodontal tissue examination, oral health the education, etc
※ Examination Period : Until Dec. 31, 0000</td></tr>
<tr><td>2nd exam</td><td>No charge</td><td colspan="5">Following the results of the 1st health exam, we work with a person who is suspected of high blood pressure, and/or diabetes.
※ Following the results of the 1st health exam, we work with the evaluation of life habits or mental health of a person who is a special health exam recipient age 40·66. (Examination Period : Until Jan. 31, 0000)</td></tr>
<tr><td rowspan="4">Cancer Screening</td><td>Category</td><td>Stomach Cancer</td><td>Liver Cancer</td><td>Colon Cancer</td><td>Breast Cancer</td><td>Cervical Cancer</td><td>Information Agency[3)]</td></tr>
<tr><td>Candidate/Cost[4)]</td><td></td><td></td><td></td><td></td><td></td><td rowspan="2"></td></tr>
<tr><td>Medical Expenses Paid</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Screening Period</td><td colspan="5">Until 12.31.0000. The 2nd screening exam for stomach·colon cancer is until 1.31.0000.</td></tr>
<tr><td colspan="7">※In case of double examination, we have to charge to recoup additional medical expenses:the National Insurance Cooperation gets medical expenses back from the health exam recipient in the case of taking more than one medical check up per period. (health exam period: office worker: every other year; non office worker: every year)
※The person who receives a message from the information agency: we send a letter with the cancer exam list to your present address, therefore, please do not take a cancer exam twice.</td></tr>
</table>

We confirm the health exam recipient in our office who is on the list above.

0000. 00. 00

Employer's name: (signature)

Note1) Type of work: write separately for office workers and non-office workers (refer to the health exam recipient list)

2) Exam on Hepatitis B is only for age 40 (except Hepatitis B antigen carrier or antibody carrier)

3) Information Agency: The National Cancer Screening results reporting to candidates (public health center)

4) Declaration of cost burden.

① No charge: the NHIC will cover all expenses for persons who take the health exams such as the 1st and 2nd general health exam, Cervical cancer exam, or special health exam for age 40, 66, 70. The NHIC will cover 80%, and the nation will cover 20% for persons who are national cancer early exam recipients taking the breast cancer, stomach cancer, liver cancer, or colon cancer exams.

② 20% cost to recipient: NHIC is responsible for 80%, recipient for 20%.

③ No apply: non-applier

④ Exam completion: person who is already done with the related exam.

⑤ If cancer is confirmed, the patient can get some support for medical expenses.

※ Age rule for cancer exam: stomach and breast cancer (over 40), colon cancer (over 50), liver cancer (over 40), cervical cancer (over 30)

※ You can check the screening recipient, screening agency, annual screening result from the web page of the National Health Insurance Corporation (www.nhic.or.kr).

[Annex No. 5]

※ Health exams operated by the NHIC can be taken once every 2 years,
If a person takes the exam twice or **over, we will charge the health exam recipient for the medical expenses.**

※ Check information on the NHIC web-site (www.nhic.or.kr) or call the our branch office (1577-1000)

printable page (address)

use as a substitute for medical exam list

---------- Don't tear off this paper, this paper can used for the address sheet for results ----------

Confirmation 0000 for the Health Exam Recipient (use for presentation to examiner)

(local member, family member (except supporter))

Full name		ID. No.	**-1(2)********
Health insurance no.		Position	Branch office

Examination facts and expenses

1st exam	No charge	Vision, hearing, blood pressure, urine test, blood test, x-ray, oral exam, medical examination by interview, any other medical examination ※ The period of the exam: until 12.31.0000	Exam for Hepatitis B (age 40)[1)2)]	
Oral screening	No charge for a person	Dental caries, missing teeth examination, periodontal tissue examination, oral health the education, etc ※ Examination Period: until 12.31.0000		
2nd exam	No charge	Following the results of the 1st health exam, we work with a person who is suspected of high blood pressure, and/or diabetes. ※ Following the results of the 1st health exam, we work with the evaluation of life habits or mental health of a person who is a special health exam recipient age 40·66. (Examination Period : Until Jan. 31, 0000		

	Category	Stomach Cancer	Liver Cancer	Colon Cancer	Breast Cancer	Cervical Cancer	Information Agency[3)]
Cancer Screening	Candidate/Costs[2)]						
	Medical Expenses Covered						
	Screening Period	Until 12.31.0000. The 2nd screening exam for stomach·colon cancer is until 1.31.0000.					

As above, we confirm the health exam recipient for 0000 .
0000 . 00 . 00 .

National Health Insurance Co. President (signature)

Note 1) Exam for Hepatitis B is only offered at age 40 (except Hepatitis B antigen carrier or antibody carrier)

Note 2) Declaration of cost burden.

① No charge: the NHIC covers the entire expenses for persons who take health exams such as the 1st and 2nd general health exam, cervical cancer exam or special health exam for age 40, 66 and 70. The NHIC covers 80% and the nation covers 20% for persons who are national cancer early exam recipients taking the breast cancer, stomach cancer, liver cancer, and/or colon cancer exams.

② Enter out-of-pocket expenses for cancer screening (10% of cancer screening costs).

※ after calculating the recipient's burden through adding counseling fees and related exam payments, discount fees under 10won.

③ No apply: non-applier

④ Exam completion: person who is already done with the related exam.

⑤ If cancer is confirmed, the patient can get some support for medical expenses.

Note 3) Information agency: The information agency is the place (public health center) for reporting examination results to the national cancer early exam recipient.

※ Age rules for cancer examinations: stomach and/or breast cancer (over 40), colon cancer (over 50), liver cancer (over 40), cervical cancer (over 30)

※ You can check the screening recipient, screening agency, annual screening result from the web page of the National Health Insurance Corporation (**www.nhic.or.kr**).

[Annex No. 6]

※ In the case of a person who takes a cancer exam operated by the NHIC twice or **over, we charge the health exam recipient with the medical expenses**

※ Check the information on the NHIC web-site (www.nhic.or.kr) or call the our branch office (1577-1000)

printable page (address)

use as a substitute for cancer exam list

---------- Don't tear off this paper, this paper can used for the address sheet for results----------

Confirmation 0000 for Cancer Exam Recipient (use for presentation to examiner)						
Full name			ID No.	-1(2)******		
Health insurance no.		Position		Branch office		
Examination facts and expenses						
Category	Stomach Cancer	Liver Cancer	Colon Cancer	Breast Cancer	Cervical Cancer	Information Agency[3]
Candidate/Costs[2]						
Medical Expenses Covered						
Screening Period	Until 12.31.0000. The 2nd screening exam for stomach·colon cancer until 1.31.0000					
As above, we confirm the health exam recipient for 0000 . . .0000 National Health Insurance Co. President (signature)						

Note 1) Declaration of a cost burden.

① No charge: the NHIC covers the entire expenses for persons who take health exams such as the 1st and 2nd general health exam, cervical cancer exam or special health exam for age 40, 66 and 70. The NHIC covers 80% and the nation covers 20% for persons who are national cancer early exam recipients taking the breast cancer, stomach cancer, liver cancer, and/or colon cancer exams.

② Enter the out of pocket expenses for cancer screening (10% of cancer screening costs)
※ after calculating the recipient's burden through adding counseling fees and related exam payments, discount fees under 10won.

③ No apply: non applier

④ Exam completion: person who is already done with the related exam.

⑤ If cancer is confirmed, the patient can get some support for medical expenses.

Note 2) Information agency: The information agency is the place (public health center) for reporting the exam results to the national cancer early exam recipient.

※ Age rules for cancer examinations: stomach and/or breast cancer (over 40), colon cancer (over 50), liver cancer (over 40), cervical cancer (over 30)

※ You can check the screening recipient, screening agency, annual screening result from the web page of the National Health Insurance Corporation (**www.nhic.or.kr**).

[Annex No. 11]

Information for Health Exam Recipients

☐ The general health screening offered by the corporation may be done once every two years (non-office workers, once a year), Life-cycle transition period health screenings may be obtained at 40 years of age and 66 years of age. Infant health screenings may be done at 4, 9, 18, 30, 42, 54, and 66 months of age.

☐ When doing the questionnaire, it is very important material for a doctor to diagnose the examinee's condition or examination, therefore write all information on the sheet.

※ If you agree with the policy for receiving information and write your e-mail on the questionnaire sheet, you can receive health information from the NHIC (National Health Insurance Cooperaton), KCDC (Korean Centers for Disease Control and Prevention), NCC, and/or health centers.

☐ The cancer examinations can be provided for only as few tests as you choose, and the examinee will need to cover 20% of medical expenses.

☐ The colon cancer exam is only for people over 50. It will use a fecal occult blood count. Afterward, you can choose additional examinations such as colon endoscopy or digital rectal exam only for someone that has positive results.

☐ The NHIC will cover all medical expenses such as special medical exams for people 40, 66, 70, general medical exam, health exam for infant/toddler, pre-school age or cervical cancer exam.

☐ Person who is a special health exam recipient (age 40, 66 year-old) can take the exam only one time in his/her life.

☐ People who are taking the 1st special health exam will be a next health exam recipient. The prescription for improving life habits through the evaluation (smoking, drinking alcohol, exercising, over weight, nutrition) cannot be used for medication or drugs

☐ Please follow the health exam regulations. Results will be inaccurate if people don't have an empty stomach over 8 hours before the health exam, work overnight, or take a health exam during a woman's period.

[Annex No. 12]

Smoking Habits Evaluation

Examinee's name	

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

1. Do you plan to quit smoking ?

☐ ① I plan to quit smoking within a month.
☐ ② I plan to quit smoking within 6 months.
☐ ③ I thought about quit smoking, but not within 6 months
☐ ④ I don't have any intention to quit smoking now.

2. Can you quit smoking right now (0-7)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

(not at all) (for sure)

3. How soon do you light up your first cigarette after waking up?

☐ within 5 minutes (3points) ☐ between 6-30 minutes (2points)
☐ between 31-60 minutes (1point) ☐ after 60 minutes (0point)

4. Do you have difficulty to hold the urge to smoke in non smoking areas such as church, theater, or library?

☐ Yes (1 point) ☐ No (0 point)

5. Which occasion is the most difficult for you to give up?

☐ the first cigarette in early morning (1point) ☐ others (0 point)

6. How many cigarettes do you smoke a day?

☐ under 10 cigarettes (0 points) ☐ 11-20 cigarettes (1 point)
☐ 21-30 cigarettes (2 points) ☐ over 31 cigarettes (3 points)

7. Do you smoke more cigarettes within the few hours after waking up than the later hours?

☐ Yes (1 point) ☐ No (0 points)

8. Do you still want to smoke even when you are very sick?

☐ Yes (1 point) ☐ No (0 Point)

Total	

[Annex No. 12-2]

Smoking Cessation Prescription

Date of visiting :

Examinee name : **Gender : Male/ Female**

1. Present Smoking Status

☐ ex-smoker ☐ light smoker ☐ heavy smoker

2. Nicotine Dependency

☐ low ☐ middle ☐ high

You can improve the quality of life if you quit smoking.

3. Smoking prescription.

☐ need education or counseling to stop smoking. Please read the stop-smoking brochure.

☐ need nicotine alternative therapy.

_____

_____

☐ need to take medication to aid smoking cessation (i.e. Bropion).

_____

_____

☐ refer to smoking cessation services (i.e. smoking cessation clinic or smoking cessation call center).

☐ other:_____

4. Your disease status which can be improved through the stopping smoking.

☐ High blood pressure ☐ Diabetes

☐ Heart disease ☐ Hyperlipidemia

☐ Stroke ☐ Peripheral circulatory disturbance

☐ Chronicity Bronchial Trouble ☐ Asthma

☐ Paranasal Sinusitis ☐ Gastric/Duodenal ulcer

☐ Surgery complication ☐ Family health

☐ Bad breath ☐ Decrease of immune function

☐ Wound retardation ☐ Sexual impotence

☐ Lumbago & Ruptured disk ☐ Osteoporosis

☐ Others:_____

You might require regular clinic visits to assist you with smoking cessation.

Physician's name : (Signature)

※ This prescription cannot be used for medication. It is only for developing life habits.

[Annex No. 12-3]

Alcohol Habit Evaluation

Examinee's name	

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

1. How often do you drink alcohol beverage?

☐ never (0 points) ☐ less than once a week (1 point) ☐ 2~4times a month (2 points)
☐ 2-3 times a week (3 points) ☐ over 4 times a week (4 points)

2. How many alcohol beverages do you have in a typical day when you drink ?

(Regardless the types of alcohol beverages, count the total glasses. For beer, one can of beer, 350 cc of draft beer or one bowl of Mak-Gul-li are counted as one glass)

☐ 1~2 (0 points) ☐ 3~4 (1 point) ☐ 5~6 (2 points)
☐ 7~9 (3 points) ☐ over 10 (4 points)

3. How often do you have six or more drinks in one occasion?

☐ never (0 point) ☐ under once a month (1 point) ☐ once a month (2 points)
☐ once a week (3 points) ☐ almost everyday (4 points)

4. How often during the last year have you found yourself not able to stop drinking once you started?

☐ never (0 point) ☐ under once a month (1 point) ☐ once a month (2 points)
☐ once a week (3 points) ☐ almost everyday (4 points)

5. How often during the last year have you failed to perform you daily work due to drinking?

☐ never (0 point) ☐ under once a month (1 point) ☐ once a month (2 points)
☐ once a week (3 points) ☐ almost everyday (4 points)

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session from the previous night?

☐ never (0 point) ☐ under once a month (1 point) ☐ once a month (2 points)
☐ once a week (3 points) ☐ almost everyday (4 points)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

☐ never (0 point) ☐ under once a month (1 point) ☐ once a month (2 points)
☐ once a week (3 points) ☐ almost everyday (4 points)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

☐ never (0 point) ☐ under once a month (1 point) ☐ once a month (2 points)
☐ once a week (3 points) ☐ almost everyday (4 points)

9. Have you or someone else been injured a result of your drinking?

☐ No (0 point) ☐ Yes, but not in the last year (2 points)
☐ Yes, during the last year (4 points)

10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you to cut down?

☐ No (0 point) ☐ Yes, but not in the last year (2 points)
☐ Yes, during the last year (4 points)

Total	

[Annex No. 12-4]

Stop drinking or drinking in moderation Prescription

Date of visit :

Examinee's name : **Gender : Male/ Female**

1. Present drinking state.

☐ Normal ☐ Danger

☐ Misuse of alcohol ☐ Alcoholic

2. Stop drinking or drinking in moderation Prescription

1) Need education or counseling

☐ certainly need to stop drinking for ( ) days.

☐ never drink over ( ) glasses a day, never drink over total ( ) glasses a week.

☐ keep the discontinuation day total ( ) days a week.

☐ bring a written drinking diary for 2 weeks

☐ read the nondrinking brochure.

2) Need to take medicine or drugs

☐ prescribe medicine for reducing drinking desire

_____

☐ other_____

3. Disease/conditions can be improved through not drinking.

☐ Depression	☐ Stomach disease
☐ High blood pressure	☐ Heart disease
☐ Diabetes	☐ Stroke
☐ Hyperlipidemia	☐ Osteoporosis
☐ Overweight	☐ Problems relevant to work
☐ Interpersonal relation	☐ Accidents
☐ Other :	

☞ We advise you to get additional professional help

Physician's name : (Signature)

※ This prescription cannot be used for medication. It is only for developing life habits.

[Annex No. 12-5]

Evaluation of Exercise Habits

Examinee's name		I would like to take Evaluation of Physical Exercise Habits . ☐

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

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

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

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.)

Total	

4.Have you ever been told that you have to exercise by a doctor's recommendation because of a heart problem?

☐ Yes ☐ No

5. Have you ever experienced chest pains during excercise?

☐ Yes ☐ No

6. Have you ever experienced chest pains even when you didn't exercise last month?

☐ Yes ☐ No

7. Have you ever lost your balance due to loss of consciousness or dizziness?

☐ Yes ☐ No

8. After trying a different exercise, have you ever experienced a bone or joint problem?

☐ Yes ☐ No

9. Have you ever received any prescription from a doctor due to heart problems or blood pressure ?

☐ Yes ☐ No

10. Do you have any other reason for not exercising?

☐ Yes ☐ No

[Annex No. 12-6]

Prescription for Exercise Habits

Date of visit:

Examinee's name: **Gender: Male/Female**

1. Present exercise status.

☐ insufficient for maintaining health.

☐ not enough to improve your health, although you can maintain health.

☐ improving your health.

2. We recommend the following types of exercises to improve your health and quality of life.

1) Types of exercise you should do

☐ fast walking ☐ walking ☐ mountain hiking

☐ swimming ☐ water activities ☐ riding a bicycle

☐ aerobics ☐ dance ☐ yoga

☐ weights ☐ others:

2) exercise duration

☐ 10 minutes ☐ 15-30 minutes ☐ over 30 minutes ☐ other:

3) exercise frequency

☐ 1-2 times a week ☐ 3-4 times a week ☐ over 5 times a week

3. Disease/conditions can be improved through exercise.

☐ Overweight ☐ Stress ☐ High blood pressure

☐ Diabetes ☐ Heart disease ☐ Stroke

☐ Hyperlipidemia ☐ Osteoporosis ☐ Pain in bone or a joint

☐ Injury from a fall ☐ Depression ☐ Other

☞ We advise you to get additional professional help

Physician's name : (Signature)

※ This prescription cannot be used for medication. It is only for developing life habits.

[Annex No. 12-7]

Evaluation of Diet Habits

Examinee's name		I would like to take Evaluation of Diet habits. ☐

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

1. I drink dairy products such as milk, soybean milk, or others more than one glass (over 200㎖) every day.

☐ usually (5 points) ☐ sometimes (3 points) ☐ never (1 point)

2. I eat food like meat, fish, egg, bean, or tofu more 3 times a day.

☐ usually (5 points) ☐ sometimes (3 points) ☐ never (1 point)

3. I include vegetables in every meal.

☐ usually (5 points) ☐ sometimes (3 points) ☐ never (1 point)

4. I eat fruit (more than 1 serving) or drink fruit juice every day.

☐ usually (5 points) ☐ sometimes (3 points) ☐ never (1 point)

5. How often do you have stir-fried food?

☐ over 4 times a week (1 point) ☐ 2-3 times a week (3 points)

☐ less than 1 time a week (5 points)

6. How often do you have food containing cholesterol such as bacon, egg yolk, squid, etc?

☐ over 4 times a week (1 point) ☐ 2-3 times a week (3 points)

☐less than 1 time a week (5 points)

7. I eat one of these, ice cream, cake, snack or drinks (coffee, cola, sweet drinks) every day.

☐ usually (1 point) ☐ sometimes (3 points) ☐ never (5 points)

8. I eat salted fish, soy sauce seasoned dried vegetables, other salty foods.

☐ usually (1 points) ☐ sometimes (3 points) ☐ never (5 points)

9. I always have a meal on time.

☐ usually (5 points) ☐ sometimes (3 points) ☐ never (1 point)

10. Do you eat at least one of each of the food groups such as dairy products, meat or fish, fruits, vegetables, grain every day ?

☐ 5 types (5 points) ☐ 4 types (3 points) ☐ less than 3 types (1 point)

11. How often do you eat out?

☐ over 5 times a week (1 point) ☐ 2-4 times a week (3 points)

☐ less than 1 a week (5 points)

Total	

[Annex No. 12-8]

Prescription for Nutritional Life Habits

Date of visit:

Examinee's name: **Gender: Male/Female**

1. Present diet habits.

☐ needs much improvement.

☐ normal.

☐ can prevent disease and maintain health.

2. Improvement of diet habits.

☐ drink more than one glass of milk, low fat milk, or soybean milk containing calcium every day.

☐ have a little meat, tofu, bean or fish more than 3 times a day.

☐ have vegetables at every meal.

☐ eat more than 1 serving of fruit and drink more than 1 glass of fruit juice.

☐ have seasoned, steamed, or roasted dishes, rather than fried dishes.

☐ when you eat meat, if possible, eat lean meat and eat chicken and duck without the skin. Do not often eat eel, fish stomach, fish eggs.

☐ do not have any sugary snacks like ice cream, snacks, cake.

☐ eat more solid foods than soup, reduce intake of salty food.

☐ never skip breakfast, have regular meals.

☐ keep a balanced diet.

☐ If possible, cut the number of times you eat out, and if you do eat out, please avoid too salty, too spicy, or too oily food.

☐ Drink at least 8 glasses of water every day (general recommendation)

3. Diseases that can be improved through healthy eating habits.

☐ High blood pressure	☐ Diabetes
☐ Heart disease	☐ Hyperlipidemia
☐ Stroke	☐ Peripheral blood vessel trouble
☐ Osteoporosis	☐ Overweight
☐ Gout	☐ Other

We advise you to get additional professional help

Physician's name : (Signature)

※ This prescription cannot be used for medication. It is only for developing life habits.

[Annex No. 12-9]

Evaluation of weight control Habits

Examinee's name		I would like to take the evaluation on weight control habits. ☐

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

◆ Height:_____**cm** ◆ **Weight:**_____ **kg**

◆ Waist**:**_____**cm** ◆ Body Mass Index**:**_____ **kg/m^2**

1. Do you weigh more (10 kg) now than when you were in your teens or early 20's?

☐ Yes ☐ No

2. How many times have you tried to lose weight?

☐ never ☐ 1~3

☐ over 4 ☐ always

3. Are you interested in losing weight?

☐ no ☐ a little bit concerned ☐ very concerned

[Annex No. 12-10]

Weight Control Prescription

Date of visit:

Examinee's name : **Gender : Male/Female**

◆ Height:_____**cm** ◆ Weight:_____ **kg**

◆ Waist:_____**cm** ◆ Body Mass Index:_____ **kg/m^2**

1. you are

☐ underweight. ☐ normal.
☐ overweight. ☐ obese.

2. you have excessive fat around the abdomen

☐ Yes ☐ No

3. Due to your weight, your risk level of developing the chronic diseases such as CVDs, hypertension, diabetes, high cholesterol, etc. is

☐ low ☐ normal ☐ a little increased
☐ more increased ☐ sharply increased ☐ very sharply increased

4. Recommended weight goal:

○ We recommend to lose your weight down to ( )% as the first goal.
○ Your first weight goal is _____ kg.
○ The period of primary weight loss is within _____months.
○ Weight loss each month is _____kg.

5. Prescription to treat obesity

☐ reduce meal portions ☐ reduce snacks or midnight munchies
☐ reduce eating out or fast food
☐ smoking ☐ drinking ☐ exercising ☐ get nutrition prescription
☐ need to take medication
☐ other: _____

6. Diseases/conditions can be improved if you keep the normal range of weight after weight loss.

☐ Angina pectoris/Cardiac infarction ☐ Diabetes ☐ Stroke
☐ High blood pressure ☐ High cholesterol ☐ Peripheral blood vessel disease
☐ Sleep apnea syndrome ☐ Incontinence ☐ Spine or bone problems
☐ Gallbladder stone ☐ other:

☞ **We advise you to get additional professional help**

☞ **You need regular clinic visits to assist you to lose weight.**

Physician's name: (Signature)

※ This prescription cannot be used for medication. It is only for developing life habits.

[Annex No. 13]

Evaluation of Depression for 40 years old.

The facts below are questions about your condition in the last week.

Please, answer how often it happened in the last week.

In the last week, I was (or felt)

① rarely (less than once a week) ② Sometimes (1-2 days a week)

③ Occasionally (3-4 days a week) ④ almost everyday (over 5 days a week)

1. I was annoyed and bothered by things that were not before.	①	②	③	④
2. I didn't want to eat and even lost appetite.	①	②	③	④
3. I felt sad even when someone tried to help me.	①	②	③	④
4. I couldn't focus on any work.	①	②	③	④
5. I spent days relatively well.	①	②	③	④
6. I felt so sad.	①	②	③	④
7. I felt everything is so difficult.	①	②	③	④
8. I felt the future was gloomy.	①	②	③	④
9. I felt my whole life was a failure.	①	②	③	④
10. I thought I had a same capability like other people.	①	②	③	④
11. I couldn't sleep or had difficult time to sleep.	①	②	③	④
12. I felt fear.	①	②	③	④
13. I didn't feel like talking as I used to.	①	②	③	④
14. I felt lonely as if I was left alone in the world.	①	②	③	④
15. I lived without major complaints.	①	②	③	④
16. I felt people were unfriendly toward me.	①	②	③	④
17. I bursted into tears and felt like crying.	①	②	③	④
18. I felt as if my heart is broken.	①	②	③	④
19. I felt like everyone hated me.	①	②	③	④
20. I didn't have any self confidence to do anything.	①	②	③	④

※ Score : ① (0 points), ② (1 point), ③ (2 points) ④ (3 points) / total 60 points
(except, question 5, 10, 15 are opposite)

[Annex No. 13-2]

Evaluation of Depression for 66 years old.

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

1. Are you most of the time satisfied with your life?	Yes	No
2. Have you become less active?	Yes	No
3. Do you feel you have not lived as planned ?	Yes	No
4. Do you feel life is boring?	Yes	No
5. Do you feel fresh every day?	Yes	No
6. Do you feel nervous about the future?	Yes	No
7. Do you usually feel happy?	Yes	No
8. Do you sometimes feel miserable?	Yes	No
9. Do you want to stay indoors only and not to go out all the time?	Yes	No
10. Do you feel your memory is worse than others at your age?	Yes	No
11. Do you feel happy to be alive?	Yes	No
12. Do you feel you are a useless person?	Yes	No
13. Do you have a full of energy?	Yes	No
14. Do you feel like you don't have any hope?	Yes	No
15. Do you feel your life is worse than others?	Yes	No
Total (Written by Examiner)		
Total Score (Written by Examiner)		

※ Score : Yes (1 point) No (0 point) Total 15 points (except**, questions 1, 5, 7, 11, 13 are opposite**)

[Annex No. 13-3]

Evaluation of Cognitive Function Difficulty for 66, 70, 74 years old.

This questionnaire is for cognitive function difficulty. Please complete the following questions about your present condition compared to last year by ticking the appropriate box below. **(This form should be completed by a guardian if the person in question cannot do so.)**

Korean Dementia Screening Questionnaire - C	No (0 points)	Sometime (1 point)	Almost every day (2 points)
1. I (She/He) do not know what the day is today			
2. I (She/He) can't find my own things.			
3. I (She/He) ask the same question over and over.			
4. I (She/He) forget appointments.			
5. I (She/He) placed an object and is not able to recall where she/he place the object			
6. I (She/He) cannot recall people's name or objects' name and has difficult time to say the name.			
7. I (She/He) doesn't understand conversations and ask someone about the conversation over and over.			
8. I (She/He) have gotten lost in the middle of the road.			
9. I've lost the ability to calculate compared to last year. (example: I can't calculate the change or price)			
10. My (His/Her) personality has changed a lot.			
11. I'm losing my ability to use machinery. (washing machine, electric appliance, tracker, etc.)			
12. I (She/He) can't organize things around the house.			
13. I (She/He) can't choose the right clothes for the right occasion.			
14. I (She/He) can't get to the destination alone by a public transportation. (except the cases in physical problems such as knee arthritis.)			
15. I (She/He) don't want to change clothes even when they are dirty.			
Score	/ 30		