

How to Fill in the OCR

Supplemental Table 1. Questionnaire

= Advice to All Who Are Going to Receive the Health Checkup =

= Please follow the instructions given below! =

- Enter your responses using a **black pencil** or **mechanical pencil** (**ball-point pen is unacceptable**); see the examples below.
- This OCR sheet will be mechanically read. Do not bend it or expose it to water or dirt.

[Examples of entering numerals]

™ © Good entry

1 2 3 4 5 6 7 8 9 0

× Bad entry

9

Adding a hook

6

Uncertain as to which of "0" or "6" is meant

2

Adding a loop

9

Exceeding the space for entry

4

May be mistaken read as "9" ⇒

4

Do not join the two upper vertical lines while extending the horizontal line to the right

[Examples of entering marks]

™ © Good entry

✓

or

○

× Bad entry

○

Encircling the frame

✓

Too small

✓

Exceeding the space for entry

[Other points requiring care]

Age

:

0

4

(month)

0

3

(day), ⇒

Add "0" before one-digit number

[Please ensure that you have answered all the questions!]

If your responses to the questionnaire are incomplete, you will have to sit for an inquiry on the date of the health checkup.

In such cases, the time taken for the checkup will be longer than usual. Please understand it.

Name:

years old

I D

1 1 1 1 1 1 1 1 1 1

1 4

Questionnaire

Questions for women only

1. Inquiry to judge the appropriateness of conducting radiography. Please check the relevant alternative or enter a numeral.

I am definitely not pregnant now. I may be pregnant now (or, I am not sure if I am pregnant). I am pregnant () months of pregnancy

*If you have answered "I may be pregnant now (or, I am not sure if I am pregnant)" or "I am pregnant," you cannot undergo any radiographic examination.

2. Inquiry about menstruation. Please check the relevant alternative.

Are you currently menstruating? No Yes

*If you are currently menstruating, it can affect the results of your urine test. We recommend that you postpone your health checkup to a time when you are not menstruating.

Inquiry for those who desire to undergo a breast examination. Please check the relevant alternative.

1. Receiving outpatient care for breast disease at present No Yes

*Receiving doctor's care through periodic visits to a hospital

Diagnosis

- Currently receiving treatment for breast cancer or visiting a hospital for outpatient care
• Underwent surgery for breast cancer less than 6 years ago
• Breastfeeding at present
• Recently weaned infant off breast milk (within the previous 6 months)
• Pregnant at present
• Receiving augmentation mammoplasty
Breast examination will not be performed under these circumstances, even if the subject requests it.

2. Breastfeeding at present No Yes

3. I weaned my infant off breast milk recently (within the previous 6 months). No Yes

4. Currently receiving augmentation mammoplasty (injection, etc.) No Yes

5. I have an implanted cardiac pacemaker. No Yes

6. I have an encephalo-peritoneal shunt. No Yes

7. Family history: Do any of your blood relatives (grandparents, parents, brothers/sisters, children) have a history of any of the illnesses listed below?

Breast cancer (Who) Ovarian cancer (Who) Prostate cancer (Who) Other cancer (Site: Who:)

8. I have undergone surgery for breast cancer. No Yes (right left)

I have undergone surgery for breast illness (benign). No Yes (right left)

Inquiry for those who desire to undergo gynecologic examination. Please check the relevant alternative or enter a numeral.

*The gynecological test cannot be received during the menstruation period. If you are during menstruation, please change the schedule.

1. Currently receiving outpatient care for gynecological disease No Yes

*Receiving doctor's care through periodic visits to a hospital

Diagnosis

2. I have undergone gynecological surgery. No Yes (Please enter the operation you have received)

3. I have a history of pregnancy. No Yes (Frequency of delivery times) *If you have been pregnant before, please enter your 'para' status.

4. Experience of sexual intercourse Absent Present

5. Menstrual cycle Regular Irregular Menopause (at age)

6. Last menstrual period month (day), started days

7. Menstrual pain Absent Present

8. Menstrual blood loss Small Ordinary Large

*If you are postmenopausal, you may skip questions 6 through 8.