2020 Student Periodical Health Checkup Questionnaire

※ This questionnaire is to be used to understand your health conditions and to provide an adequate health checkup. The information provided by you is properly managed in compliance with the Act on the Protection of Personal Information. The answers and results are anonymized to protect your privacy and handled only by medical professionals(doctors, public health nurses, nurses) , and used to enchance the health and safety of the campus community, as well as for achademic research. Clinical research by HCSC is presented at the clinics and on its website.

(7digits) Student No.		Please circle your main campus of this year	①Ueno ②Toride ③Senju ④Yokohama
	Last name First name	Dept.	e.g. oil painting, composition, etc.
Name		Date of birth	YYYY/MM/DD Age ( )

Ⅰ. Check mark✓an option that applies to your current health condition.

① Well	② Relatively well	
③ Fair	④ Relatively unwell	⑤ Unwell

Ⅱ. Are you bothered by the following symptoms during your study, performance and working? Check mark✓all that apply to you.

① Cough/ panting/ asthma	⑤ Headache/ dizziness	⑧ Constipation/diarrhea
② Swollen lymph node/ fever	⑥ Ear ringing /hearing difficulty	⑨ Lost more than 3kg over the last year
③ Palpitations/chest pain	⑦ Stomachache/heart burn/nausea	⑩ Gained more than 3 kg over the last year
④ Have syncope or convulsed in the past		
⑪ Insomnia	⑯ Waking up several times a night	㉑ Having a confused idea
⑫ Agitation/feeling unstable	⑰ Very hard to wake up in the morning	㉒ Self-accusation/easily get pessimistic
⑬ Feeling anxious	⑱ Hard to go out	㉓ Feeling being watched by someone
⑭ Feeling depressed	⑲ Being overly self-conscious	㉔ Hallucination
⑮ Lack of concentration/judgement	⑳ Feeling isolated from friends	㉕ Having thoughts of being "better off dead"for the past year

Ⅲ. Have you had MR vaccine twice in the past?

1. Yes 2. No ⟹ Visit medical institution for **MR vaccination; it is a requirement** for students who participate in a nursing care/teacher training program.

Ⅳ. Are you (or have you been) seeing a specialist

(regularly or for treatment of a disease such as the heart, liver, kidneys, muscles, bones, nerves, anaphylaxis)?
If you have a history of abnormal findings in a past heart exam,or you are being followed up for or on treatment of epilepsy,make sure to describe the conditions in the questionnaire.

1. Yes 2. No

⇒ If yes, please answer the following questions for your respective diseases.
You can consult at HCSC about your health concerns on campus and seek advice on hospital visit.

	Q1. Current status	Q2. Specialist's direction	Q3. Hospital to visit after April
Disease1 : (Age of onset)	①Taking medication (oral, application) ②Periodical examination only, no treatment ③Completed(treatment/visit) ④Discontinued(treatment/visit).Other	①Not at all ②Yes : Details [ ]	①Decided ②To be decided
Disease2 : (Age of onset)	①Taking medication (oral, application) ②Periodical examination only, no treatment ③Completed(treatment/visit) ④Discontinued(treatment/visit).Other	①Not at all ②Yes : Details [ ]	①Decided ②To be decided
Disease3 : (Age of onset)	①Taking medication (oral, application) ②Periodical examination only, no treatment ③Completed(treatment/visit) ④Discontinued(treatment/visit).Other	①Not at all ②Yes : Details [ ]	①Decided ②To be decided

Ⅴ. Check mark✓ an option in each question that applies to your lifestyle.

1. Breakfast	①No	②Sometimes	③Everyday					
2. Alcohol	①Everyday	②Sometimes	③No					
3. Smoking	①Yes(21cigarettes or more per day)	②Yes(20 cigarretes or less per day)	③No	④Stopped				
4 Hours of sleep	①3 hours or less	②4~5 hrs	③6~7 hrs	④8~9 hrs	⑤10 hrs or more			
5 Taking exercise twice a week for thirty minutes.	①No	②Yes						
6. Does anyone live together?	①Yes	②No						
7. Do you work part-time at night?	①Yes	②No						
8. Do you want to improve your life habits of eating and excercising?	①already trying to improve (over 6 month)	②already trying to improve (less than 6 months)						
	③want to improve in near future(within a month) and began to start							
	④want to improve (within 6 months)	⑤Don't want						
9. Do you want to receive health instructions to improve your life habits?	①Yes	②No						

☞Complete the backside of this form too

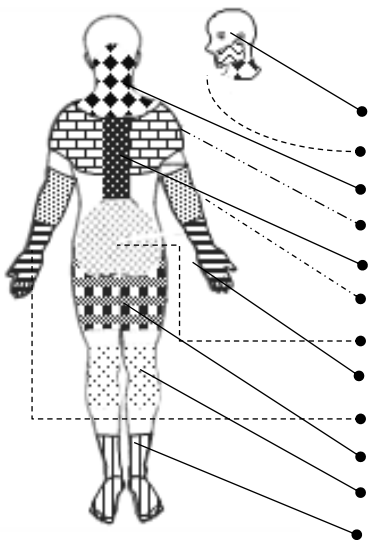
Ⅵ. Check mark✓ an option in each question that applies to you for your body size.(Provide your weight for Q2)

1. How do you regard your current body weight?		①Skinny		②Underweight		③Healthy weight		④Overweight	⑤Obese
2. What do you think is your ideal weight?		① (.) kg				②I have no idea			
3. Do you think your physical size or body weight influences your performance or evaluation ?		①No		②Yes		③I have no idea			
4. Have you ever been recommended to adjust your weight by any experts or teachers of your speciality?		①No		②Yes (to reduce)		③Yes (to gain)		④Yes (to maintain)	

Ⅶ. Check mark✓ all that apply to you for your physical conditions and environments during your studies, performance and working.

1. What is your dominant hand(s)?		①Right		②Left		③Both	④I have no idea

2. Check mark ✓ the Yes or No box for each question that applies to you regarding the body parts as shown on the left.
If you answer 'Yes ' on the first question, answer the other questions as well.



		①Have you ever had any trouble (ache, pain, or discomfort) on the body part in the past 12 months?	Yes ⇒	②During the past 12 months have you been prevented from doing your normal work (at home or away from home) because of the trouble?	③During the last 12 months have you seen a physician for this condition?	④Have you ever had any trouble (ache, pain, or discomfort) on the body part in the past 7 days?
A	Eyes	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
B	Jaw / Mouth	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
C	Neck	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
D	Shoulders	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
E	Upper Back	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
F	Elbows	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
G	Lower Back	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
H	Right wrist/hand	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
I	Left wrist/hand	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
J	Hip/ Thigh	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
K	Knees	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes
L	Ankles / Feet	□No □Yes	⇒	□No □Yes	□No □Yes	□No □Yes

3. Circle a number that is most applicable to you for each question.

	Always	sometimes	don't know	Rarely	Never
i Carrying heavy items during commuting	1	2	3	4	5
ii Carrying heavy items on campus	1	2	3	4	5
iii Doing works that require physical strength	1	2	3	4	5
iv Repeating the same action	1	2	3	4	5
v Staying in a painful posture	1	2	3	4	5
vi Working long hours	1	2	3	4	5
vii Using uncomfortable tools, desk&chair	1	2	3	4	5
viii Using sharp objects, flames, and hazadours items	1	2	3	4	5
ix Working in unconfortable temperatures	1	2	3	4	5
x Working in inadequate lighting conditions	1	2	3	4	5
xi Breaks are planned before start working	1	2	3	4	5
xii Exercising and stretching before and after working	1	2	3	4	5
xiii Wearing protections when working	1	2	3	4	5

4. How long do you usually continue to work without taking a break or a meal?		①less than 1 hour		②1－3hrs		③3－5hrs		④5－10hrs	⑤over 10hrs

Ⅷ. The following questions are to be answered by female students.Check mark the boxes that apply to you.

1. Do you have regular periods?		①regular		②irregular (less than 2 months between periods)		③irregular (occasionally more than 2 months between periods)			
		④menopause		⑤I have no idea					
2. Do you have menstrual cramps?		①No		②Yes					
↳ If yes, also answer Q1and Q1 Does it prevent you from doing your rourtine?		①No		②Yes		③Yes, I need to lie down			
Q2 Do you take painkillers?		①No		②Yes					
3 Do you have any symtoms other than menstrual cramps?		①No		②Yes					
↳ If yes, also answer Q1and Q1 What is the symptom(s)?		①back pain		②Headache		③nausea		④mood(irritability・depression)	⑤other
Q2 Does it prevent you from doing your rourtine?		①No		②Yes		③Yes, I need to lie down			

※If you are asked to undergo a re-examination, please make an appointment with HCSC in Ueno or the branch in Toride.

HCSC may contact you by phone or e-mail in case it needs to inform you of any abnormalities found in the check-up or to ask about your present condition. HCSC seeks your full cooperation with this important process to ensure your safety and health on campus.

Tokyo University of the Arts Health Care Service Center