2016 Student Periodical Health Checkup Questionnaire

(7digits) Student No.							Please circle cumpus of			1. Ueno 2	. Toride	3. Senju 4. Y	′okohama	
	Last name	1		First nam	e	<u> </u>		Dept.	e.g.	oil painting, compositi	on, etc.			
Nama)ata of Line	YYY	YY/MM/DD				
Name							L	ate of birth	1			Age ()		
	ption that appli ckuj②Relativel		our curre ③Fair	_		tion ively un	well	5)Unwell						
						-		-						
II. Subjectiv	e symptom(s) o Allergic rhini			WCCKS	T UICI	e in the	e item(s) appl	14. ()	Feeling depressed				
2. ()	Atopic derm	-						15. (Lack of concentration	n/judgemer	nt		
3.()	Cough/ pant	ting∕ asth	ima					16.() Hard to go out					
4. ()	Lymphadenit	tis						17. (
5.()	Headache/ o							18. (
6. () 7 ()	Ear ringing / Stomachach	_							19. () Waking up several times a night					
7.() 8.()	Constipation			sea				20.(21.(Very hard to wake up Having a confused ide		rning		
9.()	Lost more th			ist vear				21. (Being overly self-cor				
10. ()	Gained more							23. (Feeling being watche		one		
11. ()	Insomnia							24. ()	Seeing hallucination				
12. ()	Agitation/fe	eling unst	able					25. ()	Feeling isolated from	friends			
13. ()	Feeling unea	isy												
Ⅲ. Have you b	een bothered b	by the fo	llowing	symptoms	s durin	g your s	study, perform	nance and	l wor	king? Circle either	(1) or (2)	that applies to yo	u.	
	numbness in th							①Yes		2No	- •			
2. Pain or	numbness in th	ie neck, :	shoulder	S				①Yes		②No				
3. Pain or	numbness in th	e upper	or lower	back				①Yes		(2)No				
-	or pain in the e	-						①Yes		2No				
	difficulty in mov		joints					①No		②fingers/elbows	(3)should	ders ④legs/kne	es (5)other	
	· Please specify						a sulle al sa sel							
	ou already cons									2No				
IV. Are you(or h 1. ①Yes	ave you been) s ②N	-	pecialist	on a regua	alr basis	s or rece	eiving treatmer	it for a dise	ease(d	of the heart, liver, kid	lneys, mus	cels, bones. nerves)?	
-	رے es, please answ		ollowing	question	s for y	our res	pective disea	ses.						
				rrent stat					ecial	list's direction	(Q3. Hospital to vis	it after April	
Disease1 :			-	aking medi				(1). Not at all		t all		①.Decided		
	(Age of onset)	-	eriodical e» ompleted(t			no treatment	(2).)	res etails			②.To be decided	1	
			_	iscontinue			t).Other	. De	stans					
5				rrent stat				02 Sn	ecial	list's direction	(Q3. Hospital to vis	it after April	
Disease2:				aking medi		oral, app	lication)		Not at		,	1.Decided		
	(Age of onset)	-				no treatment	(2).Y				②.To be decided	I	
			<u> </u>	ompleted(t				:De	etails					
			(4)D	iscontinue	d(treatn	nent/visi	t).Other							
				rrent stat						list's direction	(Q3. Hospital to vis	it after April	
Disease3:	(Age of onset	۱	-	aking medio eriodical ex			lication) no treatment	(1).N (2).Y	Not at Yes	t all		①.Decided ②.To be decided	1	
	Age of onset)		ompleted(t			no treatment	-	etails			Z. TO be decided	' 	
			_	iscontinue			t).Other		-					
V. Have you	had MR vaccin	ne twice	in the p	ast?										
1. Yes		2. 1	-		\rightarrow	Visit me	edical institut	ion for MR	vaco	cination				
VI. Circle an o	ption in each q	uestion [.]	that app	lies to yo	our life	style.								
1. Breakfa				-	DN0			②Som	etime	es	③Everyo	day		
2. Alcohol ①Everyday						②Som	etime	es	3No					
3. Smoking ①Yes (21cigarettes or more per c						(20 cig	garretes or less per day)	③No	④Stopped					
4. Taking exercise twice a week for thirty minutes $\widehat{\mathbb{O}}$ No							②Yes		~ ~					
5. Hours of sleep ①3 hours or less						②4~5 ł	nrs	③6 [~] 7 hrs	(.	④ 8~9 hrs	⑤10 hrs or more			
-	live away from	• •			DYes			②No						
7. Do you	work part-time	at night	. f	C	I)Yes			②No						
VII. Do you wis	h									①Yes	2No			
	n to receive an	vice on	nealth G	diet. lifest	tvie ei	tc.) tron	n our nurse?							
	n to receive ad	ivice on	nealth (diet, lifest	tyle, et	tc.) fron	n our nurse?			Tes	<u>e</u> ns			
* This questionna	aire is used to und	derstand	your heal ⁱ	th conditio	ns and	to provid	le an adequate		•	ersonal Information	Q.III			

We will conact you either by mail or phone in case you need to have another chext x-ray.

Tokyo University of the Arts Health Care Service Center

Questionnaire for the students who have attended a health checkup at the university

Your opinions will be used to improve our health checkup operation. You won't suffer a disadvantage as a result of answering the questions. We seek your cooperation to serve you better.									
 Please chose any options a.□early April (same as d.□mid-May (after the 0 	s at present)	b.⊡mid-April(during the c e.⊡late-May	class registration period) f.⊟early Jun	c.⊡late-April ne					
g.□mid-June	h.⊡Not sure								
 2. How did you find the duration (a. Appropriate • b. Fa 3. For those who answered ' How long do you think is appropriate that is appropriate that the second s	ir • c. Long "Long" or "Too lor	 d. Too long) ng" in the previous question 	n.	olies to you.					
4. Other -Free coments and If you are unable to attend a c		•							

 \sim Thank you for your cooperation \sim

Health is above everything. We recommend that you take an annual health checkup.

Tokyo University of the Student Affairs Division