2019 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 Allergic rhinitis / hay fever		⑦ Stomachache/heart burn/nausea		⑩ Gained more than 3 kg over the last year
	④ Atopic dermatitis/hives				
	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 / Unknown ⇒

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)?

	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.

Question	Options
1. Breakfast	①No / ②Sometimes / ③Everyday
2. Alcohol	①Everyday / ②Sometimes / ③No
3. Smoking	①Yes(21cigarettes or more per / 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. Do you live away from your parents?	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 / 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)

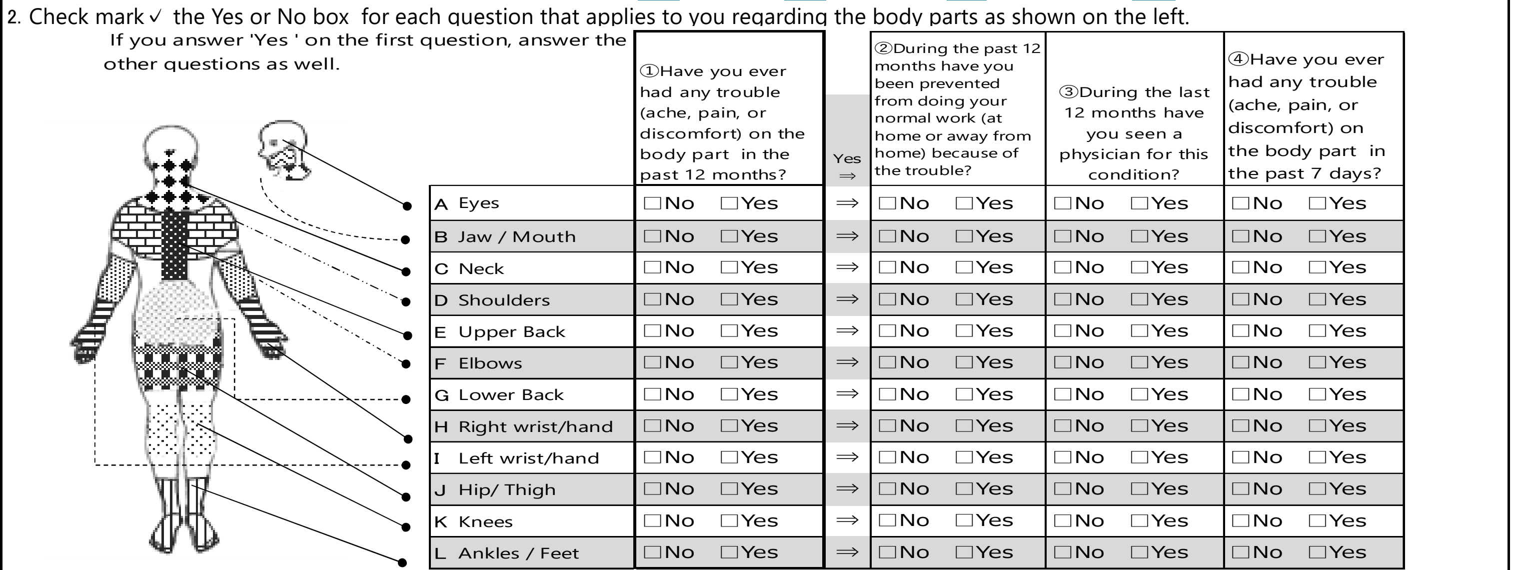
1. How do you regard your current body weight?	☐	①Skinny	☐	②Underweight	☐	③Healthy weight	☐	④Overweight	☐ ⑤Obese
2. What do you think is your ideal weight?	☐	①(·) kg			☐	②I have no idea			
3. Do you think your physical size or body weight influences your performance or evaluation ?	☐	①No	☐	②Yes	☐	③I 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	☐	②－3hrs	☐	③－5hrs	☐	④－10hrs	☐	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 routine?			☐	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 routine?			☐	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