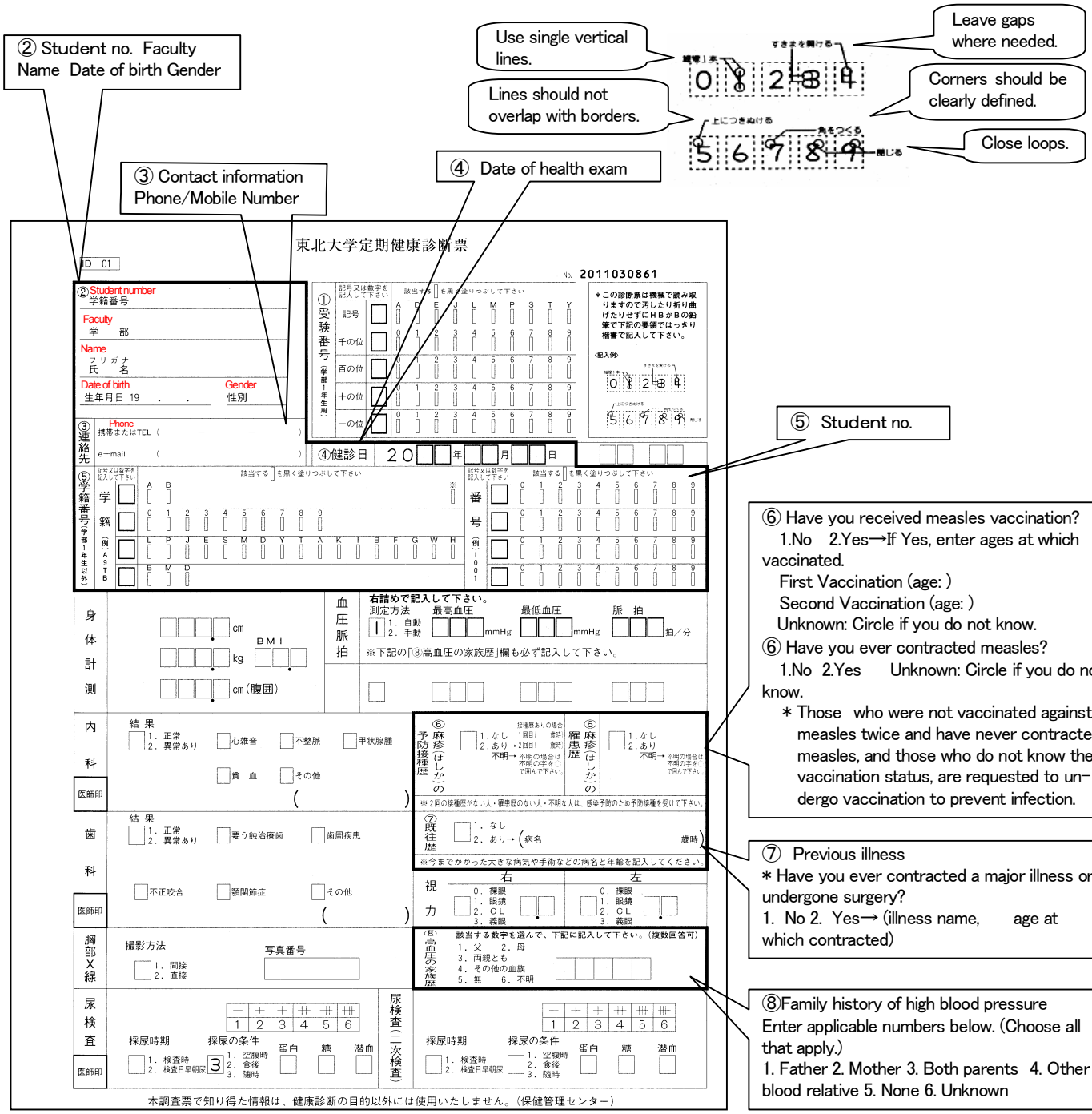
Tohoku University Medical Examination Form（東北大学定期健康診断票）

Main items on the Periodic Health Examination Form

* This form will be read by machine. Please print all information clearly in HB or B pencil. Do not soil or fold this form.
* When entering, make sure to write them within the allotted squares; if they protrude outside of the squares they may be read incorrectly.
* The information provided in this form will not be used for any purpose other than conducting medical examinations.



Notes on filling out this form

② Student No. Faculty Name Date of birth Gender Faculty	Enter your name in the order of Family/First/Middle.
③ Contact information	This information will be used to contact you should any follow-up tests be necessary.
④ Date of health examination	Enter date, right-aligned, in the provided squares (月 month, 日 date)
⑤Student No.	
⑥Measles vaccination and contraction	Circle 1.なし (No) 2.あり (Yes) or 不明 (unknown). If you have been vaccinated, enter your age at the time of vaccination.
⑦Previous illness	If applicable, enter name of illness and the age at which you contracted it.
⑧Family history of high blood pressure	Circle the numbers of all that apply.

Lifestyle Survey 《Select and color in only one answer ▭ to each question about your lifestyle》 Ex.: ▬

* This survey will be used to compile statistics to assist with student health management. The information provided here may also be used for academic research, but no information that could be used to identify individuals will ever be published; the responders' privacy will be completely protected. Thank you for your cooperation.

(Correctly colored in) ▬ ○
(Incorrectly colored in) ▭ × ▬ × ▭ ×

I. 1) What kind of extracurricular activities are you involved in (clubs, circles etc.)?		Sports activities only	Cultural activities only	Both sports and cultural activities	I do not belong to any clubs/circles
2) Is your current lifestyle well-regulated/routine?		Yes	Don't know	No	
3) How do you feel about your current weight?		I want to lose weight.	My weight is just right.	I want to gain weight.	
4) Do you walk for a total of 1 hr. or longer every day?			Yes	No	
5) Are you exercising for 30 minutes or longer twice a week?			Yes	No	
II. 1) Do you carry epinephrine for food allergies?		I don't know what epinephrine is.	Yes	No.	
2) Do you currently have a cough, the cause of which is unknown, that has lasted a month or longer?			Yes	No	
III. 1) Do you eat 3 meals each day?			Yes	No	
2) Which meal do you most often skip (select only one)?		Breakfast	Lunch	Dinner	
3) How often do you go to bed within 2 hours of eating?		Every day	1~6 times/week	Never	
4) How often do you eat snacks?		Every day	1~6 times/week	Never	
5) How often do you eat snacks at night?		Every day	1~6 times/week	Never	
6) How do you get most of your meals?		I make my own meals.	A family member makes my meals.	I buy prepared food to eat at home.	I eat at the university cafeteria/eat out.
7) Do you use a University Co-op meal card?			Yes	No	
8) Do you like oily/greasy foods?		Yes, I like them.	No opinion.	No, I dislike them.	
9) Do you like sweets/desserts?		Yes, I like them.	No opinion.	No, I dislike them.	
10) Do you like salty foods?		Yes, I like them.	No opinion.	No, I dislike them.	
11) How often do you eat meat?		Every day	1~6 times/week	Never	
12) How often do you eat fish?		Every day	1~6 times/week	Never	
13) How often do you eat vegetables?		Every day	1~6 times/week	Never	
14) How often do you eat fruit?		Every day	1~6 times/week	Never	
15) How do you feel about the amount you eat?		I eat too much.	I eat the right amount.	I eat too little.	
16) How long does it take you to eat a meal?		Less than 10 minutes.	10~30 minutes.	More than 30 minutes.	
17) Do you feel unsatisfied if you don't eat until you're completely full?		Yes.	Not sure.	No.	
18) Do you eat when you feel frustrated or anxious?		Yes.	Not sure.	No.	
19) How often do you drink juice or carbonated beverages?		Every day	1~6 times/week	Never	
20) Do you feel you should reconsider your eating habits?		Yes.	Not sure.	No.	
IV. 1) How often do you drink alcohol?		Almost every day.	2~3 times/week.	Once a week.	Almost never.
2) How often do you smoke?		Every day.	Occasionally.	I used to smoke, but I quit.	I've never smoked.
3) (For smokers only) How many cigarettes do you smoke each day?		Five or fewer.	5~10	11~20	21 or more.
4) (For smokers only) Do you want to quit smoking?		Yes	Yes, but I'm not ready to quit yet.	No.	
5) (For smokers only) Why and where did you start smoking?	Not sure.	Club/circle.	My friends smoke.	Part time job.	Other:
6) (For smokers only) What would help you to quit smoking?		Private counseling on quitting.	A seminar on quitting.	Nothing at the moment.	Other:
7) (For ex-smokers only) Why did you quit smoking?		Smoking is prohibited everywhere.	I quit for health reasons.	My friends/family urged me to quit.	Other:
V. 1) On average, when do you wake up on weekdays?	Before 6 AM	6~7 AM	7~8 AM	8~9 AM	After 9 AM
2) On average, when do you go to sleep on weeknights?	Before 12 AM	12~1 AM	1~2 AM	2~3 AM	After 3 AM
3) How long does it take you to fall asleep?	Less than 10 min.	10~30 min.	20 min.~1 hr.	1~2 hrs.	More than 2 hrs.
4) How much does the time at which you go to sleep vary from day to day?	Less than 1 hr.	1~2 hrs.	2~3 hrs.	3~4 hrs.	More than 4 hrs.
5) On average, how much sleep do you get on weeknights?	Less than 5 hrs.	5~6 hrs.	6~7 hrs.	7~8 hrs.	More than 8 hrs.
6) On average how much sleep do you get on weekends/holidays?	Less than 6 hrs.	6~7 hrs.	7~8 hrs.	8~9 hrs.	More than 9 hrs.
7) How satisfied are you with the amount/quality of your sleep?	Satisfied.	Mostly satisfied.	Somewhat dissatisfied.	Very dissatisfied.	
8) Do you have trouble staying awake during the day?	Always.	Sometimes.	Rarely.	Almost never.	
9) Do others tell you that you snore?			Yes.	No.	
VI. 1) Do you ever feel intense stress during the day?	Always.	Sometimes.	Almost never.		
2) Is there a person you can talk to about personal problems?			Yes.	No.	
3) At present, how satisfied are you with yourself and your environment?		Satisfied.	Not sure.	Dissatisfied.	