2011

Fukushima Health Management Survey Mental Health and Lifestyle Survey (for Children ①)

The nuclear accidents accompanying the recent earthquake and tsunami have caused a great deal of anxiety and stress, with many people forced to lead dramatically altered lifestyles in evacuation shelters and temporary housing.

Fukushima Health Management Survey aims to assess the physical and mental condition of residents from the evacuation zone in order to facilitate appropriate health care in the future.

This questionnaire booklet is being distributed to children born between April2, 2004 and March10,2011 (i.e. children not of schooling age at March 11, 2011).

Any personal information that you provide in this questionnaire will be used by Fukushima Prefecture to administer health care and may also be shared with your local municipal government where necessary, with findings reported only as part of an aggregate analysis. Personal information will only be disclosed in a manner that protects your identity.

This questionnaire should be filled out by the child's parent or legal guardian.

Any personal information that you provide in this questionnaire will be used by Fukushima Prefecture to administer health care and may also be shared with your local municipal government where necessary, but will only be disclosed in a manner that protects your identity.

Fukushima Medical University Fukushima Prefecture

Please fill out all of the items below, and

place a tick (🖌) in the appropriate box.					
	Date (YY/M	M/DD):	2012/	/	
Who will fill out this questionnaire? Place a tick (\checkmark) in	the relevant b	oox belo	OW.		
$_1\square$ Mother $_2\square$ Father					
$_{3}\square$ Grandfather/Grandmother $_{4}\square$ Other (_)	
Child's name		Sex:	1□ Male	2□ Female	
		Ben.			
Parent/legal guardian's name:		Rel	ationship:		
Child's date of birth (YY/MM/DD)://					
Registered address on March 11, 2011 according to Certificat		e/Alien	Registration:		
□ Same as questionnaire mailing address (address not require	ed)				
¯					
Metropolis/ Circuit Prefecture City	Ward/ Town				
	— Village —				
Apartment Name & No					
Current address: $_1\square$ Same as questionnaire mailing address $_2\square$ Same as Certificate of Residence/Alien		-		(uired)	
\overline{T} -	Registration a	uuress (quiled)	
Metropolis/	Ward/				
Circuit Ward/ Prefecture City	Town Village				
Apartment Name & No.					
Intended new address (fill out this section if you know your new address):					
- -					
Metropolis/	Ward/				
Circuit Ward/ Prefecture City	Town Village				
Apartment Name & No.					
Scheduled moving date (YY/MM/DD): / /					
Contact details (these details are required so that a surve	w officer con	aontaa	t vou directly	u to confirm any	
omissions in the questionnaire).	ey officer can	contac	t you uneerly	7 to comminany	
Tel:() (Care of:)			
Mobile:					

Q1. Describe your child's current state of health. Tick (I the relevant box below.

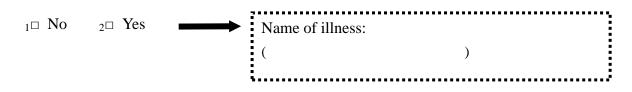
Very good	Good	Normal	Poor	Very poor
1	2	зП	4	5

Q2. Which of the following disasters did your child experience? Tick (✔) all applicable boxes below.

 $_{1}\square$ Earthquake $_{2}\square$ Tsunami $_{3}\square$ Nuclear reactor accident (heard the explosion) $_{4}\square$ None

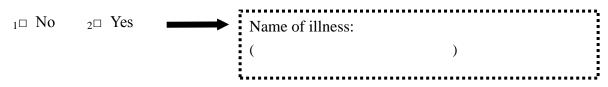
Q3. Is your child currently undergoing treatment for any illness?

If yes, please specify the name of the illness.



Q4. Has your child ever been hospitalized due to illness?

If yes, please specify the name of the illness.



Q5. Has your child ever undergone the following medical tests?

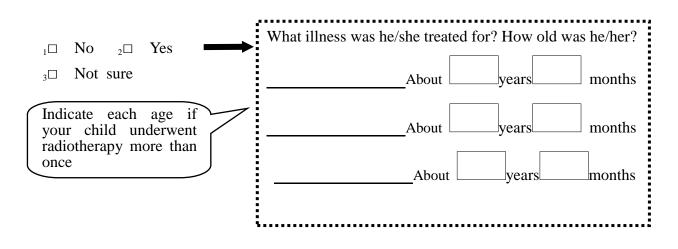
Tick (\checkmark) the applicable box(es) below.

- 1. CT scan (a test using a large medical scanning device with a hollow center that is much quieter than an MRI scanner)
 - $_1\square$ No
 - $_2\square$ Yes
 - $_{3}\square$ Not sure
- 2. Other tests involving the use of X-rays

(e.g. fluoroscopy, angiography, nuclear medicine test (scintigraphy))

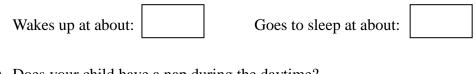


Q6. Has your child ever undergone radiation therapy as part of his/her medical treatment?



Q7. Describe your child's sleeping habits.

1) What time does your child normally wake up and go to bed?



- 2) Does your child have a nap during the daytime?
 - $_{1}\square$ No $_{2}\square$ Yes \longrightarrow About hours minutes

Q8. Describe your child's current diet.

- 1) Does your child breastfeed?
 - $_{1}\square$ Yes $_{2}\square$ No
- This question is for children aged <u>1 year and over</u>. Describe your child's eating habits. Specifically, how often does your child eat/drink the following foods/beverages? Tick (✔) the relevant box below.

Frequency Food/beverage		Never	Less than once/week		3-4 times/ week	5-6 times/ week	Daily
Rice		0	1	2	3□	4□	5□
Bread		\Box_0	10	2□	3□	4□	5□
Fish (sashimi; cooked/boiled/fried fish, etc.)		0	10	2□	3□	4□	5□
	Chicken	\Box_0	ıΠ	2□	3□	4□	5□
Meat	Beef, pork,	0	10	2□	3□	4□	5□
	ham, sausages	0	10	2□	3□	4□	5□
	Green vegetables (spinach, <i>komatsuna</i> Japanese mustard spinach, <i>nira</i> leek, etc.)	0	ıD	2	3□	4□	5□
Vege-	Red & orange vegetables (tomatoes, carrots, pumpkins, etc.)	0	10	2□	3□	4□	5□
tables	Light-colored vegetables (Chinese cabbage, cabbage, <i>daikon</i> radish)	0	ıD	2□	3□	4□	5□
	Vegetable juice	0	10	2□	3□	4□	5□
Fruits	Fruits	0	10	2□	3□	4□	5□
TTUILS	Fruit juice	0	10	2□	3□	4□	5□
Soy	Natto fermented soybeans	0	10	2□	3□	4□	5□
	Miso soup	0	10	2	3□	4□	5□
beans	<i>Tofu</i> dishes	0	10	2□	3□	4□	5□
	Boiled bean dishes	0	10	2	3□	4□	5□
Milk		0	10	2	3□	4□	5□
Soy milk			10	2	3□	4□	5□
Yogurt, lactobacillus drinks		0	10	2	3□	4□	5□

Q9. This question is for children aged <u>4 years and over</u>.

Select from "Applies", "Applies somewhat", or "Does not apply" by putting a

tick (\square) in the corresponding box.

Please answer all of the questions even if you are not completely confident of your response or if you think the question is nonsensical.

All of the questions relate to your child's behavior over the past 6 months.
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		Applies	Applies somewhat	Does not apply
1	Is very concerned about the feelings of others			
2	Is restless and unable to stay still for long periods			
3	Often complains of a headache, sore stomach, or feeling unwell			
4	Often shares possessions (snacks, toys, pencils, etc.) with other children			
5	Often loses his/her temper or throws a tantrum			
6	Likes being alone and often plays by him/herself			
7	Is obedient and generally does what he/she is told			
8	Worries a lot and is always anxious			
9	Willingly tries to help when someone is unhappy, depressed, or bothered			
10	Is constantly fidgety and nervous			
11	Has at least one good friend			
12	Often argues with or teases other children			
13	Often feels dejected or on the verge of tears			
14	Is generally well-liked by other children			
15	Is easily distracted and unable to concentrate			
16	Often clings to his/her parent/guardian or loses confidence when faced			
	with an unfamiliar situation			
17	Is kind towards younger children			
18	Often talks back to adults			
19	Is teased or ridiculed by other children			
20	Often willingly helps others (parents, teachers, other children, etc.)			
21	Is capable of thinking carefully before acting			
22	Is mean towards others			
23	Gets along better with adults than with other children			
24	Is timid and easily frightened			
25	Continues a task to completion and has good concentration			

This completes the questionnaire. Please return the questionnaire booklet in the return envelope provided.

Queries

For questions on how to request or fill out the questionnaire booklet, please contact: Radiation Medical Science Center, Fukushima Medical University Tel: 024-549-5170 (Office hours: 9:00 a.m. - 5:00 p.m.)



Fukushima Health Management Survey



Fukushima Medical University