Fukushima Health Management Survey Mental Health and Lifestyle Survey (for Children²)

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 April 2, 1998 and April 1, 2004 (i.e. children of elementary school age on 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.

Please return your completed questionnaire form <u>within approximately 2 weeks of</u> receiving it.

Any queries should be directed to the contacts listed on the back of this booklet.

Fukushima Medical University Fukushima Prefecture

Please fill out all of the items below, and

place a tick (🖌) in the appropriate box.	
	Date (YY/MM/DD): 2012/ /
Who will fill out this questionnaire? Place a tick (\checkmark) i	n the relevant box below.
$_{1}\Box$ Mother $_{2}\Box$ Father	
$_{3}\square$ Grandfather/Grandmother $_{4}\square$ Other ()
Child's name	- Sex: $_{1}\Box$ Male $_{2}\Box$ Female
Parent/legal guardian's name:	Relationship:
Child's date of birth (YY/MM/DD)://///////	
Registered address on 11 March 2011 according to Certification	ate of Residence/Alien Registration:
□ Same as questionnaire mailing address (address not requ	ired)
〒	
Metropolis/ Circuit Ward/	Ward/
	Town Village ————
₸	en Registration address (address not required)
Metropolis/ Circuit Ward/	Ward/ Town
Prefecture City	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 sur omissions in the questionnaire).	vey officer can contact you directly to confirm any
Tel:() (Care of:)
Mobile:	

Very good Good		Normal	Poor	Very poor	
1	2	3	4	5	

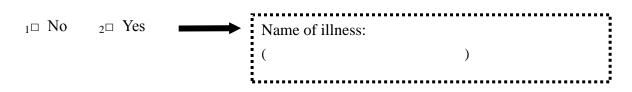
Q1. Describe your child's current state of health. Tick (the relevant box below.

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

¹ Earthquake ² Tsunami ³ Nuclear reactor accident (heard the explosion) ⁴ None

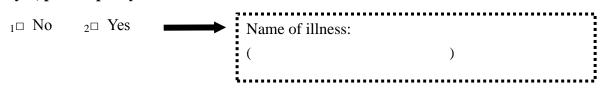
Q3. Is your child currently undergoing treatment for any illness?

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.

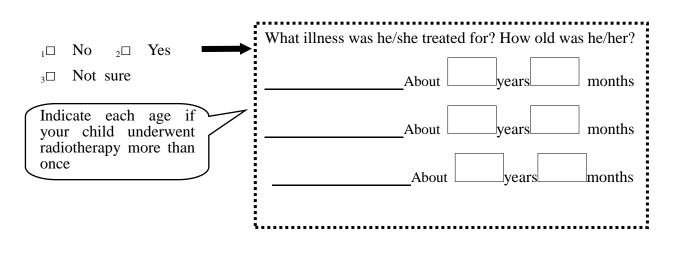
- 1. CT scan (a test using a large medical scanning device with a hollow center that is much quieter than an MRI scanner)
 - $_1\square$ No
 - $_2\square$ Yes
 - $_{3}\square$ Not sure

2. Other tests involving the use of X-rays

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

 $\begin{array}{ccc} _{1} \Box & \text{No} \\ _{2} \Box & \text{Yes} \end{array} \xrightarrow{1} \Box \text{ Angiography } _{2} \Box \text{ Nuclear medicine test } _{3} \Box \text{ PET scan} \\ _{3} \Box & \text{Not sure} \end{array}$

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



Q7. What time does your child normally wake up and go to bed?



Q8. How often does your child usually exercise apart from physical education class? (e.g. club activities, sports practice). Tick () the relevant box below.

 $_1\square$ Almost every day $_2\square$ 2-4 times/week

 $_{3}\square$ Once/week $_{4}\square$ Almost never

Q9. Describe your child's diet.

Describe your child's eating habits. Specifically, how often does your child eat/drink the following foods/beverages? Tick (\checkmark) the relevant box below.

Frequency Food/beverage		Never	Less than once/week		3-4 times/ week	5-6 times/ week	Daily
Rice		0	10	2	3□	4□	5□
Bread		0	10	2	3□	4□	5□
Fish (sashimi; cooked/boiled/fried fish, etc.)		0	1	2□	3□	4□	5□
	Chicken	0	1	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	10	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	10	2□	3	4□	5□
	Vegetable juice	0	1	2□	3□	4□	5□
Fruits	Fruits	0	10	2	3□	4□	5□
TTUIts	Fruit juice	0	10	2	3□	4□	5
	Natto fermented soybeans	0	10	2□	3□	4□	5□
Soy	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	1	2	30	4□	5
Soy milk		0	1	2□	3□	4□	5□
Yogurt, lactobacillus drinks		0	1	2	3□	4□	5

Q10. Select from "Applies", "Applies somewhat", or "Does not apply" by

ticking (\square) 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.

	for the questions relate to your ennu's behavior over the pas	Applies	Applies	Does not			
			somewhat	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						

All of the questions relate to your child's behavior over the past 6 months.

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 Science Medical 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