

2011

Fukushima Health Management Survey Mental Health and Lifestyle Survey (for Children③)

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, 1995 and April 1, 1998 (i.e. children of junior high school 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.

Questions 1-5 of this questionnaire should be filled out by the child after obtaining the signed consent of a parent or legal guardian in the signature section on the next page.

Question 6 onwards should be completed 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**

Mobile: _____ - _____ - _____

Questions 1-6 below should be filled out by the child.

Respondent: Yourself Proxy (Relationship: _____)

Q1. Describe your current state of health (tick (✓) the relevant box below).

Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Normal <input type="checkbox"/>	Poor <input type="checkbox"/>	Very poor <input type="checkbox"/>
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Q2. Have you felt unwell in the past several days due to illness or injury, etc.?

Yes No



What kind of symptoms have you had? Please circle **all** applicable symptoms in the box below, and place a double circle (⊙) around any symptoms that have worsened since the disaster.

- | | | |
|-------------------------------|--|------------------------------------|
| a. Sore wrists or ankles | b. Easily irritated | c. Headache |
| d. Dizziness | e. Palpitations | f. Shortness of breath |
| g. Coughing and/or phlegm | h. Wheezing | i. Diarrhea |
| j. Constipation | k. Loss of appetite | l. Abdominal/ stomach pain |
| m. Hemorrhoid pain/ bleeding | n. Toothache | o. Swollen/ bleeding gums |
| p. Difficulty chewing | q. Itching (rash, athlete's foot etc.) | r. Lower back pain |
| s. Incontinence | t. Swollen or tired legs | u. Difficulty/ pain when urinating |
| v. Injury such as cut or burn | w. Irregular/ painful menstruation | x. Fracture/ sprain/ dislocation |
| y. Other () | | |

Q3. Describe your sleeping habits.

1) How much sleep (including daytime naps) do you get each day on average?

About hours minutes

2) Do you feel as though you get adequate sleep each day?

Adequate Slightly inadequate Inadequate

Q4. How often do you usually exercise apart from physical education class? (e.g. club activities or sports practice). Tick (✓) the relevant box below.

₁ Almost every day ₂ 2-4 times/week

₃ Once/week ₄ Almost never

Q5. Describe your eating habits. Specifically, how often do you eat/drink the following foods/beverages? Tick (✓) the relevant box below.

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

Q6. Which of the following disasters did you experience? Tick all applicable boxes.

Earthquake Tsunami Nuclear reactor accident (heard the explosion) None

You have now completed all of your designated questions.

Please give the questionnaire booklet to your parent or guardian for them to complete the remaining questions.

Q11. Select from "Applies", "Applies somewhat", or "Does not apply" by ticking (☑) 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.

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

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

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