

Health Card 健康カード

		Year of entrance	Student ID No.							
Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Name of school before coming to Japan							
		/ /								
Adress		Nationality								
Phone										

This is a questionnaire for your health-care. Please write circle on applicable number you have felt for the past year or two.
And please write X-mark on inapplicable number.

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| <ol style="list-style-type: none"> 1 . I have no appetite. 2 . I have nausea , burning or abdominal pain sometimes. 3 . Without special reason, I am suffering from conspilation or diarrhea. 4 . I am bothered by palpitation orirregular heat-beats. 5 . My health condition is fine all the time. 6 . I am discontented , with many complaints. 7 . My parents expecte too much from me. 8 . My past and my family life were unhappy. 9 . I am anxious about the future. 10 . I don't like to meet people. 11 . I feel that I am not myself. 12 . I have little initiative. 13 . I am pessimistic. 14 . My ability to think clearly has decreased. 15 . I have fluctuated mood between despair and excitement. 16 . I have insomnia. (temporary sleeplessness). 17 . I have headaches. | <ol style="list-style-type: none"> 18 . I feel stiffness in my shoulders and neck. 19 . I have chestpains, or a tightness in the chest. 20 . I am always active. 21 . I am timid. 22 . I am apprehensive of everything. 23 . I am easily irritated. 24 . I am quick-temperd. 25 . I want to commit suicide. 26 . My srroundings appear unreal. 27 . I am forgetful. 28 . I am not very persistent 29 . I lack dicision. 30 . I am too dependent on others. 31 . I am embarassed because I blush easily. 32 . I stutter sometimes. 33 . I feel heatflashes or chills. 34 . I am spprehensive about urination or about my sexual organ. |
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Please turn over

- 35 . I am cheerful.
- 36 . Somehow I am anxious.
- 37 . I am nervous when I am alone.
- 38 . I have no self-confidence.
- 39 . I tend to hesitate about everything.
- 40 . Others easily misunderstand me.
- 41 . I have a little confidence in other persons.
- 42 . I am overly suspicious.
- 43 . I am not sociable.
- 44 . I feel inferior to everybody.
- 45 . I worry about the future.
- 46 . I am tired.
- 47 . A cold sweat breaks out when I am apprehensive.

- 48. I have dizziness sometimes.
- 49 . I faint or have convulsions sometimes.
- 50 . Other people are fond of me.
- 51 . I am scrupulous about trifles.
- 52 . I need to make sure of things repeatedly.
- 53 . I am very sensitive about uncleanliness.
- 54 . I get apprehensive at trivial things.
- 55 . I am anxious about my own unpleasant odor.
- 56 . People speak ill about me behind my back.
- 57 . I am apprehensive about the persons around me.
- 58 . I am bothered by people looking at me.
- 59. Others pay no attention to me.
- 60 . My feelings are easily hurt.

※ Have you ever had a consultation and treatment of mental health? Yes No

Do you have any distress or anxiety? Yes No

If "Yes", Do you want to consult a doctor or a counselor? We offer a mental counseling at Health Service Center, Saitama University.

- I want to consult at once.
- I want to consult at some time.
- I don't think that I want to consult. (reason :

面接者記入欄

