

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 April 2, 2004 and March 10, 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

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

- No Yes
 Not sure

Indicate each age if your child underwent radiotherapy more than once

What illness was he/she treated for? How old was he/her?

_____ About years months

_____ About years months

_____ About years months

Q7. Describe your child's sleeping habits.

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

Wakes up at about: Goes to sleep at about:

2) Does your child have a nap during the daytime?

No Yes About hours minutes

Q8. Describe your child's current diet.

1) Does your child breastfeed?

Yes No

2) This question is for children aged 1 year and over.

Describe your child's eating habits. Specifically, how often does your child 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"/> |

Q9. This question is for children aged 4 years and over.

Select from "Applies", "Applies somewhat", or "Does not apply" by putting a tick (☑) 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.

| | 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 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.)



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