

2011

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 within approximately 2 weeks of 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 (✓) in the relevant box below.

₁ Mother ₂ Father
₃ Grandfather/Grandmother ₄ Other ()

Child's name _____ Sex: ₁ Male ₂ Female

Parent/legal guardian's name: _____ Relationship: _____

Child's date of birth (YY/MM/DD): ____/____/____

Registered address on 11 March 2011 according to Certificate of Residence/Alien Registration:

Same as questionnaire mailing address (address not required)

〒 _____ - _____
Metropolis/ Ward/ Ward/
Circuit City Town
Prefecture Village _____
Apartment Name & No. _____

Current address: Same as questionnaire mailing address (address not required)

Same as Certificate of Residence/Alien Registration address (address not required)

〒 _____ - _____
Metropolis/ Ward/ Ward/
Circuit City Town
Prefecture Village _____
Apartment Name & No. _____

Intended new address (fill out this section if you know your new address):

〒 _____ - _____
Metropolis/ Ward/ Ward/
Circuit City Town
Prefecture Village _____
Apartment Name & No. _____

Scheduled moving date (YY/MM/DD): / /

Contact details (these details are required so that a survey officer can contact you directly to confirm any omissions in the questionnaire).

Tel: () - (Care of:)

Mobile: - -

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

Wakes up at about: Goes to sleep at about:

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

- Almost every day 2-4 times/week
 Once/week 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 (✓) 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"/>

Q10. 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 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