|--|

Medical History: Please circle YES or NO corresponding to the medical conditions listed below, YES if you have had the condition and NO if you have no history of the condition.

*For "Current Condition," indicate "undergoing treatment," "resolved (cured)," "aftereffects," etc.

| Condition | History | Period (ages) | Current | Condition | History | Period | Current |
|------------------|----------|---------------|---------|------------------------|----------|--------|---------|
| Heart disease | YES • NO | ~ | | Diabetes | YES • NO | ~ | |
| Hypertension | YES • NO | ~ | | Ulcer | YES • NO | ~ | |
| Hypotension | YES • NO | ~ | | Tuberculosis | YES • NO | ~ | |
| Kidney disease | YES • NO | ~ | | Anemia | YES • NO | ~ | |
| Liver disease | YES • NO | ~ | | PMS/Menstrual cramping | YES • NO | ~ | |
| Epilepsy | YES • NO | ~ | | Mental illness | YES • NO | ~ | |
| Hyperventilation | YES • NO | ~ | | Somatoform disorder | YES • NO | ~ | |
| Asthma | YES • NO | ~ | | Other | YES • NO | ~ | |
| Eczema | YES • NO | ~ | | | | | |

Current State of Health :Circle any current symptoms

| 1. Headache/migraine | 7. Tire easily | | |
|-------------------------------------|-------------------------|--|--|
| 2. Palpitations/Shortness of breath | 8. Lack of appetite | | |
| 3. Stiff shoulders | 9. Anxiety/unease | | |
| 4. Constipation | 10. Easily melancholy | | |
| 5. Lumbar pain | 11. Trouble rising (AM) | | |
| 6. Irregular Menstruation | 12. Social anxieties | | |

Family medical history (List family illnesses/diseases below)

| Father | Mother |
|-------------|-------------|
| Brothers | Sisters |
| Grandfather | Grandmother |

About Lifestyle

| Number of meals per day | 1~2 | 3 | | Other (|) | |
|---|---------------------------|--------------------------------|---|--------------|--------------------|--|
| Breakfast | Eat breakfast regularly | Somotimos opt broakfast | | Do not eat b | vroakfast | |
| DIEdKIdSL | Eat Dreaklast regularly | Sometimes eat breakfast | | Do not eat b | nedkidst | |
| habits | | | | | | |
| Smoking | Daily (per day) | Sometimes (average) | | Non-smoker | | |
| Alcohol | Daily (Type:) | Sometimes (Type: |) | Non-drinker | | |
| | (Amount:) | (Amount:) | | | | |
| Sleep | Less than 4 hours nightly | hours nightly 4-6 hours 6-8 ho | | urs | More than 8 h ours | |
| Living | 1. Apartment (private) | 2. Dormitory 3. Sha | | red house | 4. Other () | |
| arrangement | | | | | | |
| Share any health concerns or other anxieties you have upon beginning your study in Japan below (Free answer): | | | | | | |