Student ID No.								Name	

College:	Department:	Major:	Age
Graduate School:	Major:	Cource:(Master・Doctor)	(　　)

Mental Health Questionnaire"

This questionnaire provides you with an opportunity to reflect on your own mental condition and pay attention to your mental health so that you can lead a fulfilling student life. You can also bring the completed questionnaire to the Student Counseling Center for consultation. We will provide consultation and assistance if you need it.

The following items are the physical and mental conditions and worries often seen among university students. Please circle "Yes" if applicable, and "No" if not applicable.

1. I am afraid that I cannot get adjusted to the atmosphere of the university. ・・・・・・・・・・・・【 YES NO 】
2. I feel scared of being seen by people. ・・【 YES NO 】
3. I tend to be bothered for long time if I can't do things properly. ・・・・・・・・・・・・・・・・・・・・・【 YES NO 】
4. I sometimes feel heavy or too tired. ・・・【 YES NO 】
5. I don't know how I feel about myself. ・・【 YES NO 】
6. I'm troubled by my mood swings. ・・・【 YES NO 】
7. Sometimes I want to hurt myself. ・・【 YES NO 】
8. I often don't sleep well or I sleep lightly. ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・【 YES NO 】
9. I'm worried about eating too much or not eating enough. ・・・・・・・・・・・・・・・・・・・・・・・・【 YES NO 】
10. I cannot stop worrying about my face or body. ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・【 YES NO 】
11. I'm preoccupied with certain things and I keep thinking about them. ・・・・・・・・・・・・・・・・【 YES NO 】
12. I'm not motivated and have low energy. ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・【 YES NO 】
13. I'm concerned about my personality and relationships. ・・・・・・・・・・・・・・・・・・・・・・・・・【 YES NO 】
14. Sometimes I want to die. ・・【 YES NO 】
15. I'm worried if I locked or left things behind despite knowing that I checked repeatedly. ・・・・・・・・・・・・・・・・・・・