

Basic Information & Physical Status

From the web
English/英語 Kyotani Clinic

Name:

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Who did you come with? (どなたと来られましたか?)

- Alone / Other (Came with: _____)

Are you currently hospitalized (including overnight leave) or residing in a care facility?

(現在入院中(外泊を含む)・療養施設などに入居中ですか?)

- No / Yes (Hospitalized / Residing at: _____)

Physical Information (Please leave items blank if you do not know them) (身体情報)

- Current Height: _____ cm
- Weight: _____ kg
- Neck Circumference: _____ cm
- Blood Pressure: _____ / _____
- Has your weight changed significantly in the past few years?
 - Yes (Increased / Decreased by _____ kg over _____ year(s)) / No

1. What is troubling you? (When did it start?) (どんなことで困っていますか?)

- () Difficulty sleeping at night (夜眠れない)
(Since: _____)
- () Loud snoring (いびきが大きい)
(Since: _____)
- () Told that you stop breathing during the night (夜中に息が止まるといわれる)
(Since: _____)
- () Waking up due to choking/breathlessness at night (夜中に息が詰まって苦しくて目がさめる)
(Since: _____)
- () Excessive daytime sleepiness (日中に眠くて仕方がない)
(Since: _____)
- () Heavy head in the morning (朝方に頭が重い)
(Since: _____)

•() Dry mouth upon waking up in the morning(朝起きたときに口が渴いている)

(Since:)

•() Lack of concentration, lack of energy(集中力がない、元気が出ない)

(Since:)

•() Sleep rhythm is easily disrupted(睡眠のリズムが狂いやすい)

(Since:)

•() Restless or twitching legs(脚がむずむずしたり、ぴくぴく動いたりする)

(Since:)

•() Shouting loudly or thrashing limbs violently during sleep (睡眠中大声をだして激しく手足をばたつかせる)

(Since:)

•() Frequent sleep talking(寝言が多い)

(Since:)

•() Frequent teeth grinding(歯ぎしりが多い)

(Since:)

•() Frequent experience of sleep paralysis (Kanashibari) (金縛りによくなる)

(Since:)

•() Often see frightening, realistic dreams upon falling asleep(寝入りばなにリアルなおそろしい夢をよくみる)

(Since:)

•() Sudden loss of muscle tone when laughing or under tension(笑ったり緊張したりした時に急にかぐつと力が抜けることがある)

(Since:)

•() Other(その他) (Since:)

*** Please write down any potential causes you can think of for these symptoms (Stress, overwork, alcohol consumption, illness, medication, etc.)**

2. Please list any illnesses you have had or currently have: (既往歴)

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- High Blood Pressure (高血圧) (Since: _____ years ago)
- Myocardial Infarction, Angina Pectoris (心筋梗塞、狭心症) (Since: _____ years ago)
- Diabetes (糖尿病) (Since: _____ years ago)
- Hyperlipidemia (高脂血症) (Since: _____ years ago)
- Other Internal Medicine Diseases (その他の内科の病気) (_____)
- Stroke (その他の内科の病気) (_____ Years ago)
- Insomnia (脳卒中) (_____ Years ago)
- Neurological or Psychiatric Illnesses: (神経科や精神科の病気) (_____)
- Tonsil Hypertrophy (扁桃腺肥大) (Childhood / Currently / Had surgery)
- Other ENT Diseases (その他の耳鼻科の病気) (_____)
- Other (その他) (_____)

3. Current Status (現在の状態)

* Appetite (食事は?)

- Eat well / So-so / Hardly eat at all

* Bowel Movements (便通は?)

- Daily / Once every day

* Menstruation (Women only) (月経は?)

- Regular / Irregular / Possible pregnancy

* Smoking (タバコは?)

- Yes (Approx. _____ cigarettes per day, for _____ years) / No

* Alcohol (アルコールは?)

- Yes (Approx. _____ of _____ per day, for _____ years) / No

* Coffee consumption (コーヒーは飲みますか?)

- Yes (Approx. _____ cups per day, for _____ years) / No

* Have you had allergies (hives, etc.) to medicine or food? (アレルギーは?)

- Yes (Content: _____) / No

* Are you taking any regular medication? (いつものんでいる薬がありますか?)

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- Yes (Name/Type of medication: _____) / No

Name/Type of medication: _____

Name/Type of medication: _____

* Are you taking sleeping pills? (睡眠薬を服用していますか?)

- Yes (The medication: _____ since about _____) / No / Sometimes

_____ since about _____

4. Sleep Schedule (睡眠スケジュール)

What is your usual sleep time, from what time to what time? (睡眠時間は何時から何時までですか?)

- [Weekdays] From _____ o'clock to _____ o'clock

- [Weekends] From _____ o'clock to _____ o'clock

Do you take naps? (昼寝はしますか?)

- Yes (Approx. _____ hours) / No / Sometimes

Is your sleep time generally regular? (睡眠時間は規則正しいほうですか?)

- Yes / No

Do you have night shifts? (夜勤はありますか?)

- Yes (About once every _____ days) / No

What is your occupation? (職業はなんですか?)

(_____)

5. Quality of Sleep (睡眠の質)

Do you fall asleep easily? (寝つきはよいですか?)

- Good / Poor (Takes about _____ hours to fall asleep)

Do you wake up during the night? (夜中に目がさめますか?)

- Yes (About _____ times) / No

Do you wake up feeling refreshed in the morning? (朝はすっきり起きられますか?)

- Yes / No
-

6. Other Consultations

Please write down anything else you would like to discuss (その他相談したいこと)

How did you come to visit Kyotani Clinic?

- Referral from another hospital
 - Referral from a patient
 - Saw a pamphlet
 - Saw a newspaper/magazine/TV ad
 - Saw the sign/billboard
 - Saw on the Internet
-

If you have any questions about specific parts of the survey, please ask your doctor.