

# Questionnaire on Health Conditions

Mar. 21, 2020  
KGU Health Care Center

\* Please take your temperature twice a day and complete each line of the symptom columns.

Personal/Student No.:	Your Office/School:
Name:	Date of birth (year/month/day):     /     /
All places that you recently travelled to/from:	
Health condition during the travel: Good / Not Good (            ) )	Returning date to Japan (year/month/day):     /     /

	Date	Temperature	Respiratory symptoms	Other symptoms and conditions	Took medicine for reducing a fever?	Note
1	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
2	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
3	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
4	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
5	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
6	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
7	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
8	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
9	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
10	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
11	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
12	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
13	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
14	AM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	
	PM	(     ) °C	nothing / runny nose / stuffy nose / sore throat / cough difficulty breathing / other symptoms (            )	nothing / headache / chills / fatigue other symptoms (            )	Yes / No	