

1.1 Display of web questionnaire page

Access the web questionnaire page (<https://u.kyoto-u.jp/kenshin>) of the health checkup

KYOTO UNIVERSITY HEALTH SERVICE
 京都大学環境安全保健機構 健康管理部門／健康科学センター

ようこそ 健康管理部門 保健診療所 健康診断 健康科学センター 産業医業務 アクセス

健康診断Web問診 (学生)

■ 6月26日 (月) ・ 28日 (水) ・ 30日 (金) に学生期間外健診を実施致します。

健康診断の受検には事前のWeb問診入力が必要です

受検日1日前 (土・日を除く) の午前6時までに入力して下さい

26日 (月) → 23日 (金) 午前6時 ・ 28日 (水) → 27日 (火) 午前6時 ・ 30日 (金) → 29日 (木) 午前6時

事前のWeb問診入力がない場合は、会場設置の専用タブレット端末にて回答いただきます。専用端末の台数が限られているため、会場での回答は長時間の待ち時間が予想されますのでご注意ください。

○入力方法

1. Web問診ログイン (学内限定) ボタンをクリックし、ログイン画面でECS-IDおよびパスワードを入力して下さい。
2. Web問診マニュアル (PDF 1.2MB) に従って操作して下さい

Web問診ログイン (学内限定) Web問診マニュアル

健康診断のご案内

お知らせ
 カテゴリーを選択

診療予定

3日	10:00 AM 内科 (吉田)
2日	10:00 AM 神経 (桂)
	10:00 AM 神経 (吉田)
	2:00 PM 内科 (吉田)

お知らせ
 ● 保健診療所・分室
 ● 診療カレンダー
 ● 健康診断
 ● 雇入健診Web予約
 ● 過重労働Webチェック
 ● 桂ヒーリングWeb予約

Step 1: Click the "Web Monshin login (Web問診ログイン)" button.

1.2 Login page

Input your ECS-ID and your password, and click the "login" button.

京都大学統合認証システム

ユーザ名(ECS-ID または SPS-ID)

パスワード

ログインを記憶しません。
 サービスへの属性送信同意を再確認します。

ログイン

パスワードをお忘れの方はこちら
 お困りの方はこちら

Step 1: Input your ECS-ID and your password.

Step 2: Click the "Login (ログイン)" button.

京都大学情報環境機構 情報環境支援センター

2.1 Display of the web questionnaire page HOME

When the login process is valid, the web questionnaire page shown below is displayed.

The screenshot shows the 'HOME' page of the web questionnaire system. At the top left is the Kyoto University logo and name. At the top right are navigation links: 'HOME', '日本語', 'English' (highlighted with a blue box and an arrow pointing to it), and 'Logout'. Below the header is a 'Home header' section. A callout box labeled 'Step 1: Select English or Japanese.' points to the 'English' button. Below this is a section titled 'Please Click UnderLink' and 'Basic Information', which contains a table of personal details. A callout box labeled 'Step 2: Confirm your information.' points to the 'Date of birth' field in this table. Below the 'Basic Information' section is a 'Medical checkup selection' section. A callout box labeled 'Step 3: Click the appropriate checkup link' points to the 'Medical checkup category' column in a table. The table shows 'Ordinary health checkup' as the selected option, with a status of 'Temporarily registered'.

HOME 日本語 **English** Logout

HOME

Home header

Please Click UnderLink

Basic Information

Affiliated Dept.	資源生物科学科
Student ID	9000000001
Name(in kana)	ファト シュニウエイ
Name(in kanji / alphabet)	試験 新入生 1
Date of birth	1998/07/07
Age(as of April 1)	18years old
Gender	男性
Student type	学部生
Grade in year	1School year

Medical checkup selection

Medical checkup category	Scheduled examination date	Registration status	Registration date
Ordinary health checkup		✓ Temporarily registered	

Step 1: Select English or Japanese.

Step 2: Confirm your information.

Step 3: Click the appropriate checkup link

2.2 Registration screen

Please input your information

Registration screen

Basic Information

Checkup type	Ordinary health checkup	
Affiliated Dept.	資源生物科学科	
Student ID	900000001	
Name(in kana)	テスト シュウケイ	
Name(in kanji / alphabet)	試験 新入生 1	
Date of birth	1998/07/07	
Age(as of April 1)	18years old	
Gender	男性	
Student type	学部生	
Grade in year	1School year	
Cell phone number	<input type="text"/> - <input type="text"/> - <input type="text"/> *if you are uncertain please fill in "0".	
X-ray	Do you wish to take a Chest X-ray?	<input type="radio"/> Yes <input type="radio"/> No

Step 1: Input your cell phone number for emergency. If you are uncertain, please fill in "0".

Step 2: Select yes or no for your need of chest X-ray.

Present and past illnesses

None	<input type="checkbox"/> None Please check here if none of these apply.
Hypertension *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Myocardial infarction / Angina pectoris	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Arrhythmia	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Other heart diseases *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Pulmonary tuberculosis	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Other lung diseases(including asthma) *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Gastritis · Stomach / Duodenal ulcer	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Liver/ Gall bladder/ Pancreatic diseases	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Other gastrointestinal diseases *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Kidney / Ureteral stone	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Other kidney diseases *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Diabetes / Impaired glucose tolerance	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Dyslipidemia / Hyperlipidemia	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Hyperuricemia / Gout	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Anemia	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Skin Diseases (including atopic dermatitis)	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Bone / Joint diseases *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Gynecological diseases *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Dental Caries	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Mental health issues	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None
Other disease *	<input type="radio"/> In treatment <input type="radio"/> Under observation <input type="radio"/> In the past <input type="radio"/> None

Please fill in Special notes below in detail for the items with asterisk(*).

Step 3: Please select "None" if none of these apply.

Step 4: Select radio button in each category of disease.

Supplement 1: Please input your cell phone number to the prescribed form, because there is a possibility that we (Kyoto University Health Service) will phone to you. If you do not have/know your cell phone number, please fill in "0" into the box.

Supplement 2: If you have selected the choice except "no" in each the disease with "*" mark, please input the detail about it at the "Special notes".

Supplement 3: If you are the first user of this system, the survey items only for the freshmen will be shown.

Note 1: There is a possibility that the survey items of this screen will be changed without advance notification.

Past symptoms (1)

None	<input type="checkbox"/> None Please check here if none of these apply.
Have you had a black stool in the last two months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a sleep disturbance for more than two weeks in the last two months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any symptoms of skin or nail in the last two months? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any eye problems in the last two months? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any oral cavity, nose or ear problems in the last two months? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any other particular problems in the last two months? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever felt a tightness for more than few minutes in your chest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lost your consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Strong shortness of breath with exertion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pitting edema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough and sputum for more than two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bloody sputum	<input type="checkbox"/> Yes <input type="checkbox"/> No
Strong nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abdominal pain for more than two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unintentional weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prolonged abnormal fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache for more than two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoulder pain for more than two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Numbness and pain in lower limbs for more than two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain for more than two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dizziness or vertigo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear noise or hearing difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tingling and numbness with cold fingers	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fill in Special notes below in detail for the items with asterisk(*)

Step 5: Please answer the questionnaire.

Past symptoms (2)

How often have you been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> Four days or more per week <input type="checkbox"/> Almost everyday ※How frequently have you suffered from the followings in these two weeks?
How often have you been bothered by feeling down, depressed, or hopeless?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> Four days or more per week <input type="checkbox"/> Almost everyday ※How frequently have you suffered from the followings in these two weeks?

Please fill in Special notes below in detail for the items with asterisk(*)

Special notes(Entry required if you check any of asterisk(*) items.)

Special notes

* Please DO NOT enter single-byte comma(,) and double quotation(").

Life style

Cigarettes	<input type="checkbox"/> None <input type="checkbox"/> Almost 10 cigarettes per day <input type="checkbox"/> Almost 20 cigarettes per day <input type="checkbox"/> Almost 30 cigarettes per day <input type="checkbox"/> More
Alcohol	<input type="checkbox"/> None <input type="checkbox"/> Sometimes - one "go" on any day or seven "go" per week <input type="checkbox"/> More than one "go" on any day or seven "go" per week <input type="checkbox"/> Having repeatedly problems caused by alcohol at home, school, workspace. ※Please calculate the amount of alcohol into the "go" unit of Japanese sake. One "go" equals to a big bottle of beer, a glass of double wine and spirits with water. *If you are female, please make the amount of alcohol multiplied by two and select the choice.
Regular physical exercise	<input type="checkbox"/> Everyday <input type="checkbox"/> Sometimes <input type="checkbox"/> Almost never
	<input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
	<input type="checkbox"/> or three times per week
	<input type="checkbox"/> al times per year <input type="checkbox"/> Not participated
Which is the most correct statement about your present health condition out of the following choices?	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Worse <input type="checkbox"/> Very worse

Save temporary

Confirmation screen >

Step 6: If you want to save the questionnaire, click "Save temporary".

Step 6: After you answer the questionnaire, click "confirmation screen"

If your answers are insufficient, system shows that the error message in the upper window.

Mandatory fields are not entered (RED colored fields).

Basic Information

Checkup type	Ordinary health checkup	
Affiliated Dept.	資源生物科学科	
Student ID	9000000001	
Name(in kana)	テスト シュウケイ	
Name(in kanji / alphabet)	試験 新入生 1	
Date of birth	1998/07/07	
Age(as of April 1)	18years old	
Gender	男性	
Student type	学部生	
Grade in year	1School year	
Cell phone number	<input type="text"/> - <input type="text"/> - <input type="text"/>	*If you are uncertain please fill in "0".
X-ray	Do you wish to take a Chest X-ray?	<input type="radio"/> Yes <input type="radio"/> No

Step 7: After correction, click the "confirmation screen".

Supplementary 4: If you don't know about cell phone number or mandatory fields, please fill in "0".

2.3 Confirmation screen

The contents entered on the registration are displayed.

Confirmation screen

Basic Information

Checkup type	Ordinary health checkup	
Affiliated Dept.	資源生物科学科	
Student ID	900000001	
Name(in kana)	テスト シュウゲイ	
Name(in kanji / alphabet)	試験 新入生 1	
Date of birth	1998/07/07	
Age(as of April 1)	18years old	
Gender	男性	
Student type	学部生	
Grade in year	1School year	
Cell phone number	0--	
X-ray	Do you wish to take a Chest X-ray?	Yes

Present and past illnesses

Hypertension *	None
Myocardial infarction / Angina pectoris	None

weeks

Numbness and pain in lower limbs for more than two weeks	No	•
Back pain for more than two weeks	No	•
Dizziness or vertigo	No	•
Ear noise or hearing difficulty	No	•
Tingling and numbness with cold fingers	No	•

Past symptoms (2)

How often have you been bothered by little interest or pleasure in doing things?	Not at all
How often have you been bothered by feeling down, depressed, or hopeless?	Not at all

Special notes(Entry required if you check any of asterisk(*) items.)

Special notes

Life style

Cigarettes	None
Alcohol	None
Regular physical exercise	Everyday
Degree of sleep satisfaction	Very satisfied
Frequency of any club activities, group activities, volunteer activities, seminar activities and part time jobs	More than four times per week
Breakfast	Everyday
Which is the most correct statement about your present health condition out of the following choices?	Very good

< Return Register >

Step 1: The contents entered on the registration are displayed.

Step 2: If the contents are correct, click the [Register] button.

Your entered data will be registered. Is it OK?

[キャンセル](#) [OK](#)

Step 3: Click the [OK] button.

2.4 Completion screen

Completion screen

Registration is completed.
Thank you for your cooperation.

🏠 Go to HOME

Step 1: Click the [Go to Home] button.

HOME

•
•
•
•

Medical checkup selection

Medical checkup category	Scheduled examination date	Registration status	Registration date
Ordinary health checkup		✓ Registered	2017/03/30

Note 4: The date and time of registration will be changed. The status of registration will be latest.

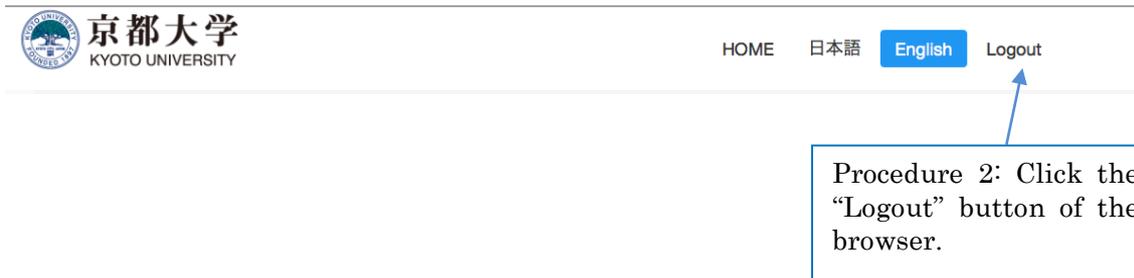
2.5 Termination

Please close the browser to restart the web questionnaire system from the login screen.



Note 5: Please use the termination procedure above if you have not well-experienced this system.

If you want to save the input, please click the following and close.



Inquiry Counter

Inquiries counter on use / input of this web questionnaire system
Kyoto University Health Service
2F, Education Promotion and Student Support Department,
Yoshida-Honmachi, Sakyo-ku, Kyoto 606-8501, Japan

Tel: +81-75-753-2400 (Health Service office)
Open: 9:00 - 17:00 in weekdays