

臺灣科技大學教職員工健康檢查問卷

NTUST Faculty and Staff Physical Health Questionnaire

一、基本資料 Basic Information :

1. 姓名 Name :
2. 性別 Gender : 男 Male 女 Female
3. 身分證字號(護照號碼) ID/Passport Number :
4. 出生日期 Date of Birth(yyyy/mm/dd) : ___/___/___
5. 受僱日期 Date of Employment(yyyy/mm/dd) : ___/___/___
6. 檢查日期 Date of examination(yyyy/mm/dd) : ___/___/___

二、作業經歷 Past Employment Experience:

1. 曾經從事 Used to work as _____ ,
起始日期 Started from (yyyy/mm)_____/_____/_____ 截止日期 Ended on (yyyy/mm) _____/_____/_____,
總共 In total for ___年(years) ___月(months)。
無 None。
2. 目前從事 Current work as _____ ,
起始日期 Started from (yyyy/mm)_____/_____/_____
總共 In total for ___年(years) ___月(months)。
3. 過去 1 個月,平均每週工時為(In past 1 month, the average weekly working hours) : ___小時(hr)。
4. 過去 6 個月,平均每週工時為(In past 6 month, the average weekly working hours) : ___小時(hr)。

三、檢查時期(原因) Reason for Examination :

- 新進員工(受僱時) New employees 定期檢查 Regular Examination

四、既往病史 Personal Medical History

您是否曾患有下列慢性疾病：(請在適當項目前打勾)

Have you ever had underlying chronic diseases:(please mark in front of the appropriate items)

- 高血壓 Hypertension 糖尿病 Diabetes Mellitus 心臟病 Heart Disease
癌症 Cancer _____ 白內障 Cataract 中風 Stroke 癲癇 Seizure/Epilepsy
氣喘 Asthma 骨折 Fracture___ 貧血 Anemia
慢性氣管炎、肺氣腫 Chronic bronchitis、Emphysema 肺結核 Tuberculosis
腎臟病 Renal Disease 肝病 Liver Disease
中耳炎 Otitis Media 聽力障礙 Hearing Impairment 甲狀腺疾病 Thyroid disease
消化性潰瘍、胃炎 Peptic Ulcer、Gastritis 逆流性食道炎 Reflux Esophagitis
手術開刀 Operation History:_____ 其他慢性病 other:_____
以上皆無 None

五、生活習慣 Life Style Habits

1. 請問您過去一個月內是否有吸菸? Have you ever been smoking in last 1 month?

從未吸菸。Never smoke.

偶爾吸(不是天天)。Occasionally used(not everyday).

幾乎、每天吸:平均每天吸__支,已吸菸__年。

Almost every day used, ___ cigarettes per day for ___ years.

已經戒菸,戒了__年__個月。Already quitted for ___ years___ months.

2. 請問您最近六個月內是否有嚼食檳榔? Have you ever been using betel nuts in recent 6 months?

從未嚼食檳榔。Never use.

偶爾嚼(不是天天)。Occasionally used(not everyday).

幾乎、每天嚼,平均每天嚼__顆,已嚼__年。

Almost every day used, ___ betel nuts per day for ___ years.

已經戒食,戒了__年__個月。Already quitted for ___ years___ months.

3. 請問您過去一個月內是否有喝酒? Have you ever been drinking in last 1 month?

從未喝酒。Never drink.

偶爾喝(不是天天)。Occasionally used(not everyday).

幾乎、每天喝,平均每週喝__次,最常喝__酒,每次__瓶。

Almost every day used, drink ___ times per week with mostly _____ 【alcohol brand or name】 for bottles each time.

已經戒酒,戒了__年__個月。Already quitted for ___ years___ months.

4. 請問您於工作日期間,平均每天睡眠時間為__小時。

(On working days, your average daily sleep hours: ___ hr.)

六、自覺症狀 Self-awareness Symptoms :

您最近三個月是否常有下列症狀:(請在適當項目前打勾)

In the previous 3 months, have you frequently suffered from any of the symptoms listed below? (please mark in front of the appropriate items)

咳嗽 Cough 咳痰 Sputum 呼吸困難 Short of breath 胸痛 Chest pain

心悸 Palpitations 頭暈 Dizziness 頭痛 Headache 耳鳴 Tinnitus 倦怠 Fatigue

噁心 Nausea 腹痛 Abdominal pain 便秘 Constipation 腹瀉 Diarrhea

血便 Bloody or tarry stool 上背痛 Upper backache 下背痛 Lower backache

手腳麻痛 Numbness in extremities 關節疼痛 Arthralgia

排尿不適 Discomfort while urinating or dysuria 多尿、頻尿 Frequent urination or polyuria

手腳肌肉無力 Weakness of extremities

體重減輕 3 公斤以上 Body weight loss>3kg 其他症狀 other_____

以上皆無 None

填寫者簽章(name)_____