

Anxiety and Mild Depressive State
Related to Academic Performance in Students
of Preparatory School for University

(大学受験予備校生の不安と抑うつ — その学業成績との関連 —)

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ABSTRACT

This study investigated the relationship between mental health and academic variables (i.e., Academic performance, performance change or the outcome of the entrance examinations in the following year) of students in a preparatory school for universities. This study also analyzed factors to encourage the use of mental health counseling. I administered a questionnaire involving the Todai Health Index (THI) to 1,963 students in April at the beginning of a school year and to 1,116 in October, 5 months after the beginning of a school year in 1992. Male students with high academic performance had bad emotional conditions mainly at the beginning of a school year, while those with low academic performance had a mild depressive state 5 months after the beginning. Mild depressiveness negatively influenced the improvement of academic performance and the outcome of the following year entrance examinations. However, anxiety rather than mild depressiveness might be important factor to facilitate to seek mental health counseling. Mild depressive male students, especially with low academic performance, need support with studying and maintaining mental health before university entrance examinations.

Key words: academic performance, anxiety, depressive state,
entrance examination, preparatory school

INTRODUCTION

Many investigators have pointed out various problems in the admission systems of universities or colleges throughout the world (Dore 1976). In Japan, students generally study very hard to gain admission to universities. The reason is partly due to a prevailing belief that admission to a prestigious university ensures a student a successful professional career.

Many of the Japanese high school graduates who failed to pass university entrance examination continue to study hard in hopes of entering universities the following year. In Japan, they are called "ronin," a lordless samurai in olden times, now meaning a person preparing for another chance to be admitted to a university.

During the "ronin" period, such youngsters usually go to preparatory schools, where they receive special lectures for passing university entrance examinations. Preparatory schools, a unique part of the Japanese educational systems, have existed since 1900 (Amano 1983). Recently, the admission rate to universities or colleges among high school graduates exceeded 35% in Japan. The number of "ronin" is estimated to be approximately 130,000 a year.

A stressful situation while being a "ronin" often affects physical as well as mental health of students. Such an influence seems worthy for a detailed study, given the uniqueness and importance of the situation of "ronin" in Japan.

However, few investigators have studied this influence in detail. By administering CMI (Brodman 1949) on 761 preparatory school students, Nishikawa (1976) concluded that neurotic features were observed more frequently in them than controls. Yabana (1978), based on Today

Personality Inquiry (TPI; Hidano 1970) data on 1,237 students, and Ikeda (1982), based on the TPI data on 1,672 students, noted that preparatory school students had more emotional complaints. Nevertheless, they did not discuss the relationship between mental health and academic performance or the outcome of the following year entrance examinations. This relation is the first point I want to study.

The relationship between mental health and academic performance in adolescence has been of interest to many researchers for decades. Sarason (1957) demonstrated that high general anxiety was associated with high academic performance. Lucas (1972), Crown (1977) and Stringer (1977) found that students who had high academic performance were more neurotic or anxious than those who had low performance. On the contrary, Spielberger (1959) found that university or college students with low academic performance tended to be more anxious. Robinson (1966) and King (1976) noted similar observations. Okasha (1985) pointed out that a moderate degree of neuroticism was associated with academic success, while a greater degree of neuroticism was associated with academic difficulty. Grover (1981) recognized a curvilinear relationship between anxiety and academic performance. Previous researchers find different relationship between anxiety and academic performance. To confirm the relationship, I performed my study at two time point in a school year.

As for a depressive state, Clark (1988) demonstrated a negative relationship between depression and academic performance. Clark (1988) also claimed that poor academic performance exacerbates a student's depressive state. I also focused my study on mild depressive

state in addition to anxiety.

As for the influence of an examination on mental health, Folkman (1985) studied the stress during a regular term examination. Bolger (1990) analyzed the coping process against the stress of examination. Price (1990) conducted a longitudinal study on students who repeatedly took entrance examinations. Compas (1986) prospectively studied psychological symptoms and other related factors among older adolescents during the transition from high school to college. However, these studies did not address the influence of mental health to a change of performance and the outcome of the entrance examinations for universities, which was most important for the preparatory school students.

In an attempt to overcome some limitations of the previous studies, I studied the relationship between mental health, especially anxiety and mild depressive state, and academic variables, which involved academic performance, performance change and the outcome of entrance examinations in the following year, in a huge preparatory school in Japan. In addition, in order to identify a target in a mental health service in a preparatory school, I analyzed factors to facilitate the use of mental health counseling. I devised the original short scales from Today Health Index (THI) scales for these analyses and further use in the large school sample. Furthermore, I illustrated the representative clients to confirm the finding shown in the data analysis.

SUBJECTS AND METHOD

Subjects

Subjects of this study were students of a huge preparatory school with approximately 20,000 students, where mental health service started by my senior colleagues in 1986. The service involved counseling for individual students, lectures on mental health for students and consultations with school staff members. The staffs of this mental health service consisted of psychiatrists and psychologists. I have been affiliated with this service as a psychologist since 1987. The service enabled me to conduct an otherwise difficult study on mental health of preparatory school students in Japan.

There were four courses for students in the preparatory school. One was a course in liberal arts in private universities, the next was that in sciences in private ones. The other two courses were in liberal arts or sciences in public universities. In the same branch school, I selected 3,000 students in classes in the liberal arts course in private universities as candidates for subjects of this study, because the recent increase (until 1992) of students aiming to enter faculties of liberal arts in Japanese private universities has led to greater competition in this course than in others.

Subjects of this study were volunteers in these classes who completed questionnaires as introduced in the following method section on April 24, 1992 (time A; at the beginning of a school year in Japan) and October 7 (time B; about 5 months after the beginning of a school year) of the same year. From our experiences, it is thought that there are two period of time when the number of clients who seek consulting increases. They are in a month or so from the beginning of a school year and in a month or so from the end of summer vacation (September or October). So

the study was conducted once in each period. One was on April 24, 1992 and the other was on October 7, 1992. Students who completed the questionnaire at time A and took the trial examination on May 3, 1992 (trial exam 1) were classified into group A. Similarly, the students who completed the questionnaire at time B and took the trial examination on September 27, 1992 (trial exam 2) were assigned to group B. Group C consisted of the students completing the questionnaires at both time A and B, who also took the trial exams 1, 2 and 3 (trial exam 3 was conducted on November 15).

The trial exam was a test to check relatively basic knowledge. All students in the preparatory school had obligations to take trial exams 1, 2 and 3. Almost all students intending to enter faculties of liberal arts in private universities took trial examinations in English, Japanese and Sociology.

There were 1,963 students (65.4% of the total number of students in the selected classes) in group A and 1,116 students (37.2%) in group B. Group C had 780 students (26.0%).

Twenty-five students in group A received mental health counseling. Of them, 15 received counseling before and 10 did after October 7, the day when the questionnaire was administered in autumn. Twenty-two students (15 before and 7 after) visited a counselor in group B and eight (6 before and 2 after) in group C. Between groups A and B, only one student had a psychosis. The analysis included the case because the number was small enough to ignore its influence.

Method

The questionnaire at time A, as shown in appendix 1, consisted of items on demographic characteristics of the students, items of the Todai Health Index (THI), variables on learning. Demographic characteristics were sex, the length of the "ronin" period and the living situation (i.e., Living alone or with someone else). THI is an instrument, involving 130 self check items grouped into 12 scales, to assess physical and mental health. Aoki (1974) and Suzuki (1976) developed and standardized this instrument on a sample of employed persons. Asano (1984) applied THI on college students but has not standardized it yet. Variables on learning are clarity of the university which a student wants to enter (clarity of target university), and hours spent daily by a student in self-study (study time). "Clarity of target university" had 3 levels; "high," "medium" and "low." "Study time" ranged from 0 to 9. The questionnaire at time B shown in appendix 2 was almost the same as that at time A.

About one month after the questionnaires were turned in, each participant was informed of his physical and mental health conditions based on the analysis of the data of THI (Aoki, 1986).

I compared scores on 12 THI scales in group A and group B with those of the normative sample of youngsters in their 20s published by Aoki (1980). I examined these analysis by t- test. This study also analyzed differences of THI scores between males and females.

For the detail analysis of mental health and further use in a large sample, I devised short version scales (THI Short Version; THI-SV) from THI items on the scales of "depressiveness" and "mental instability," which assess the degree of mild depressive state and anxiety respectively.

I conducted a factor analysis of varimax method with principal factor solution on items of each of these two scales of THI. I selected factors with eigenvalues over 1.0.

I made two THI-SV scales of "melancholy" and "loneliness" from the scale of "depressiveness" in the THI as shown in Appendix 3. The "melancholy" scale was consisted of THI item number 11, 32, 37, 109 and 119, ranged from 5 to 15. The "loneliness" scale was made of THI item number 46, 60, 74 and 90, ranged from 4 to 12. The THI-SV scales of "sensitiveness" and "high tension" were made from THI "mental instability." The "sensitiveness" scale was consisted of THI item number 22, 25, 66, 81 and 83, ranged from 5 to 15. The "high tension" scale was made of THI item number 40, 79, 92, 105 and 121, ranged from 5 to 15. I evaluated the reliability of THI-SV with alpha coefficient and defined the THI-SV scales on the meaning of the items.

The THI-SV scale of "melancholy" clinically means mild depressive state, not severe depressive state. The feeling of loneliness, one aspect of depressive state, is assessed by the scale of "loneliness." The scale of "sensitiveness" assess sensitive state closely related anxiety. The scale of "high tension" indicated the level of tension, one aspect of anxiety.

I examined differences of the mean scores of THI-SV between sex. As for the differences on the THI-SV scores between in time A and time B, I assessed them by a paired t-test in group C.

I classified the students in group A into three subgroups by the deviation values of academic performances in English: "high" (deviation values over 55), "medium" (deviation values

ranged from 45 to 55) and "low" (deviation values under 45). The reason of the classification by the performance only in English was that English was usually the most important subject for entrance examinations of liberal arts in private universities. I analyzed the differences of the mean scores of THI-SV among these three subgroups by sex and "study time" using one-way analysis of variance. I took a closer look at their "study time" by dividing them further into two smaller groups. One was a group with "study time" of more than 3 hours a day and the other was a group with "study time" of less than 3 hours a day. I consider the students studying more than 3 hours a day as hard workers from my clinical experience. Similar analysis in group B showed the relationship between mental health and academic performance at time B.

This study investigated analyzed factors affecting the performance change. I calculated an average change rate of performance per day from records of three trial exams by a least squares estimator. And I estimated an average difference on academic performance (performance change) between time A and time B by an average change rate per day. I assigned students in group C to three subgroups according to the degrees of performance change. The first subgroup was an "elevated" ($n=159$) with the degree of performance change over 3.0, the next was a "medium" ($n=424$) with that ranged from -3.0 to 3.0, and the last was a "lowered" ($n=197$) with that under -3.0. I examined the differences of mental health or variables on learning among the 3 subgroups. I recategorized "clarity of target university," which had 3 levels ("high," "medium" and "low"), into 2 levels ("high" and "medium or low"), because the number of students with "low" was small ($n=17$).

Furthermore, I compared clients who received counseling with non-clients on THI-SV in group A. I also tried to predict the clients on the scores of THI-SV and academic performance by a discriminant analysis in group A.

Finally, I compared subjects who passed one or more of real entrance examinations the following year ("the successful") with those who could not pass at all ("the unsuccessful"). I also tried to distinguish "the successful" from "the unsuccessful" by a discriminant analysis based on the information at time A.

I selected the representative clients to illustrate in the elevated and lowered groups divided by the performance change in group C.

RESULTS

Comparisons on THI

Table 1 shows scores on 12 scales of THI. In both males and females, the students had more complaints about "many subjective symptoms," "respiratory organ" and "irregularity of daily life" than the standardized sample of persons in their 20s. As for mental health, higher mean scores of "impulsiveness," "mental instability" and "depressiveness" were shown in males in both spring and autumn. Male students in the preparatory school had worse mental health condition than the males of the standardized sample.

On the other hand, male students complained less on "mouth and evacuation," "lie scale" and "aggressiveness" than the standardized sample at both time A and time B. Female students had lower mean scores on "nervousness" than the standardized female sample at both time A and

time B.

Male preparatory school students had significantly higher mean scores on "respiratory organ," "impulsiveness," "aggressiveness" and "nervousness" than female students at both time A and time B. However, the males did not have significantly higher mean scores on "impulsiveness" and "nervousness" than females in the standardized sample. The female preparatory school students had significantly higher mean scores on "many subjective symptoms," "eye and skin" and "mouth and evacuation" than the male students at both time A and time B. On the same scales, the females had significantly higher mean scores than males in the standardized sample.

At time A, students with the length of the "ronin" period two or more year had higher mean score on "lie scale" than those with under one year. On the other scales at both time A and time B, there was no significant differences between the length of the "ronin" period. I also could not find significant differences between the living situations; "living alone" and "living someone."

THI Short Version

Table 2 shows item numbers, mean scores of THI-SV. Values of alpha were over 0.6 in all but "high tension (0.55 at time A and 0.57 at time B)" of THI-SV. This seems due to the small number of items in the scale. "Melancholy" was higher at time B than at time A in both males and females, especially in males. The mean scores of "loneliness" and "sensitiveness" were higher at time B than at time A only in males.

Male students had higher "melancholy" (welch's $t(837,9) = 2.3, p < 0.05$) and lower "high tension" (welch's $t(733,9) = 2.4, p < 0.05$) than female students at time A. Male students also had

higher score of "melancholy" ($t(1114) = 2.8, p < 0.01$) than female students at time B.

In group C, "melancholy" significantly increased from time A to time B in males ($+0.64$, paired- $t(570)=7.3, p < 0.001$), in females ($+0.70$, paired- $t(208)=5.6, p < 0.001$), and in both sexes combined ($+0.65$, paired- $t(779)=9.1, p < 0.001$). Only male students showed the increase of "sensitiveness" ($+0.20$, paired- $t(570)=2.3, p < 0.05$). On the contrary, "high tension" decreased in males (-0.38 , paired- $t(570)=-5.2, p < 0.001$), in females (-0.29 , paired- $t(208)=-2.4, p < 0.05$), and in both sexes combined (-0.36 , paired- $t(779)=-5.7, p < 0.001$). As a whole, mental health of male students seems to have gotten worse in spite of the decrease of "high tension" at time B.

Mental Health and Academic Performance

Table 3 indicates that there were significant differences in "loneliness" on THI-SV among 3 subgroups of male students classified by English performance in group A. The tukey's test indicated that "loneliness" was stronger in the "high" group than in the "low" group ($df=1493, p < 0.05$). A mean score of "sensitiveness" in the "high" group was also significantly higher than that in the "low" group ($df=1493, p < 0.05$) by the tukey's test. There is no significant difference on the scales among 3 performance subgroups of female students in group A. In comparison of academic performance between sex, female students performed better than male students (chi-square=9.8, $df=2, p < 0.01$) in group A.

In group A, I found a positive relationship between "loneliness" ($F(2,877)=9.1, p < 0.001$) or "sensitiveness" ($F(2,877)=4.6, p < 0.01$) and academic performance in male students with "study time" over 3 hours a day. However there was no significant relationship between THI-SV scores

and academic performance in male students with "study time" 3 or under 3 hours a day.

As for male students in group B, there were significant differences ($F(2,830)=3.1, p<0.05$) in "melancholy" among three subgroups divided by English performance. A tukey's test indicated that "melancholy" was severer in the "low" group than in the "high" group ($df=830, p<0.05$).

There was no difference on THI-SV mean scores among 3 performance subgroups of females.

Mental Health and Performance Change

There was a significant difference ($F(2,568)=3.7, p<0.05$) in the scores of "melancholy" among three subgroups divided by the performance change in male students. Male students in the "elevated" group (mean=7.2 S.D.=1.9) had significantly lower scores (a tukey's test, $df=568, p<0.05$) of "melancholy" than those in the "medium" group (mean=7.8 S.D.=2.2). I could not find significant differences on the other THI-SV scales in male students nor on all THI-SV scales in female students. As for variables on learning, there were significant differences among the three subgroups of the performance change on "clarity of target university" ($\chi^2=17.0, df=2, p<0.001$) and "study time" ($F(2,568)=3.5, p<0.05$) in male students. Such differences were not found in female students.

Male students with "moderate or low" clarity of target university ($n=198, \text{mean}=8.1, \text{S.D.}=2.2$) had significantly higher score ($t(569)=3.7, p<0.001$) of "melancholy" than those with "high" clarity of target university ($n=373, \text{mean}=7.4, \text{S.D.}=2.1$). There was no significant relationship between "clarity of target university" and "melancholy" in female students. I cannot find a significant correlation between "study time" and "melancholy" in both male and female

students.

Characteristics of Clients

Table 4 shows that on the three scales of THI-SV in male students, the mean scores were significantly different between clients and non-clients. There was no significant difference on the score of "melancholy" between clients and non-clients. The mean performance in English and Japanese was higher in clients than in non-clients. There was no significant difference on the THI-SV scores between clients visited before and after time B. Clients, who visited after time B were not significantly different in THI-SV scores from non-clients in group B.

A discriminant analysis on the THI-SV scales and academic performance at time A correctly identified only 67.9% of the clients in male students in group A and the error estimate rate of 32.5%. It seems difficult to predict the clients from the information at time A alone.

The Outcome of the Entrance Examinations

Table 5 shows the differences in the THI-SV scores and academic performance at time A between "the successful" ($n=786$) and "the unsuccessful" ($n=136$) on the following year entrance examinations. From the analysis, 922 subjects with whom there was no information were removed. When I analyzed the data at time A separately in sex, there was a significant difference ($t(695,0)=2.1, p<0.05$) on the mean "melancholy" score between the two groups in males, whereas there was no difference in females. A discriminant analysis based on scores of four THI-SV scales and three academic subjects at time A correctly identified 81.5% of the male

"successful" or "unsuccessful" students in group A, and the error estimate rate was 19.1% (Table 6). In female students ($n=225$), a discriminant analysis correctly identified 82.2% in group A, and the error estimate rate was 16.0%. However, a discriminant analysis identified correctly 81.1% in males and 81.3% in females respectively on the data of three academic subjects at time A. The role of THI-SV scores might be small to predict the outcome of the next year entrance examinations.

On the data at time B, there were no significant differences between "the successful" ($n=474$) and "the unsuccessful" ($n=61$) on the THI-SV scores, with 581 subjects removed from the analysis due to lack of information.

Case Illustrations

Case 1 ("elevated" group)

Case 1 presented a male aged 20 in his second year of "ronin." He lived with his aunt's family. The deviation value of his academic performance in English was 55.5 in trial exam 1, 61.7 in 2 and 64.8 in 3. He visited the counseling room once in September.

His chief complaint was that he became nervous with noises, such as those generated in sniffing or writing, from persons sitting behind him in the classroom. He had suffered from this since July. On hearing or anticipating such noises, he could not concentrate and was irritated especially when he was studying English. Even after such noises disappeared, he was still anxious that the noises would recur at any time.

His first episode occurred in a noisy library. He attempted to fend off the noises by using

ear plugs or going to quiet places. He thought himself easy to fall into a sloven way when studying. So he forced himself to study hard but succeeded only for a short time. Poor concentration was an extremely serious problem for him. Before the emergence of this symptom, he had studied hard with only a 5-hour sleep a day.

He had reasons for studying hard. His family members seemed to be scattered after his mother's death two years before. His father, who was said to be a businessman, came back home late in every evening. His brother, a hard worker, also returned late. He had to do household chores for half a year after his mother's death. He could not have enough time for studying. After he started living with his aunt's family a year before, he began to study hard to speed up his pace in learning.

The counselor listened to him earnestly and praised him for his efforts. Subsequently, the counselor pointed out that lack of sleep possibly caused his nervousness and advised him to increase sleep time by an hour. The counselor also recommended him to have physical exercise, which would moderate his nervousness.

After this session, he performed well in trial exams and succeeded in entering a university.

Case 2 ("lowered" group)

Case 2 presented a male aged 19 in his first year of "ronin." He lived with his family. His academic performance in English was 33.7 in trial exam 1, 26.0 in 2 and 25.0 in 3. He seemed exhausted when he visited a counselor first. He consulted a counselor 11 times since June.

He complained mainly of little progress in studying. He was irritated with his insufficient

progress despite of his daily effort to prepare and review his lessons. He felt sleepy in daytime but became wakeful when he went to bed in the evening. He kept awake for one or two hours in the bed every day. He suffered from constipation and allergic nasal catarrh.

He felt his relatives expected him to go to a famous university. Teachers in his high school seemed to take good care of him. So he tended to be sensitive about expectations held by other persons for him. As a first grader in high school, he studied hard in hopes of entering a class for advanced students. But he failed. He was deeply depressed. He felt irritated against studying hard. Meanwhile, he felt powerless in fending off these psychological pressures. He was overwhelmed by negative thoughts.

While talking about his past experiences to a counselor, he remembered that he had often been bullied by some classmates in the primary school. He had overcome that difficulty by himself. He told that he had a strong will to deal with difficulties as he had done in the primary school. The counselor praised him for his self-encouragement.

He failed to understand fully what was taught in short-term summer lectures in the preparatory school because he took many courses. He was often discouraged, when he could not carry his grandiose study plan to completion. He often quarreled with his parents when they blamed him for his lazy life. Prestigious universities which he aimed to enter, were beyond the reach of his academic achievements. He never hesitated in achieving his goal. He gradually fell into a situation in which he did not know how to study. No effort could make him confident. His irritation increased.

In October, his anxiety culminated to such an extent that he was worried about losing hair or having a poor memory. He was unable to decide how to study and became more impatient. He had to take an entrance examination in such conditions. He repeatedly visited a counseling room when his anxiety elevated. As a result, he could not pass all the entrance examinations. He decided to continue to live as a "ronin" for another year.

Case 3 ("lowered" group)

Case 3 presented a male aged 18 in his first year of "ronin." He lived with his family. His academic performance in English was 47.3 in trial exam 1, 44.2 in 2 and 42.8 in 3. He consulted the counselor first in September and visited him four more times since then. He complained that he had a stomachache and was occasionally out of breath.

He had a stomachache since he was a first grader in junior high school. He was also anxious about loose bowel control. He was afraid that these symptoms might weaken his physical strength. He easily became out of breath when climbing the stairs. He tended to be nervous about his physical condition. In spite of his worry, he could not make up his mind to go to hospital. The counselor encouraged him to see a medical doctor. Later he had his symptoms examined by a doctor, and his symptoms were alleviated.

In December he complained of having lost his confidence because of his poor marks at trial examinations. He was thinking about giving up the examinations, if his physical condition got worse. He felt lonely, having no friends to talk over to. Due to anxiety and loneliness, he gradually lost his vigor to continue studying. His recollections of unpleasant things occurred in

his high school years also disturbed his concentration in studying.

The counselor told him how to study before an entrance examination. The counselor's advice on moderating his anxiety yielded a gradual progress in his study. He seemed to be encouraged and refreshed a little.

Just before the entrance examination in January, his stomachache got worse, because he quit taking the medicine for stomachache when he was caught by a cold. The counselor recommended him to consult his doctor. The counselor also told him how to deal with the stomachache, if it ever occurred during the entrance examination.

His stomachache was eased to such a degree that it did not disturb his concentration during the examination. He lost his self control only for a short time during the examination. He visited the counseling room several times. After all, he got over this crisis and entered the university.

DISCUSSION

This study indicated the relationship between mental health, assessed by THI-SV scales, and academic variables (i.e., Academic performance, performance change and the outcome of entrance examinations in the following year) of male preparatory school students. The data were limited in only one preparatory school. However, it seems possible to consider these data as the representative sample of preparatory schools in Japan, because the sample size was large and this school is a huge and well known one in Japan. The THI-SV scales appear useful to assess mental

health in the preparatory school students.

Both male and female students in the preparatory school tended to complain about physical symptoms, especially subjective ones, than persons in their 20s in the standardized sample. Nishikawa (1976) and Yabana (1978) reported the same results. A severe situation during the period of "ronin" might influence the physical conditions of the students.

In comparison between sex, female students had more complaints mainly about physical symptoms than male students. The scales on which females had more complaints than males in the preparatory school students were the same as those females showed in the standardized sample. On the other hand, the scales on which males complained more than females were different from those on which males complained in the standardized sample. It suggests that mental or physical conditions in males were more specific to "ronin" situations than those in females.

As for depressive state or anxiety in male students, males had more complaints about "depressiveness" and "mental instability" than the standardized male sample in their 20s. In addition, there was a positive relationship between mental health (i.e., "loneliness" and "sensitiveness") and academic performance at the beginning of a school year. A similar relationship between mental health and academic performance were reported by Lucas (1972), Crown (1977) and Stinger (1977).

The positive relationship between "loneliness" or "sensitiveness" and academic performance was apparent in male students with "study time" of more than 3 hours a day. Male

students with high performance who study hard might be more serious about previous entrance examinations than those with low performance or who did not study hard. They may have had hard experiences in previous entrance examinations. Previous hard experiences might develop "loneliness" or "sensitiveness" in male students at the beginning of a school year.

About 5 months after the beginning of a school year, male students showed the negative relationship between "melancholy" and academic performance. This was consistent with the findings by Clark (1988). There was no relationship between "loneliness" or "sensitiveness" and academic performance at time B. The male students with low performance had a tendency to be more depressed than the ones with high performance after several month of studying hard. This finding might be one of characteristic features in preparatory school students. We should consider a time factor when we investigate the relationship between mental health and academic performance.

Selecting students intentionally was taken into consideration here. Both groups, A and B, were consisted of volunteers at the time the tests were administered. 780 students in group C did not seem to be representative at time A and time B, because they might be so cooperative as to complete both questionnaire and be so eager to take three trial exams. So I considered the subjects in group A and group B as the representative data at time A and time B respectively. However, I should notice that group A and group B are not the same group, partly involving the same subjects. So the comparison between group A and group B needs careful interpretations.

I could not find a significant relationship between mental health and academic

performance in females. Although this appears contrary to the results reported by Spiegel (1986) that morale and interpersonal stress variables were closely related with academic performance in female medical students. Comparison is difficult due to different samples. The situations of universities students is far from that of preparatory students. I found significant sex differences on the score of "melancholy" and "high tension." On the whole, female students had better academic performance than male students. It is not the usual case for the female students with low performance to choose to be "ronin" after they failed to pass the entrance examinations. If they do, they are more likely to keep their mental health regardless of the academic performance during the "ronin" period than males. A further study is needed to clarify the variables related to academic performance in female students.

"Melancholy," which means mild depressive state, of the preparatory school students was severer at time B than at time A. However, Yamazaki (1989) pointed out that university students expressed more complaints about depressiveness at time A. As far as a preparatory school was concerned, complaints about "melancholy" may increase at time B. Takato (1990) mentioned the seasonal change of mental health based on his clinical experiences. Motonaga (1993) showed an autumn peak in the number of new clients utilizing mental health service in a preparatory school. We should consider the autumn increase of mild depressive state when we administer a mental health service in a preparatory school.

I found the relationship between "melancholy" and performance change in male students in accordance with the results reported by Clark (1988). "Melancholy," in male students, was

significantly associated with "clarity of target university," which was closely related to performance change. Mild depressive state, which was assessed by the THI-SV scales, influenced the progress of performance with losing the clarity of target university to enter.

Case 1 studied hard with a 5-hour sleep a day until his first visit to a counselor in September. Accumulation of fatigue seemed to have partly caused his nervousness and anxiety. After talking over with a counselor, he could decide to lengthen his sleeping time. He came to feel less nervous and started to study hard. Anxiety does not necessarily lower academic performance.

Case 2 had been mildly depressed since his failure in high school. His mild depressiveness interrupted the progress in studying. His sleep disturbance and physical symptoms seemed related to his depressive state. As a result, his academic performance lowered. Case 3 became mildly depressed when his study was interrupted by his physical symptoms at time B, which had existed since spring. He worried about things in the past. He also felt lonely and impatient with his physical symptoms excessively. He could not concentrate to study enough. A depressiveness might have a negative effect on performance change in cases 2 and 3. These cases also indicated that low performance might cause depressive state and develop a vicious circle of depressive state and worse performance.

The case study also indicates that hard study or the will to study hard caused exhaustion and resulted in mild depression. These findings partly explain the exacerbation of "melancholy" at time B shown in data analysis. This is a similar condition as neurasthenia characteristic of

preparatory school students noted by Kumakura (1991). Neurasthenia caused by exhaustion in students might cause the autumn increase of "melancholy."

"Melancholy" also affected the success in the following year entrance examinations on students. To pass or fail entrance examinations had a lot to do with what universities a student chooses as his first choice. The student usually lowers his ideal and marks a choice with the greatest possibility to pass after being a "ronin" for a year. Students who failed in the following year entrance examinations already manifested mild depressiveness at time A, half a year or more before the entrance examinations. This implies the importance of mental health care for preparatory school students even at the beginning of a school year.

Scores of THI-SV and academic performance were higher in clients than in non-clients at time A. Especially in male, "loneliness," "sensitiveness" and "high tension" were dominant in clients at time A. These mental health conditions and high academic performance might facilitate the utilization of counseling on male preparatory school students. However, I cannot predict the clients from the information at time A by discriminant analysis. The effect of these factors to facilitate visiting a counseling seems mild.

This study indicated that academic performance, performance change, the outcome of entrance examinations were related to mental health, which was assessed by the THI-SV scales. The THI-SV scales seemed useful to analyze the relationship between mental health and academic variables in preparatory school students. The THI-SV scales were also capable to find the factors to facilitate the utilization of counseling. THI-SV scales were suitable to use on large sample, for

example a huge school, because they had small number of items.

I can predict the outcome of entrance examinations by discriminant analysis from not only academic performance but also mental health. However, the role of mental health to predict is small. It is very important to improve mental health with a progress of studying. As for case finding, mild depressive state, assessed by THI-SV scales, was not so important factor to facilitate the use of mental health counseling. Since mild depressive state had negative effects on the performance change and the outcome of the following year entrance examinations, combined approaches of mental health and educational counseling are needed for such students. Case illustration also reveals that it is difficult to support mild depressive students with low performance only by mental health counseling. We should consider this combined approaches when we administer mental health services in preparatory schools.

CONCLUSION

The preparatory school students tended to complain more about subjective physical symptoms than the standardized sample. Male students had more mental health problems, anxiety and mild depressive state assessed by THI scales, than the standardized male sample. The original THI-SV scales used in this study were applicable to analyze the relationship of mental health with academic variables (i.e., Academic performance, performance change or the outcome of the entrance examinations in the following year.) Male students showed a positive relationship between "loneliness" or "sensitiveness" and academic performance at the beginning of a school

year. However 5 months later, they had a negative relationship between "melancholy" and academic performance. "Loneliness" and "sensitiveness" rather than "melancholy" were factors to facilitate to seek help from mental health counseling. Since "melancholy" was negatively related with an improvement of performance and successes in the following year entrance examinations, mildly depressive students, especially with low performance, would be a major target of combined approaches with mental health and educational counseling during a "ronin" period. And the THI-SV scales seen useful to find such clients.

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Table 1. Mean Scores on THI Scales of the Subjects as Compared
with Those in Standard Sample by Sex and Time

THI scale	Mean score (SD)			M t(2711) t(2048)	
				F t(2655) t(2471)	
	Time A	Time B	Standardized sample	Time A	Time B
	(M n=1496)	(M n=833)	(M n=1217)	vs	vs
	(F n= 467)	(F n=283)	(F n=2190)	Standardized sample	
Many subjective symptoms	M 31.2 (6.7)	31.7 (6.7)	28.7 (6.0)	10.0***	10.2***
	F 32.7 (6.7)	34.0 (7.7)	31.3 (6.2)	4.4***	5.7***
Respiratory organ	M 15.5 (3.6)	15.8 (3.8)	14.6 (3.4)	6.3***	7.2***
	F 14.7 (3.3)	15.0 (3.8)	14.0 (3.0)	4.4***	4.5***
Eye and skin	M 15.5 (3.5)	15.9 (3.6)	14.8 (3.4)	5.2**	7.0**
	F 16.2 (3.5)	16.7 (3.8)	16.4 (3.5)	ns	ns
Mouth and evacuation	M 12.2 (2.2)	12.3 (2.2)	12.8 (2.4)	-6.7***	-4.9***
	F 12.7 (2.5)	12.9 (2.6)	13.3 (2.5)	-4.1**	ns
Digestive organ	M 13.1 (3.2)	13.1 (3.4)	13.3 (3.3)	ns	ns
	F 13.4 (3.3)	13.4 (3.6)	13.7 (3.3)	ns	ns

continued

Impulsiveness	M	19.2(3.6)	19.6(3.8)	18.0(3.5)	8.7**	9.8**
	F	18.3(3.7)	18.4(3.9)	17.9(3.7)	ns	ns
Lie scale	M	17.2(2.8)	17.0(2.8)	18.9(2.9)	-15.4**	-14.6**
	F	17.4(3.0)	17.1(3.1)	17.7(2.8)	ns	-3.2**
Mental instability	M	25.3(4.9)	25.2(5.0)	22.4(4.8)	15.7**	13.1**
	F	25.4(5.0)	25.0(5.3)	25.5(5.0)	ns	ns
Depressiveness	M	16.0(4.0)	16.9(4.4)	14.3(3.5)	11.9***	14.3***
	F	15.7(3.7)	16.3(4.2)	16.0(3.8)	ns	ns
Aggressiveness	M	14.6(2.1)	14.0(2.1)	15.8(2.1)	-14.6**	-18.2**
	F	13.9(1.8)	13.4(1.8)	13.8(2.0)	ns	-2.8*
Nervousness	M	16.6(3.5)	16.8(3.6)	17.2(3.5)	-4.4**	ns
	F	16.1(3.4)	16.0(3.7)	17.8(3.4)	-9.3**	-7.7**
Irregularity of daily life	M	20.9(3.5)	20.6(3.5)	19.9(3.6)	4.7**	4.4**
	F	20.9(3.5)	20.7(3.3)	19.9(3.3)	6.1**	4.1**

* $p < 0.01$, ** $p < 0.001$, ns non-significant

M means male and F means female.

* means welch's t-test.

Table 2. Mean Scores of THI-SV scales by Sex and Time

THI-SV scale	Mean score (SD)		M t(2327)
			F t(748)
	Time A (M n=1496) (F n= 467)	Time B (M n=833) (F n=283)	Time A vs Time B
Melancholy	M 7.7(2.3)	8.3(2.4)	6.4***
	F 7.4(2.1)	7.9(2.3)	2.9**
Loneliness	M 6.4(1.8)	6.6(1.9)	2.1*
	F 6.4(1.7)	6.4(1.9)	ns
Sensitiveness	M 10.6(2.6)	10.8(2.5)	2.2*
	F 10.5(2.6)	10.6(2.6)	ns
High tension	M 9.0(2.1)	8.9(2.1)	ns
	F 9.3(2.3)	9.1(2.3)	ns

*p < 0.05, **p < 0.001, ***p < 0.001, ns non-significant

M means male and F means female.

Table 3. Mean Scores of THI-SV Scales among 3 Male Subgroups

Classified by the Academic Performance of English
at Time A

THI-SV scale	Mean score (SD)			F (2, 1493)
	High (n=555)	Middle (n=506)	Low (n=435)	
Melancholy	7.7 (2.4)	7.7 (2.3)	7.6 (2.2)	ns
Loneliness	6.7 (1.8) *	6.3 (1.7)	6.2 (1.8) *	6.0 **
Sensitiveness	10.8 (2.6) *	10.6 (2.5)	10.4 (2.5) *	3.7 *
High tension	9.2 (2.1)	9.0 (2.1)	8.9 (2.1)	ns

* $p < 0.05$, ** $p < 0.01$, ns non-significant

Numbers with the same superscript letter on the same row

significantly differed from each other at $p < 0.05$.

Table 4. Mean Scores of THI-SV Scales and Academic Performance
between Clients and Non-Clients in Male Students
at Time A

	Mean score (SD)		t(1494)
	Client (n=21)	Non-client (n=1475)	Client vs Non-client
THI-SV scale			
Melancholy	8.5(3.0)	7.7(2.3)	ns
Loneliness	7.5(2.3)	6.4(1.8)	2.8**
Sensitiveness	12.0(2.6)	10.6(2.5)	2.5*
High tension	10.0(2.0)	9.0(2.1)	2.2*
Academic performance			
English	56.9(10.8)	50.9(10.2)	2.7**
Japanese	55.2(10.5)	50.5(10.2)	2.1*
Sociology	56.3(10.2)	53.9(9.0)	ns

*p < 0.05, **p < 0.01, ns non-significant

Table 5. Differences in Mean Scores of THI-SV Scales

and Performance at Time A between "the Successful"
and "the Unsuccessful" on Entrance Examinations

	Mean score (SD)		t (920)
	Successful (n=786)	Unsuccessful (n=136)	
THI-SV scale			
Melancholy	7.4 (2.2)	8.0 (2.4)	-2.7*
Loneliness	6.4 (1.8)	6.4 (1.7)	ns
Sensitiveness	10.5 (2.6)	10.6 (2.6)	ns
High tension	9.1 (2.1)	9.0 (1.9)	ns
Academic performance			
English	57.6 (8.6)	45.2 (9.0)	15.5**
Japanese	56.3 (8.3)	45.5 (9.9)	12.0** ^w
Sociology	58.4 (7.1)	48.0 (8.8)	13.0** ^w

*p < 0.01, **p < 0.001, ns non-significant

^w means welch's t-test.

Table 6. The Result of the Discriminant Analysis to Identify
 "the Successful" or "the Unsuccessful" Based on
 the Data on THI-SV Scales and Academic Performance
 in Male Students at Time A

(%)

Classification by the analysis			
	Successful	Unsuccessful	Total
Successful	485 (82.7)	101 (17.2)	586
Unsuccessful	28 (25.2)	83 (74.8)	111
Total	513 (73.6)	184 (26.4)	697

Discriminant function = $-1.44 - 0.13 * [\text{Melancholy}]$

$-0.08 * [\text{Loneliness}] + 0.08 * [\text{Sensitiveness}] + 0.01 * [\text{High tension}]$

$+0.06 * [\text{English}] + 0.06 * [\text{Japanese}] + 0.14 * [\text{Sociology}]$

●質問項目をよく読んで、番号 1. 2. 3. の中から1つ選び、答えを右の空欄にご記入下さい。

質問	答え	回答欄
1 甘いものが好きですか	1. はい 2. どちらでもない 3. いいえ	41
2 早寝早起きのほうですか	1. はい 2. どちらでもない 3. いいえ	
3 口の中がアレルギーがありますか	1. よく 2. ときどき 3. いいえ	
4 頭が痛くなることがありますか	1. よく 2. ときどき 3. いいえ	
5 最近せきが出ますか	1. よく 2. ときどき 3. いいえ	
6 皮ふが弱いほうですか	1. はい 2. どちらでもない 3. いいえ	46
7 消化不良を起こすことがありますか	1. よく 2. ときどき 3. いいえ	
8 イライラすることがありますか	1. よく 2. ときどき 3. いいえ	
9 よく赤面しますか	1. はい 2. どちらでもない 3. いいえ	
10 神経が過敏なほうですか	1. はい 2. どちらでもない 3. いいえ	
11 近ごろ元気がないですか	1. はい 2. どちらでもない 3. いいえ	51
12 金持ちをうらやましいと思いませんか	1. はい 2. どちらでもない 3. いいえ	
13 目まいがすることがありますか	1. よく 2. ときどき 3. いいえ	
14 寒がりやですか	1. はい 2. どちらでもない 3. いいえ	
15 間食をしますか	1. よく 2. ときどき 3. いいえ	
16 舌があれやすいですか	1. よく 2. ときどき 3. いいえ	56
17 頭がぼんやりすることがありますか	1. よく 2. ときどき 3. いいえ	
18 くしゃみが出ることがありますか	1. よく 2. ときどき 3. いいえ	
19 目が疲れやすいですか	1. よく 2. ときどき 3. いいえ	
20 げっぷが出ることがありますか	1. よく 2. ときどき 3. いいえ	
21 人に待たされるとイライラしますか	1. はい 2. どちらでもない 3. いいえ	61
22 過ぎたことをよくよく考えますか	1. はい 2. どちらでもない 3. いいえ	
23 よく考えてから行動しますか	1. はい 2. どちらでもない 3. いいえ	
24 手足がだるいことがありますか	1. よく 2. ときどき 3. いいえ	
25 他人に誤解されやすい性格だと思いますか	1. はい 2. どちらでもない 3. いいえ	
26 いつも冷静でめったにあわてませんか	1. はい 2. どちらでもない 3. いいえ	66
27 歯ぐきの色が悪いですか	1. かなり 2. 少し 3. いいえ	
28 人に顔色が悪いと言われますか	1. よく 2. ときどき 3. いいえ	
29 自分の気に入らないことがあるとカッとしますか	1. はい 2. どちらでもない 3. いいえ	
30 のどがつまったような感じがありますか	1. よく 2. ときどき 3. いいえ	
31 できるものができやすいですか	1. よく 2. ときどき 3. いいえ	71
32 人生が悲しく希望が持てないですか	1. はい 2. どちらでもない 3. いいえ	
33 みぞおちのあたり(胃)が痛むことがありますか	1. よく 2. ときどき 3. いいえ	
34 自分の体重についてどう思っていますか	1. ふとりすぎ 2. ふつう 3. やせすぎ	
35 体のあちこちが痛むことがありますか	1. よく 2. ときどき 3. いいえ	
36 知っている人の中にはきれいな人もいますか	1. はい 2. どちらでもない 3. いいえ	76
37 いつもおもしろくなく気がふさぎますか	1. はい 2. どちらでもない 3. いいえ	
38 大勢の前でも平気で意見の発表ができますか	1. はい 2. どちらでもない 3. いいえ	
39 頭が重いことがありますか	1. よく 2. ときどき 3. いいえ	
40 人が自分をどう思っているか気になりますか	1. はい 2. どちらでもない 3. いいえ	
41 苦労性だと思いますか	1. はい 2. どちらでもない 3. いいえ	81
42 口臭が強いですか	1. かなり 2. 少し 3. いいえ	

No.	質問	答 え	回答欄	
43	食欲のないときがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	83
44	無礼な人にはぶあいそうになりますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
45	立ちくらみすることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
46	会合に出席してもいつも孤独を感じますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	86
47	宗教書や哲学書を読みますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
48	咳(たん) がからむことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
49	目が充血してまっかになることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
50	生つばがでることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
51	下痢をすることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	91
52	胃がこったり痛んだりすることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
53	冷汗をかくことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
54	衣服や手のよれが気になりますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
55	目がぼんやりかすむことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
56	歯ぐきから出血することがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	96
57	医者から血圧のことで何か言われましたか	1. 高血圧 2. いいえ 3. 低血圧	<input type="checkbox"/>	
58	不平不満が多いほうだと思いますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
59	他人の言った誤りは訂正したくなりますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
60	ひとりぼっちだと感じるがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
61	人のうわさ話をするがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	101
62	鼻水が出ることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
63	じんましんが出ることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
64	歯をみがくときなどにはきけのすることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
65	腰の痛むことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
66	気疲れするほうですか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	106
67	体が熱っぽかったり微熱があったりしますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
68	その日のうちにすべき事は必ずその日のうちにしますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	107
69	背中や背骨が痛むことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
70	便秘しやすいですか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
71	勉強がきついつと感じることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	111
72	深く考えずに行動することがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
73	酒類をたくさん飲みますか	1. はい 2. 少し 3. 全く飲まない	<input type="checkbox"/>	
74	人に会いたくないときがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
75	物事に敏感なほうですか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
76	急いで歩くと動悸が激しくなりますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	116
77	試験の時や目上の人の質問に答える時汗をかきますか	1. はい 2. ときどき 3. いいえ	<input type="checkbox"/>	
78	体が弱いほうですか	1. はい 2. 少し 3. いいえ	<input type="checkbox"/>	
79	見知らぬ場所では落着きませんか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
80	排便のとき肛門(こうもん)が痛みますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
81	気分に波がありすぎると思いますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	121
82	近ごろ体がだるいですか	1. いつも 2. ときどき 3. いいえ	<input type="checkbox"/>	
83	ちょっとしたことが気になりますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
84	かぜをひきやすいですか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
85	目が痛かったり熱く感じたりすることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	

NO.	質問	答え	回答欄	
86	胃腸の具合が悪いことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	126
87	目上の人が近づくとふるえそうになりますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
88	まぶたが重いと感ずることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
89	鼻がつまることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
90	ひけ目を感じることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
91	近ごろ朝起きるのがつらいですか	1. いつも 2. ときどき 3. いいえ	<input type="checkbox"/>	131
92	どなりつけられると体がすくみますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
93	胸やけすることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
94	痔(じ)の出血がありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
95	朝食を食べないことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
96	ちょっとしたことですぐカッとしますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	136
97	息をするとゼイゼイと音がしますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
98	勉強は完璧にやらないと気がすみませんか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
99	発疹(赤いぶつぶつ)が出ることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
100	ゆううつなときがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
101	胃が重かったりもたれたりすることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	141
102	新聞の社説は毎日読みますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
103	横になって休みたいことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
104	口がはれぼったかったり熱っぽいことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
105	夜中の突然の音などでおびえることがありますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
106	のどが痛かったり いがらっぽかったりしますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	146
107	神経質だと思いますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
108	目やにが多いですか	1. 多い 2. ふつう 3. いいえ	<input type="checkbox"/>	
109	自分の生き方はまちがっていたと思いますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
110	他人に自分をよく見せたいですか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
111	食後に胃が痛むことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	151
112	心配性だと思いますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
113	近ごろ寝不足ですか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
114	歯ぐきがはれることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
115	人に命令されるのはきらいですか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
116	気が小さいと思いますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	156
117	痰(たん)がでることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
118	皮膚がかゆくなることがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
119	近ごろ何かにつけて自信がなくなってきましたか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
120	顔がほてったり頭がのぼせたりしますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
121	人に見られていると勉強が手につきませんか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	161
122	食事の不規則なことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
123	勉強の調子はいかがですか	1. よい 2. まあまあ 3. わるい	<input type="checkbox"/>	
124	気むずかしいほうですか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
125	人にせかされるとしゃくにさわれますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	
126	短時間にたくさんの仕事をする自信がありますか	1. はい 2. どちらでもない 3. いいえ	<input type="checkbox"/>	166
127	空腹時に胃の痛むことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	
128	朝早く目が醒めて眠れないことがありますか	1. よく 2. ときどき 3. いいえ	<input type="checkbox"/>	

問	質問	答	回答欄
129	何か運動をしていますか	1. よく 2. ときどき 3. いいえ	169
130	意味のないもの(電柱の数など)を数える癖がありますか	1. はい 2. どちらでもない 3. いいえ	170
131	寝つきが悪くなかなか眠れないことがありますか	1. よく 2. ときどき 3. いいえ	171
132	家の鍵やガスの元栓などを何度も確認することがありますか	1. はい 2. どちらでもない 3. いいえ	172
133	些細なことが頭に浮かんでほらいのけることが出来ないことがありますか	1. はい 2. どちらでもない 3. いいえ	173
134	何でも悩みを相談できる友人はいますか	1. いる 2. わからない 3. いえない	
135	何でも悩みを相談できる家族はいますか	1. いる 2. わからない 3. いえない	
136	どんな小さなことでもする前にじっと考え込みますか	1. はい 2. どちらでもない 3. いいえ	176
137	大学に入ったらやりたいと強く思っていることはありますか	1. ある 2. なんとなくある 3. ない	177
138	勉強で疲れた時の有効な息抜きはありますか	1. ある 2. わからない 3. ない	
139	物事を細かくやっていた時間がなくなることが多いですか	1. はい 2. どちらでもない 3. いいえ	179
140	将来の職業は決めていますか	1. はい 2. なんとなく 3. いえない	
141	相手が怒りだすほど強情をはることがありますか	1. はい 2. どちらでもない 3. いいえ	

●これまでのことや現在の状況についてお伺いします(各項目1つのみ選び、右の空欄にご記入下さい)。

問	質問	回答欄
1	小・中学校で受験勉強をしましたか 1. 必死にやった 2. まあまあやった 3. やっていない	182
2	本格的な大学受験勉強はいつから始めましたか 1. 中学 2. 高1 3. 高2 4. 高3:4-6月 5. 高3:7-9月 6. 高3:10月以降	183
3	高校の時、部活動などでスポーツをやっていたか 1. 熱心にやっていた 2. ある程度やっていた 3. やっていない	184
4	両親の中で大学受験の経験のある人はいますか 1. いる 2. いない 3. わからない	
5	兄弟の中で大学受験の経験のある人はいますか 1. いる 2. いない 3. 兄弟いない	
6	前回の受験直前の勉強の仕上がりはどの程度でしたか 1. 充分 2. まあまあ 3. 不十分	187
7	前回の受験の時にありましたか 1. 非常に上がった 2. やや上がった 3. あまりあがらなかった 4. 全くあがらなかった	188
8	前回の受験で不合格とわかった直後の精神的ショックは、どの程度でしたか 1. 非常に強い 2. 強い 3. まあまあ 4. 弱い 5. 非常に弱い	189

●現在 ●9,10は、括弧内の数値で最も近いものを、整数で空欄にご記入下さい。

問	質問	回答欄
9	平均睡眠時間(平日) (~ 03 04 05 06 07 08 09 10 11 ~) 時間 * 2桁で記入	190
10	平均勉強時間(平日、授業以外) (~ 0 1 2 3 4 5 6 7 8 9 ~) 時間 * 1桁で記入	192
11	通学時間(片道) 1. 30分未満 2. 30分~1時間未満 3. 1時間~2時間未満 4. 2時間以上	
12	親は、受験勉強や志望校に関して口をはさみますか 1. 非常にささむ 2. 少しはささむ 3. あまりはさまない 4. 全くはさまない	194
13	志望大学は決めていますか 1. はっきりと決めている 2. なんとなく 3. 決めていない	

●これで質問は終わりです。もう一度初めから見直して、記入もれやまちがいがいがないかご確認下さい。
●コンピュータ処理の関係上、氏名、模試番号なども含め、必ず全項目にご記入下さい。

心身健康アンケート (高卒後期)

このアンケートは、心身の健康度を測定し、皆さんの健康管理への参考にしていただくためのものです。このアンケートの分析結果は、個人診断票としてお知らせしますので、今後の勉学を進める上での参考にして下さい。個人診断票の返却は、10月の予定です。

個人のプライバシーは守られますので、どうぞご利用下さい。

●まず、氏名等をご記入下さい。

駿台予備学校

氏名 ⁰¹ <input type="text"/>		駿台生(予備生)のみ記入 在籍コース ¹³ <input type="text"/> 1 高1 2 高2 3 高3 4 高卒 校内リスト番号 ¹⁴ <input type="text"/>		クラス ²⁰ <input type="text"/>
漢字氏名 <input type="text"/>	性別 ²² <input type="text"/> 1 男 2 女	年齢 ²³ <input type="text"/> 歳	住居 ²⁵ <input type="text"/> 1 自宅 2 自宅外(アパート等) 3 自宅外(学生寮)	
学年 ²⁶ <input type="text"/> 01 高1 02 高2 03 高3 04 1浪 05 2浪 06 3浪以上 07 大学生 08 一般社会人 09 その他				

<ご記入にあたって>

1. はじめに

- できるだけ落ち着いた気持ちで記入して下さい。
- 質問の答えがわからない場合、あるいは適当な答えが見つけれない場合には、過去数カ月を振り返って考え、あなたの状態に最も近いものを選んで下さい。
- 意識的に答えを作ったり、いくつかの質問を抜かした場合、分析結果の価値は薄れますのでご注意下さい。

2. 回答のしかた

- 質問項目をよく読んで、自分に最もよく当てはまる答えを、番号 1. 2. 3. の中から1つ選び、右の空欄にご記入下さい。

3. アンケートの提出

- すべての質問への回答が終わりましたら、記入まちがいがいがないか、今一度よく確かめた上、回答用紙を、担任の先生の指示に従って提出して下さい。

●質問項目をよく読んで、番号 1. 2. 3. の中から1つ選び、答えを右の空欄にご記入下さい。

No.	質問	答 え	回答欄
1	甘いものが好きですか	1. はい	41
2	早寝早起きのほうですか	1. はい	
3	口の中があれることがありますか	1. よく	
4	頭が痛くなることがありますか	1. よく	
5	最近せきが出ますか	1. よく	
6	皮ふが弱いほうですか	1. はい	46
7	消化不良を起こすことがありますか	1. よく	
8	イライラすることがありますか	1. よく	
9	よく赤面しますか	1. はい	
10	神経が過敏なほうですか	1. はい	
11	近ごろ元気がないですか	1. はい	51
12	金持ちをうらやましいと思えますか	1. はい	
13	目まいがすることがありますか	1. よく	
14	寒がりやですか	1. はい	
15	間食をしますか	1. よく	
16	舌があれやすいですか	1. よく	56
17	頭がぼんやりすることがありますか	1. よく	
18	くしゃみが出ることがありますか	1. よく	
19	目が疲れやすいですか	1. よく	
20	げっぶが出ることがありますか	1. よく	
21	人に待たされるとイライラしますか	1. はい	61
22	過ぎたことをよくよく考えますか	1. はい	
23	よく考えてから行動しますか	1. はい	
24	手足がだるいことがありますか	1. よく	
25	他人に誤解されやすい性格だと思いますか	1. はい	
26	いつも冷静でめったにあわてませんか	1. はい	66
27	歯ぐきの色が悪いですか	1. かなり	
28	人に顔色が悪いと言われますか	1. よく	
29	自分の気に入らないことがあるとカッとしますか	1. はい	
30	のどがつまったような感じがありますか	1. よく	
31	できものができやすいですか	1. よく	71
32	人生が悲しく希望が持てないですか	1. はい	
33	みぞおちのあたり(胃)が痛むことがありますか	1. よく	
34	自分の体重についてどう思っていますか	1. ふとりすぎ	
35	体のあちこちが痛むことがありますか	1. よく	
36	知っている人の中にはきらいな人もいますか	1. はい	76
37	いつもおもしろくなく気がふさぎますか	1. はい	
38	大勢の前でも平気で意見の発表ができますか	1. はい	
39	頭が重いことがありますか	1. よく	
40	人が自分をどう思っているか気になりますか	1. はい	
41	苦労性だと思えますか	1. はい	81
42	口臭が強いですか	1. かなり	

No.	質問	答え	回答欄		
43	食欲のないときがありますか	1. よく	2. ときどき	3. いいえ	83
44	無礼な人にはぶいそうになりますか	1. はい	2. どちらでもない	3. いいえ	
45	立ちくらみすることがありますか	1. よく	2. ときどき	3. いいえ	
46	会合に出席してもいつも孤独を感じますか	1. はい	2. どちらでもない	3. いいえ	86
47	宗教書や哲学書を読みますか	1. よく	2. ときどき	3. いいえ	
48	咳(たん)がからむことがありますか	1. よく	2. ときどき	3. いいえ	
49	目が充血してまっかになることがありますか	1. よく	2. ときどき	3. いいえ	
50	生つばがでることがありますか	1. よく	2. ときどき	3. いいえ	
51	下痢をすることがありますか	1. よく	2. ときどき	3. いいえ	91
52	胃がこったり痛んだりすることがありますか	1. よく	2. ときどき	3. いいえ	
53	冷汗をかくことがありますか	1. よく	2. ときどき	3. いいえ	
54	衣服や手のよごれが気になりますか	1. はい	2. どちらでもない	3. いいえ	
55	目がぼんやりかすむことがありますか	1. よく	2. ときどき	3. いいえ	
56	歯ぐきから出血することがありますか	1. よく	2. ときどき	3. いいえ	96
57	医者から血圧のことで何か言われましたか	1. 高血圧	2. いいえ	3. 低血圧	
58	不平不満が多いほうだと思いますか	1. はい	2. どちらでもない	3. いいえ	
59	他人の言った誤りは訂正したくなりますか	1. はい	2. どちらでもない	3. いいえ	
60	ひとりぼっちだと感じることがありますか	1. よく	2. ときどき	3. いいえ	
61	人のうわさ話をすることがありますか	1. よく	2. ときどき	3. いいえ	101
62	鼻水が出ることがありますか	1. よく	2. ときどき	3. いいえ	
63	じんましんが出ることがありますか	1. よく	2. ときどき	3. いいえ	
64	歯をみがくときなどにはきけのすることがありますか	1. よく	2. ときどき	3. いいえ	
65	腰の痛むことがありますか	1. よく	2. ときどき	3. いいえ	
66	気疲れするほうですか	1. はい	2. どちらでもない	3. いいえ	106
67	体が熱っぽかったり微熱があったりしますか	1. よく	2. ときどき	3. いいえ	
68	その日のうちにすべき事は必ずその日のうちにしますか	1. はい	2. どちらでもない	3. いいえ	107
69	背中や背骨が痛むことがありますか	1. よく	2. ときどき	3. いいえ	
70	便秘しやすいですか	1. よく	2. ときどき	3. いいえ	
71	勉強がきついつと感じることがありますか	1. よく	2. ときどき	3. いいえ	111
72	深く考えずに行動することがありますか	1. よく	2. ときどき	3. いいえ	
73	酒類をたくさん飲みますか	1. はい	2. 少し	3. 全く飲まない	
74	人に会いたくないときがありますか	1. よく	2. ときどき	3. いいえ	
75	物事に敏感なほうですか	1. はい	2. どちらでもない	3. いいえ	
76	急いで歩くと動悸が激しくなりますか	1. よく	2. ときどき	3. いいえ	116
77	試験の時や目上の人の質問に答える時汗をかきますか	1. はい	2. ときどき	3. いいえ	
78	体が弱いほうですか	1. はい	2. 少し	3. いいえ	
79	見知らぬ場所では落着きませんか	1. はい	2. どちらでもない	3. いいえ	
80	排便のとき肛門(こうもん)が痛みますか	1. よく	2. ときどき	3. いいえ	
81	気分が波がありすぎだと思いますか	1. はい	2. どちらでもない	3. いいえ	121
82	近ごろ体がだるいですか	1. いつも	2. ときどき	3. いいえ	
83	ちょっとしたことが気になりますか	1. はい	2. どちらでもない	3. いいえ	
84	かぜをひきやすいですか	1. はい	2. どちらでもない	3. いいえ	
85	目が痛かったり熱く感じたりすることがありますか	1. よく	2. ときどき	3. いいえ	
(次のページにも質問があります。)					

No.	質問	答 え			回答欄
86	胃腸の具合が悪いことがありますか	1. よく	2. ときどき	3. いいえ	126
87	目上の人が近づくとうるえそうになりますか	1. はい	2. どちらでもない	3. いいえ	
88	まぶたが重いと感ずることがありますか	1. よく	2. ときどき	3. いいえ	
89	鼻がつまることがありますか	1. よく	2. ときどき	3. いいえ	
90	ひけ目を感じることがありますか	1. よく	2. ときどき	3. いいえ	
91	近ごろ朝起きるのがつらいですか	1. いつも	2. ときどき	3. いいえ	131
92	どなりつけられると体がすくみますか	1. はい	2. どちらでもない	3. いいえ	
93	胸やけすることがありますか	1. よく	2. ときどき	3. いいえ	
94	痔(じ)の出血がありますか	1. よく	2. ときどき	3. いいえ	
95	朝食を食べないことがありますか	1. よく	2. ときどき	3. いいえ	
96	ちょっとしたことですぐカッとしますか	1. はい	2. どちらでもない	3. いいえ	136
97	息をするとゼイゼイと音がしますか	1. よく	2. ときどき	3. いいえ	
98	勉強は完璧にやらないと気がすみませんか	1. はい	2. どちらでもない	3. いいえ	
99	発疹(赤いぶつぶつ)が出ることがありますか	1. よく	2. ときどき	3. いいえ	
100	ゆううつなときがありますか	1. よく	2. ときどき	3. いいえ	
101	胃が重かったりもたれたりすることがありますか	1. よく	2. ときどき	3. いいえ	141
102	新聞の社説は毎日読みますか	1. はい	2. どちらでもない	3. いいえ	
103	横になって休みたいことがありますか	1. よく	2. ときどき	3. いいえ	
104	口がはれぼったかったり熱っぽいことがありますか	1. よく	2. ときどき	3. いいえ	
105	夜中の突然の音などでおびえることがありますか	1. はい	2. どちらでもない	3. いいえ	
106	のどが痛かったり いがらっぽかったりしますか	1. よく	2. ときどき	3. いいえ	146
107	神経質だと思いますか	1. はい	2. どちらでもない	3. いいえ	
108	目やにが多いですか	1. 多い	2. ふう	3. いいえ	
109	自分の生き方はまちがっていたと思いますか	1. よく	2. ときどき	3. いいえ	
110	他人に自分をよく見せたいですか	1. はい	2. どちらでもない	3. いいえ	
111	食後に胃が痛むことがありますか	1. よく	2. ときどき	3. いいえ	151
112	心配性だと思いますか	1. はい	2. どちらでもない	3. いいえ	
113	近ごろ寝不足ですか	1. はい	2. どちらでもない	3. いいえ	
114	歯ぐきはれることがありますか	1. よく	2. ときどき	3. いいえ	
115	人に命令されるのはきらいですか	1. はい	2. どちらでもない	3. いいえ	
116	気が小さいと思いますか	1. はい	2. どちらでもない	3. いいえ	156
117	咳(たん)がでることがありますか	1. よく	2. ときどき	3. いいえ	
118	皮膚がかゆくなることがありますか	1. よく	2. ときどき	3. いいえ	
119	近ごろ何かにつけて自信がなくなってきましたか	1. はい	2. どちらでもない	3. いいえ	
120	顔がほてったり頭がのぼせたりしますか	1. よく	2. ときどき	3. いいえ	
121	人に見られていると勉強が手につきませんか	1. はい	2. どちらでもない	3. いいえ	161
122	食事の不規則なことがありますか	1. よく	2. ときどき	3. いいえ	
123	勉強の調子はいかがですか	1. よい	2. まあまあ	3. わるい	
124	気むずかしいほうですか	1. はい	2. どちらでもない	3. いいえ	
125	人にせかされるとしゃくにさわれますか	1. はい	2. どちらでもない	3. いいえ	
126	短時間にたくさんの仕事をする自信がありますか	1. はい	2. どちらでもない	3. いいえ	166
127	空腹時に胃の痛むことがありますか	1. よく	2. ときどき	3. いいえ	
128	朝早く目が醒めて眠れないことがありますか	1. よく	2. ときどき	3. いいえ	

No.	質問	答え	回答欄
129	何か運動をしていますか	1. よく 2. ときどき 3. いいえ	169
130	意味のないもの(電柱の数など)を数える癖がありますか	1. はい 2. どちらでもない 3. いいえ	170
131	寝つきが悪くなかなか眠れないことがありますか	1. よく 2. ときどき 3. いいえ	171
132	家の鍵やガスの元栓などを何度も確認することがありますか	1. はい 2. どちらでもない 3. いいえ	172
133	些細なことが頭に浮かんでほらいのけることが出来ないことがありますか	1. はい 2. どちらでもない 3. いいえ	173
134	何でも悩みを相談できる友人はいますか	1. いる 2. わからない 3. いえない	
135	何でも悩みを相談できる家族はいますか	1. いる 2. わからない 3. いえない	
136	どんな小さなことでもする前にじっと考え込みますか	1. はい 2. どちらでもない 3. いいえ	176
137	大学に入ったらやりたいと強く思っていることはありますか	1. ある 2. なんとなくある 3. ない	177
138	勉強で疲れた時の有効な息抜きはありますか	1. ある 2. わからない 3. ない	
139	物事を細かくやっていて時間がなくなることが多いですか	1. はい 2. どちらでもない 3. いいえ	179
140	将来の職業は決めていますか	1. はい 2. なんとなく 3. いいえ	
141	相手が怒りだすほど強情をはることがありますか	1. はい 2. どちらでもない 3. いいえ	

●これまでのことや現在の状況についてお伺いします(各項目1つのみ選び、右の空欄にご記入下さい)。

＜4月からこれまで＞

回答欄

1	成績の伸びはいかがですか	1. 伸びた 2. まあまあ 3. 下がった 4. わからない	182
2	予備校の授業は、どの程度理解できましたか	1. かなり理解できた 2. まあまあ理解できた 3. あまり理解できなかった 4. わからない	183
3	適切な息抜き(気分転換)をしていましたか	1. していた 2. していない 3. わからない	
4	スポーツなど体を動かすことをやっていましたか	1. よくやっていた 2. 時々やっていた 3. あまりやっていない 4. 全くやっていない	185
5	駿台のクラス担任や講師に何か相談したことはありますか	1. ある 2. ない	
6	夏休みの計画はどの程度こなしましたか	1. ほぼ10割 2. 約3/4 3. 約半分 4. 約1/4 5. 全くできなかった 6. わからない	187
7	9月に入ってからの調子はいかがですか	1. よい 2. まあまあ 3. 悪い 4. わからない	
8	これまで試験時にあがって実力が出せなかったことがありましたか	1. あった 2. なかった 3. わからない	189

＜現在＞ *9,10は、括弧内の数値で最も近いものを、整数で空欄にご記入下さい。

回答欄

9	平均睡眠時間(平日)	(~03 04 05 06 07 08 09 10 11~) 時間 *2桁で記入	190 191
10	平均勉強時間(平日、授業以外)	(~0 1 2 3 4 5 6 7 8 9~) 時間 *1桁で記入	192
11	勉強の効率は前期と比べて上がりましたか	1. 上がった 2. 変化なし 3. 下がった 4. 不明	
12	親は、受験勉強や志望校に関して口をはさみますか	1. 非常にはさむ 2. 少しはさむ 3. あまりはさまない 4. 全くはさまない	194
13	志望大学は決めていますか	1. はっきりと決めている 2. なんとなく 3. 決めていない	

- これで質問は終わりです。もう一度初めから見直して、記入もれやまちがいがいがないか確認下さい。
 ●コンピュータ処理の関係上、氏名、模試番号なども含め、必ず全項目にご記入下さい。
 ●大学合格後に、アンケートへの記入を郵送にてお願いする予定です。その際はご協力お願い致します。

Appendix 3

THI - SV 尺度項目

THI

項目番号

質問項目

孤独感 (loneliness)

- 46. 会合に出席してもいつも孤独を感じますか
- 60. ひとりぼっちだと感じる場合がありますか
- 74. 人に会いたくない場合がありますか
- 90. ひけ目を感じる場合がありますか

憂うつ感 (melancholy)

- 11. 近ごろ元気がないですか
- 32. 人生が悲しく希望が持てないですか
- 37. いつもおもしろくなく気がふさぎますか
- 109. 自分の生き方はまちがっていたと思いますか
- 119. 近ごろ何かにつけて自信がなくなってきましたか

神経過敏 (sensitiveness)

- 22. 過ぎたことをくよくよ考えますか
- 25. 他人に誤解されやすい性格だと思いますか
- 66. 気疲れする方ですか
- 81. 気分に波がありすぎだと思いますか
- 83. ちょっとしたことが気になりますか

緊張 (high tension)

- 40. 人が自分をどう思っているか気になりますか
- 79. 見知らぬ場所では落ち着きませんか
- 92. どなりつけられると体がすくみますか
- 105. 夜中の突然の音などでおびえる場合がありますか
- 121. 人に見られていると勉強が手につきませんか



