

LMP(/)
GA (w	d)
EDC(/)

Obstetrics Questionnaire

(産科外来問診票)

Name	Age	ID
Height	cm /	Weight kg /
Body Temperature		℃

■What is the main purpose of your visit today? (本日受診された理由はなんですか)

☐ Pregnant (妊娠) Pregnancy test ☐ + ☐ - ☐ not done、Date tested (/)
(市販検査薬 未実施、検査日)

Do you wish to deliver your baby in this hospital? (当院分娩希望) ☐ Yes ☐ No

Where are you having your prenatal checkup? (妊婦健診は? 他院希望、当院希望、未定)
(☐ other hospital ・ ☐ KEIYU hospital ・ ☐ undecided)

☐ Vaginal bleeding ☐ Abdominal pain ☐ Vaginal discharge ☐ Vaginal itching
(性器出血) (腹痛) (おりもの) (性器のかゆみ)

☐ Other (その他) _____

■Are you: ☐ Single ☐ Married, age: _____ ☐ Divorced, age: _____
(結婚は、未婚、結婚している、離婚した)

■What is your occupation? _____
(職業はなんですか)

■Is your husband healthy? ☐ Yes ☐ No : illness _____
(ご主人は健康ですか)

■When was your first menstruation? (初経は何歳ですか) _____ years old.

■When was your last period? Month _____ Date _____ Duration _____ days.
(最終月経はいつですか)

■How was the amount of your last menstrual bleeding when compared to usual?
☐ Heavy ☐ Medium ☐ Light
(一番最近の月経量は平常より 多い / 中等量 / 少量)

■Your menstrual cycle is: ☐ 28days ☐ 30days ☐ Other (_____ days) ☐ Irregular
(普段の月経の周期は何日型ですか)

■How did you presently get pregnant? (今回の妊娠成立法は)

☐ Natural pregnancy (自然妊娠)

☐ Received infertility treatment → describe in detail (_____)
(不妊治療で妊娠 → 具体的治療法)

■Do you have any allergies? (アレルギーは何かありますか)

☐ No ・ ☐ Yes, to _____

■Do you have any of the following illnesses? (以下の病気はありますか)

☐ Asthma (喘息) ☐ High blood pressure (高血圧) ☐ Diabetes (糖尿病)

■Are you currently taking any medication? (現在何か薬を飲まれていますか)

☐ No ☐ Yes (name of medicine : _____)

Continues to the back.

■Do you smoke? (喫煙しますか)

☐No ☐Yes ☐Used to smoke

(Amount per day: _____、For how long? _____)

■Do you drink any alcohol? ☐No ☐Yes ☐Used to drink

(お酒は飲みますか)

(Type of alcohol : _____, Amount: _____)

☐Daily (毎日) ☐Occasionally (時々) ☐Few times a month (月に2、3回)

■Indicate if you have had the following within the past three months?

(過去3ヶ月以内以下のことがあればチェックして下さい)

☐Fever ☐Rash ☐Swollen lymph nodes in the neck ☐Came in contact with a rubella patient
(発熱) (発疹) (頸部リンパの腫れ) (風疹患者との接触)

☐Came in contact with many children at your job. (児童との接触が多い職場での就労)

■Have you had any major illness or had surgery?

(今までに病気にかかったり、手術を受けたことがありますか)

☐No ☐Yes

age (年齢)	diagnosis(病名)	Treatment(surgery etc) (治療、手術の有無など)

■Does anyone in your family have any of the following illnesses?

(身内に高血圧、糖尿業、癌、遺伝病などの方はいらっしゃいますか)

☐High blood pressure ☐Gastritis ☐Diabetes ☐Cancer ☐Other _____

Family member(s)?(どなたが、どのような) _____

■Have you had a cervical cancer screening within the past year?

(子宮癌検診を一年以内にうけたことがありますか)

Cervical cancer screening (Date: _____ / _____) result: ☐normal ☐abnormal

(子宮頸がん 結果: 正常/異常)

Uterine cancer screening (Date: _____ / _____) result: ☐normal ☐abnormal

(子宮体がん 結果: 正常/異常)

■Have you been previously pregnant? (今まで妊娠をしたことがありますか)

List the number of pregnancies in order and include all previous miscarriages and/or abortions.

(中絶、流産を含め、以下の事項にご記入下さい)

Number of pregnancies 1st 2nd etc	Age	Months pregnant (妊娠月数)	Abortion/Miscarriage (流産/中絶)	Delivery Normal/Abnormal (妊娠分現時の異常)	Hospital name	Child's sex M/F (児の性別)	Birth weight (出生時体重)