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## Gynecology Questionnaire

(婦人科外来問診票)

Name \_\_\_\_\_ Age \_\_\_\_\_ ID \_\_\_\_\_

Height \_\_\_\_\_ cm / Weight \_\_\_\_\_ kg / Body Temperature \_\_\_\_\_ °C

**■ What is the main purpose of your visit today?**

(本日受診された理由はなんですか)

- Late menstruation (生理不順)   
  Heavy menstrual cramps (生理痛が強い)   
  Heavy menstrual bleeding (生理の量が多い)
- Abdominal pain (腹痛)   
  Vaginal bleeding (性器出血)   
  Vaginal discharge (おりもの)   
  Vaginal itching (性器のかゆみ)
- Cancer screening (がん健診)   
  Prolapsed uterus, or bladder (子宮や膀胱が下がる)   
  Incontinence (尿がもれる)   
  Want a child (子供がほしい)
- Fertility exam (ブライダル チェック)   
 Rearrange menstrual cycle (生理をずらしたい)
- 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)

**■ Have you ever had sexual intercourse?**     Yes     No

(性交渉の経験はありますか)

**■ 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 did your menopause start?** (閉経は何歳ですか) \_\_\_\_\_ 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?**

(一番最近の月経量は平常より 多い/中等量/少量)

- 
- Heavy
- 
- Medium
- 
- Light

**■ Your menstrual cycle is:**     28days     30days     Other ( \_\_\_\_\_ days)     Irregular

(普通の月経の周期は何日型ですか)

**■ Your menstrual flow is usually :**     Heavy     Medium     Light

(普通の月経量は多い/中等量/少量)

**■ How painful is your usual menstrual period?**

(普通の月経痛は ない/ある (軽度/痛み止めを使うほど/寝込むほど))

- 
- No pain
- 
- Light
- 
- Need a painkiller
- 
- Stay in bed

Continues to the back.

