

<検診票翻訳文>

※Please bring this form and the other contents of the letter including the envelope with you.

2021 Toyohashi-city Cervical/Endometrial Cancer Questionnaire

令和3年度(2021年)子宮頸がん/子宮体がん検診票

【英語】子宮(40歳未満)

1	Have you received examination for cancer in the uterus in the past?	No	Yes	This is my <input type="text"/> time Date of previous examination <input type="text"/> (YY) Results Normal Further examination required examination results abnormal findings	7	Pregnancy/Childbirth	Pregnancy <input type="text"/> times Age at last child's birth <input type="text"/> years old Childbirth <input type="text"/> times Natural childbirth <input type="text"/> times Caesarean section <input type="text"/> times
2	Have you been affected by any uterine disorders?	No	Yes	Currently under treatment <input type="text"/> (YY) <input type="text"/> (MM) Date of the end of treatment Name of disorder ()	8	Have you received the HPV vaccine (cervical cancer vaccine)?	No Yes First shot <input type="text"/> (YY) Number of shots received <input type="text"/> times
3	Do you have any blood relatives that had cancer? Uterine cancer Other	No	Yes	Who () type of cancer (cervical cancer/endometrial cancer)	9	Symptoms Pain Bleeding/Discharge in last 6 months	No Yes Menstrual cramps • Abdominal pain • Back pain • Others
		No	Yes	Who () type of cancer ()			No Yes Colour (Fresh blood • Light spotting • Brown spotting • Others) Flow (Heavy • Slightly heavy • Light) When? Since <input type="text"/> months ago (Once • Sometimes • Always) Does it occur after the following? { After intercourse • After bowel movements • During urination • Irregularly • Others }
4	Are you currently taking the following?	No	Yes	IUD • Birth Control Pill • Other hormonal contraceptives			
5	Menstrual Cycle	Age of first period <input type="text"/> years old Age of menopause <input type="text"/> years old Date of last period <input type="text"/> (MM) <input type="text"/> (DD) to <input type="text"/> (DD) Regular • irregular Flow (Heavy • Medium • Light)					
6	Are you currently pregnant?	No	Yes	How far along? <input type="text"/> months			

(For screening tests conducted at a medical institution)

With the doctor's explanation, I understand the necessity and method of the examination and I agree to receive the examination for cancer in the uterus.

(I agree • I do not agree)

Date

(YYYY/MM/DD)

Signature