

<受診券翻訳文>

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

2024 Toyohashi Cervical Cancer Questionnaire

令和6年度(2024年)子宮頸がん検診受診券

【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 of previous exam: <input type="text"/> examination required abnormal findings Y/N Normal • Follow-up exam needed	7	Pregnancy/ Childbirth	Pregnancy <input type="text"/> times Childbirth <input type="text"/> times Age at last child's birth <input type="text"/> years old Natural childbirth <input type="text"/> times Caesarean section <input type="text"/> times
2	Do you have (or have had) any cervical conditions/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	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 • Moderate • 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		Bleeding/ Discharge in last 6 months	No Yes
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			

If you have subjective symptoms such as bleeding other than menstruation or bleeding after menopause, do not wait for a checkup to see a medical institution.