

Gynecological Questionnaire

T06S-16-09

Please bring this form to medical checkup.

当日No.

Furigana	_____	AGE	_____
NAME	_____	years old	_____

Please circle your answers for the following questions and complete the appropriate numbers.

◆ Gynecological Questions

(If you do not want a gynecological cytodiagnosis or a pelvic exam, please fill in ③④⑦⑨⑪ and the reverse side)

1. When did you have your first menstrual period?	() years old
2. Do you have menstrual periods?	Menopausal • Yes • Underwent hysterectomy
③. When was your last (recent) menstrual period?	Premenopausal woman (yyyy/mm/dd) ⇒ (/ / ~ / / Postmenopausal woman ⇒ age of menopause (
※If you have had the menopause already, you do NOT need to fill in 4~7	
④. Do you have regular menstrual cycle? (Please fill in the number of days from the first day of your period to the next)	Yes (days-cycle) No (About days ~ days)
5. How is your menstrual state?	Flow (Light • Normal • Heavy) Blood clots (Without • With)
6. Do you have menstrual pain?	No • Yes (Light • Heavy)
⑦. Is there any chance that you may be pregnant now?	No • Yes
※The following questions 8-12 need to be answered by everyone	
8. Have you experienced sexual relations (sex) ?	Yes • No
⑨. Have you been pregnant before?	No Yes ※Please fill in the following blanks (Miscarriage includes artificial abortion) Number of child births () / Number of miscarriages (
10. Is there any bleeding, except regular menstruation? (including bleeding after intercourse)	No • Yes
⑪. Do you use any hormone drugs? (prepared by gynecologist or breast diseases)	No • Yes (Name of drugs: _____)
12. Have any gynecological diseases been diagnosed or have you ever had gynecological surgery? (including cesarean section)	No • Yes ※if your answer is yes, please fill in the following table.

Name of diseases	Age	Current conditions	Details
		Under treatment • Healed • Surgery • Neglected • Under follow-up (Recent consultation: (year) / (month))	
		Under treatment • Healed • Surgery • Neglected • Under follow-up (Recent consultation: (year) / (month))	
		Under treatment • Healed • Surgery • Neglected • Under follow-up (Recent consultation: (year) / (month))	

※Please complete the form to the best of your knowledge regarding the details of all surgeries, treatments, and site of diseases.

◆ About uterine cytodiagnosis and pelvic exam

Please note that cytodiagnosis may cause bleeding.

If you underwent total hysterectomy for fibroids or other gynecological diseases, a vaginal cytodiagnosis will be conducted

If you have not experienced sexual relations, please note that you cannot always undergo uterine cytodiagnosis and pelvic exam.

If you are pregnant, we recommend a gynecological exam by a primary care physician.