

## 病历

### MEDICAL HISTORY

请完成以下问题，在适当的答案处划圈

Please complete and circle answer where necessary

1. 姓名 \_\_\_\_\_ 日期 \_\_\_\_\_  
NAME DATE

2. 年龄 \_\_\_\_\_  
AGE

3. 这是您第一次怀孕吗？ 是（如是，转至8） 否  
Is this your first pregnancy? YES (If YES, go to 8) NO

4. 您有孩子吗？ 是 否（如否，转至5）  
Do you have any children? YES NO (If NO, go to 5)

您的孩子多少岁？ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

How old are your children?

您喂母乳吗？ 是 否  
Are you breastfeeding? YES NO

您的生产方式 自然生产 剖腹产 二者皆有  
How were the children born? Vaginally Caesarean both

有并发症吗？ \_\_\_\_\_  
Were there any complications?

5. 是否流过产？ 是 否（如否，转至6）  
Have you had any miscarriages? YES NO (If NO, go to 6)

流过几次产？ \_\_\_\_\_

How many miscarriages have you had?

流产需要医院手术吗？ 是 否  
Did any miscarriages require an operation in hospital? YES NO

上次流产是什么时候？ \_\_\_\_\_

When was the last miscarriage?

有并发症吗？ \_\_\_\_\_

Were there any complications?

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6. 是否堕过胎？ **是** **否** ( 如否，转至 7 )

Have you ever had a termination of pregnancy? **YES** **NO** (If NO, go to 7)

上次堕胎是什么时候，什么地点？ \_\_\_\_\_

When and where was the last termination?

有并发症吗？ \_\_\_\_\_

Were there any complications?

7. 是否曾经宫外孕 ( 发生在输卵管处 ) **是** **否**

Have you ever had an ectopic pregnancy (in the Fallopian tube)? **YES** **NO**

如是，当时情况如何？

If YES, what happened?

8. 上次月经的第一天是什么时候？ \_\_\_\_\_

When was the first day of your last menstrual period?

这次月经正常吗？ **是** **否**

Was this a normal period? **YES** **NO**

多长时间月经一次？ **28 天** **>28 天** **<28 天** **不规律**

How often do you get a period? **28 days** **>28 days** **<28 days** **Irregular**

月经持续多少天？ **<5 天** **5-10 天** **>10 天**

How many days do you bleed? **<5** **5-10** **>10**

月经量如何？ **较少** **中等** **较多**

How would you describe the amount of bleeding? **Mild** **Moderate** **Heavy**

痛经如何？ **无** **较轻** **中等** **较重**

How would you rate pain with periods? **None** **Mild** **Moderate** **Severe**

9. 怀孕时是否使用任何避孕法？ **是** **否**

Were you using any form of contraception when you fell pregnant? **YES** **NO**

如是，您使用的是哪种避孕法，为何失败？ \_\_\_\_\_

If so, what contraception were you using and why do you think it failed?

您是否对任何避孕法感兴趣？如是，是什么避孕法？ \_\_\_\_\_

Is there any contraception that interests you? If so, what?

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10. 过去是否进行任何手术需要麻醉？ **是** **否**  
 Have you had any prior surgery requiring an anaesthetic? **YES** **NO**  
 进行的是什么手术？ \_\_\_\_\_

What operations have you had?

麻醉有何问题？ \_\_\_\_\_  
 Were there any problems with anaesthetics or relatives with problems?

11. 您是否患有或曾经患有这些疾病？ **请划圈**  
 Do you have or have had any of these medical problems? **Please circle**

<b>哮喘</b>	<b>糖尿病</b>	<b>癫痫</b>	<b>高血压</b>	<b>心脏病</b>
<b>Asthma</b>	<b>diabetes</b>	<b>epilepsy</b>	<b>high blood pressure</b>	<b>heart problems</b>
<b>心杂音</b>	<b>出血问题</b>	<b>乙型肝炎</b>	<b>丙型肝炎</b>	
<b>heart murmurs</b>	<b>bleeding problems</b>	<b>hepatitis B</b>	<b>hepatitis C</b>	
<b>性传播感染</b>	<b>忧郁症</b>	<b>其它</b>	_____	
<b>sexually transmitted infections</b>	<b>depression</b>	<b>other</b>		

12. 是否服用任何药物？ **是** **否**  
 Do you take any medications? **YES** **NO**  
 服用的是什么药物？ \_\_\_\_\_

What medications do you take?

13. 是否过敏？ **是** **否**  
 Do you have any allergies? **YES** **NO**  
 您有什么过敏，症状如何？ \_\_\_\_\_  
 What allergies do you have and what happens?

14. 您是什么血型（如果已知）？ \_\_\_\_\_  
 What is your blood group, if known?

15. 是否曾经进行巴氏涂片？ **是** **否**  
 Have you ever had a papsmear? **YES** **NO**  
 上次巴氏涂片是什么时候？ \_\_\_\_\_  
 When was your last papsmear?  
 结果如何？ \_\_\_\_\_  
 What was the result?

请移交

