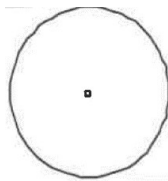


# Cervical Cancer Screening Test Form

City/Town/ Village		Screening No.		Date of checkup	Month/Day/Year
Name			Address		
Date of birth		Sex	Age at the year-end	As of March 31, 2023 years old	Telephone number
				*Daytime phone number	

\*Please answer the interview questions in the space within the thick lines beforehand. \*Please circle the applicable number.

<b>Have you had group uterus cancer screening?</b>	1. Had in the last year      2. Had 2 years ago      3. Had 3 years ago 4. No or Had before “3. Had 3 years ago”      9. I do not know
→ The result of cytосcopy	1. No abnormality 2. Detailed examination required (the result was _____ at the age of _____ years)
<b>Do you have the following symptoms?</b>	1. No    2. Yes (Bleeding/viginal discharge/other )    9. I do not know
First menstrual period	Western style age _____ years old
Age when you got married	1. Western style age _____ years old      2. Unmarried
Number of pregnancies	1. Delivery ( _____ times)    2. Miscarriage ( _____ times)
When was your last menstrual period?	1. _____Month/ _____Day    to    _____Month/ _____Day 2. Menopause (at the age of _____years)
Have you visited hospital for gynecological diseases?	1. No    2. Yes (Name of disease _____ )
Do you take hormones (e.g., pills, etc.)	1. No    2. Yes

(A) Macroscopic findings of uterine cervix	(B) Internal examination findings	(C) Colposcopy	(D) Cytoscreening
I Normal	I Normal		pap. Class I II III IIIa IIIb IV V (Diagnosis)
II Benign erosion	II Myoma		I No abnormality
III Inflammation { Cervicitis Polyp Atrophic vaginitis	III Ovarian tumor	II White epithelium	2. Hormonal changes ( _____ )
IV Suspected malignant change	IV Uterine prolapse	III Punctuation	3. Dysplasia ( mild / moderate / severe )
V Cancer	V Other	IV Mosaic	4. Carcinoma in situ
		V Cancer	5. Squamous cancer ( early stage, invasive cancer )
		Detailed exam	6. Adenocarcinoma
		Required	7. Indeterminate ( _____ )
		Not requir	

[Overall determination]	(E) Bethesda system
1. No findings	1. NILM      6. SCC
2. Detailed examination required	2. ASC-US      7. AGC
3. Necessity of treatment for other diseases { Yes [ _____ ] No [ _____ ]	3. ASC-H      8. AIS
	4. LSIL      9. Adenocarcinoma
	5. HSIL      10. Other
- Institution providing cytoscreening ( _____ )    - Cytoscreener ( _____ )    - Diagnostician ( _____ )	