

# 心臓検診問診票 ( 英語 )

## School Heart Examination Inquiry

Dear parents/guardians,

In order for the children to have a fun and meaningful school life, we would like to ask for your cooperation in providing information on your child's health. This inquiry is intended for medical purpose, to examine the state of the heart examination, which is deemed important. If there are questions, please do not hesitate to contact either the schoolteachers or any doctors.

We request that information be filled as accurately as possible.

\_\_\_\_ Grade Class \_\_\_\_ Number \_\_\_\_ Child's Name \_\_\_\_\_

Question 1: Until now, have there been any heart problems, such as unusual heartbeat, arrhythmia, and unusual electrocardiogram?

1) Yes 2) No

If the answer is yes, please answer the following questions:

A When and where was the unusual heart symptom? age \_\_\_\_\_

(1. name of hospital \_\_\_\_\_ 2. medical examination in \_\_\_\_\_ grade)

B What was said about the nature of the unusual symptom? Please circle.

- 1) heart disease from birth (name of disease \_\_\_\_\_ )
- 2) heart valve (name of disease \_\_\_\_\_ )
- 3) heart contraction (name of disease \_\_\_\_\_ )
- 4) heart enlargement (name of disease \_\_\_\_\_ )
- 5) arrhythmia (swollen heart) (name of disease \_\_\_\_\_ )
- 6) unusual electrocardiogram (name of disease \_\_\_\_\_ )
- 7) heartbeat (unclear) (name of disease \_\_\_\_\_ )
- 8) chest pain related to rheumatism
- 9) others (name of disease \_\_\_\_\_ )
- 10) details unknown

C Please circle any of the tests that your child has undergone.

- 1) electrocardiogram 2) supersonic test (heart echo) 3) exercise test 4) cardiac
- 5) catheterization test

D What happened after the test?

- 1) diagnosed with heart problem after close examination  
(age \_\_\_\_\_ name of hospital \_\_\_\_\_ )
- 2) heart surgery (age \_\_\_\_\_ name of hospital \_\_\_\_\_ )
- 3) regular hospital visits due to routine medical checkup or medical treatment  
(age \_\_\_\_\_ name of hospital \_\_\_\_\_ )
- 4) despite the doctor's advice for necessary medical treatment, no action was taken
- 5) nothing
- 6) the unusual symptom was cured  
(age \_\_\_\_\_ name of hospital \_\_\_\_\_ )
- 7) according to the doctor, there was no need for medical treatment  
(age \_\_\_\_\_ name of hospital \_\_\_\_\_ )
- 8) others ( \_\_\_\_\_ )

Question 2: Until now, has a doctor ever doubted whether your child had Kawasaki Disease (fever exceeding 39 degrees and lasting 1 to 2 weeks)?

1) Yes 2) No

\*If the answer is yes, please answer the following questions:

- A When and where was the disease diagnosed? age \_\_\_\_\_  
 (1. name of hospital \_\_\_\_\_ 2. medical examination in \_\_\_\_\_ grade)
- B What kind of medical treatment was undertaken?  
 1) aspirin treatment 2) gamma globulin treatment 3) steroid treatment  
 4) others 5) unknown
- C With Kawasaki Disease, were there any difficulties with the heart?  
 1) Yes (1. one day 2. continuously 3. unknown) 2) No
- D Until now, which test has been undertaken? Please circle those that apply.  
 1) electrocardiogram test 2) supersonic test (heart echo) 3) exercise test  
 4) cardiac catheterization & coronary angiography's test (inserting a catheter into a coronary artery and put contrast media into it to check)
- E What happened after the test?  
 1) regular hospital visits due to routine medical checkup or medical treatment  
 (age \_\_\_\_\_ name of hospital \_\_\_\_\_ )  
 2) despite the doctor's advice for necessary medical treatment, no action was taken  
 3) nothing  
 4) according to the doctor, there was no need for medical treatment  
 (age \_\_\_\_\_ name of hospital \_\_\_\_\_ )  
 5) others ( \_\_\_\_\_ )

Question 3: Until now, has any of the following applied?

- A Feeling painful and feeling an urge to rest after even a light exercise  
 1) Yes 2) No
- B The pulse occasionally paused  
 1) Yes 2) No
- C The pulse sudden became faster, about twice the normal rate  
 1) Yes 2) No
- \* If the answer is yes, please answer the following questions:  
 1) The pulse at that time was (1. irregular 2. regular), about \_\_\_\_\_ times per minute and lasted about \_\_\_\_\_ (seconds, minutes, hours) continuously  
 2) Were there any symptoms of chest pain or cold sweat? 1. Yes 2. No
- D While exercising, there was a contraction in the chest  
 1) Yes 2) No
- \*If the answer is yes, please answer the following questions:  
 1) What kind of exercise was it? \_\_\_\_\_  
 2) How continuous was the exercise? about \_\_\_\_\_ minutes \_\_\_\_\_ seconds  
 3) While exercising, chest pain takes place?  
 1. certainly 2. sometimes ( \_\_\_\_\_ times per month, \_\_\_\_\_ times per year)
- E Has your child ever passed out (excluding obvious causes such as traffic accident)?  
 1) Yes 2) No
- \*If the answer is yes, please answer the following questions:  
 1) passing out after enduring a long period of time and becoming sick  
 2) passing out after a bath or going to the restroom  
 3) passing out abruptly while \_\_\_\_\_  
 4) others \_\_\_\_\_

Question 4: Has there been any sudden death of a family member or relative under the age of 40 as a result of heart disease (excluding accident-related deaths)?  
 1) Yes 2) No

Please read it well , and write it down properly. (よく読んで正しくご記入ください。)  
 Bring an inspection in school by the \_\_\_\_\_ month \_\_\_\_\_ day.  
 (用紙を\_\_月\_\_日までに学校に持ってきてください。)