

《英 語》

English

目 次

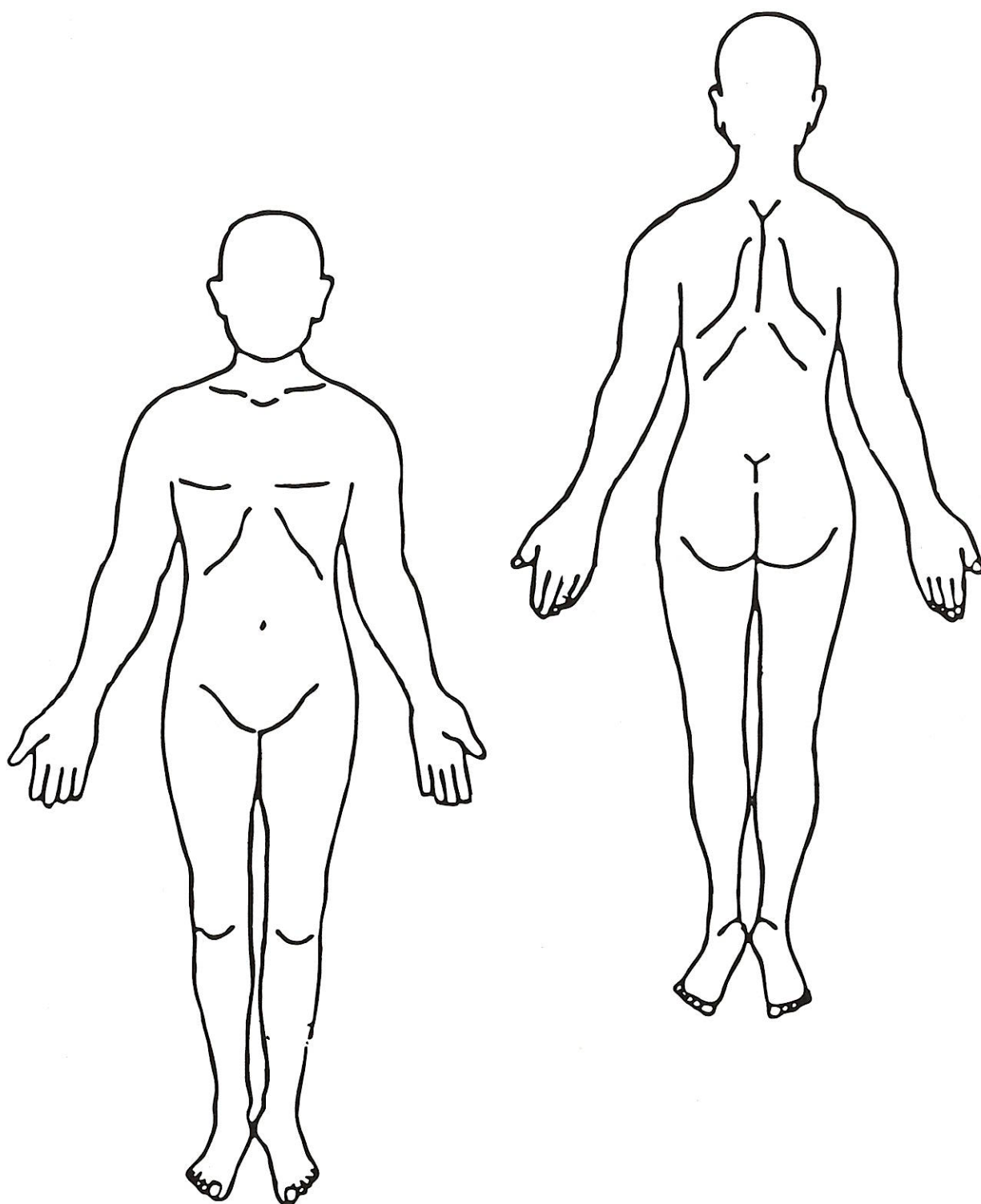
| | |
|-------------------------------------|----|
| (1) 痛い部位を指す。(図) | 4 |
| (2) 痛みはいつからですか? | 6 |
| (3) どのような痛みですか? | 6 |
| (4) その痛みの強さは? | 6 |
| (5) 出血あるいは負傷した部位を指で指して下さい。(図) | 8 |
| (6) 問 診 | 10 |
| (7) 診察科目別病名及び症状一覧 | 12 |
| A) *胸に関する病気 | 12 |
| B) *胃腸に関する病気 | 14 |
| C) *肝臓に関する病気 | 16 |
| D) *胆嚢／膵臓に関する病気 | 16 |
| E) *腎臓／泌尿器に関する病気 | 18 |
| F) *肛門に関する病気 | 20 |
| G) *耳鼻咽喉に関する病気 | 20 |
| H) *骨／関節／筋肉に関する病気 | 24 |
| I) *皮膚に関する病気 | 24 |
| J) *目に関する病気 | 26 |
| K) *脳／神経に関する病気 | 26 |
| L) *心の病気に関すること | 28 |
| M) *妊娠および女性に関する病気 | 30 |
| N) *こどもに関する病気 | 30 |
| O) *糖尿病関係 | 32 |
| P) *伝染病 | 32 |
| *産婦人科・精神科・小児科の問診 | 34 |
| (8) 診察する | 38 |
| (9) 検査をする | 40 |
| (10) 検査結果 | 42 |
| (11) 病名を告げる | 44 |
| (12) 検査後の治療について | 44 |
| (13) 治療をする | 44 |
| (14) 医師からの注意 | 46 |
| (15) 薬について | 46 |
| 1) 薬の形状 | |
| 2) 薬の種類 | |
| 3) 薬の服用方法 | |
| (16) 再 診 | 50 |
| (17) 保険証の確認 | 50 |

TABLE OF CONTENTS

| | | |
|------|--|----|
| (1) | Point to the Place that Hurts. | 5 |
| (2) | When Did the Pain Begin? | 7 |
| (3) | What Kind of Pain is it? | 7 |
| (4) | How Strong is the Pain? | 7 |
| (5) | Please Point to the Area that was Bleeding or Injured. | 9 |
| (6) | Diagnostic Questioning | 11 |
| (7) | Description of Specific Diseases and Symptoms. | 13 |
| | A) * Lung and Heart Related Ailments | 13 |
| | B) * Gastroenteric (Stomach and Digestion) Related Ailments | 15 |
| | C) * Liver Related Ailments | 17 |
| | D) * Pancreas Related Ailments | 17 |
| | E) * Kidney and Urinary Organ Related Ailments | 19 |
| | F) * Anal Related Ailments | 21 |
| | G) * Ear, Nasal, Tongue and Throat Related Ailments | 21 |
| | H) * Bone, Joint, and Muscle Related Ailments | 25 |
| | I) * Skin Related Ailments | 25 |
| | J) * Eye Related Ailments | 27 |
| | K) * Brain and Nerve Related Ailments | 27 |
| | L) * Psychiatry Treatment | 29 |
| | M) * Pregnancy and Women's Related Ailments | 31 |
| | N) * Child Related Ailments and Child Care | 31 |
| | O) * Diabetes Related Ailments | 33 |
| | P) * Contagious Diseases | 33 |
| | * Obstetrics, Gynecology, Psychiatrics, and Pediatrics | 35 |
| (8) | Medical Examination Procedures | 39 |
| (9) | Medical Testing Procedures | 41 |
| (10) | Results of Testing | 43 |
| (11) | Telling a Patient the Name of the Ailment | 45 |
| (12) | Treatment after Testing. | 45 |
| (13) | Treatment Procedures | 45 |
| (14) | Advice from the Physician | 47 |
| (15) | Information about Medication | 47 |
| | 1) Forms of Medication | |
| | 2) Types of Medicine | |
| | 3) Instructions for Taking Medication | |
| (16) | Follow-up Treatment | 51 |
| (17) | Verification of Insurance | 51 |

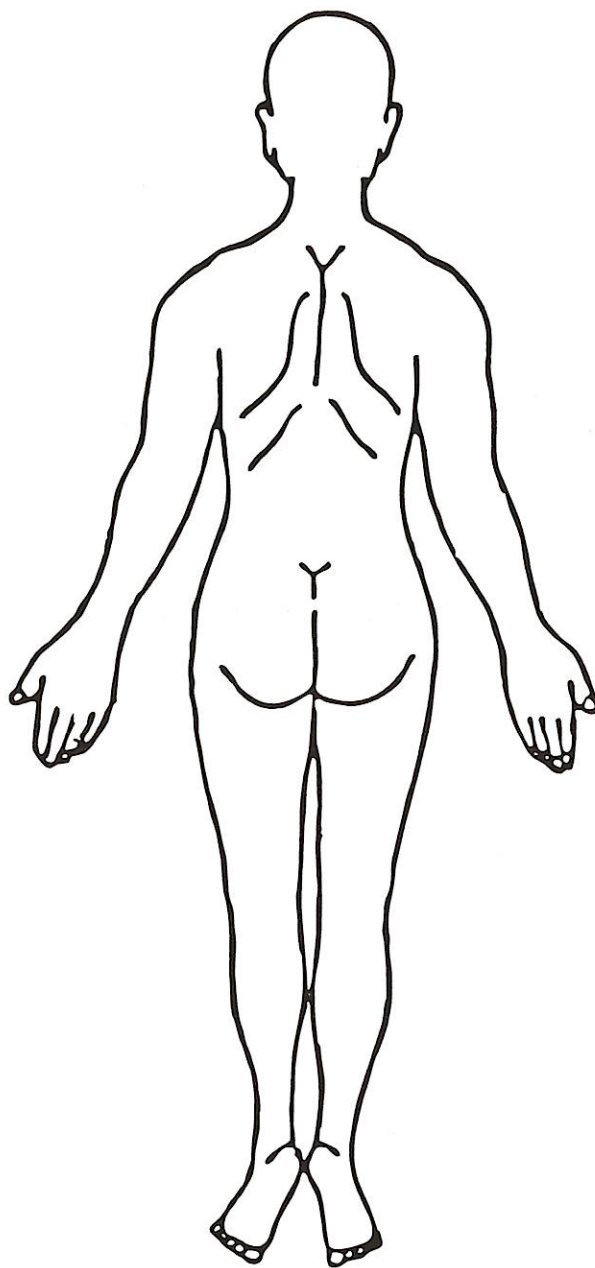
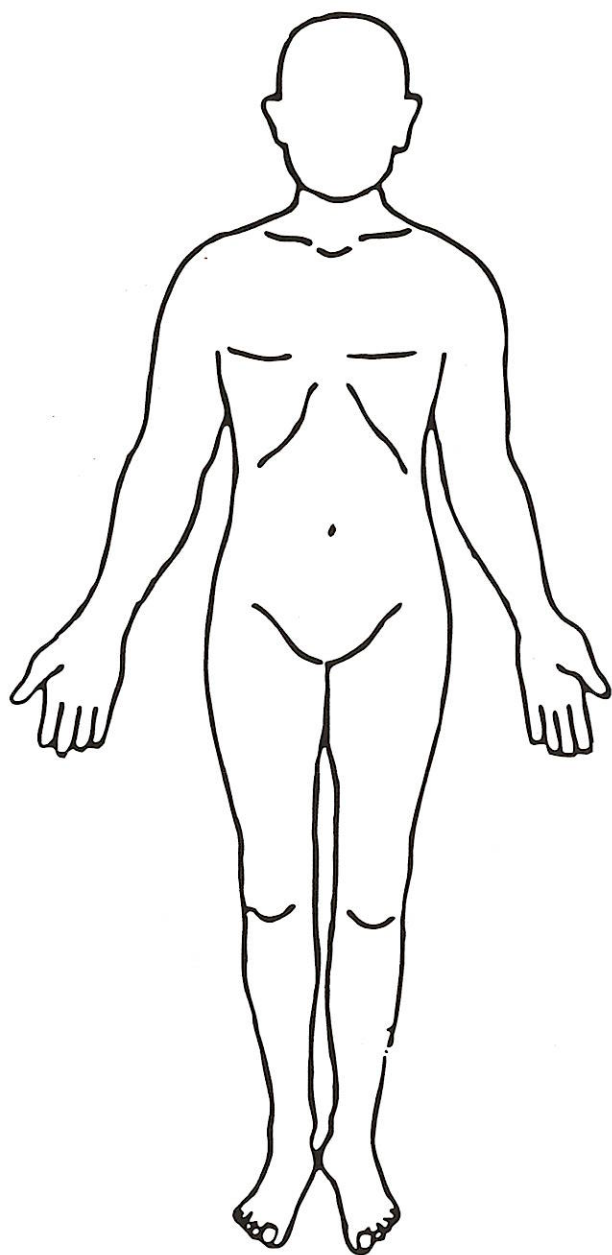
(1) 痛い部位を指す。

* 痛い部位を指で指して下さい。



(1) Point to the place that hurts.

* Please point to the place where you feel pain
in the illustrations below.



(2) 痛みはいつからですか？

| | |
|--|-----------------------|
| | 1) 昨日から痛い。 |
| | 2) 突然痛くなった。 |
| | 3) 以前から痛みがあった。 |
| | 4) 一週間前からずっと痛みが続いている。 |
| | 5) 2～3日前から痛みが続いている。 |
| | 6) 数時間前から痛み出した。 |
| | 7) 今日の午前中に痛み出した。 |
| | 8) 今日の午後に痛み出した。 |
| | 9) 以前治療した部位がまた痛み出した。 |

(3) どのような痛みですか？

| | |
|--|-------------|
| | 1) 鋭い痛み |
| | 2) 鈍い痛み |
| | 3) ズキズキする痛み |
| | 4) 刺すような痛み |
| | 5) 断続的な痛み |

(4) その痛みの強さは？

| | |
|--|------------------|
| | 1) だんだん強くなっている。 |
| | 2) 痛みの強さは変わらない。 |
| | 3) 痛みは幾分弱くなっている。 |

(2) When Did the Pain Begin ?

| | |
|--|---|
| | 1) The pain began yesterday. |
| | 2) The pain started suddenly. |
| | 3) I've had this pain for some time now. |
| | 4) I've been feeling continuous pain for about a week. |
| | 5) I've been feeling pain continuously for 2 or 3 days. |
| | 6) The pain started some hours ago. |
| | 7) The pain started this morning. |
| | 8) The pain started this afternoon. |
| | 9) I began to feel pain in the place where I had previous treatment. |

(3) What kind of Pain is it ?

| | |
|--|--------------------------------|
| | 1) It's a sharp, acute pain. |
| | 2) It's a dull pain. |
| | 3) It's a throbbing pain. |
| | 4) It's a stinging pain. |
| | 5) It's an intermittent pain. |

(4) How strong is the pain ?

| | |
|--|--|
| | 1) The pain has gradually become stronger and stronger. |
| | 2) The intensity of the pain is not changing. |
| | 3) The pain has become somewhat weaker. |

(5) 出血あるいは負傷した部位を指で指して下さい。

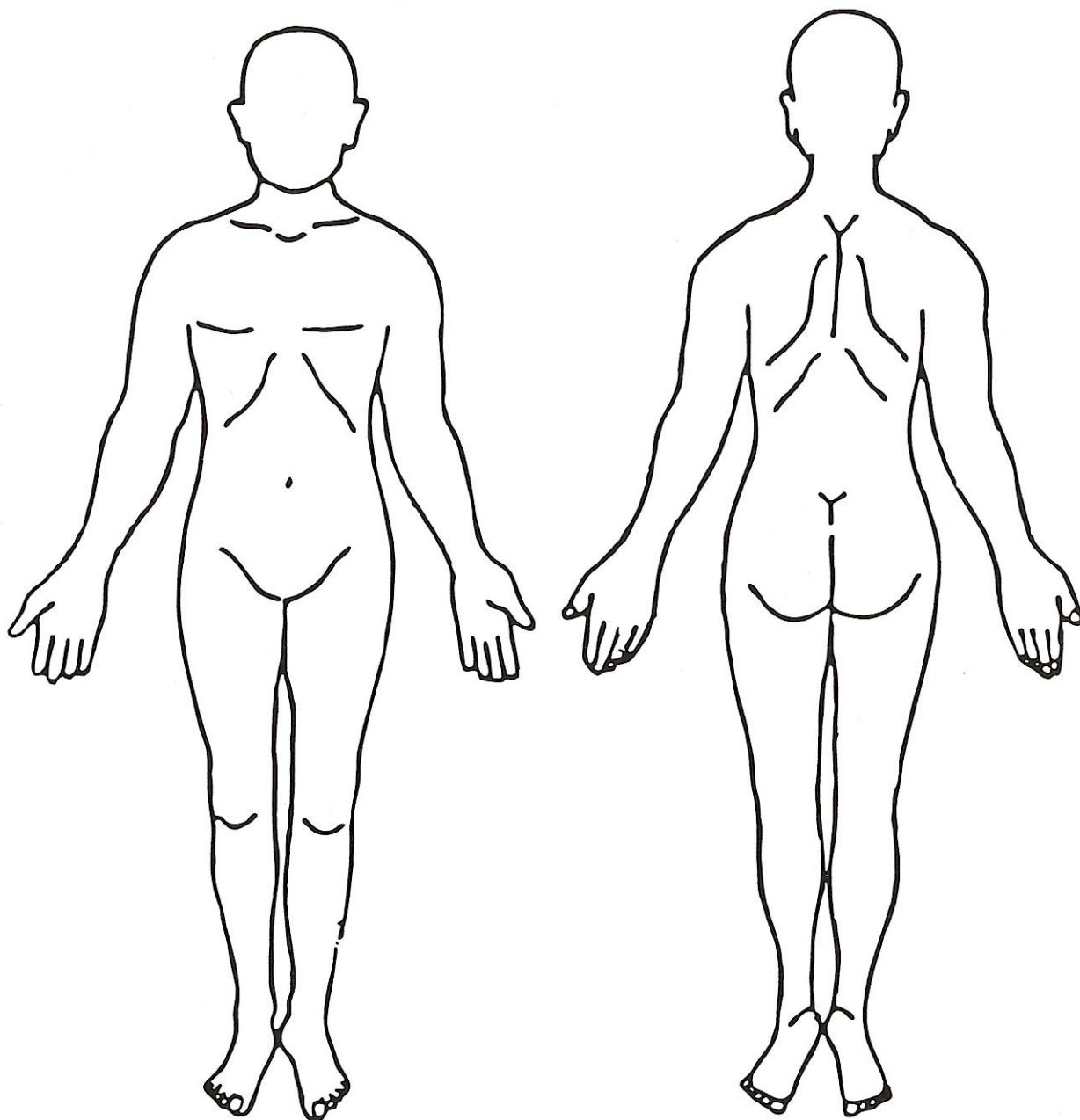
出血はいつからですか？

() 日前からです。

負傷したのはいつですか？

1) () 時間前です。

2) () 日前です。



(5) Please point to the area that was bleeding or injured.

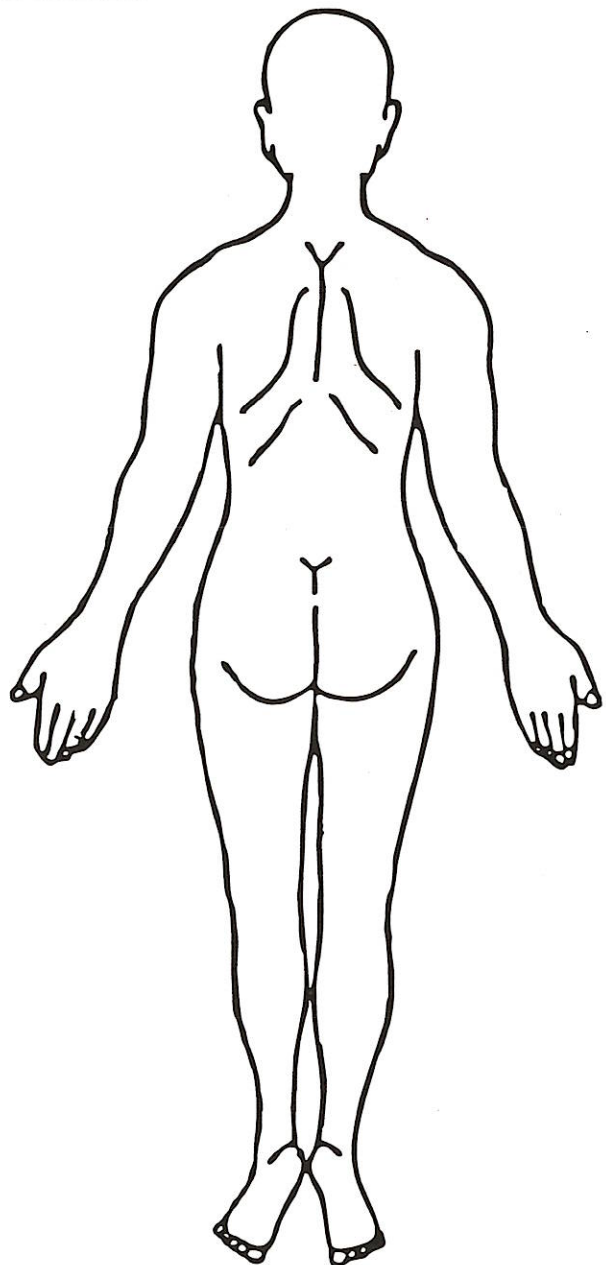
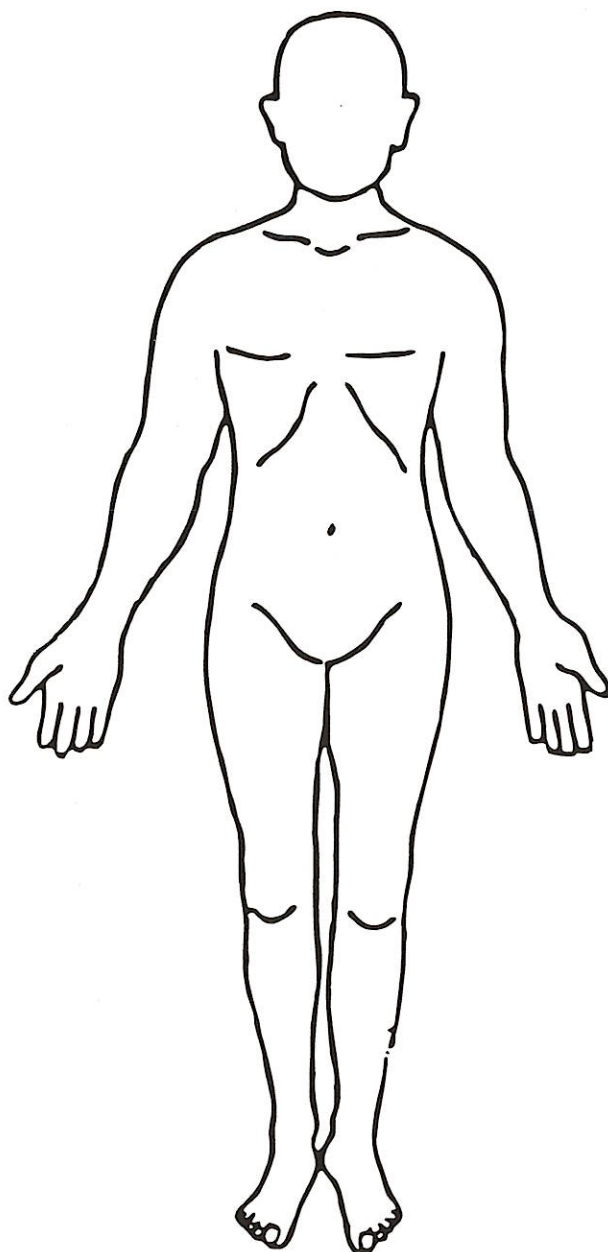
When did the bleeding start ?

It started ____ days ago.

When did the injury occur ?

It happened ____ hours ago ?

It happened ____ days ago ?



(6) 問 診

A) これまで特に病気にかかったことがありますか？

| | |
|--|--|
| | <p>1) はい、あります。</p> <p>A：糖尿病 B：高血圧 C：心臓病 D：肝臓病</p> <p>E：気管支喘息 F：腎臓病 G：脳卒中 H：膠原病</p> <p>I：胃潰瘍 J：皮膚の病気 K：アレルギー L：精神科の病気</p> <p>M：その他</p> |
| | <p>2) いいえ、ありません。</p> |

B) 現在、妊娠していますか？

| | |
|--------------|-----------------|
| 1) は い | 2) い い え |
|--------------|-----------------|

C) 乳児に母乳を飲ませていますか？

| |
|-------------------|
| 1) はい、母乳を飲ませています。 |
| 2) いいえ、飲ませています。 |

D) 輸血を受けたことがありますか？

| |
|---------------|
| 1) はい、あります。 |
| 2) いいえ、ありません。 |

E) 現在、服用している薬がありますか？

| |
|---------------|
| 1) はい、あります。 |
| 2) いいえ、ありません。 |

F) 薬物アレルギーがありますか？

| |
|---------------|
| 1) はい、あります。 |
| 2) いいえ、ありません。 |

(6) Diagnostic Questioning

A) Have you Suffered from any of the Following Ailments ?

| | |
|--|---|
| | 1) Yes I have: A : Diabetes B : High Blood Pressure C : a Heart Disease D : a Liver disease E : Asthma F : a Kidney Disease G : Apoplexy/Stroke H : Collagen Disease I : Stomach Ulcer J : Skin-related Ailment K : Allergy L : Mental Sickness M : Other |
| | 2) No I haven't suffered from any of these ailments |

B) Are you pregnant at this time ?

| | |
|--------|-------|
| 1) Yes | 2) No |
|--------|-------|

C) Are you breast-feeding your child ?

| |
|---------------------------------|
| 1) Yes, I am breast-feeding. |
| 2) No, I am not breast-feeding. |

D) Have you ever received a blood transfusion ?

| |
|---|
| 1) Yes, I have received a blood transfusion. |
| 2) No, I've never received a blood transfusion. |

E) Presently, are you taking any regular medications ?

| |
|------------------|
| 1) Yes, I am. |
| 2) No, I am not. |

F) Are you allergic to any medications ?

| |
|------------------|
| 1) Yes, I am. |
| 2) No, I am not. |

(7) 症状を訴える *該当する数字を○で囲んで下さい。

A) (胸に関する病気 肺/心臓)

A-1

| | | | | | |
|---|------|---|-----|----|------|
| 1 | 風 邪 | 5 | 高血圧 | 9 | 心臓麻痺 |
| 2 | 気管支炎 | 6 | 低血圧 | 10 | 狭心症 |
| 3 | 結 核 | 7 | 脳卒中 | 11 | 心筋梗塞 |
| 4 | 動脈硬化 | 8 | 心臓病 | 12 | 喘 息 |

(症状) A-2

| | | | |
|----|----------|----|---------|
| 1 | 熱が出た | 16 | 白い痰が出る |
| 2 | 寒気がする | 17 | 黄色い痰が出る |
| 3 | 鼻水が出る | 18 | 痰に血が混じる |
| 4 | 咳が止まらない | 19 | 貧血をおこした |
| 5 | 喉が痛い | 20 | 息切れがする |
| 6 | 関節が痛い | 21 | 脈が早い |
| 7 | 体がだるい | 22 | 呼吸が困難 |
| 8 | くしゃみがでる | 23 | 胸が痛い |
| 9 | 肩がこる | 24 | 息苦しい |
| 10 | 下痢をしている | 25 | 動悸がする |
| 11 | 腹が痛い | 26 | 血圧が高い |
| 12 | 便秘をしている | 27 | 血を吐いた |
| 13 | 食欲がない | 28 | 微熱がある |
| 14 | めまいがする | 29 | 頭痛がする |
| 15 | 心臓発作をおこす | 30 | 失神する |

(7) Description of Specific Diseases and Symptoms

A) LUNG AND HEART-RELATED AILMENTS

A – 1

| | | | | | |
|---|------------------|---|---------------------|----|--------------------|
| 1 | A COLD | 5 | HIGH BLOOD PRESSURE | 9 | HEART ATTACK |
| 2 | BRONCHITIS | 6 | LOW BLOOD PRESSURE | 10 | ANGINA (PECTORIS) |
| 3 | TUBERCULOSIS | 7 | A STROKE | 11 | CARDIAC INFARCTION |
| 4 | ARTERIOSCLEROSIS | 8 | HEART DISEASE | 12 | ASTHMA |

(SYMPTOMS) A – 2

| | | | |
|----|--------------------------------|----|---|
| 1 | I have a fever. | 16 | I have white phlegm. |
| 2 | I have a chill. | 17 | I have yellow phlegm. |
| 3 | I have a runny nose. | 18 | I have blood in my phlegm. |
| 4 | I can't stop coughing. | 19 | I'm suffering from anemia. |
| 5 | I have a sore throat. | 20 | I am short of breath. |
| 6 | I have pain in my joints. | 21 | My pulse is very quick. |
| 7 | I feel very tired/fatigued. | 22 | I have difficulty breathing. |
| 8 | I keep sneezing. | 23 | My chest hurts. |
| 9 | I have a stiff neck/shoulders. | 24 | I can't breathe, I feel like I'm suffocating. |
| 10 | I have loose bowels/diarrhea. | 25 | I have palpitations/shivers. |
| 11 | I have a stomach ache. | 26 | I have high blood pressure. |
| 12 | I am constipated. | 27 | I cough up vomit blood. |
| 13 | I have no appetite. | 28 | I have a slight fever. |
| 14 | I feel dizzy. | 29 | I have a headache. |
| 15 | I've had a heart attack. | 30 | I lost consciousness. |

B) (胃腸に関する病気)

B-1

| | | | | | |
|---|--------|---|-------|----|-----|
| 1 | 胃 炎 | 5 | 胃下垂 | 9 | 食道炎 |
| 2 | 胃腸病 | 6 | 大腸炎 | 10 | 胃癌 |
| 3 | 十二指腸潰瘍 | 7 | 胃潰瘍 | 11 | 大腸癌 |
| 4 | ヘルニア | 8 | 胃けいれん | 12 | 食道癌 |

(症状) B-2

| | | | |
|----|-----------|----|-----------|
| 1 | 胃が痛い | 18 | みぞおちが痛い |
| 2 | 食欲がない | 19 | 便の色が黒い |
| 3 | 腹全体が痛い | 20 | 吐血する |
| 4 | 下腹が痛い | 21 | ガスの出が多い |
| 5 | へその回りが痛い | 22 | 呼吸困難 |
| 6 | 便秘をしている | 23 | すぐに疲れる |
| 7 | 消化不良である | 24 | 下痢をしている |
| 8 | 眩暈がする | 25 | 頭がのぼせる |
| 9 | 顔色が悪い | 26 | 胃がもたれる |
| 10 | 食べたらずく | 27 | 空腹時に胃が痛む |
| 11 | 肩がこる | 28 | 吐き気がする |
| 12 | 血便が出る | 29 | 右下腹が痛い |
| 13 | 微熱がある | 30 | 冷や汗がでる |
| 14 | 胃に重圧感がある | 31 | 熱がでた |
| 15 | 胸やけがする | 32 | 頭痛がする |
| 16 | 腹部に膨脹感がある | 33 | 胃けいれんをおこす |
| 17 | げっぷがでる | 34 | 横腹が痛む |

B) GASTROENTERIC (STOMACH) RELATED AILMENTS

B – 1

| | | | | | |
|---|------------------------|---|----------------------------|----|-------------------------|
| 1 | GASTRITIS | 5 | GASTROPTOSIS | 9 | ESOPHAGITIS |
| 2 | DIGESTIVE DISORDER | 6 | COLITIS (IRRITABLE BOWELS) | 10 | STOMACH CANCER |
| 3 | SMALL INTESTINAL ULCER | 7 | GASTRIC (STOMACH) ULCER | 11 | LARGE INTESTINE CANCER |
| 4 | HERNIA | 8 | STOMACH CRAMPS | 12 | CANCER OF THE ESOPHAGUS |

(SYMPTOMS) B – 2

| | | | |
|----|--------------------------------|----|--|
| 1 | I have a stomach ache | 18 | I feel pain in the pit of my stomach. |
| 2 | I have no appetite | 19 | My stool is darker in color than usual |
| 3 | I feel pain in my abdomen | 20 | I coughed up blood. |
| 4 | I feel pain in the lower belly | 21 | I frequently have gas |
| 5 | I feel pain around the navel | 22 | I have difficulty breathing |
| 6 | I am constipated | 23 | I get tired easily |
| 7 | I have indigestion | 24 | I have loose bowels/diarrhea |
| 8 | I feel dizzy | 25 | I feel lightheaded. |
| 9 | My coloring has become pale. | 26 | My stomach feels heavy. |
| 10 | If I eat, I have to vomit. | 27 | My stomach hurts when I'm hungry. |
| 11 | I have a stiff neck/shoulders | 28 | I feel nauseated |
| 12 | I have blood in my stool | 29 | I feel pain in my lower right abdomen |
| 13 | I have a slight fever | 30 | I break into a cold sweat |
| 14 | Food sits heavy in my stomach. | 31 | I had/have a fever |
| 15 | I have heartburn | 32 | I have a headache |
| 16 | I feel bloated | 33 | I have stomach cramps |
| 17 | I belch/burp often | 34 | I have pain in my side |

C) (肝臓に関する病気)

C-1

| | | | | | |
|---|-----|---|-----|---|------|
| 1 | 黄 疸 | 3 | 脂肪肝 | 5 | 肝臓がん |
| 2 | 肝 炎 | 4 | 肝硬変 | | |

(症状) C-2

| | | | |
|---|-----------|----|----------|
| 1 | 食欲がない | 9 | 微熱がある |
| 2 | 吐き気がする | 10 | 全身だるい |
| 3 | 胃がもたれる | 11 | 背中が痛い |
| 4 | 腹がはる | 12 | 尿の色が濃い |
| 5 | 熱が出る | 13 | できものができる |
| 6 | 便秘をしている | 14 | 顔がむくむ |
| 7 | 腹部に圧迫感がある | 15 | 腹部に膨張感 |
| 8 | 皮膚が黄色い | 16 | かゆみがある |

D) (胆のう／膵臓に関する病気)

D-1

| | | | | | |
|---|-----|---|------|---|-----|
| 1 | 胆 石 | 3 | 胆のう炎 | 5 | 膵 石 |
| 2 | 膵臓炎 | 4 | 膵臓癌 | | |

(症状) D-2

| | | | |
|---|-----------|----|---------|
| 1 | 左胸部が痛い | 9 | 背中が痛い |
| 2 | みぞおちが痛い | 10 | 肩が痛い |
| 3 | 右上腹が痛い | 11 | 吐き気がする |
| 4 | 熱が出る | 12 | 食欲がない |
| 5 | 目が黄色になった | 13 | 急に痩せた |
| 6 | 皮膚が黄色になった | 14 | 食べたら吐く |
| 7 | 下痢をしている | 15 | 便秘をしている |
| 8 | 体がだるい | 16 | 鈍痛がある |

C) (LIVER-RELATED AILMENTS)

C – 1

| | | | | | |
|---|-----------|---|------------------------|---|---------------------|
| 1 | JAUNDICE | 3 | FATTY LIVER | 5 | CANCER OF THE LIVER |
| 2 | HEPATITIS | 4 | CIRRHOSIS OF THE LIVER | | |

(SYMPTOMS) C – 2

| | | | |
|---|-------------------------------------|----|--|
| 1 | I have no appetite | 9 | I have a slight fever |
| 2 | I feel nauseated | 10 | My whole body feels sluggish/listless |
| 3 | My stomach feels heavy | 11 | I have pain in my back |
| 4 | I feel bloated /gassy | 12 | My urine is darker in color than usual |
| 5 | I have a fever | 13 | I have a boil or swell. |
| 6 | I feel constipated | 14 | My face is swollen / puffy. |
| 7 | I feel pressure in my abdomen | 15 | My stomach feels bloated |
| 8 | I am jaundiced/my skin is yellowish | 16 | I feel itchy |

D) (GALLBLADDER AND PANCREAS RELATED AILMENTS)

D – 1

| | | | | | |
|---|--------------|---|---------------------------------|---|---------------------|
| 1 | GALLSTONES | 3 | INFLAMMATION OF THE GALLBLADDER | 5 | PANCREATIC CALCULUS |
| 2 | PANCREATITIS | 4 | PANCREATIC CANCER | | |

(SYMPTOMS) D – 2

| | | | |
|---|---|----|------------------------------|
| 1 | I have pain in the left side of my chest | 9 | I have back pain. |
| 2 | I feel pain in the pit of my stomach | 10 | I have pain in my shoulders |
| 3 | I feel pain in the upper right part of my belly | 11 | I feel nauseated |
| 4 | I have a fever | 12 | I have no appetite |
| 5 | My eyes have become yellowish | 13 | I have suddenly lost weight. |
| 6 | My skin has become yellowish | 14 | I vomit after eating. |
| 7 | I have loose bowels/diarrhea | 15 | I am constipated |
| 8 | I feel sluggish/listless | 16 | I have a dull pain |

E) (腎臓／泌尿器に関する病気)

E-1

| | | | | | |
|---|-----|----|--------|----|-------|
| 1 | 腎 炎 | 6 | 結石 | 11 | 腎臓結石 |
| 2 | 尿道炎 | 7 | 尿失症 | 12 | 尿管結石 |
| 3 | 腎不全 | 8 | 淋病 | 13 | 膀胱結石 |
| 4 | 梅毒 | 9 | 膀胱炎 | 14 | 前立線結石 |
| 5 | 尿毒症 | 10 | 前立線肥大症 | | |

(症状) E-2

| | | | |
|----|--------------|----|---------|
| 1 | 顔がはれる | 26 | 下腹が痛い |
| 2 | 手がむくむ | 27 | 腰が痛い |
| 3 | 顔色が悪い | 28 | 全身がだるい |
| 4 | 熱が出る | 29 | 背中が痛い |
| 5 | 体重が減った | 30 | 微熱がある |
| 6 | 全身がむくむ | 31 | 寒気がする |
| 7 | のどが渇く | 32 | 吐き気がする |
| 8 | 尿の回数が多い | 33 | 嘔吐する |
| 9 | 尿の回数が少ない | 34 | 痙攣を起こす |
| 10 | 尿に血が混じる | 35 | 動悸がする |
| 11 | 尿が濁っている | 36 | 息切れがする |
| 12 | 尿の色が濃い | 37 | 腹がはる |
| 13 | 尿道が焼ける痛み | 38 | ガスがたまる |
| 14 | 夜間に何回もトイレに行く | 39 | 眠れない |
| 15 | 排尿時に痛む | 40 | 疲れやすい |
| 16 | 尿を我慢できない | 41 | 食欲がない |
| 17 | 下痢をしている | 42 | 残尿感がある |
| 18 | 陰部に腫れがある | 43 | 結石がでた |
| 19 | 立ちくらみがする | 44 | 陰部が痛い |
| 20 | 尿がもれる | 45 | 尿が出にくい |
| 21 | 足がむくむ | 46 | 膿がでる |
| 22 | 尿道がはれる | 47 | おりものが増す |
| 23 | 股にしこりがある | 48 | 患部がただれた |
| 24 | 陰部にできものができた | 49 | 発疹ができる |
| 25 | まったく痒みはない | 50 | 痒い |

E) (KIDNEY AND URINARY ORGAN-RELATED AILMENTS)

E – 1

| | | | | | |
|---|--|----|---|----|-----------------------|
| 1 | NEPHRITIS / INFLAMMATION OF A KIDNEY/KIDNEYS | 6 | KIDNEY STONES | 11 | A RENAL CALCULUS |
| 2 | URETHRITIS/INFLAMMATION OF THE URETHRA | 7 | URINARY INCONTINENCE | 12 | URETHRAL CALCULUS |
| 3 | KIDNEY FAILURE | 8 | GONORRHEA | 13 | A VESICAL CALCULUS |
| 4 | SYPHILIS | 9 | CYSTITIS/INFLAMMATION OF THE BLADDER | 14 | THE PROSTATE CALCULUS |
| 5 | UREMIA/URINE POISONING | 10 | PROSTATIC HYPERTROPHY/ENLARGEMENT OF THE PROSTATE GLAND | | |

(SYMPTOMS) E – 2

| | | | |
|----|--|----|--|
| 1 | My face is swollen. | 26 | I have a pain in my lower belly. |
| 2 | My hands are swollen. | 27 | I feel pain in my waist. |
| 3 | I am pale/I've lost my coloring. | 28 | I feel listless. |
| 4 | I had/have a fever. | 29 | I have pain in my back. |
| 5 | I have lost weight. | 30 | I have a slight fever. |
| 6 | My body is bloated. | 31 | I have the chills. |
| 7 | I feel thirsty. | 32 | I feel nauseated/sick. |
| 8 | I have to urinate often. | 33 | I sometimes vomit. |
| 9 | I urinate less than usual. | 34 | I fall into a fit of convulsions. |
| 10 | I have blood in my urine. | 35 | I have a rapid heart beat. |
| 11 | My urine is cloudy. | 36 | I am short of breath. |
| 12 | My urine is darker than usual. | 37 | I feel bloated /gassy. |
| 13 | I feel burning pain in the urethra when urinating. | 38 | I have a bloated/gassy stomach. |
| 14 | I wake up many times in the night. | 39 | I have insomnia/I can't sleep. |
| 15 | I feel a pain when urinating. | 40 | I get tired easily. |
| 16 | I cannot hold back urinating. | 41 | I have no appetite. |
| 17 | I have loose bowels/diarrhea. | 42 | I feel residual urine. |
| 18 | I have swelling in the genital area. | 43 | I have passed/discharged a kidney stone. |
| 19 | I feel faint/dizzy. | 44 | I feel pain in my genitals. |
| 20 | I can't control my bladder. | 45 | I have difficulty urinating. |
| 21 | My legs are swollen. | 46 | I have discharged pus. |
| 22 | My urethra is swollen. | 47 | I have fluid discharge. |
| 23 | I feel stiff in the groin area. | 48 | The affected part has become infected. |
| 24 | I have a swollen growth in my pubic area. | 49 | I have a rash. |
| 25 | I am not itchy. | 50 | I am itchy. |

F) (肛門に関する病気)

F-1

| | | | | | |
|---|-------|---|--------|----|-----|
| 1 | 痔 | 5 | 痔核 | 9 | 外痔核 |
| 2 | 内痔核 | 6 | 肛門裂創 | 10 | 脱肛 |
| 3 | 痔瘻 | 7 | 直腸脱 | 11 | 直腸癌 |
| 4 | 肛門周囲炎 | 8 | 肛門そう痒症 | | |

(症状) F-2

| | | | |
|----|--------------|----|------------|
| 1 | 痒みがある | 12 | 便が詰まった感じ |
| 2 | 排便時に痛む | 13 | 貧血を起こす |
| 3 | 排便後に痛む | 14 | 咳をすると痛む |
| 4 | 高熱がでる | 15 | 湿疹ができる |
| 5 | 微熱がでる | 16 | 膿がでる |
| 6 | 出血する | 17 | 便通が悪い |
| 7 | うっ血する | 18 | 歩行中肛門が痛む |
| 8 | 激痛がする | 19 | 肛門がひりひりする |
| 9 | 圧迫感がある | 20 | 便の形がおかしい |
| 10 | 肛門になにか挟まった感じ | 21 | くしゃみをすると痛む |
| 11 | 座れない | | |

G) (耳鼻咽喉に関する病気)

(耳) G-1

| | | | | | |
|---|-----|---|--------|----|-------|
| 1 | 鼓膜炎 | 5 | 外耳(道)炎 | 9 | 耳介の炎症 |
| 2 | 中耳炎 | 6 | 耳鳴り | 10 | 耳介の湿疹 |
| 3 | 難聴 | 7 | 内耳炎 | | |
| 4 | 外耳道 | 8 | めまい | | |

F) (ANAL AND RECTUM-RELATED AILMENTS)

F – 1

| | | | | | |
|---|-----------------------------|---|-------------------------------------|----|-------------------------|
| 1 | HEMORRHOIDS | 5 | HEMORRHOIDS/ PILES | 9 | EXTERNAL HEMORRHOIDS |
| 2 | INNER HEMORRHOIDS | 6 | ANAL FISSURE | 10 | RECTUM PROCTOCELE |
| 3 | ANAL FISTULA | 7 | RECTOCELE/PROLAPSE OF THE RECTUM | 11 | CANCER OF THE RECTUM |
| 4 | RECTUM/ANAL INFLAMMATION | 8 | ANAL ITCHING | | |

(SYMPTOMS) F – 2

| | | | |
|----|---|----|---|
| 1 | I am itchy. | 12 | I have difficulty urinating/ I am constipated. |
| 2 | I feel pain during urination or bowel movements. | 13 | I have suffered from anaemia. |
| 3 | I feel pain after urination or bowel movements. | 14 | I feel pain when coughing. |
| 4 | I have a high fever. | 15 | I have eczema. (inflamed, itchy skin with lesions) |
| 5 | I have a slight fever. | 16 | I have fluid discharge. |
| 6 | It bleeds. | 17 | I have irregular bowel movements. |
| 7 | It is congested with blood. | 18 | My anal region is painful when I walk. |
| 8 | I have a sharp pain. | 19 | I have a stinging pain in my anal region. |
| 9 | I feel pressure in my abdomen. | 20 | My bowel movements are not solid. |
| 10 | I feel blockage in my rectum. | 21 | I feel pain when sneezing. |
| 11 | I cannot sit down. | | |

G) (EAR, NOSE, AND THROAT-RELATED AILMENTS)

(EARS) G – 1

| | | | | | |
|---|---|---|----------------------------------|----|---------------------------|
| 1 | MYRINGITIS | 5 | INFLAMMATION OF THE OUTER EAR | 9 | INFLAMMATION OF CONCHA |
| 2 | TYMPANITIS (Middle Ear Inflammation) | 6 | RINGING IN THE EARS | 10 | ECZEMA OF CONCHA |
| 3 | HEARING DIFFICULTIES | 7 | INFLAMMATION OF THE INNER EAR | | |
| 4 | OUTER-EAR CHANNEL AILMENTS | 8 | DIZZINESS | | |

(症状) G-2

| | | | |
|---|------------|----|----------|
| 1 | 耳が痛い | 8 | 耳が痒い |
| 2 | 物を咬むと痛い | 9 | 聞こえが悪い |
| 3 | 耳鳴りがする | 10 | ふらふらする |
| 4 | 立ちくらみがする | 11 | めまいがする |
| 5 | 耳だれが出る | 12 | 耳に虫が入った |
| 6 | 耳に水が入った | 13 | 耳が詰まった感じ |
| 7 | 頭を動かすと音がする | | |

(鼻) G-3

| | | | | | |
|---|----------|---|-------|---|----------|
| 1 | 鼻 炎 | 4 | 蓄のう症 | 7 | 鼻中隔湾曲症 |
| 2 | 花粉症 | 5 | 鼻茸 | 8 | 鼻血 (鼻出血) |
| 3 | アレルギー性鼻炎 | 6 | 臭鼻症喉炎 | | |

(症状) G-4

| | | | |
|---|---------|----|---------|
| 1 | 鼻がつまる | 9 | 頭が重い |
| 2 | 鼻が痒い | 10 | 頬っぺたが痛い |
| 3 | 鼻汁が出る | 11 | 鼻血が出る |
| 4 | 鼻が喉へ流れる | 12 | いびきをかく |
| 5 | 青鼻が出る | 13 | 鼻水が粘っこい |
| 6 | 黄色い鼻が出る | 14 | 鼻がくさい |
| 7 | 臭いがしない | 15 | 頭痛がする |
| 8 | 鼻の奥が痛い | | |

(咽喉) G-5

| | | | | | |
|---|------|---|---------|---|--------|
| 1 | 扁桃炎 | 4 | 咽頭炎 | 7 | 喉頭炎 |
| 2 | 扁桃肥大 | 5 | 嗄 声 | 8 | 声帯ポリープ |
| 3 | 声帯麻痺 | 6 | 咽喉頭異常感症 | | |

(症状) G-6

| | | | |
|---|------------------|----|-------------------|
| 1 | 喉が痛い | 7 | 喉の奥の両側に白いものができている |
| 2 | 咳が止まらない | 8 | 喉が乾く |
| 3 | 声がかれる | 9 | 咳が出る |
| 4 | 飲み物を飲むのがつらい | 10 | 声が出にくい |
| 5 | 喉に何か詰まったような感じがする | 11 | 痰が出る |
| 6 | 喉に違和感がある | 12 | 物が飲みこみにくい |

(SYMPTOMS) G – 2

| | | | |
|---|---------------------------------------|----|-------------------------------|
| 1 | I have an ear ache | 8 | My ears are itchy |
| 2 | I feel pain when chewing or biting | 9 | I have difficulty hearing |
| 3 | I have a buzzing in my ears | 10 | I feel weak/groggy |
| 4 | I feel faint when I stand up | 11 | I feel dizzy |
| 5 | I have a fluid discharge form my ear. | 12 | I have an infection in my ear |
| 6 | I have water in my ear | 13 | My ears feel plugged |
| 7 | I hear sounds when I move my head | | |

(NOSE) G – 3

| | | | | | |
|---|-----------------------------|---|--------------------|---|----------------------|
| 1 | NASAL INFLAMMATION | 4 | ATROPHIC RHINITIS | 7 | SEPTONASAL CURVATURE |
| 2 | HAY FEVER | 5 | NASAL POLYPUS | 8 | NOSE BLEEDING |
| 3 | ALLERGIC NASAL INFLAMMATION | 6 | ODOROUS INNER NOSE | | |

(SYMPTOMS) G – 4

| | | | |
|---|-------------------------------------|----|--|
| 1 | I have a congested / stuffy nose. | 9 | My head feels heavy. |
| 2 | My nose is itchy. | 10 | The area around my cheeks hurts. |
| 3 | I have a runny nose. | 11 | I suffer from nosebleeds. |
| 4 | I have post-nasal drip. | 12 | I have a snoring problem |
| 5 | I have greenish mucus. | 13 | There is a stickiness in side my nose. |
| 6 | I have yellowish mucus. | 14 | There is a bad odor inside my nose. |
| 7 | I cannot smell. | 15 | I have a headache. |
| 8 | My teeth are very tender/irritable. | | |

(THROAT) G – 5

| | | | | | |
|---|----------------------------------|---|------------------------------------|---|------------------|
| 1 | TONSILLITIS/ INFLAMED TONSILS | 4 | PHARYNX | 7 | LARYNGITIS |
| 2 | ENLARGED TONSILS | 5 | HOARSENESS/ DIFFICULTY SPEAKING | 8 | VOCAL CORD POLYP |
| 3 | VOCAL CHORD PARALYSIS | 6 | THROAT DYSAESTHESIA | | |

(SYMPTOMS) G – 6

| | | | |
|---|---------------------------------------|----|--|
| 1 | I have a sore throat | 7 | I see something white on both sides of my throat |
| 2 | I cannot stop coughing | 8 | My throat is dry /I feel thirsty |
| 3 | I am hoarse | 9 | I have a cough |
| 4 | It's difficult to drink | 10 | It is difficult to speak |
| 5 | I feel something in my throat | 11 | I have phlegm in my throat |
| 6 | I have a strange feeling in my throat | 12 | It's hard to swallow |

(舌) G-7

| | | | |
|---|-----|---|-----|
| 1 | 舌 炎 | 3 | 歯肉炎 |
| 2 | 口内炎 | | |

(症状) G-8

| | | | |
|---|----------------|---|---------|
| 1 | 舌がしみる | 6 | 口臭がする |
| 2 | 舌がひりひりする | 7 | 味がしない |
| 3 | 歯茎が痛い | 8 | 口内炎ができた |
| 4 | 歯茎が腫れた | 9 | 口の中が粘つく |
| 5 | 舌に白いものがくっついている | | |

H) (骨／関節／筋肉に関する病気)

H-1

| | | | |
|---|------|----|-------|
| 1 | 腰 痛 | 7 | ぎっくり腰 |
| 2 | 関節炎 | 8 | 捻 挫 |
| 3 | 打ち身 | 9 | リウマチ |
| 4 | ヘルニア | 10 | 痛 風 |
| 5 | 骨 折 | 11 | むち打ち |
| 6 | 脱 臼 | | |

(症状) H-2

| | | | |
|---|---------|----|------------|
| 1 | 腰が痛い | 7 | 季節の変わり目に痛む |
| 2 | ころんだ | 8 | 胸が痛い |
| 3 | 高熱が出た | 9 | ぶつけた |
| 4 | 関節が痛い | 10 | 冷えやすい |
| 5 | 押えると痛い | 11 | 肩がこる |
| 6 | 手足がしびれる | 12 | 全身がだるい |

I) (皮膚に関する病気)

I-1

| | | | | | |
|---|----------|---|-----|----|-------|
| 1 | 水 虫 | 5 | 湿 疹 | 9 | にきび |
| 2 | 禿 げ | 6 | わきが | 10 | 皮膚炎 |
| 3 | たむし | 7 | はたけ | 11 | じんましん |
| 4 | アトピー性皮膚炎 | 8 | あ ざ | | |

(TONGUE) G – 7

| | | | |
|---|--|---|-----------------------------------|
| 1 | INFLAMMATION/SWELLING OF THE TONGUE | 3 | INFLAMMATION/SWELLING OF THE GUMS |
| 2 | INFLAMMATION/SWELLING OF THE INSIDE OF ONE'S MOUTH | | |

(SYMPTOMS) G – 8

| | | | |
|---|--------------------------------------|---|---|
| 1 | My tongue stings. | 6 | I have bad breath. |
| 2 | My tongue is tingling/burning. | 7 | I cannot distinguish tastes. |
| 3 | My gums hurt. | 8 | I have inflammation/swelling inside my mouth. |
| 4 | My gums are swollen. | 9 | My mouth feels sticky. |
| 5 | I have something white on my tongue. | | |

H) (BONES, JOINTS, AND MUSCLE-RELATED AILMENTS)

H – 1

| | | | |
|---|-----------------|----|---------------|
| 1 | LOWER BACK PAIN | 7 | STRAINED BACK |
| 2 | ARTHRITIS | 8 | SPRAIN |
| 3 | BRUISES | 9 | RHEUMATISM |
| 4 | HERNIA | 10 | GOUT |
| 5 | BONE FRACTURES | 11 | WHIPLASH |
| 6 | DISLOCATION | | |

(SYMPTOMS) H – 2

| | | | |
|---|---|----|---|
| 1 | I have lower back pains. | 7 | I feel pain with the change of seasons. |
| 2 | I fell down. | 8 | I have chest pain. |
| 3 | I have a high fever. | 9 | I bumped into/fell against_____. |
| 4 | I have pain in my joints. | 10 | I get cold easily. |
| 5 | This area is tender. It hurts when touched. | 11 | I have stiff shoulders. |
| 6 | My hands and legs are numb. | 12 | My whole body feels sluggish. |

I) (SKIN-RELATED AILMENTS)

I – 1

| | | | | | |
|---|-------------------|---|------------------|----|--------------|
| 1 | ATHLETE'S FOOT | 5 | ECZEMA | 9 | PIMPLES/ACNE |
| 2 | HAIR LOSS | 6 | BODY ODOR | 10 | DERMATITIS |
| 3 | RINGWORM | 7 | SCABIES | 11 | NETTLE RASH |
| 4 | ATOPIC DERMATITIS | 8 | BRUISE/BIRTHMARK | | |

(症状) I - 2

| | | | |
|---|-----------|----|--------|
| 1 | 痒 い | 7 | 皮がむけた |
| 2 | 発疹がでた | 8 | 陰部が痒い |
| 3 | 水ぶくれができた | 9 | ただれている |
| 4 | できものができた | 10 | 髪が抜ける |
| 5 | かぶれる | 11 | 脇が臭う |
| 6 | 全身があかくなった | 12 | アレルギー |

J) (目に関する病気)

J - 1

| | | | | | |
|---|-----|---|-------|----|------|
| 1 | 近 視 | 5 | ものもらい | 9 | 緑内障 |
| 2 | 遠 視 | 6 | 結膜炎 | 10 | 虹彩炎 |
| 3 | 乱 視 | 7 | 角膜炎 | 11 | 眼底出血 |
| 4 | 老 視 | 8 | 白内障 | 12 | 網膜剥離 |

(症状) J - 2

| | | | |
|---|---------|----|----------|
| 1 | 目が痒い | 7 | 瞼が痒い |
| 2 | 目が痛い | 8 | ゴロゴロする |
| 3 | 涙がよく出る | 9 | 目やにが出る |
| 4 | 目が充血した | 10 | 目が疲れる |
| 5 | 霞んでみえる | 11 | 目に異物が入った |
| 6 | 視力が低下した | 12 | 目が赤く腫れた |

K) (脳・神経に関する病気)

K - 1

| | | | | | |
|---|-----|---|-------|---|------|
| 1 | 脳挫傷 | 4 | 脳腫瘍 | 7 | てんかん |
| 2 | 脳出血 | 5 | 脳脊髄膜炎 | | |
| 3 | 脳梗塞 | 6 | 頭 痛 | | |

(症状) K - 2

| | | | |
|---|-----------|----|--------------|
| 1 | 熱がある | 9 | 気を失った |
| 2 | 吐き気がする | 10 | 痙攣をおこした |
| 3 | 視力がおちた | 11 | 頭が痛い |
| 4 | 聞こえにくくなった | 12 | 手足が震える |
| 5 | 手足がしびれる | 13 | うわごとを言う |
| 6 | 歩きにくい | 14 | めまいがする |
| 7 | 手足が麻痺している | 15 | 言葉がうまくしゃべれない |
| 8 | 意識が朦朧とする | | |

(SYMPTOMS) I – 2

| | | | |
|---|----------------------------------|----|--|
| 1 | I am itchy. | 7 | My skin is peeling. |
| 2 | I've broken out in a rash. | 8 | My genitals (private parts) are itchy. |
| 3 | I have a blister. | 9 | My sore hasn't healed, or has become infected. |
| 4 | I have a boil. | 10 | I have lost hair. |
| 5 | I sometimes break out in a rash. | 11 | I have under-arm body odor. |
| 6 | My whole body is red/reshed. | 12 | I have an allergy. |

J) (EYE-RELATED AILMENTS)

J – 1

| | | | | | |
|---|----------------------------------|---|------------------------------------|----|--------------------|
| 1 | NEARSIGHTEDNESS | 5 | STY | 9 | GLAUCOMA |
| 2 | FARSIGHTEDNESS | 6 | CONJUNCTIVITIS | 10 | IRITIS |
| 3 | ASTIGMATISM | 7 | KERATITIS (SWELLING OF THE CORNEA) | 11 | OCULAR HEMORRHAGE |
| 4 | PRESBYOPIA (SIGHT LOSS FROM AGE) | 8 | CATARACT | 12 | RETINAL DETACHMENT |

(SYMPTOMS) J – 2

| | | | |
|---|------------------------|----|---|
| 1 | My eyes are itchy. | 7 | My eyelids are itchy. |
| 2 | My eyes hurt. | 8 | Something gritty has gotten in my eyes. |
| 3 | My eyes are watery. | 9 | There is mucus coming from my eyes. |
| 4 | I have bloodshot eyes. | 10 | My eyes feel strained. |
| 5 | My eyesight is cloudy. | 11 | I have something in my eye. |
| 6 | I have a headache. | 12 | My eye is red and swollen. |

K) (BRAIN & NERVE-RELATED AILMENTS)

K – 1

| | | | | | |
|---|---------------------|---|--------------------------|---|----------|
| 1 | BRAIN CONTUSION | 4 | BRAIN TUMOR | 7 | EPILEPSY |
| 2 | CEREBRAL HEMORRHAGE | 5 | CEREBROSPINAL MENINGITIS | | |
| 3 | CEREBRAL INFARCTION | 6 | HEADACHE | | |

(SYMPTOMS) K – 2

| | | | |
|---|------------------------------------|----|-----------------------------|
| 1 | I have a fever. | 9 | I lost consciousness. |
| 2 | I feel sick/nauseous. | 10 | I have a cramp. |
| 3 | My eyesight has been failing. | 11 | I have a headache. |
| 4 | I have a hard time hearing lately. | 12 | My limbs are paralyzed. |
| 5 | My hands and legs are numb. | 13 | I talk in a delirium. |
| 6 | I have difficulty walking. | 14 | I feel dizzy. |
| 7 | My limbs are paralyzed. | 15 | I have difficulty speaking. |
| 8 | I feel only half conscious. | | |

L) (心の病気に関すること)

L-1

| | | | |
|---|-------|---|----------|
| 1 | 不眠症 | 6 | 神経分裂症 |
| 2 | 神経症 | 7 | アルコール依存症 |
| 3 | うつ病 | 8 | ヒステリー |
| 4 | そううつ病 | 9 | 摂食障害 |
| 5 | 薬物依存症 | | |

(症状) L-2

| | | | |
|---|-----------|----|---------------|
| 1 | 眠れない | 6 | おかしいことが身辺におこる |
| 2 | 食欲がない | 7 | 何もしたくない |
| 3 | いらいらする | 8 | 怒りやすい |
| 4 | 不安な気分である | 9 | 興奮しがち |
| 5 | おかしい言動がある | 10 | 精神状態が不安定である |

L) (PSYCHIATRY)

L – 1

| | | | |
|---|---------------------------|---|-------------------------------|
| 1 | INSOMNIA | 6 | SCHIZOPHRENIA |
| 2 | NEUROSIS | 7 | ALCOHOLISM/ALCOHOL DEPENDENCY |
| 3 | DEPRESSION | 8 | HYSTERIA |
| 4 | MANIC-DEPRESSIVE PSYHOSIS | 9 | DERANGEMENT/MENTAL DISORDER |
| 5 | DRUG DEPENDENCE | | |

(SYMPTOMS) L – 2

| | | | |
|---|---------------------------------|----|---|
| 1 | I have insomnia/I can't sleep. | 6 | Strange things have been happening around me. |
| 2 | I have no appetite. | 7 | I feel lethargic/I don't want to do anything. |
| 3 | I am easily irritated. | 8 | I get angry more easily than usual. |
| 4 | I feel uneasy/nervous. | 9 | I get excited easily. |
| 5 | My behavior has become strange. | 10 | I have an unstable state of mind. |

M) (妊婦及び女性に関する病気)

M-1

| | | | | | |
|----|------|----|-------|----|--------|
| 1 | 妊 娠 | 12 | 不妊症 | 23 | 卵巣出血 |
| 2 | 出 産 | 13 | 陣 痛 | 24 | 妊娠中毒症 |
| 3 | 正常分娩 | 14 | 流 産 | 25 | 卵巣腫瘍 |
| 4 | 異常分娩 | 15 | 乳 癌 | 26 | 付属器炎 |
| 5 | 破 水 | 16 | 避 妊 | 27 | 生理痛 |
| 6 | 帝王切開 | 17 | 閉 経 | 28 | 初 潮 |
| 7 | 子宮筋腫 | 18 | おりもの | 29 | 子宮外妊娠 |
| 8 | こしけ | 19 | 膣 炎 | 30 | 体外受精 |
| 9 | 人工受精 | 20 | 早 産 | 31 | 梅 毒 |
| 10 | 切迫流産 | 21 | 子宮内膜症 | 32 | 人工妊娠中絶 |
| 11 | つわり | 22 | 生理不順 | 33 | 性 病 |

(症状) M-2

| | | | |
|----|--------|----|----------|
| 1 | むかむかする | 17 | 生理不順である |
| 2 | おなかが痛い | 18 | 生理がおくれる |
| 3 | 微熱がある | 19 | 生理がない |
| 4 | 体がだるい | 20 | 不正性器出血 |
| 5 | 眩暈がする | 21 | できものができた |
| 6 | 頭が痛い | 22 | しこりがある |
| 7 | 腰が痛い | 23 | 腹がはる |
| 8 | むくみがある | 24 | 高熱が出る |
| 9 | のどが渇く | 25 | 乳房が痛い |
| 10 | 不眠症である | 26 | いらいらする |
| 11 | 眠気がする | 27 | 肩がこる |
| 12 | 便秘である | 28 | 胃腸がおかしい |
| 13 | 貧血気味 | 29 | 陰部が痒い |
| 14 | 冷え性である | 30 | 陰部がはれる |
| 15 | 下腹が痛い | 31 | 動悸がする |
| 16 | 尿の出が悪い | 32 | おりものが増す |

N) (こどもに関する病気)

N-1

| | | | |
|---|---------|----|--------|
| 1 | 風 邪 | 6 | 気管支炎 |
| 2 | 扁桃炎 | 7 | 腸重積 |
| 3 | 嘔吐下痢症 | 8 | 斜 視 |
| 4 | 食物アレルギー | 9 | 熱性けいれん |
| 5 | 夜尿症 | 10 | 発育の遅れ |

M) (PREGNANCY AND WOMEN'S RELATED DISEASES)

M-1

| | | | | | |
|----|-------------------------|----|----------------------------------|----|------------------------|
| 1 | PREGNANCY | 12 | STERILITY | 23 | OVARIECTOMY |
| 2 | DELIVERY | 13 | LABOR | 24 | TOXIC PREGNANCY |
| 3 | NORMAL DELIVERY | 14 | MISCARRIAGE | 25 | OVARIAN CYST |
| 4 | ABNORMAL DELIVERY | 15 | BREAST CANCER | 26 | ADNEXITIS |
| 5 | ONE'S WATER BREAKING | 16 | CONTRACEPTION | 27 | MENSTRAL PAIN |
| 6 | CAESAREAN SECTION | 17 | MENOPAUSE | 28 | FIRST MENSTRUATION |
| 7 | UTERINE FIBROSIS | 18 | VAGINAL DISCHARGE | 29 | EXTRAUTERINE PREGNANCY |
| 8 | LEUCORRHEA/WHITES | 19 | VAGINITIS | 30 | EXTERNAL FERTILIZATION |
| 9 | ARTIFICIAL INSEMINATION | 20 | PREMATURE BIRTH | 31 | SYPHILIS |
| 10 | SPONTANEOUS ABORTION | 21 | ENDOMETRIOSIS (UTERINE SICKNESS) | 32 | ARTIFICIAL ABORTION |
| 11 | MORNING SICKNESS | 22 | IRREGULAR MENSTRUATION | 33 | VENEREAL DISEASE |

(SYMPTOMS) M-2

| | | | |
|----|-------------------------------------|----|--|
| 1 | I feel sick/nauseous. | 17 | I have irregular menstrual periods |
| 2 | I have a stomach ache. | 18 | My menstrual period is late. |
| 3 | I have a slight fever. | 19 | I don't have a menstrual period. |
| 4 | I feel sluggish/listless. | 20 | I have irregular uterine bleeding. |
| 5 | I feel dizzy. | 21 | I have a swollen growth or boil. |
| 6 | I have a headache. | 22 | I am stiff/my muscles are tight. |
| 7 | I have lower back pain. | 23 | I have gas. |
| 8 | I feel bloated. | 24 | I have a high fever. |
| 9 | My throat is dry/I'm often thirsty. | 25 | My breasts hurt. |
| 10 | I have insomnia/I can't sleep. | 26 | I am easily irritated. |
| 11 | I feel sleepy. | 27 | I have stiff shoulders. |
| 12 | I am constipated. | 28 | My stomach and intestine are a feel strange. |
| 13 | I feel anemic | 29 | My genitals are itchy |
| 14 | I get cold easily. | 30 | My genitals are swollen. |
| 15 | I have pain in my lower belly. | 31 | My heart beats faster than usual. |
| 16 | I have irregular urination. | 32 | I have vaginal discharge. |

N) (CHILD CARE TREATMENT)

N-1

| | | | |
|---|---------------------|----|--|
| 1 | A COLD | 6 | BRONCHITIS |
| 2 | TONSILLITIS | 7 | INTUSSUSCEPTION (INTESTINAL OBSTRUCTION) |
| 3 | VOMITING & DIARRHEA | 8 | STRABISMUS/CROSS-EYE |
| 4 | FOOD ALLERGY | 9 | CONVULSIONS CAUSED BY FEVER |
| 5 | BED WETTING | 10 | SLOW GROWTH |

(症状) N-2

| | | | |
|---|----------|----|----------|
| 1 | 嘔吐する | 8 | 咳が止まらない |
| 2 | 下痢をする | 9 | 鼻水が出る |
| 3 | 便に血が混じる | 10 | 元気がない |
| 4 | ミルクを飲まない | 11 | 機嫌が悪い |
| 5 | 食事をしない | 12 | ぐったりしている |
| 6 | 息づかいが荒い | 13 | ずっと泣き続ける |
| 7 | 熱が下がらない | | |

O) (糖尿病関係)

O-1

| | | | | | |
|---|---------|---|------|----|--------|
| 1 | 糖尿病 | 5 | 成人病 | 9 | 合併症 |
| 2 | インスリン療法 | 6 | 血糖値 | 10 | 壊疽(えそ) |
| 3 | 食事療法 | 7 | るいそう | | |
| 4 | 高脂血症 | 8 | 肥満 | | |

(症状) O-2

| | | | |
|----|-----------|----|----------|
| 1 | 喉が渇く | 11 | 吐き気がする |
| 2 | 全身がだるい | 12 | すぐに腹が空く |
| 3 | 尿の回数が多い | 13 | 食欲不振 |
| 4 | 異常に水がほしい | 14 | 手先がふるえる |
| 5 | 体重が減少した | 15 | 冷や汗がでる |
| 6 | 足がしびれる | 16 | 立ち眩みをする |
| 7 | 貧血をおこした | 17 | 足が痛い |
| 8 | 視力がおちた | 18 | 腰が痛い |
| 9 | 甘い物が欲しい | 19 | 血糖値が上がった |
| 10 | 皮膚が化膿しやすい | 20 | 手足が化膿する |

P) (伝染病)

P-1

| | | | | | |
|---|------|----|-------|----|------|
| 1 | 赤痢 | 7 | 日本脳炎 | 13 | 破傷風 |
| 2 | マラリア | 8 | 風疹 | 14 | A型肝炎 |
| 3 | 狂犬病 | 9 | ジフテリア | 15 | ペスト |
| 4 | ムンプス | 10 | 百日咳 | 16 | コレラ |
| 5 | ハシカ | 11 | 黄熱病 | 17 | エイズ |
| 6 | ポリオ | 12 | 水痘 | 18 | チフス |

(SYMPTOMS) N – 2

| | | | |
|---|--------------------------------|----|---|
| 1 | Frequent vomiting | 8 | Persistent coughing that won't stop. |
| 2 | Diarrhea | 9 | Runny nose. |
| 3 | Blood is present in the stool. | 10 | The child has become less energetic. |
| 4 | The child won't take milk | 11 | The child is easily irritated or put in a bad mood. |
| 5 | The child won't eat. | 12 | The child is lethargic/doesn't want to anything. |
| 6 | Breathing trouble | 13 | Constant crying. |
| 7 | High fever/temperature. | | |

O) (DIABETES)

O – 1

| | | | | | |
|---|--------------------|---|-------------------|----|------------------------|
| 1 | DIABETES | 5 | ADULT DISEASES | 9 | DIABETIC COMPLICATIONS |
| 2 | INSULIN TREATMENT | 6 | BLOOD SUGAR LEVEL | 10 | GANGRENE |
| 3 | DIETETIC TREATMENT | 7 | EMACIATION | | |
| 4 | HYPERLIPEMIA | 8 | OBESITY | | |

(SYMPTOMS) O – 2

| | | | |
|----|---|----|--------------------------------------|
| 1 | My throat is dry/I am often thirsty. | 11 | I feel sick/I feel nauseous. |
| 2 | My whole body feels tired/sluggish. | 12 | I get hungry 2 quickly. |
| 3 | I have to urinate frequently. | 13 | I don't have an appetite. |
| 4 | I am unusually thirsty. | 14 | My arms and legs are shaking. |
| 5 | I have lost weight. | 15 | I sometimes break into a cold sweat. |
| 6 | My legs are numb. | 16 | I feel faint/dizzy when I stand up. |
| 7 | I had an attack of anemia. | 17 | I have pain in my leg or foot. |
| 8 | My eyesight has been failing. | 18 | I have lower back pain. |
| 9 | I often want to eat sweet foods. | 19 | I have high blood sugar. |
| 10 | My skin gets inflamed and festers easily. | 20 | My limbs are festered. |

P) (CONTAGIOUS DISEASES)

P – 1

| | | | | | |
|---|-------------|----|-----------------------|----|------------------|
| 1 | DYSENTERY | 7 | JAPANESE ENCEPHALITIS | 13 | TETANUS |
| 2 | MALARIA | 8 | GERMAN MEASLES | 14 | A-TYPE HEPATITIS |
| 3 | RABIES | 9 | DIPHTHERIA | 15 | BUBONIC PLAGUE |
| 4 | MUMPS | 10 | WHOOPING COUGH | 16 | CHOLERA |
| 5 | THE MEASLES | 11 | YELLOW FEVER | 17 | AIDS |
| 6 | POLIO | 12 | CHICKEN POX | 18 | TYPHUS |

産婦人科

* 最終月経はいつですか？

| | |
|---|------|
| 月 | 日頃です |
|---|------|

* 月経は順調ですか？

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | は | い | 2 | い | い | え |
|---|---|---|---|---|---|---|

* 出血はいつからですか？

| |
|--------|
| 日前からです |
|--------|

精神科（心の病気に関すること）

* お酒を毎日飲みますか？

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | は | い | 2 | い | い | え |
|---|---|---|---|---|---|---|

* とても悩んでいることがありますか？

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | は | い | 2 | い | い | え |
|---|---|---|---|---|---|---|

OBSTETRICS AND GYNECOLOGY

* When was your last menstrual cycle ?

| |
|---------------------------------|
| _____ month _____ day (roughly) |
|---------------------------------|

* Is your menstrual cycle usually regular ?

| | | | |
|---|-----|---|----|
| 1 | YES | 2 | NO |
|---|-----|---|----|

* When did the bleeding start ?

| |
|-----------------|
| _____ days ago. |
|-----------------|

PSYCHIATRICS (For Mental Health Problems)

* Do you drink alcohol every day ?

| | | | |
|---|-----|---|----|
| 1 | YES | 2 | NO |
|---|-----|---|----|

* Is there something that you are extremely worried about ?

| | | | |
|---|-----|---|----|
| 1 | YES | 2 | NO |
|---|-----|---|----|

小児科

* なにか飲み込みましたか？

| | | | |
|---|-----|---|-------|
| 1 | は い | 2 | い い え |
|---|-----|---|-------|

* 飲み込んだ物は？

| | | | | | | | |
|---|-----|---|-----|---|---|---|-----|
| 1 | は い | 2 | 殺虫剤 | 3 | 薬 | 4 | その他 |
|---|-----|---|-----|---|---|---|-----|

* それは何時頃ですか？

| | | | | | |
|---|------|---|--------|---|------|
| 1 | 数十分前 | 2 | 1、2時間前 | 3 | 数時間前 |
|---|------|---|--------|---|------|

* 量はどのくらいですか？

* お子さんは、いくつですか？

* 予防注射は、受けていますか？

| | |
|---|--|
| 1 | 受けています A：麻疹 B：百日咳 C：破傷風 D：ポリオ E：ジフテリア |
| 2 | 受けていません |

* 子供を抱いたままでどうぞ。

* しっかり押さえて下さい。

PEDIATRICS

* Did the child swallow something ?

| | | | |
|---|-----|---|----|
| 1 | YES | 2 | NO |
|---|-----|---|----|

* What did the child swallow ?

| | | | | | | | |
|---|-----------|---|-------------|---|----------|---|-------|
| 1 | cigarette | 2 | insecticide | 3 | medicine | 4 | other |
|---|-----------|---|-------------|---|----------|---|-------|

* About what time did it happen ?

| | | | | | |
|---|----------------------|---|---------------|---|-------------------|
| 1 | Within the last hour | 2 | Two hours ago | 3 | Several hours ago |
|---|----------------------|---|---------------|---|-------------------|

* How much did the child swallow ?

* How old is the child ?

* Has the child had appropriate preventative inoculations ?

| | |
|---|--|
| 1 | YES, the child has been inoculated for: A : Measles B : Whooping cough C : Tetanus D : Polio E : Diphtheria |
| 2 | No, the child has not had these inoculations. |

* Please hold the child.

* Please hold the child firmly.

(8) 診察する

| |
|---------------------------|
| 1) 服を脱いでベッドに横になって下さい。 |
| 2) 服を脱いでベッドにうつ伏せになって下さい。 |
| 3) 服を脱いでベッドに仰向けになって下さい。 |
| 4) 右向きに寝て下さい。 |
| 5) 左向きに寝て下さい。 |
| 6) 上半身を脱いで下さい。 |
| 7) 下半身を脱いで下さい。 |
| 8) 胸を出して下さい。 |
| 9) 後ろを向いて下さい。 |
| 10) 横を向いて下さい。 |
| 11) 反対を向いて下さい。 |
| 12) 大きく息を吸って止めて下さい。 |
| 13) 息を吐き出して下さい。 |
| 14) 熱を計ります。脇下に体温計を挟んで下さい。 |
| 15) 脈を計ります。手を出して下さい。 |
| 16) 血圧を計ります。腕を出して下さい。 |
| 17) 力を抜いて下さい。 |
| 18) 喉を見ますので口をあけて下さい。 |
| 19) 舌を見ますので口をあけて下さい。 |
| 20) 目を見ますので、上の方を見て下さい。 |
| 21) ペン先を見つめて下さい。 |

(8) Medical Examination Procedures

| |
|---|
| 1) Please remove your clothing and lie down please. |
| 2) Please remove your clothing and lie face down. |
| 3) Please remove your clothing and lie on your back. |
| 4) Please lie down on your right side. |
| 5) Please lie down on your left side. |
| 6) Please remove your clothing from the waist up. |
| 7) Please remove your clothing from the waist down. |
| 8) Please open your top so I can check your chest area. |
| 9) Please face the other direction. |
| 10) Please turn to the side. |
| 11) Please turn to the opposite side. |
| 12) Please take a deep breath and then hold your breath. |
| 13) Exhale, please. |
| 14) I am going to take your temperature. Please place the thermometer under your armpit. |
| 15) I am going to take your pulse. Please hold out your hand. |
| 16) I am going to check your blood pressure. Please hold out your arm. |
| 17) Relax. |
| 18) Please open your mouth so I can look at your throat. |
| 19) Please open your mouth so I can look at your tongue. |
| 20) I am going to look at your eyes. Please look up. |
| 21) Please look at the tip of this pen. |

(9) 検査をする

| | | | |
|----|--------|----|-----------|
| 1 | 尿検査 | 11 | 痰唾液検査 |
| 2 | 血液検査 | 12 | 生体組織検査 |
| 3 | 検 便 | 13 | 超音波検査 |
| 4 | 血糖検査 | 14 | 大腸検査 |
| 5 | 心電図検査 | 15 | 血圧測定 |
| 6 | 内視鏡検査 | 16 | 色神検査 |
| 7 | 胃のX線透視 | 17 | 身長・体重・肥満度 |
| 8 | 腸のX線透視 | 18 | 脳波検査 |
| 9 | 胸のX線透視 | 19 | C T 検査 |
| 10 | 眼底検査 | 20 | M R I 検査 |

(胃のX線透視)

胃部透視をします。コップの中の液体をはじめは、少し飲んで下さい。医師の合図に従い、液体を飲み続けます。最後は、すべて飲み干して下さい。

(心電図検査)

心電図をとりますので上着を脱いで、ベットに横になって下さい。

(内視鏡検査)

ファイバースコープによる内視鏡検査をします。この服に着替えて下さい。

(脳波・C T 検査)

脳波 (C T) の検査をします。緊張しないで横になって下さい。

(尿検査・血糖検査)

1) このコップに尿を採り、備え付けのトレイに入れて下さい。

2) 中間尿を採って下さい。

(9) Medical Testing Procedures

| | | | |
|----|-------------------|----|--------------------------|
| 1 | Urinalysis | 11 | Saliva Analysis |
| 2 | Blood Test | 12 | Tissue Analysis |
| 3 | Stool Analysis | 13 | An Ultrasound |
| 4 | Blood Sugar Test | 14 | Colonoscopy |
| 5 | Electrocardiogram | 15 | Blood Pressure Test |
| 6 | Edoscopy | 16 | Color Blindness Test |
| 7 | Stomach X-ray | 17 | Height and weight check |
| 8 | Intestinal X-ray | 18 | Color Blindness Test |
| 9 | Breast X-ray | 19 | Computer Tomography Scan |
| 10 | Optical Examine | 20 | MRI Exam |

Stomach X-Ray

I will do a fluoroscopic examination of your stomach region. At first, please drink just a small amount of the cup's contents. Then, when the doctor signals to you, drink some more. Finally, drink the remaining amount.

Electrocardiogram

I will take an electrocardiogram to check your heart beat. Please take off your upper clothing and lie down on the bed.

Endoscopy

I will do an endoscopy with a fiberscope. Please change into these clothes.

Computerized Tomography Scan

I will take a CT Scan to record your brain waves. Please lay on your side, and don't be nervous.

Urinalysis and Blood Sugar Test

1) Please urinate in the cup and place it on the tray.

2) As an intermediate analysis, please urinate in the cup again.

(血液検査)

| |
|-------------------------------|
| 1) 腕を出して下さい。 |
| 2) 右腕、左腕のどちらがいいですか。 |
| 3) 血液を採ります。親指を中に入れギュッと閉じて下さい。 |
| 4) 力を抜いて下さい。 |

(X線撮影)

| |
|--------------------|
| 1) 上半身裸になって下さい。 |
| 2) 息を吸って、止めて下さい。 |
| 3) 緊張しないで、楽にして下さい。 |

(検 便)

| |
|----------------------|
| 1) この容器に、便を採ってきて下さい。 |
|----------------------|

(大腸検査)

| |
|---------------------------|
| 1) 内視鏡を使って、腸を検査します。 |
| 2) 肛門から入れます。おなかの力を抜いて下さい。 |

(痰検査)

| |
|-------------------|
| 1) この容器に痰を出して下さい。 |
|-------------------|

(10) 検査結果

| |
|------------------------|
| 1) 検査結果は、すぐにわかります。 |
| 2) 検査結果は、明日にわかります。 |
| 3) 検査結果は、_____日にわかります。 |
| 4) 検査結果は、一週間後にわかります。 |

Blood Sugar Test

| |
|--|
| 1) Please hold out your arm. |
| 2) Would you like it in your right or left arm ? |
| 3) I will take your blood. Hold your thumb and clench your fists tight. |
| 4) Release your grip and relax. |

X-Ray

| |
|--|
| 1) Please remove your clothing from the waist up. |
| 2) Please take a deep breath and then hold your breath. |
| 3) Relax and don't worry. |

Scatostcopy

| |
|---|
| 1) Please go to the bathroom and take a sample of your stool in this container |
|---|

Colonoscopy

| |
|--|
| 1) I will examine your intestines using and endoscope. |
| 2) It will be inserted in your anal cavity. Please try to relax your stomach. |

Saliva Analysis

| |
|---|
| 1) Please spit and put a saliva sample in this container |
|---|

Results of Testing

| |
|---|
| 1) We will know the results of the test immediately. |
| 2) We will know the results of the test by tomorrow. |
| 3) We will know the results of the test in ____ days. |
| 4) We will know the results of the test in about one week. |

(11) 病名を告げる

* 本誌P12～33の病名欄を示し説明する。

| | |
|----------|-----|
| あなたの病名は、 | です。 |
|----------|-----|

(12) 検査後の治療について

| | |
|--|----------------------|
| | 1) 検査の結果、再検査が必要です。 |
| | 2) 検査の結果、精密検査が必要です。 |
| | 3) 検査の結果、通院が必要です。 |
| | 4) 検査の結果、手術が必要です。 |
| | 5) 検査の結果、入院の必要があります。 |
| | 6) 知人に連絡をとって下さい。 |

(13) 治療をする

| | |
|--|------------------|
| | 1) 注射をします。 |
| | 2) 点滴をします。 |
| | 3) 輸血をします。 |
| | 4) 麻酔をします。 |
| | 5) 消毒をします。 |
| | 6) 薬を塗布します。 |
| | 7) 薬を飲んで治療しましょう。 |
| | 8) 手術をする必要があります。 |
| | 9) 赤外線治療をします。 |
| | 10) リハビリをします。 |
| | 11) 湿布をします。 |
| | 12) 縫合する必要があります。 |
| | 13) ギブスが必要です。 |

(11) Telling a Patient the Name of the Ailment.

Your sickness's name is _____.

(12) Treatment after Testing

| | |
|--|---|
| | 1) It is necessary to re-test. |
| | 2) From the test results, it is determined that we will need to do a more detailed test. |
| | 3) From the test results, it is determined that you will need to visit the hospital. |
| | 4) From the test results, it is determined you will need surgery. |
| | 5) From the test results, it is determined that you will need to be hospitalized. |
| | 6) Please contact an acquaintance. |

(13) Treatment Procedures

| | |
|--|---|
| | 1) I will give you an injection. |
| | 2) I will give you an intravenous injection. |
| | 3) I will give you a blood transfusion. |
| | 4) I will give you an anesthetic. |
| | 5) I will disinfect the infected area. |
| | 6) I will apply the medicated ointment. |
| | 7) Let's do treatment by taking this medication. |
| | 8) You need surgery. |
| | 9) I will do infrared therapy. |
| | 10) We will do rehabilitation. |
| | 11) We will put on a wet medicated compress. |
| | 12) You need stitches. |
| | 13) You need a plaster cast. |

(14) 医師からの注意

| | |
|--|----------------------------|
| | 1) お風呂に入らないで下さい。 |
| | 2) 酒を控えて下さい。 |
| | 3) タバコは吸わないで下さい。 |
| | 4) 患部を常に清潔にして下さい。 |
| | 5) 充分にうがいをして下さい。 |
| | 6) 暖かくして休んで下さい。 |
| | 7) 水分を多く補給して下さい。 |
| | 8) 消化しやすい柔らかいものを食べて下さい。 |
| | 9) 糖分の多い食品は控えて下さい。 |
| | 10) _____ 時以降は、食事はしないで下さい。 |
| | 11) 激しい運動を避けて下さい。 |
| | 12) 重たいものを持ったり重労働は控えて下さい。 |
| | 13) 暴飲暴食はしないで下さい。 |
| | 14) 刺激物は控えて下さい。 |
| | 15) 痒いからといって掻いてはいけません。 |
| | 16) 油濃い食品は、避けて下さい。 |
| | 17) 塩分は、控えて下さい。 |

(15) 薬について

① 薬の形状

| | | | |
|---|---------|----|---------|
| 1 | 粉 薬 | 8 | 軟 膏 |
| 2 | 湿 布 薬 | 9 | カ プ セ ル |
| 3 | 注 射 薬 | 10 | 丸 薬 |
| 4 | 膏 薬 | 11 | 坐 薬 |
| 5 | 錠 剤 | 12 | 塗 り 薬 |
| 6 | シ ロ ッ プ | 13 | 水 薬 |
| 7 | ト ロ ー チ | 14 | 浣 腸 |

(14) Advice from the Physician

| | |
|--|--|
| | 1) It is best not to take a bath. |
| | 2) Please refrain from drinking alcohol. |
| | 3) Please don't smoke. |
| | 4) Please keep the infected area clean. |
| | 5) Rinse out your mouth well. |
| | 6) Please rest and keep yourself warm. |
| | 7) Please drink plenty of liquids. |
| | 8) Please eat foods that are soft and easy to digest. |
| | 9) Please avoid foods with too much sugar. |
| | 10) Please don't eat after _____ o'clock. |
| | 11) Please refrain from doing any strenuous exercise. |
| | 12) Please avoid carrying any heavy objects and doing any heavy labor. |
| | 13) Don't eat or drink too much. |
| | 14) Please refrain from eating spicy food. |
| | 15) Even though it may be itchy, you should not scratch. |
| | 16) Please refrain from eating greasy foods. |
| | 17) Please refrain from eating salty foods. |

(15) Information about Medications

① Forms of medication

| | | | |
|---|------------------------|----|-----------------|
| 1 | medicinal powder | 8 | ointment |
| 2 | wet medicated compress | 9 | capsule |
| 3 | injection | 10 | pill |
| 4 | ointment patch | 11 | suppository |
| 5 | tablet | 12 | ointment |
| 6 | syrup | 13 | liquid medicine |
| 7 | a lozenge | 14 | enema |

② 薬の種類

| | | | | | |
|----|------|----|------|----|-------|
| 1 | 鎮痛剤 | 11 | うがい薬 | 21 | 吸入剤 |
| 2 | 鎮痒剤 | 12 | 消化剤 | 22 | 下痢止め |
| 3 | 消炎剤 | 13 | 洗鼻剤 | 23 | 咳止め薬 |
| 4 | 塗布剤 | 14 | 吸出剤 | 24 | 感冒薬 |
| 5 | 殺菌剤 | 15 | 降圧剤 | 25 | 栄養剤 |
| 6 | 止血剤 | 16 | 浣腸剤 | 26 | 利尿剤 |
| 7 | 洗眼剤 | 17 | 避妊薬 | 27 | 消毒剤 |
| 8 | 抗生剤 | 18 | 膣錠 | 28 | 心臓薬 |
| 9 | 点眼剤 | 19 | 胃腸薬 | 29 | 解熱剤 |
| 10 | 点耳鼻剤 | 20 | 睡眠剤 | 30 | 精神安定剤 |

③ 薬の服用方法について

| |
|--|
| 1) 一日__回、食前__以内に__ (錠・袋) 服用して下さい。 |
| 2) 一日__回、食後__以内に__ (錠・袋) 服用して下さい。 |
| 3) 一日__回、食間__ (錠・袋) 服用して下さい。 |
| 4) 一日__回、就寝前__ (錠・袋) 服用して下さい。 |
| 5) この薬は、痛みの激しい時のみ服用して下さい。 |
| 6) 一日__回、坐薬を肛門に挿入して下さい。 |
| 7) 一日__回、(目・鼻) に点して下さい。 |
| 8) 一日__回、患部に (塗布して・塗って・すりこんで) 下さい。 |
| 9) これはうがい薬ですので、飲まないで下さい。 うがい薬を水に溶かし、うがいをして下さい。 |
| 10) この薬は、強いので服用回数および服用量を守って下さい。 |
| 11) この薬 (シロップ) は、一日カップ__杯、服用して下さい。 |
| 12) この薬が合わない時は、遠慮なく申し出て下さい。 |
| 13) この薬を飲むと眠くなることがあります。 |
| 14) この薬は、かなり強いため服用後胃がむかつくことがありますので、胃腸薬も一緒に服用して下さい。 |

② Types of Medicine

| | | | | | |
|----|------------------------|----|---------------------------------|----|----------------------------|
| 1 | Pain killer | 11 | gargle | 21 | inhalent |
| 2 | anti-itch medication | 12 | digestive aid | 22 | anit-diarrhea aid |
| 3 | anti-inflammatory | 13 | nasal drops | 23 | cough medication |
| 4 | wet medicated compress | 14 | blister plaster | 24 | cold medication |
| 5 | disinfectant germicide | 15 | anti-hyper tension medication | 25 | dietary medication |
| 6 | hemostatic medication | 16 | enema | 26 | a diuretic |
| 7 | eye-rinse | 17 | contraceptve | 27 | disinfectant |
| 8 | antibiotic | 18 | vaginal medicine | 28 | heart medication |
| 9 | eye drops | 19 | gastro-intestinal digestive aid | 29 | fever- reducing medication |
| 10 | ear and nose drops | 20 | sleeping medication | 30 | tranquilizer |

③ Instructions for taking medication

| |
|---|
| 1) Take _____ tablets/packets _____ times a day before meals. |
| 2) Take _____ tablets/packets _____ times a day after meals. |
| 3) Take _____ tablets/packets _____ times a day with food. |
| 4) Take _____ tablets/packets _____ times a day before going to sleep. |
| 5) Take this medication only when you are feeling severe pain. |
| 6) Insert this suppository in your rectum _____ times a day. |
| 7) Please put place the medication in your eye/nose _____ times a day. |
| 8) Please apply the medication to the infected area _____ times a day. |
| 9) This is a gargle, so please don't drink it. Mix the medication with water and then gargle. |
| 10) This medication is quite strong, so please be careful to only take the prescribed amount. |
| 11) Please take _____ cups of this syrup-type medication each day. |
| 12) If this medication does not seem to be working, or causes some bad effects, by all means, inform the physician. |
| 13) When you take this medication, it may make you sleepy. |
| 14) This medication is quite stong and may disturb your stomach, so please take a digestive aid together with the medication. |

(16) 再 診

| | |
|--|-------------------------|
| | 1) 明日また来て下さい。 |
| | 2) まだ痛むようならまた来て下さい。 |
| | 3) 薬がなくなった頃、また来て下さい。 |
| | 4) 2～3日後に来て下さい。 |
| | 5) 一週間後に来て下さい。 |
| | 6) 痛まなければ来る必要はありません。 |
| | 7) _____ 後に検査を受けに来て下さい。 |

(17) 保険証の確認

*保険証をお持ちですか？

| | | | |
|---|--------|---|---------|
| 1 | 持っています | 2 | 持っていません |
|---|--------|---|---------|

*持っていれば、保険証を見せて下さい。

(16) Continued Treatment

| | |
|--|--|
| | 1) Please come again tomorrow. |
| | 2) If it continues to hurt, please come again. |
| | 3) Please come again when you have run out of the medication. |
| | 4) Please come again in two or three days. |
| | 5) Please come again in one week. |
| | 6) If you don't have any further pain, it's not necessary to come back. |
| | 7) Please come back for testing in _____ days/weeks. |

(17) Verification of insurance

*Do you have an insurance card ?

| | | | |
|---|-----------|---|--------------|
| 1 | Yes, I do | 2 | No, I don't. |
|---|-----------|---|--------------|

*Please show me your Insurance card ?

