台灣城鄉之社區腸病毒 71 型血清流行病學調查-幼兒問卷

EV71 Seroepidemiology study in urban and rural areas in Taiwan:

Questionnaire for preschool children

Date：____/____/____

一、基本資料與兒童照護

First, basic information and child care

1.被抽血人姓名： 1. Name of the study subject	性別： gender:	生日：民國　年　月　日 Date of birth：　/　/
2.家長姓名： 2.Parent's name: 填表人為： The name who fills in the form:	聯絡方式(手機) Contact information (mobile phone)	(電話) (phone)
3.地址 3. Address		
4.這個住處已經住了____年 4. This place has lived for (how many)years	住家是在：（請勾選） □城市區, □鄉村區, □城市邊緣地(市郊) ,□工業區 The home is at: (please tick) □ urban area, □ rural area, □ urban fringe (suburban), □ industrial area	
5.同住家庭人數共:____人 5. Living with family members:_____ (how many) People		
6.小朋友手足數:(_____人) 為_____兄，年齡分別為：(_____) 為_____姊，年齡分別為：(_____) 為_____弟，年齡分別為：(_____) 為_____妹，年齡分別為：(_____) 6.Number of children, brothers and sisters: (_____ people) _____(how many) elder brothers, the ages are: (_____) _____(how many) elder sister, the ages are: (_____) _____(how many) younger brothers, the ages are: (_____) _____(how many) younger sisters, the ages are: (_____)		
7.小朋友是否有慢性疾病 7. Does the child have chronic diseases?	□有,（請註明：_____ ） □無， □ Yes, (please specify:) □No	
8.小朋友是否被餵過母奶 8. Has the child been fed breast milk?	□是:從___ 月大到____ 月大, □否 □ Yes: From month to month, □No	
9.小朋友是上幼稚園或托兒所? 9. Is the child attending a kindergarten or nursery?	□是 □否 □Yes □No	
10.小朋友若未上幼稚園或托兒所,主要照顧者為：□褓姆,□母親,□父親,□祖父母,□其他：_____ 10.If the child is not attending a kindergarten or nursery school, the main caregivers are: □Babysitter, □ mother, □father, □ grandparents, □ others: _____		

11.家中是否有人為B型肝炎帶原者: □有(請註明: _____) □無 11. Is there anyone in the family who is a hepatitis B carrier: □ Yes (please specify: _____) □No
12.家中主要飲水來源：□自來水,□井水, □泉水,□其他：_____ 12. Main sources of drinking water in the home: □ tap water, □ well water, □ spring water, □ other: _____

二、腸病毒相關疾病及接觸史

Second, enterovirus-related diseases and exposure history

題目 topic	請選擇符合您的選項 Please select the option that matches your choice
1.小孩是否得過手足口症？ 1. Does the child have a medical history of hand, foot and mouth disease?	□有，幾次：□1, □2, □3, □4, □大於 5 次 □無 □不知 □ Yes, several times: □1, □2, □3, □4, □ more than 5 times □No □ I don't know
2.小孩是否得過咽峽炎？ 2. Does the child have a medical history of herpangina?	□有，幾次：□1, □2, □3, □4, □大於 5 次 □無 □不知 □ Yes, several times: □1, □2, □3, □4, □ more than 5 times □No □ I don't know
3.家人中是否有人得過咽峽炎或手足口症？ 3. Did anyone in the family have herpangina or hand, foot and mouth disease in the past?	□有(與小孩的關係為：_____), □無 □不知 □ Yes (the relationship with children is:), □No □ I don't know
4.小孩的同學是否得過咽峽炎或手足口症？ 4. Did the child's classmates have herpangina or hand, foot and mouth disease in the past?	□有 □無 □不知 □ Yes □No □ I don't know
5.小孩是否曾與手足口症或咽峽炎患者接觸？ 5. Did the child have contact with patients with hand, foot and mouth disease or herpangina?	□有，請勾選以下 接觸方式：____握手，____摟抱，____親吻，____餵食，____遊玩， __其他方式：註明_____ □無 □不知 □ Yes, please tick the following Contact: □shaking hands, □hugging, □kissing,

	□sharing food, □playing, Other ways: please specify _____ □No □ I don't know

三、疫苗接種史(請問您打了下列疫苗否？請按健康手冊之疫苗接種紀錄填)：

Third, the history of vaccination (Do you have the following vaccine? Please fill in according to the vaccination record of the children health handbook):

健康手冊之疫苗接種紀錄可否影印給我們存檔確認以下資料□**可** □**否**

Can the vaccination record of the children health handbook be photocopied to us to confirm the following information?□Yes □ No

疫苗名稱 Vaccine name	★「有」施打（以下請**勾**） ★ "Yes" Vaccination (Please check below)	若「有」施打，共幾劑 If you have a vaccine, how many doses were received	若「有」施打，最後一劑日期 If you have a vaccine, please write down the date of last dose	★「無」施打（以下請**勾**） ★"None" vaccine (Please check below)	★「不知是否有」施打（以下請**勾**） ★ "I don't know Whether the vaccine was received
1.B 型肝炎疫苗： Hepatitis B vaccine	□有 □Yes	幾劑 how many ____ doses	年 月 日 ___year___month ___day	□**無** □NO	□**不知** □Unknown
2.卡介苗核 BCG 疫苗 (Bacillus Calmette-Guérin (BCG) vaccine	□有 □Yes	幾劑 how many ____ doses	年 月 日 ___year___month ___day	□**無** □NO	□**不知** □Unknown
3.五合一疫苗 DTaP-Hib-IPV Diphtheria and tetanus toxoid with acellular pertussis vaccine, Haemophilus influenzae type b vaccine, Inactivated polio vaccine	□有 □Yes	幾劑 how many ____ doses	年 月 日 ___year___month ___day	□**無** □NO	□**不知** □Unknown
4.肺炎鏈球菌疫苗 Pneumococcal conjugate vaccine	□有 □Yes	幾劑 how many ____ doses	年 月 日 ___year___month ___day	□**無** □NO	□**不知** □Unknown

5.麻疹/腮腺炎/德國麻疹疫苗 Measles, mumps, and rubella vaccine	□有 □Yes	幾劑 how many _____ doses	年 月 日 ___year___month ___day	□無 □NO	□不知 □Unknown
6.水痘疫苗 Chickenpox Vaccine	□有 □Yes	幾劑 how many _____ doses	年 月 日 ___year___month ___day	□無 □NO	□不知 □Unknown
7.日本腦炎疫苗 Japanese encephalitis vaccine	□有 □Yes	幾劑 how many _____ doses	年 月 日 ___year___month ___day	□無 □NO	□不知 □Unknown
8.A 型肝炎疫苗 Hepatitis A vaccine	□有 □Yes	幾劑 how many _____ doses	年 月 日 ___year___month ___day	□無 □NO	□不知 □Unknown