資料５

J-SPEED　精神版　英語表記例

Disaster Medical Record (Mental Health Edition) J- Please check all that apply			Date of consultation
			XXXXXX year XXXX month XXXX day
Age	☐0 years old ☐1-14 years old ☐15-64		Name of Consultant
Gender	1	☐ Male	
	2	☐ Female	
Attribu	3	☐ Supporter	
Responded to Location			Date of birth
	4	☐ Shelter	
	5	☐ Hospitals and first aid centers	
	6	☐ Home	Address
	7	☐ Other locations	
Mental health			
Complaint of the person			
	8	☐ Cannot sleep	Name of shelter/rescue center
	9	☐ I am anxious	
	10	☐ Disasters come to mind.	
	11	☐ I'm depressed.	
	12	☐ I feel sick.	Telephone number
	13	☐ I feel like dying	
	14	☐ I am being victimized by people around me	
	15	☐ I have memory loss	Pre-existing mental illness
	16	☐ Other	☐Yes
Behavioral problems			
	17	☐ Difficulty in understanding what you are saying	Name of medication
	18	☐ Angry person	
	19	☐ Excited	
	20	☐	
	21	☐ Unresponsive	Life History
	22	☐ Wandering	
	23	☐ Self-harming	
	24	☐ Attempting suicide	
	25	☐ Is verbally abusive or violent	
	26	☐ Cannot quit drinking alcohol	
	27	☐ Other	
ICD Classification			☐ Death or missing family/friends
	28	☐	☐ Injuries
	29	☐	☐ Damage to or flooding of house
	30	☐	Family members ☐Yes ☐None
	31	☐	Current medical history
	32	☐	
	33	☐	
	34	☐	
	35	☐	
	36	☐	
	37	☐	
	38	☐	
	39	☐	present illness
Support needed			
	40	☐ Psychiatric treatment	
	41	☐ Physical Medicine	
	42	☐ Health and welfare care	
	43	☐ Community, workplace, home, etc.	
Response			
	44	☐ Prescription	Response,Psychiatric urgencyYesNo
	45	☐ Hospitalization/residential care	
	46	☐ Referral to local health care facilities	
	47	☐ Listening, advice, etc.	
Outcome			
	48	☐ Continuation of support	
	49	☐ Termination of support	
	50	☐ Directly related	
	51	☐ Indirectly related	
	52	☐ No relation	