

# Stomach X-ray (Barium) Examination Questionnaire

◎Please answer the following questions to ensure that you receive the examination safely  
(please circle Yes or No as appropriate).

- ① Have you ever had a stomach X-ray (barium) examination? 【 No · Yes 】  
② Have you ever had allergic symptoms when you had an X-ray (barium) examination of your stomach or large intestine before? 【 Yes · No 】  
If you circled 'Yes', please circle the symptom(s).

- |                        |                     |                         |
|------------------------|---------------------|-------------------------|
| 1. Hives               | 2. Feeling sick/ill | 3. Face turned pale     |
| 4. Cold hands and feet | 5. Choking          | 6. Difficulty breathing |
| 7. Others ( )          |                     |                         |

- ③ When you eat or drink, do you often choke (get food or drink in your windpipe)? 【 Yes · No 】  
④ When you took barium before, have you ever choked (got barium in your windpipe)? 【 Yes · No 】  
⑤ Please circle your daily bowel movements from the options below.

- |  |   |
|--|---|
| 1. Bowel movement every day  | 2. Slightly constipated (bowel movement every 2-3 days) |
| 3. Severe constipation (only one bowel movement in 4 days or more) |   |

- ⑥ Do you currently have any disease in the gastrointestinal tract (stomach, duodenum, large intestine, etc.), heart, or kidney? 【 Yes · No 】  
Please circle any of the following illnesses that apply to you.

- |                           |                                    |  |
|---------------------------|------------------------------------|--|
| 1. Colon diverticulum     | 2. Intestinal obstruction/adhesion | 3. Gastrointestinal stricture                |
| 4. Appendicitis           | 5. Diverticulitis                  | 6. Ulcerative colitis                        |
| 7. Gastric/duodenal ulcer | 8. Heart failure                   | 9. Undergoing dialysis                       |
| 10. Kidney failure        | 11. Abdominal aortic aneurysm      | 12. Abdominal surgery (within the past year) |
| 13. Other ( )             |                                    |  |

※Patients with restricted water intake may have difficulty excreting barium, so examination may not be possible.

- ⑦ Do you wear a cardiac pacemaker? 【 Yes · No 】  
⑧ Do you have an implanted cardioverter defibrillator (ICD)? 【 Yes · No 】  
※ For those with an implanted cardioverter defibrillator (ICD), the examination cannot be conducted for safety reasons.  
⑨ Do you have any artificial joints? 【 Yes · No 】

Note 1 For those with restricted water intake, those with severe constipation and those with diseases such as the above, in very rare cases serious complications such as aspiration (mis-swallowing), intestinal obstruction, and perforation of the gastrointestinal tract may occur, Therefore we may refrain from conducting the examination. If the examination is conducted, make sure that you drink plenty of water and eat as much fiber-rich food (vegetables, fruits, seaweed, etc.) as possible. Also, be sure to take laxatives.

Note 2 Endoscopy is recommended for those who have undergone gastric surgery or who weigh more than 135kg.

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Examination Consent Form  
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※ Please fill in using a ballpen.

I have read the above precautions and agree to undergo a gastric X-ray examination.

Date (Y) (M) (D)

Signature \_\_\_\_\_