

**Confidential**Designated Statistics No. 66  
Patient Survey

# Patient Survey

Hospital (Even Day) Questionnaire  
From 21st to 23rd Oct., 2008 (One specified day)

The Ministry of Health, Labour and Welfare

Instruction for filling in forms

- 1 Do not fill in the fields marked by \*
- 2 At hospitals with 500 - 599 beds, fill in the form for patients with the last digit of day of birth being 0, 2, 4, 6, 8 and 9.
- 3 At hospitals with more than 600 beds, fill in the form for patients with the last digit of day of birth being 0, 1, 2, 4, 6, 8 and 9.

*Health Center Code	
Facility ID No.	H-
Questionnaire Ref. No.	

Circle one of the two

1 Inpatient

2 Outpatient

Patient ID No.	Sex		Date of birth						
			(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
1	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
2	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
3	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
4	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
5	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
6	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
7	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
8	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
9	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
10	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
11	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
12	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
13	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
14	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
15	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
16	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
17	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
18	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
19	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji
20	1 Male	2 Female	(DD)	(MM)	(YY)	1 Heisei	2 Showa	3 Taisho	4 Meiji

Number of patients entered in this questionnaire

patient(s)