

Confidential

Designated Statistics No. 66
Patient Survey

Patient Survey

Hospital Admission (Odd 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 1, 3, 5, and 7.
- 3 At hospitals with more than 600 beds, fill in the form for patients with the last digit of day of birth being 3, 5, and 7.

*Health Center Code	
Facility ID No.	H-
Patient ID No.	

(1) Sex	1 Male 2 Female	(2) Date of birth	(DD) (MM) (YY)	1 Heisei 2 Showa 3 Taisho 4 Meiji
(3) Patient address	1 Inside the municipality of hospital			*Municipality Code
	2 Outside the municipality of hospital → <input type="text"/> To/Do <input type="text"/> Shi <input type="text"/> Ku <input type="text"/> Fu/Ken <input type="text"/> Gun <input type="text"/> Chō/Son			<input type="text"/>
(4) Date of admission and others	Date of admission (DD) (MM) (YY)			1 Heisei 2 Showa
<p>The primary disease means the disease entered to "(1) Name of primary disease" in "(5) Circumstances of medical care".</p>	Previous Admission		1 Yes →	Date of Discharge
	<p>Applies only to admission to your hospital for the primary disease and injury and with the date of discharge within 30 days after the date of admission entered above (only to cases with the year of discharge in Heisei years).</p>		2 No	(DD) (MM) (YY) Heisei
(5) Circumstances of medical care	<p>1- Diagnosis and treatment of disease 2 Normal delivery (Single spontaneous delivery) 3 Supervision of normal pregnancy or puerperium</p> <p>4 Examination, health check-up or management for healthy individual 5 Other healthcare services</p>			
<p>For the name of primary disease, enter the type of onset (e.g.: acute), cause of the disease (e.g.: name of pathogen), site of the disease (e.g.: gastric cardia cancer), and nature of the disease (e.g.: histopathological type) as detailed as possible. Additionally, when the patient has multiple diseases, indicate all that apply in the field of secondary diseases.</p> <p>*16 Mental disorders" means dementia including Alzheimer's disease, mental and behavioural disorders due to psychoactive substance use, schizophrenia, schizotypal disorder and delusional disorder, mood [affective] disorders, neurotic disorders, epilepsy, and other mental and behavioural disorders (but excludes mental retardation).</p>	(1) Name of primary disease		Cause of trauma	
	<p>(2) Names of secondary diseases (circle all that applies)</p> <p>01 No secondary disease</p> <p>02 Diabetes mellitus (without complications)</p> <p>03 Diabetic nephropathy</p> <p>04 Diabetic retinopathy</p> <p>05 Diabetic neuropathy</p> <p>06 Diabetic lesion of foot</p> <p>07 Diabetes mellitus with complications other than 03 - 06</p> <p>08 Obesity</p> <p>09 Hyperlipidaemia (Dyslipidaemia)</p> <p>10 Hypertension</p> <p>11 Ischaemic heart diseases</p> <p>12 Stroke</p> <p>13 Peripheral arterial occlusive disease</p> <p>14 Diseases of the aorta (Aortic dissection, aortic aneurysm)</p> <p>15 Chronic renal failure (Chronic renal disease)</p> <p>16 Mental disorders</p> <p>17 Other diseases</p>		<p>Cause of trauma (including intoxication)</p> <p>When the name of primary disease is trauma (including intoxication), circle one number describing its cause from the list below.</p> <p>Accidents Intentional or unknown</p> <p>(1) Automobile accident (7) Self-harm</p> <p>(2) Cycle accident (8) Assault</p> <p>(3) Other traffic accidents (9) Unknown</p> <p>(4) Sports accidents</p> <p>(5) Falls</p> <p>(6) Accident by causes other than (1) - (5)</p>	
(6) Status of dialysis treatment	<p>1 Under maintenance dialysis treatment 2 Under other dialysis treatment 3 Nor under dialysis treatment 4 Unknown</p> <p>Including treatment at other medical facility</p>			
(7) Payment method of medical fee	<p>1 Private payment (Including specified medical care coverage)</p> <p>2 Health insurances, public expenditure</p> <p>3 Long-term care insurance (Including in-home care support plan)</p> <p>I (Health insurance and others)</p> <p>01 Japan Health Insurance Association-managed health insurance (principal)</p> <p>02 Japan Health Insurance Association-managed health insurance (family)</p> <p>03 Union health insurance (principal)</p> <p>04 Union health insurance (family)</p> <p>05 Mutual aid associations insurance (principal)</p> <p>06 Mutual aid associations insurance (family)</p> <p>07 National health insurance</p> <p>II (Public expenditure)</p> <p>14 Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases</p> <p>15 Act on Mental Health and Welfare for the Mentally Disabled</p> <p>16 Public Assistance Act (Medical Assistance)</p> <p>17 Other public expenditure</p> <p>08 Retiree Health Care System (principal)</p> <p>09 Retiree Health Care System (Family)</p> <p>10 Act on Assurance of Medical Care for Elderly People</p> <p>11 Workmen's or occupational accident compensation insurance</p> <p>12 Automobile Liability Security Act</p> <p>13 Other</p>			
(8) Origin of referral	<p>1 Hospital 2 Medical clinic 3 Dental clinic 4 Health care facility for the elderly requiring long-term care</p> <p>5 Welfare facility for the elderly requiring long-term care 6 Others 7 Without referral</p>			
(9) Circumstances of emergency care	<p>Emergency { 1 Transport by ambulance 2 Visit to emergency room 3 Visit outside consultation hours 4 Emergencies other than 1 - 3</p>			
(10) Type of bed	<p>Psychiatric bed { 1 sanatorium type wards for the elderly with senile dementia 2 Other psychiatric bed 3 Infectious diseases bed</p> <p>4 Tuberculosis bed</p> <p>5 Beds for long-term care (covered by health insurance)</p> <p>6 Beds for long-term care (covered by long-term care insurance)</p> <p>7 General bed</p>			
(11) Circumstances of admission	<p>1 Small risk of life but requiring inpatient treatment or surgery 4 Hospitalization for examination</p> <p>2 Life-threatening 5 Other</p> <p>3 To be discharged when acceptance condition is met</p>			