

Confidential

Designated Statistics No. 66
Patient Survey

Patient Survey

Medical Clinic Discharge Questionnaire

The Ministry of Health, Labour and Welfare

Instruction for filling in forms

Do not fill in the fields marked by *

From 01st to 30th Sep., 2008

*Health Center Code	
Facility ID No.	C-
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 prefectures of clinic 2 Outside the prefectures of clinic → <input type="text"/> To/Do Fu/Ken	*Prefecture Code	<input type="text"/>	<input type="text"/>																																
(4) Date of admission or discharge	Date of admission (DD) (MM) (YY)	1 Heisei 2 Showa	Date of Discharge (DD)	Sept., Heisei 20																																
(5) Circumstances of medical care <small>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. "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).</small>	1 Diagnosis and treatment of disease 2 Normal delivery (Single spontaneous delivery) 3 Supervision of normal pregnancy or puerperium 4 Examination, health check-up or management for healthy individual 5 Other healthcare services	(1) Name of primary disease <input type="text"/>	Cause of trauma <input type="text"/>	Cause of trauma (including intoxication) <small>When the name of primary disease is trauma (including intoxication), circle one number describing its cause from the list below.</small>																																
		(2) Names of secondary diseases (circle all that applies)																																		
		<table border="1"> <tr> <td>01 No secondary disease</td> <td>10 Hypertension</td> </tr> <tr> <td>02 Diabetes mellitus (without complications)</td> <td>11 Ischaemic heart diseases</td> </tr> <tr> <td>03 Diabetic nephropathy</td> <td>12 Stroke</td> </tr> <tr> <td>04 Diabetic retinopathy</td> <td>13 Peripheral arterial occlusive disease</td> </tr> <tr> <td>05 Diabetic neuropathy</td> <td>14 Diseases of the aorta (Aortic dissection, aortic aneurysm)</td> </tr> <tr> <td>06 Diabetic lesion of foot</td> <td>15 Chronic renal failure (Chronic renal disease)</td> </tr> <tr> <td>07 Diabetes mellitus with complications other than 03 - 06</td> <td>16 Mental disorders</td> </tr> <tr> <td>08 Obesity</td> <td>17 Other diseases</td> </tr> <tr> <td>09 Hyperlipidaemia (Dyslipidaemia)</td> <td></td> </tr> </table>	01 No secondary disease	10 Hypertension	02 Diabetes mellitus (without complications)	11 Ischaemic heart diseases	03 Diabetic nephropathy	12 Stroke	04 Diabetic retinopathy	13 Peripheral arterial occlusive disease	05 Diabetic neuropathy	14 Diseases of the aorta (Aortic dissection, aortic aneurysm)	06 Diabetic lesion of foot	15 Chronic renal failure (Chronic renal disease)	07 Diabetes mellitus with complications other than 03 - 06	16 Mental disorders	08 Obesity	17 Other diseases	09 Hyperlipidaemia (Dyslipidaemia)			<table border="1"> <tr> <td>Accidents</td> <td>Intentional or unknown</td> </tr> <tr> <td>(1) Automobile accident</td> <td>(7) Self-harm</td> </tr> <tr> <td>(2) Cycle accident</td> <td>(8) Assault</td> </tr> <tr> <td>(3) Other traffic accidents</td> <td>(9) Unknown</td> </tr> <tr> <td>(4) Sports accidents</td> <td></td> </tr> <tr> <td>(5) Falls</td> <td></td> </tr> <tr> <td>(6) Accident by causes other than (1) - (5)</td> <td></td> </tr> </table>	Accidents	Intentional or unknown	(1) Automobile accident	(7) Self-harm	(2) Cycle accident	(8) Assault	(3) Other traffic accidents	(9) Unknown	(4) Sports accidents		(5) Falls		(6) Accident by causes other than (1) - (5)	
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(6) Treatments for cancer <small>Indicate all that apply</small>	1 Yes → 2 No	1 Chemotherapy 2 Radiotherapy (2 External irradiation 3 Intracavitary or interstitial irradiation 4 Other)																																		
(7) Surgical operation	1 Yes → 2 No	Date of surgery (DD) (MM) (YY) Heisei Name of surgery Circle one	<table border="1"> <tr> <td>1 Craniotomy</td> <td>5 Laparoscopic surgery</td> <td>8 Percutaneous transluminal surgery</td> </tr> <tr> <td>2 Thoracotomy</td> <td>6 Thoracoscopic surgery</td> <td>9 Other</td> </tr> <tr> <td>3 Laparotomy</td> <td>7 Other endoscopic surgery</td> <td></td> </tr> <tr> <td>4 Musculoskeletal system surgery (limbs and trunk)</td> <td></td> <td></td> </tr> </table>	1 Craniotomy	5 Laparoscopic surgery	8 Percutaneous transluminal surgery	2 Thoracotomy	6 Thoracoscopic surgery	9 Other	3 Laparotomy	7 Other endoscopic surgery		4 Musculoskeletal system surgery (limbs and trunk)																							
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(8) Payment method of medical fee <small>Indicate all that apply</small> <small>Additionally, when the patient is covered by long-term care insurance simultaneously using health insurance and public expenditure, indicate both.</small>	1 Private payment (Including specified medical care coverage) 2 Health insurances, public expenditure 3 Long-term care insurance (Including in-home care support plan)	<table border="1"> <tr> <td>i (Health insurance and others)</td> <td>08 Retiree Health Care System (principal)</td> </tr> <tr> <td>01 Government-managed health insurance (principal)</td> <td>09 Retiree Health Care System (Family)</td> </tr> <tr> <td>02 Government-managed health insurance (family)</td> <td>10 Act on Assurance of Medical Care for Elderly People</td> </tr> <tr> <td>03 Union health insurance (principal)</td> <td>11 Workmen's or occupational accident compensation insurance</td> </tr> <tr> <td>04 Union health insurance (family)</td> <td>12 Automobile Liability Security Act</td> </tr> <tr> <td>05 Mutual aid associations insurance (principal)</td> <td>13 Other</td> </tr> <tr> <td>06 Mutual aid associations insurance (family)</td> <td></td> </tr> <tr> <td>07 National health insurance</td> <td></td> </tr> <tr> <td>ii (Public expenditure)</td> <td></td> </tr> <tr> <td>14 Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases</td> <td></td> </tr> <tr> <td>15 Act Related to Mental Health and Welfare of the Persons with Mental Disorders</td> <td></td> </tr> <tr> <td>16 Public Assistance Act (Medical Assistance)</td> <td></td> </tr> <tr> <td>17 Other public expenditure</td> <td></td> </tr> </table>	i (Health insurance and others)	08 Retiree Health Care System (principal)	01 Government-managed health insurance (principal)	09 Retiree Health Care System (Family)	02 Government-managed health insurance (family)	10 Act on Assurance of Medical Care for Elderly People	03 Union health insurance (principal)	11 Workmen's or occupational accident compensation insurance	04 Union health insurance (family)	12 Automobile Liability Security Act	05 Mutual aid associations insurance (principal)	13 Other	06 Mutual aid associations insurance (family)		07 National health insurance		ii (Public expenditure)		14 Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases		15 Act Related to Mental Health and Welfare of the Persons with Mental Disorders		16 Public Assistance Act (Medical Assistance)		17 Other public expenditure									
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(9) Type of bed	1 Beds for long-term care (covered by health insurance)	2 Beds for long-term care (covered by long-term care insurance)	3 General bed																																	
(10) Residence before admission	Home { 1 Outpatient visit to the same hospital or clinic 2 Outpatient visit to other hospital or clinic 3 Home care (Home visit consultation or home-visit nursing or others) 4 Other } 5 Inpatient of other hospital or clinic 6 Health care facility for the elderly requiring long-term care 7 Welfare facility for the elderly requiring long-term care 8 Social welfare institution 9 Others (Newborn, unknown or others)																																			
(11) Circumstances of emergency care <small>Indicate all that apply</small>	Emergency { 1 Transport by ambulance 2 Visit to emergency room 3 Visit outside consultation hours } 4 Emergencies other than 1 - 3																																			
(12) Outcome	1 Recovered 2 Improved 3 Persisting 4 Worsened 5 Died 6 Other																																			
(13) Destination after discharge <small>(12) Entry not required for cases with outcomes of "5 Death".</small>	Home { 1 Outpatient visit to the same hospital or clinic 2 Outpatient visit to other hospital or clinic 3 Home care (Home visit consultation or home-visit nursing or others) 4 Other } 5 Community medical support hospital or advanced treatment hospital 6 Other hospital 7 Clinic 8 Health care facility for the elderly requiring long-term care 9 Welfare facility for the elderly requiring long-term care 10 Social welfare institution 11 Others (Unknown or others)																																			