

Confidential

Designated Statistics No. 66
Patient Survey

Patient Survey

The Ministry of Health, Labour and Welfare

Medical Clinic Questionnaire

Instruction for filling in forms

Do not fill in the fields marked by *

21st, 22nd, or 24th Oct., 2008 (One specified day)

*]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			*]Prefecture Code	
	2 Outside the prefectures of clinic → <input type="text"/> To/Do Fu/Ken			<input type="text"/>	
(4) Type and other information of admission or outpatient visit (The primary disease means the disease entered to "(1) Name of primary disease" in "(5) Circumstances of medical care".)	Date of admission (DD) (MM) (YY)			1 Heisei 2 Showa	
	Inpatient	Previous Admission <small>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).</small>		1 Yes → 2 No	
	Outpatient	Initial visit	1 Outpatient visit 2 Home visit		Date of Discharge (DD) (MM) (YY) Heisei
		Return visit	3 Outpatient visit 4 Home visit	5 Home visit consultation 6 Home visit by person other than a physician	
(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 Immunization 6 Other healthcare services				
	(1) Name of primary disease		Cause of trauma	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)		Accidents Intentional or unknown		
	01 No secondary disease		(1) Automobile accident (7) Self-harm		
	02 Diabetes mellitus (without complications)		(2) Cycle accident (8) Assault		
	03 Diabetic nephropathy		(3) Other traffic accidents (9) Unknown		
	04 Diabetic retinopathy		(4) Sports accidents		
	05 Diabetic neuropathy		(5) Falls		
	06 Diabetic lesion of foot		(6) Accident by causes other than (1) - (5)		
	07 Diabetes mellitus with complications other than 03 - 06				
	08 Obesity				
	09 Hyperlipidaemia (Dyslipidaemia)				
(6) Status of dialysis treatment <small>(Including treatment at other medical facility)</small>	1 Under maintenance dialysis treatment 2 Under other dialysis treatment 3 Nor under dialysis treatment 4 Unknown				
(7) Payment method of medical fee <small>Indicate all that apply</small> Additionally, when the patient is covered by long-term care insurance simultaneously using health insurance and public expenditure, indicate both.	1 Private payment (Including specified medical care coverage) 2 Health insurances, public expenditure 3 Long-term care insurance (Including in-home care support plan)				
	I (Health insurance and others) 01 Japan Health Insurance Association-managed health insurance (principal) 02 Japan Health Insurance Association-managed health insurance (family) 03 Union health insurance (principal) 04 Union health insurance (family) 05 Mutual aid associations insurance (principal) 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 on Mental Health and Welfare for the Mentally Disabled 16 Services and Support for Persons with Disabilities Act 17 Public Assistance Act (Medical Assistance) 18 Other public expenditure				
(8) Origin of referral	1 Hospital 2 Medical clinic 3 Dental clinic 4 Health care facility for the elderly requiring long-term care 5 Welfare facility for the elderly requiring long-term care 6 Others 7 Without referral				
(9) Circumstances of emergency care <small>(Indicate all that apply)</small>	Emergency { 1 Transport by ambulance 2 Visit to emergency room 3 Visit outside consultation } 4 Emergencies other than 1-3 hours				
Admission only	(10) 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			
	(11) Circumstances of admission	1 Small risk of life but requiring inpatient treatment or surgery 2 Life-threatening 3 To be discharged when acceptance condition is met 4 Hospitalization for examination 5 Other			