

Confidential

Designated Statistics No. 66
Patient Survey

Patient Survey

Outpatient Visit (Odd Day) Questionnaire From 21st to 23rd Oct., 2008 (One specified day)

The Ministry of Health, Labour and Welfare

Instruction for filling in forms

- Do not fill in the fields marked by *
- 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.
- 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 prefectures of hospital			*Prefecture Code
	2 Outside the prefectures of hospital → <input type="text"/> To/Do Fu/Ken			<input type="text"/>
(4) Type of outpatient visit	Initial visit	1 Outpatient visit 2 Home visit		
	Return visit	3 Outpatient visit 4 Home visit 5 Home visit consultation 6 Home visit by person other than a physician	Date of previous consultation (visit) (DD) (MM) , 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 Immunization 6 Other healthcare services			
	(1) Name of primary disease <input type="text"/> Cause of trauma <input type="text"/>			
	(2) Names of secondary diseases (circle all that applies)			
	01 No secondary disease 02 Diabetes mellitus (without complications) 03 Diabetic nephropathy 04 Diabetic retinopathy 05 Diabetic neuropathy 06 Diabetic lesion of foot 07 Diabetes mellitus with complications other than 03 - 06 08 Obesity 09 Hyperlipidaemia (Dyslipidaemia)		10 Hypertension 11 Ischaemic heart diseases 12 Stroke 13 Peripheral arterial occlusive disease 14 Diseases of the aorta (Aortic dissection, aortic aneurysm) 15 Chronic renal failure (Chronic renal disease) 16 Mental disorders 17 Other diseases	
	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)			
(6) Status of dialysis treatment (including treatment at other medical facility)	1 Under maintenance dialysis treatment 2 Under other dialysis treatment 3 Nor under dialysis treatment 4 Unknown			
(7) Payment method of medical fee (Indicate all that apply) 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 Services and Support for Persons with Disabilities Act 16 Public Assistance Act (Medical Assistance) 17 Other public expenditure	
			08 Retiree Health Care System (principal) 09 Retiree Health Care System (Family) 10 Act on Assurance of Medical Care for Elderly People 11 Workmen's or occupational accident compensation insurance 12 Automobile Liability Security Act 13 Other	
(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 (Indicate all that apply)	Emergency { 1 Transport by ambulance 2 Visit to emergency room 3 Visit outside consultation } 4 Emergencies other than 1 - 3			