## Patient Survey

## Hospital Admission (Odd Day) Questionnaire

Ministry of Health,
Labour and Welfare



October 17-19, 2023 (One specified day)

## Instructions for filling in forms

- 1 Do not fill in the fields marked by \*.
- 2 At hospitals with 20-499 beds, fill in the form for patients with the last digit of day of birth being 1, 3, 5, 7 and 9.
- 3 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.

  4 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 No.	H -
Patient No.	

4 At nospitals with more th	an 600 beds, fill in the form for	or patients with the	last digit of c	ay of birth bein	g 3, 5, and 1	•			
(1) Sex	<b>1</b> Male <b>2</b> Female (2)	Date of birth	(DD) (MM	) (YY)	1 Reiwa	2 Heisei	3 Showa	4 Taisho	5 Meiji
(3) Address of patient	1 Inside the municipality o  2 Outside the municipality hospital  When the address of the patient	of —>	of Tokyo or the	Prefectural government	ance designated	Shi Gun		ward vour	Ku Cho/Son
	hospital is located, circle "2" and *Government-ordinance designation Nagoya, Kyoto, Osaka, Sakai, K	d enter in detail to the nated cities: Sapporo, Se	name of the war endai, Saitama, (	d. Chiba, Yokohama,	Kawasaki, Saga			•	
(4) Date of admission	(DD) (MM)	(YY)	1 Reiwa	<b>2</b> Hei	sei <b>3</b>	Showa			
(5) Circumstances of medical care  For the name of the main	Diagnosis and treatment disease/injury	Exam, 1	health check-up ual	e spontaneous deli	• /	<b>3</b> p	upervision of ruerperium Other healthcare	, ,	ncy or
diagnosis, enter the type of onset, cause of the disease, site of the disease, and nature of the disease, and severity of the disease, etc.	(1) Name of main diagnosis		ontinued on the	e back.					
Example:  - Alcohol-induced _Acute pancreatitis  - Chronic kidney disease, Stage 4  - Malignant neoplasm of		main diagnosis is "Chr s", circle one number fr		<del>-</del>	is" or "Maligna	ınt neoplasm	of liver and		
gastric cardia - Anaplastic large cell lymphoma, ALK-negative - Acquired Hemolytic Anemia	Diseases of the liver	<ul><li>2 Hepatitis C</li><li>3 Positive for</li></ul>	•		•				
" <b>15</b> Mental disorders" refer	the list below.	main diagnosis is physical Accidents  1 Automobile accident  2 Bicycle accident	dent <b>4</b>	Sports accident		ımber describ		Intentional or unknown  7 Self-ha  8 Assault	nrm
to the following diseases.	Intoxication)	<b>3</b> Other traffic acci	idents 6	Accident by cau	uses other than	1-5		<b>9</b> Unkno	wn
- Dementia including Alzheimer's disease - Mental and behavioral disorders due to psychoactive substance use - Schizophrenia, schizotypal	(2) Names of other diagnoses (c  O1 No other diagnosis								
disorder and delusional disorder	02 Diabetes mellitus (w	vithout complications)	07	Obesity		<b>12</b> P	eripheral arteri	al occlusive d	isease
- Mood [affective] disorders - Neurotic disorders	<b>03</b> Diabetic nephropathy			Dyslipidemia			oiseases of the		
- Epilepsy - Other mental and behavioral	04 Diabetic retinopathy		08	(Hypercholesterol	emia)		Aortic dissection		rysm)
disorders	<b>05</b> Diabetic neuropathy		09	High blood pressu	are (hypertensic	n) <b>14</b>	hronic kidney	disease (chron	nic renal
(Excludes "mental disability" (retardation))	Diabetes mellitus with complications other than			Ischaemic heart diseases  15 Mental disorders					
	03-05		11	Stroke		<b>16</b> C	ther diseases		

(6) Payment method of medical fee, etc.	1 Treatment at one's own expense
Circle all that apply.  When the patient is covered	(Including specified medical care coverage)  O1 Union health insurance or Mutual aid associations insurance (principal)  O5 Medical care system for the Elderly (Medical care system for the latter-stage elderly)
by long-term care insurance simultaneously using health insurance and public expenditure, indicate both.	2 Health insurance, public expenditure  O2 Union health insurance or Mutual aid associations public expenditure  O3 Union health insurance or Mutual aid associations compensation insurance or Mutual aid associations compensation insurance
	03    National Health Insurance    07    Act on Securing Compensation for Automobile Accidents
	3 Long-term care insurance (Including in-home care support plan)  O4 Retiree Health Care System  O8 Others
	> <b>I</b> (Public expenditure)
	Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases  10 Act on Mental Health and Welfare for the Mentally Disabled(Involuntary hospitaization)
	Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities (Medical aid for children with potential disabilities, Medical rehabilitation service)
	12 Public Assistance Act (Medical Assistance)
	13 Other public expenditure
(7) Type of bed	<ul><li>1 Psychiatric beds</li><li>4 Long-term care beds (covered by medical care insurance)</li></ul>
	2 Infectious diseases beds 5 Long-term care beds (covered by long-term care insurance)
	3 Tuberculosis beds 6 General beds
(8) Origin of referral	1 Hospital 2 Medical clinics 3 Dental clinics
	4 Rehabilitation facilities for the elderly  5 Healthcare facility for the elderly requiring long-term care  7 Others  8 Welfare facility for the elderly requiring long-term care  8 Without referral
(9) Circumstances at the time of visit	Emergency visit  1 Normal visit  2 Transported by ambulance 3 Emergency visit on foot or by private vehicle, etc.
	Transported by amoutance 3 Emergency visit on foot of by private venicle, etc.
	(When "2" or "3", indicate either.)  1 A visit in consultation hour  2 A visit outside consultation hours
(10) Circumstances of admission	1 Less life-threatening but require inpatient treatment 4 Hospitalized for examination
Indicate the status as of the survey date.	<ul> <li>2 Life-threatening</li> <li>3 Dischargeable when acceptance condition is met</li> <li>5 Others</li> </ul>