Patient Survey
Hospital Discharge Questionnaire
From 01st to 30th Sept., 2014

Instruction for filling in forms
Do not fill in the fields marked by *

1) Sex
1 Male 2 Female

2) Date of birth
1 Heisei 2 Showa 3 Taisho 4 Meiji

3) Address of patient
1 Inside the municipality of hospital
(Prefecture) (City) (Ward/Town)
2 Outside the municipality of hospital

When the address of the patient is not in the 23 wards of Tokyo or the government-ordinance designated cities(*), and is not in the ward your hospital is located, circle "2" and enter in detail to the name of the ward.


4) Past admission
1 Yes → Date of Discharge (DD) (MM) (YY) Heisei
2 No
The past admission applies only when it was an admission due to the main diagnosis (*) to your hospital and the discharge is made within 30 days from *(5) Date of admission*.

*The main diagnosis is the disease entered in "(1) Name of main diagnosis" of "(7) Circumstances of medical care".

5) Date of admission
1 Heisei 2 Showa

6) Date of discharge
(DD) Sept., Heisei 26

7) Circumstances of medical care
For the name of main diagnosis, 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.

*15 Mental disorders* means dementia including Alzheimer's disease, mental and behavioral disorders due to psychostimutive substance use, schizophrenia, schizotypal disorder and delusional disorder, mood [affective] disorders, anxiety disorders, epilepsy, and other mental and behavioral disorders (but excludes mental retardation).

8) Diagnosis and treatment of disease
1 Normal delivery (Single spontaneous delivery)
2 Normal delivery (Single spontaneous delivery)
3 Normal delivery (Single spontaneous delivery)
4 Normal delivery (Single spontaneous delivery)
5 Normal delivery (Single spontaneous delivery)
6 Normal delivery (Single spontaneous delivery)
7 Normal delivery (Single spontaneous delivery)
8 Normal delivery (Single spontaneous delivery)
9 Normal delivery (Single spontaneous delivery)

When the name of main diagnosis is "Chronic hepatitis", "Hepatic cirrhosis" or "Malignant neoplasm of liver and intrahepatic bile duct", circle one number from the list below:

1 HBV positive
2 HCV positive
3 HBV and HCV positive
4 HBV and HCV negative

When the name of main diagnosis is trauma (including intoxication), circle one number describing its cause from the list below:

1 Automobile accident
2 Bicycle accident
3 Other traffic accidents
4 Accident by causes other than 1-3
5 Unknown
6 Unknown
7 Self-harm
8 Assault
9 Unknown

(2) Names of other diagnoses (circle all that applies)

01 No other diagnosis
02 Diabetes mellitus (without complications)
03 Diabetes mellitus (without complications)
04 Diabetes mellitus (without complications)
05 Diabetes mellitus (without complications)
06 Diabetes mellitus (without complications)
07 Obesity
08 Dyslipidemia
09 Hypertension
10 Ischemic heart diseases
11 Stroke
12 Peripheral arterial occlusive disease
13 Diseases of the aorta
14 Chronic renal failure
15 Mental disorders
16 Other diseases
### Payment method of medical fee

1. **Private payment**
   - Indicate all that apply
   - Additionally, when the patient is covered by long-term care insurance simultaneously using health insurance and public expenditure, indicate both.

2. **Health insurances, public expenditure**
   - (Health insurance and others)
     - 01 Union health insurance or Mutual aid associations insurance (principal)
     - 02 Union health insurance or Mutual aid associations insurance (family)
     - 03 National health insurance
     - 04 Retiree Health Care System
     - 05 Medical care system for the Elderly
     - 06 Workmen's or occupational accident compensation
     - 07 Automobile Liability Security Act
     - 08 Other

3. **Long-term care insurance (Including in-home care support plan)**
   - 09 Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases
   - 10 Act on Mental Health and Welfare for the Mentally Disabled (Voluntary hospitalization)
   - 11 Act on Comprehensive Support for Social and Daily Living of Persons with disabilities (Medical aid for children with genetic disabilities, Medical rehabilitation service)
   - 12 Public Assistance Act (Medical Assistance)
   - 13 Other public expenditure

### Type of bed

1. Psychiatric bed
2. Infectious diseases bed
3. Tuberculosis bed
4. Beds for long-term care (covered by health insurance)
5. Beds for long-term care (covered by long-term care insurance)
6. General bed

### Residence before admission

1. Home care (Home visit consultation or home-visit nursing or others)
2. Outside the municipality of our hospital
3. Inside the municipality of our hospital
4. Other

### Circumstances at the time of visit

1. Normal visit
2. Transported by ambulance
3. On foot or by private vehicle etc

### Surgical operation

1. Yes
   - **Date of surgery (DD) (MM) (YY) Heisei**
   - **Name of surgery**
     - Circle one
       - 01 Craniotomy
       - 02 Thoracotomy
       - 03 Lapidotomy
     - 04 Musculoskeletal system surgery (limbs and trunk)
     - 05 Laparoscopic surgery
     - 06 Thoracoscopic surgery
     - 07 Other endoscopic surgery
     - 08 Percutaneous transluminal surgery
     - 09 Other

### Outcome

1. Recovered
2. Improved
3. Persisting
4. Worsened
5. Died
6. Other

### Destination after discharge

1. Home care (Home visit consultation or home-visit nursing or others)
2. Outpatient visit to the same hospital or clinic
3. Outpatient visit to other hospital or clinic
4. Other

### Entry not required for cases with outcomes of "5 Death":

1. Inside the municipality of our hospital
2. Outside the municipality of our hospital

### Other public expenditure

- 01 Union health insurance or Mutual aid associations insurance (principal)
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### Public Assistance Act (Medical Assistance)

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### Act on Comprehensive Support for Social and Daily Living of Persons with disabilities (Medical aid for children with genetic disabilities, Medical rehabilitation service)

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