

Fundamental statistical survey based on the Statistics Act
All possible measures were taken to protect the confidentiality of the questionnaire information.

Patient Survey

Medical Clinic Discharge Questionnaire

September 1-30, 2020

Ministry of Health,
Labour and Welfare



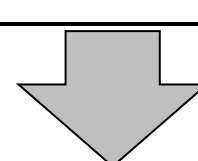
*Health Center Code	
Facility No.	C -
Patient No.	

Instructions for filling in forms

Do not fill in the fields marked by *.

(1) Sex	1 Male 2 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 prefecture of the hospital 2 Outside the prefecture of the hospital → <input type="text"/> Prefectural government																				
(4) History of hospital admission	1 Yes → Date of discharge (DD) (MM) 1 Reiwa 2 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." (only when the discharge date falls in Reiwa or Heisei) (*) The main diagnosis is the disease entered in "(1) Name of main diagnosis" of "(7) Circumstances of medical care".																				
(5) Date of admission	(DD) (MM) (YY)	1 Reiwa 2 Heisei 3 Showa																			
(6) Date of discharge	(DD)	September,	Reiwa 2																		
(7) Circumstances of medical care	1 Diagnosis and treatment of disease/injury 2 Normal delivery (Single spontaneous delivery) 3 Supervision of normal pregnancy or puerperium 4 Exam, health check-up or management for healthy individual 5 Other healthcare services → Continued on the back.																				
For the name of the main 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. Example: - Alcohol-induced Acute pancreatitis - Chronic kidney disease, Stage 4 - Malignant neoplasm of gastric cardia - Anaplastic large cell lymphoma, ALK-negative - Acquired Hemolytic Anemia	(1) Name of main diagnosis																				
	(When the name of main diagnosis is physical trauma (including intoxication), circle one number describing its cause from the list below.) <table border="1"> <tr> <td rowspan="3">Cause of physical trauma (including intoxication)</td> <td colspan="2">Accidents</td> <td colspan="2">Intentional or unknown</td> </tr> <tr> <td>1 Automobile accident</td> <td>4 Sports accidents</td> <td>7 Self-harm</td> <td></td> </tr> <tr> <td>2 Bicycle accident</td> <td>5 Falls</td> <td>8 Assault</td> <td></td> </tr> <tr> <td>3 Other traffic accidents</td> <td>6 Accident by causes other than 1-5</td> <td>9 Unknown</td> <td></td> <td></td> </tr> </table>				Cause of physical trauma (including intoxication)	Accidents		Intentional or unknown		1 Automobile accident	4 Sports accidents	7 Self-harm		2 Bicycle accident	5 Falls	8 Assault		3 Other traffic accidents	6 Accident by causes other than 1-5	9 Unknown	
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"15 Mental disorders" refer to the following diseases. - Dementia including Alzheimer's disease - Mental and behavioral disorders due to psychoactive substance use - Schizophrenia, schizotypal disorder and delusional disorder - Mood [affective] disorders - Neurotic disorders - Epilepsy - Other mental and behavioral disorders (Excludes "mental disability (retardation)")	(2) Names of other diagnoses (circle all that applies)																				
	<table border="1"> <tr> <td>01 No other diagnosis</td> <td></td> <td></td> </tr> <tr> <td>02 Diabetes mellitus (without complications)</td> <td>07 Obesity</td> <td>12 Peripheral arterial occlusive disease</td> </tr> <tr> <td>03 Diabetic nephropathy</td> <td>08 Dyslipidemia (Hypercholesterolemia)</td> <td>13 Diseases of the aorta (Aortic dissection, aortic aneurysm)</td> </tr> <tr> <td>04 Diabetic retinopathy</td> <td>09 High blood pressure (hypertension)</td> <td>14 Chronic kidney disease (chronic renal failure, etc.)</td> </tr> <tr> <td>05 Diabetic neuropathy</td> <td>10 Ischaemic heart diseases</td> <td>15 Mental disorders</td> </tr> <tr> <td>06 Diabetes mellitus with complications other than 03-05</td> <td>11 Stroke</td> <td>16 Other diseases</td> </tr> </table>				01 No other diagnosis			02 Diabetes mellitus (without complications)	07 Obesity	12 Peripheral arterial occlusive disease	03 Diabetic nephropathy	08 Dyslipidemia (Hypercholesterolemia)	13 Diseases of the aorta (Aortic dissection, aortic aneurysm)	04 Diabetic retinopathy	09 High blood pressure (hypertension)	14 Chronic kidney disease (chronic renal failure, etc.)	05 Diabetic neuropathy	10 Ischaemic heart diseases	15 Mental disorders	06 Diabetes mellitus with complications other than 03-05	11 Stroke
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Continued on the back.



<p>(8) Payment method of medical fee, etc.</p> <p>Circle all that apply.</p> <p>When the patient is covered by long-term care insurance simultaneously using health insurance and public expenditure, indicate both.</p>	<p>1 Treatment at one's own expense (Including specified medical care coverage)</p> <p>2 Health insurance, public expenditure</p> <p>3 Long-term care insurance (Including in-home care support plan)</p> <p>I (Health insurance and others)</p> <p>01 Union health insurance or Mutual aid associations insurance (principal)</p> <p>02 Union health insurance or Mutual aid associations insurance (family)</p> <p>03 National Health Insurance</p> <p>04 Retiree Health Care System</p> <p>05 Medical care system for the Elderly (Medical care system for the latter-stage elderly)</p> <p>06 Worker's or occupational accident compensation insurance</p> <p>07 Act on Securing Compensation for Automobile Accidents</p> <p>08 Others</p> <p>II (Public expenditure)</p> <p>09 Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases</p> <p>10 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)</p> <p>11 Public Assistance Act (Medical Assistance)</p> <p>12 Other public expenditure</p>
<p>(9) Type of bed</p>	<p>1 Long-term care beds (covered by medical care insurance)</p> <p>2 Long-term care beds (covered by long-term care insurance)</p> <p>3 General beds</p>
<p>(10) Location before admission</p>	<p>Home</p> <p>1 Outpatient visit to the same hospital or clinic</p> <p>2 Outpatient visit to other hospital or clinic</p> <p>3 Home medical care (Home visit consultation or home-visit nursing or others)</p> <p>4 Others</p> <p>Inpatient of other hospital or clinic</p> <p>5 Community medical support hospitals or advanced treatment hospitals</p> <p>6 Other hospital</p> <p>7 Clinics</p> <p>8 Rehabilitation facilities for the elderly</p> <p>9 Healthcare facility for the elderly requiring long-term care</p> <p>10 Welfare facility for the elderly requiring long-term care</p> <p>11 Social welfare institution</p> <p>12 Others (Newborn, unknown or others)</p>
<p>(11) Circumstances at the time of visit</p>	<p>Emergency visit</p> <p>1 Normal visit</p> <p>2 Transported by ambulance</p> <p>3 Emergency visit on foot or by private vehicle, etc.</p> <p>(When "2" or "3", indicate either.)</p> <p>1 A visit in consultation hour</p> <p>2 A visit outside consultation hours</p>
<p>(12) Surgery</p>	<p>1 Yes → Date of surgery (DD) (MM) (YY)</p> <p>1 Reiwa 2 Heisei</p> <p>2 No</p>
<p>(13) Outcome</p>	<p>1 Recovered 2 Improved 3 Persisting 4 Worsened 5 Died 6 Others</p>
<p>(14) Location after discharge</p> <p>Entry not required if "5 Died" is selected in "(13) Outcome."</p>	<p>Home</p> <p>1 Outpatient visit to the same hospital or clinic</p> <p>2 Outpatient visit to other hospital or clinic</p> <p>3 Home medical care (Home visit consultation or home-visit nursing or others)</p> <p>4 Others</p> <p>Inpatient of other hospital or clinic</p> <p>5 Community medical support hospitals or advanced treatment hospitals</p> <p>6 Other hospital</p> <p>7 Clinics</p> <p>8 Rehabilitation facilities for the elderly</p> <p>9 Healthcare facility for the elderly requiring long-term care</p> <p>10 Welfare facility for the elderly requiring long-term care</p> <p>11 Social welfare institution</p> <p>12 Others (Unknown or others)</p>