

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 Questionnaire

October 20, 21, 23, 2020 (One specified day)

Ministry of Health,
Labour and Welfare



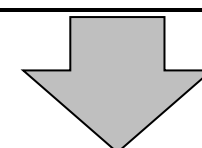
*Health Center Code	
Facility No.	C -
Patient No.	

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) Type by inpatient/outpatient visit, etc.	Inpatient	Date of admission (DD) (MM) (YY)			1 Reiwa 2 Heisei 3 Showa																					
	Outpatient	Initial visit	1 Outpatient visit 2 Doctor's visit																							
		Return visit	3 Outpatient visit 4 Doctor's visit	5 Home-visit consultation 6 Home visit by person other than physician	} → Previous consultation (home-visit) Date (DD) (MM) 2020																					
(5) 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 Vaccination 6 Other healthcare services → Continued on the back.																									
<p>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.</p> <p>Example: - Alcohol-induced Acute pancreatitis - Chronic kidney disease, Stage 4 - Malignant neoplasm of gastric cardia - Anaplastic large cell lymphoma, ALK-negative - Acquired Hemolytic Anemia</p> <p>"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))</p>	(1) Name of main diagnosis																									
	<input type="text"/> (When the name of main diagnosis is "Chronic hepatitis", "Hepatic cirrhosis" or "Malignant neoplasm of liver and intrahepatic bile ducts", circle one number from the list below.)																									
	<table border="1"> <tr> <td rowspan="2">Diseases of the liver</td> <td>1 Hepatitis B virus (HBV) positive</td> <td>2 Hepatitis C virus (HCV) positive</td> <td>3 Positive for both Hepatitis B virus (HBV) and Hepatitis C virus (HCV)</td> <td>4 Negative for both Hepatitis B virus (HBV) and Hepatitis C virus (HCV)</td> </tr> </table> <p>(When the name of the main diagnosis is physical trauma (including intoxication), circle one number describing its cause from the list below.)</p> <table border="1"> <tr> <td rowspan="2">Cause of physical trauma (including intoxication)</td> <td colspan="4">Accidents</td> <td colspan="4">Intentional or unknown</td> </tr> <tr> <td>1 Automobile accident</td> <td>2 Bicycle accident</td> <td>3 Other traffic accidents</td> <td>4 Sports accidents</td> <td>5 Falls</td> <td>6 Accident by causes other than 1-5</td> <td>7 Self-harm</td> <td>8 Assault</td> <td>9 Unknown</td> </tr> </table>				Diseases of the liver	1 Hepatitis B virus (HBV) positive	2 Hepatitis C virus (HCV) positive	3 Positive for both Hepatitis B virus (HBV) and Hepatitis C virus (HCV)	4 Negative for both Hepatitis B virus (HBV) and Hepatitis C virus (HCV)	Cause of physical trauma (including intoxication)	Accidents				Intentional or unknown				1 Automobile accident	2 Bicycle accident	3 Other traffic accidents	4 Sports accidents	5 Falls	6 Accident by causes other than 1-5	7 Self-harm	8 Assault
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(2) Names of other diagnoses (circle all that applies)																										
<table border="1"> <tr> <td>01 No other diagnosis</td> <td>02 Diabetes mellitus (without complications)</td> <td>03 Diabetic nephropathy</td> <td>04 Diabetic retinopathy</td> <td>05 Diabetic neuropathy</td> <td>06 Diabetes mellitus with complications other than 03-05</td> <td>07 Obesity</td> <td>08 Dyslipidemia (Hypercholesterolemia)</td> <td>09 High blood pressure (hypertension)</td> <td>10 Ischaemic heart diseases</td> <td>11 Stroke</td> <td>12 Peripheral arterial occlusive disease</td> <td>13 Diseases of the aorta (Aortic dissection, aortic aneurysm)</td> <td>14 Chronic kidney disease (chronic renal failure, etc.)</td> <td>15 Mental disorders</td> <td>16 Other diseases</td> </tr> </table>				01 No other diagnosis	02 Diabetes mellitus (without complications)	03 Diabetic nephropathy	04 Diabetic retinopathy	05 Diabetic neuropathy	06 Diabetes mellitus with complications other than 03-05	07 Obesity	08 Dyslipidemia (Hypercholesterolemia)	09 High blood pressure (hypertension)	10 Ischaemic heart diseases	11 Stroke	12 Peripheral arterial occlusive disease	13 Diseases of the aorta (Aortic dissection, aortic aneurysm)	14 Chronic kidney disease (chronic renal failure, etc.)	15 Mental disorders	16 Other diseases							
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Continued on the back.



<p>(6) 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, Outpatient mental health care)</p> <p>11 Public Assistance Act (Medical Assistance)</p> <p>12 Other public expenditure</p>
<p>(7) Origin of referral</p>	<p>1 Hospital</p> <p>2 Medical clinics</p> <p>3 Dental clinics</p> <p>4 Rehabilitation facilities for the elderly</p> <p>5 Healthcare facility for the elderly requiring long-term care</p> <p>6 Welfare facility for the elderly requiring long-term care</p> <p>7 Others</p> <p>8 Without referral</p>
<p>(8) 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>Admission only</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) Circumstances of admission</p> <p>Indicate the status as of the survey date.</p> <p>1 Less life-threatening but require inpatient treatment</p> <p>2 Life-threatening</p> <p>3 Dischargeable when acceptance condition is met</p> <p>4 Hospitalized for examination</p> <p>5 Others</p>