

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

# Patient Survey

## Hospital Outpatients (Odd Day) Questionnaire

October 20-22, 2020 (One specified day)

Ministry of Health,  
Labour and



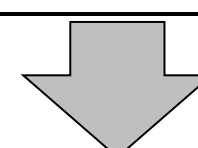
|                     |     |
|---------------------|-----|
| *Health Center Code |     |
| Facility No.        | H - |
| Patient No.         |     |

### Instructions for filling in forms

- Do not fill in the fields marked by \*.
- 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.
- 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.

|   |   |  |   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
|---|---|--|---|---|---|------------------------------------|--|---|---|---|-------------------------|---------------------------------------|---|-------------------------|-----------------------------|---------------------|------------------------|-----------|-------------------|--|--|--|---------------------------|-------------------------------------|-----------|--|--|
| (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<br>2 Outside the prefecture of the hospital → <input type="text"/> Prefectural government   |  |   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| (4) Type of outpatient  | Initial visit   | 1 Outpatient visit<br>2 Doctor's visit   |   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
|   | Return visit  | 3 Outpatient visit<br>4 Doctor's visit<br>5 Home-visit consultation<br>6 Home visit by person other than physician | } → Previous consultation (home-visit) Date<br>(DD) (MM) 2020 |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| (5) Circumstances of medical care   | 1 Diagnosis and treatment of disease/injury<br>2 Normal delivery (Single spontaneous delivery) 3 Supervision of normal pregnancy or puerperium<br>4 Exam, health check-up or management for healthy individual 5 Vaccination<br>6 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.<br>Example:<br>- Alcohol-induced Acute pancreatitis<br>- Chronic kidney disease, Stage 4<br>- Malignant neoplasm of gastric cardia<br>- Anaplastic large cell lymphoma, ALK-negative<br>- Acquired Hemolytic Anemia  |   |  |   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| (1) Name of main diagnosis<br><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="4">Diseases of the liver</td> <td>1 Hepatitis B virus (HBV) positive</td> </tr> <tr> <td>2 Hepatitis C virus (HCV) positive</td> </tr> <tr> <td>3 Positive for both Hepatitis B virus (HBV) and Hepatitis C virus (HCV)</td> </tr> <tr> <td>4 Negative for both Hepatitis B virus (HBV) and Hepatitis C virus (HCV)</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) |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| 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)   |  |   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| When the name of the 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="4">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 colspan="2"></td> </tr> <tr> <td>2 Bicycle accident</td> <td>5 Falls</td> <td>8 Assault</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>3 Other traffic accidents</td> <td>6 Accident by causes other than 1-5</td> <td>9 Unknown</td> <td colspan="2"></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 |  |  |
| 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   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| "15 Mental disorders" refer to the following diseases.<br>- Dementia including Alzheimer's disease<br>- Mental and behavioral disorders due to psychoactive substance use<br>- Schizophrenia, schizotypal disorder and delusional disorder<br>- Mood [affective] disorders<br>- Neurotic disorders<br>- Epilepsy<br>- Other mental and behavioral disorders<br>(Excludes "mental disability" (retardation))   |   |  |   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| (2) Names of other diagnoses (circle all that applies)  |   |  |   |   |   |                                    |  |   |   |   |                         |                                       |   |                         |                             |                     |                        |           |                   |  |  |  |                           |                                     |           |  |  |
| <table border="1"> <tr> <td>01 No other diagnosis</td> <td>07 Obesity</td> <td>12 Peripheral arterial occlusive disease</td> </tr> <tr> <td>02 Diabetes mellitus (without complications)</td> <td>08 Dyslipidemia (Hypercholesterolemia)</td> <td>13 Diseases of the aorta (Aortic dissection, aortic aneurysm)</td> </tr> <tr> <td>03 Diabetic nephropathy</td> <td>09 High blood pressure (hypertension)</td> <td>14 Chronic kidney disease (chronic renal failure, etc.)</td> </tr> <tr> <td>04 Diabetic retinopathy</td> <td>10 Ischaemic heart diseases</td> <td>15 Mental disorders</td> </tr> <tr> <td>05 Diabetic neuropathy</td> <td>11 Stroke</td> <td>16 Other diseases</td> </tr> <tr> <td>06 Diabetes mellitus with complications other than 03-05</td> <td></td> <td></td> </tr> </table> |   |  |   |   | 01 No other diagnosis                             | 07 Obesity                         | 12 Peripheral arterial occlusive disease | 02 Diabetes mellitus (without complications)                            | 08 Dyslipidemia (Hypercholesterolemia)                                  | 13 Diseases of the aorta (Aortic dissection, aortic aneurysm) | 03 Diabetic nephropathy | 09 High blood pressure (hypertension) | 14 Chronic kidney disease (chronic renal failure, etc.) | 04 Diabetic retinopathy | 10 Ischaemic heart diseases | 15 Mental disorders | 05 Diabetic neuropathy | 11 Stroke | 16 Other diseases | 06 Diabetes mellitus with complications other than 03-05 |  |  |                           |                                     |           |  |  |
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|  |   |  |  |  |  |   |  |
|--|---|--|--|--|--|---|--|
| <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>               | <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>1</b> Treatment at one's own expense<br/>(Including specified medical care coverage)</p> <p><b>2</b> Health insurance, public expenditure</p> <p><b>3</b> Long-term care insurance<br/>(Including in-home care support plan)</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><b>I</b> (Health insurance and others)</p> <p><b>01</b> Union health insurance or Mutual aid associations insurance (principal)</p> <p><b>02</b> Union health insurance or Mutual aid associations insurance (family)</p> <p><b>03</b> National Health Insurance</p> <p><b>04</b> Retiree Health Care System</p> <p><b>II</b> (Public expenditure)</p> <p><b>09</b> Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases</p> <p><b>10</b> Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities<br/>(Medical aid for children with potential disabilities, Medical rehabilitation service, Outpatient mental health care)</p> <p><b>11</b> Public Assistance Act (Medical Assistance)</p> <p><b>12</b> Other public expenditure</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><b>05</b> Medical care system for the Elderly<br/>(Medical care system for the latter-stage elderly)</p> <p><b>06</b> Worker's or occupational accident compensation insurance</p> <p><b>07</b> Act on Securing Compensation for Automobile Accidents</p> <p><b>08</b> Others</p> </td> </tr> </table> | <p><b>1</b> Treatment at one's own expense<br/>(Including specified medical care coverage)</p> <p><b>2</b> Health insurance, public expenditure</p> <p><b>3</b> Long-term care insurance<br/>(Including in-home care support plan)</p>   | <p><b>I</b> (Health insurance and others)</p> <p><b>01</b> Union health insurance or Mutual aid associations insurance (principal)</p> <p><b>02</b> Union health insurance or Mutual aid associations insurance (family)</p> <p><b>03</b> National Health Insurance</p> <p><b>04</b> Retiree Health Care System</p> <p><b>II</b> (Public expenditure)</p> <p><b>09</b> Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases</p> <p><b>10</b> Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities<br/>(Medical aid for children with potential disabilities, Medical rehabilitation service, Outpatient mental health care)</p> <p><b>11</b> Public Assistance Act (Medical Assistance)</p> <p><b>12</b> Other public expenditure</p> | <p><b>05</b> Medical care system for the Elderly<br/>(Medical care system for the latter-stage elderly)</p> <p><b>06</b> Worker's or occupational accident compensation insurance</p> <p><b>07</b> Act on Securing Compensation for Automobile Accidents</p> <p><b>08</b> Others</p> |  |   |  |
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| <p>(7) Origin of referral</p>  | <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>1</b> Hospital</p> <p><b>4</b> Rehabilitation facilities for the elderly</p> <p><b>7</b> Others</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><b>2</b> Medical clinics</p> <p><b>5</b> Healthcare facility for the elderly requiring long-term care</p> <p><b>8</b> Without referral</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><b>3</b> Dental clinics</p> <p><b>6</b> Welfare facility for the elderly requiring long-term care</p> </td> </tr> </table>   | <p><b>1</b> Hospital</p> <p><b>4</b> Rehabilitation facilities for the elderly</p> <p><b>7</b> Others</p>  | <p><b>2</b> Medical clinics</p> <p><b>5</b> Healthcare facility for the elderly requiring long-term care</p> <p><b>8</b> Without referral</p>  | <p><b>3</b> Dental clinics</p> <p><b>6</b> Welfare facility for the elderly requiring long-term care</p>   |  |   |  |
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| <p>(8) Circumstances at the time of visit</p>  | <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>1</b> Normal visit</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Emergency visit</p> <p><b>2</b> Transported by ambulance      <b>3</b> Emergency visit on foot or by private vehicle, etc.</p> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> <p>(When "2" or "3", indicate either.)</p> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> <p><b>1</b> A visit in consultation hour      <b>2</b> A visit outside consultation hours</p> </td> </tr> </table>  | <p><b>1</b> Normal visit</p>   | <p>Emergency visit</p> <p><b>2</b> Transported by ambulance      <b>3</b> Emergency visit on foot or by private vehicle, etc.</p>  | <p>(When "2" or "3", indicate either.)</p>   |  | <p><b>1</b> A visit in consultation hour      <b>2</b> A visit outside consultation hours</p> |  |
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