

Q10. How do you want to receive treatment after the discharge? Please choose and circle one answer.

1. I want to make regular visits to this hospital.
2. I want to make regular visits to this hospital for consultation/testing while making regular visits to the nearby hospital/clinic that referred me to this hospital.
3. I want to make regular visits to a hospital close to home (or office/school).
4. I want to make regular visits to a clinic close to home (or office/school).
5. I want to have the doctor and nurse visit me at home for home care.
6. Other

Q11. Please rate the medial service provided at the hospital for the present illness for the questions provided below in [1] to [13] by circling any of the levels from "1" to "5". If you have no idea or the question is irrelevant, please circle "6. Other".

Descriptive Example Is today warm? (If you think relatively warm)	Warm ←	Very 1	Relatively 2	Neither 3	Relatively 4	Very 5	→ Cold	Other
(1) Are you satisfied with the medical care/treatment you receive?	Satisfied	1	2	3	4	5	Dissatisfied	6
(2) Are you satisfied with the consultation period?	Satisfied	1	2	3	4	5	Dissatisfied	6
(3) Are you satisfied with the drugs you receive?	Satisfied	1	2	3	4	5	Dissatisfied	6
(4) Are you satisfied with the tests you underwent?	Satisfied	1	2	3	4	5	Dissatisfied	6
(5) Is the doctor open to your questions?	Open	1	2	3	4	5	Not open	6
(6) Is the nurse or other staff open to your questions?	Open	1	2	3	4	5	Not open	6
(7) Are you satisfied with the assistance given by nurses or other healthcare professionals in daily activities (e.g. walking, bathing)?	Satisfied	1	2	3	4	5	Dissatisfied	6
(8) Is the privacy about the disease and other issues protected?	Protected	1	2	3	4	5	Not protected	6
(9) Are the patients room, bath room, and lavatory among other places functionally designed?	Functionally designed	1	2	3	4	5	Not functionally designed	6
(10) Are the corridors and patients room spacious?	Large	1	2	3	4	5	Small	6
(11) Are the dining hall and salon cozy?	Cozy	1	2	3	4	5	Not cozy	6
(12) Are you satisfied with meals?	Satisfied	1	2	3	4	5	Dissatisfied	6
(13) Are you generally satisfied with the hospital?	Satisfied	1	2	3	4	5	Dissatisfied	6

Please put the survey form into the dedicated envelope, seal the envelope, and drop it into the collection box placed in the hospital or into the mailbox.

Thank you for your cooperation.

* This questionnaire was translated in English with initiative of Grant-in-Aid for Research on Integrated Policy Science and Statistics (H20-SG-002) from the Ministry of Health, Labour and Welfare, Japan.

Public Health Office Code	Institution No.

MHLW

2002 Patient Experiences Survey Outpatient Survey Form

This survey is performed to identify desirable characteristics of healthcare services. All patients that are visiting the hospital for the treatment of diseases and injuries, pregnancy monitoring, medical checkup among other purposes are requested to complete the questionnaire form for themselves. If the patient is a child or cannot complete the questionnaire because of the pathological condition, a family member is requested to assist the patient to respond to the questionnaire. Please respond to the questionnaire by circling the relevant answer. If shown by the arrow, please also respond to the Complementary questions.

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Who is completing the questionnaire?

1. Patient 2. Family

Is the patient male or female? Please provide the birth date of the patient.

Sex: 1. Male 2. Female

Q1.

What information did you refer to in order to select the hospital? Please circle all relevant answers.

1. Information received from a family member, friend, or acquaintance
2. Advertisement (e.g. advertising display, newspaper, journal, TV, telephone directory)
3. Publication (e.g. newspaper, journal, book), or TV or radio program
4. Website information
5. Information received from the administrative authority including the public health center
6. Doctor's referral, opinion
7. Other information

8. No specific information

Q2.

Is there any information you wanted to have when selecting this hospital? Please circle all relevant answers including the information you could obtain and the information you could not obtain.

1. Whether or not the medical institution adopts the appointment system
2. Whether or not the medical institution provides night/holiday medical service
3. Whether or not the medical institution provides doctor visit/home care
4. Name of the affiliate medical institutions
5. Assessment of the medical institution by a third-party certifier
6. Career background of doctors
7. Specialty of doctors
8. Other information
9. There is no specific information.

Q3.

Have you visited any medical institution other than this hospital **within one month**? Please circle every relevant answer. If you remember the number of medical institutions you have visited, please provide the number.

1. This hospital only
2. Clinic (including dental clinic) ()
3. Other hospital ()
4. I have no idea.

Complementary Question 3-1. Did you let the doctor of this hospital know that you are under the care of another medical institution and the details of the treatment?

1. I think the doctor knows since I submitted the Referral Letter.
2. My family or I supplied all information.
3. My family or I supplied the information that my family or I considered necessary.
4. No such information was supplied.

Q4.

Are you under the care of another medical institution for treatment of the disease or symptoms (including medical checkup and other purposes), which is the present complaint at this hospital?

1. Yes 2. No

Complementary Question 4-1. Please circle every reason for consulting with multiple medical institutions for the same disease or symptom.

1. To receive different services (e.g. surgery, tests).
2. To seek the opinions of multiple doctors.
3. Because I'm dissatisfied with the medical care I receive.
4. Because the doctor referred me to the hospital.
5. Other reason

Q5. Did you make an appointment for today's visit?

1. Yes. I made an appointment. 2. No. I did not make an appointment.

Q6. How long did you have to wait before the consultation? Waiting time before the consultation (Waiting time after the appointed time)

1. Less than 15 minutes 5. 1.5 hours or more but less than 2 hours
2. 15 minutes or more but less than 30 minutes 6. 2 hours or more but less than 3 hours
3. 30 minutes or more but less than 1 hour 7. 3 hours or more

Q7. How long was today's consultation (duration of consultation with the doctor in the consultation room)? If you did not consult with the doctor, please choose "6. Other".

1. Less than 3 minutes 4. 20 minutes or more but less than 30 minutes
2. 3 minutes or more but less than 10 minutes 5. 30 minutes or more
3. 10 minutes or more but less than 20 minutes 6. Other

Q8. Have you received any explanation about the present illness by the doctor at this hospital?

1. I have received a detailed explanation. 2. I have received a brief explanation.
3. I have not received any explanation.

▶ Complementary Question 8-1. What explanation did you receive? Please choose all items of explanations.

1. Pathological condition or disease name 5. Efficacy of the drug
2. Therapeutic method 6. ADRs to the drug
3. Anticipated treatment period 7. Other

▶ Complementary Question 8-2. Was the explanation easy to understand?

1. The explanation was easy to understand. 3. The explanation was difficult to understand.
2. The explanation was just understandable. 4. The explanation was scarcely understandable.

Q9. Do you want to know what records are retained in the original medical record?

1. I want to know by any means. 4. I do not want to know.
2. I want to know depending on the disease/condition. 5. I have no idea.

▶ Complementary Question 9-1. Why do you want to obtain the information? Choose the most important reason.

1. Because I'm interested in the information.
2. Because I want to deepen understanding about the therapy I'm receiving.
3. Because I want to check if my complaint is sufficiently understood by the doctor.
4. Because I want to know the truth about the disease name, condition, and treatment.
5. Because I want to consult with another doctor or seek opinions about the treatment policy.
6. Other

Q10. Has your original medical record been disclosed to you upon your request?

Q11.

Please rate the medical service provided at the hospital for the questions provided below in [1] to [8] by circling any of the levels from "1" to "5". If you have no idea or the question is irrelevant, please circle "6. Other".

Descriptive Example

Is today warm?

(If you think relatively warm)

Warm ←

Very

Relatively

Neither

Relatively

Very

→ Cold

Other

1

2

3

4

5

(1) Are you satisfied with the medical care/treatment you receive?	Satisfied	1	2	3	4	5	Dissatisfied	6
(2) Are you satisfied with the consultation period?	Satisfied	1	2	3	4	5	Dissatisfied	6
(3) Are you satisfied with the drugs you receive?	Satisfied	1	2	3	4	5	Dissatisfied	6
(4) Are you satisfied with the tests you underwent?	Open	1	2	3	4	5	Not open	6
(5) Is the doctor open to your questions?	Protected	1	2	3	4	5	Not protected	6
(6) Did you find the waiting time a heavy burden?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(7) What do you think of the treatment cost?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(8) Are you generally satisfied with the hospital?	Satisfied	1	2	3	4	5	Dissatisfied	6

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Public Health Office Code	Institution No.

MHLW

2002 Patient Experiences Survey

Inpatient Survey Form

This survey is performed to assess desirable characteristics of the healthcare service. All patients admitted to the hospital for the treatment of diseases and injuries, pregnancy monitoring, medical checkup among other purposes are requested to complete the questionnaire form **for themselves**. If the patient is a child or cannot complete the questionnaire because of the pathological condition, a family member is requested to assist the patient to respond to the questionnaire. Please respond to the questionnaire by circling the relevant choice. If shown by an arrow, please also respond to the complementary questions.

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Who is completing the questionnaire?

1. Patient 2. Family

Is the patient male or female? Please provide the birth date of the patient.

Sex: 1. Male 2. Female

What is the capacity of the room where you are staying?

1. Private room 2. Room for two patients 3. Room for three patients
4. Room for four patients 5. Room for 5 or more patients

Q1.

How long have you been admitted to the hospital including the period of hospitalization at other hospital/clinic **within 1 year?**

1. Less than 1 week
2. 1 week or more but less than 1 month
3. 1 month or more but less than 3 months
4. 3 months or more but less than 6 months
5. 6 months or more
6. I have no idea.

Q2.

What information did you refer to in selecting the hospital? Please circle all relevant answers.

1. Information received from a family member, friend, or acquaintance
2. Advertisement (e.g. advertising display, newspaper, journal, TV, telephone directory)
3. Publication (e.g. newspaper, journal, book), or TV or radio program
4. Website information
5. Information received from the administrative authority including the public health center
6. Doctor's referral, opinion
7. Other information
8. No specific information

Q3.

Is there any information you wanted to have when selecting this hospital? Please circle all relevant answers including the information you could obtain and the information you could not obtain.

1. Care environment (e.g. area of the patient room)
2. Assessment of the medical institution by the third-party certifier
3. Career background of doctors
4. Specialty of doctors
5. Inpatient care cost
6. Other information
7. There is no specific information.

Q4.

Have you received any explanation about the disease or symptoms resulting in the hospitalization (including medical checkup) by the doctor of this hospital?

1. I have received a detailed explanation.
2. I have received a brief explanation.
3. I have not received any explanation.

► Complementary Question 4-1. What explanation did you receive? Please circle all items of explanations.

1. Pathological condition/disease name
2. Therapeutic method
3. Anticipated treatment period
4. Prognosis
5. Efficacy of the drug
6. ADRs to the drug
7. Other

► Complementary Question 4-2. Was the explanation easy to understand?

1. The explanation was easy to understand.
2. The explanation was just understandable.
3. The explanation was difficult to understand.
4. The explanation was scarcely understandable.

Q5.

Do you want to know what records are retained in the original medical record?

1. I want to know.
2. I want to know depending on the disease/condition.
4. I do not want to know.
5. I have no idea.

► Complementary Question 5-1. Why do you want to obtain the information? Choose the main reason.

1. Because I'm interested in the information.
2. Because I want to deepen my understanding about the therapy I'm receiving.
3. Because I want to check if my complaint is sufficiently understood by the doctor.
4. Because I want to know the truth about the disease name, condition, and treatment.
5. Because I want to consult with another doctor or seek opinions about the treatment policy.
6. Other

Q6.

Has your original medical record been disclosed to you upon your request?

1. My medical record was disclosed to me.
2. My medical record was not disclosed to me.

Q7.

How long more will you have to stay at the hospital according to the diagnosis?

1. I may be discharged from the hospital at any time.
2. Less than 1 week
3. 1 week or more but less than 1 month
5. 3 months or more
6. The doctor told me he could not predict how long I have to stay at the hospital.
7. I don't know because I have not asked the doctor.

Q8.

What care do you want to receive in the future? Please circle one relevant answer.

1. I want to go home as soon as the discharge permission is issued.
2. I want to remain admitted to the hospital until I have completely recovered.
3. I want to move to a healthcare facility for the elderly or special elderly nursing home where nursing care is provided.
4. I want to move to a hospital where more advanced medical care is available.
5. Other

Q9.

Can you receive care at home if the discharge permission is issued? (In here, "care" stands for the situation that needs help in medical or daily life.)

1. Yes. I can receive care at home.
2. No. I cannot receive care at home.
3. I don't need care.
4. I have no idea.

► Complementary Question 9-1. What is necessary for your home care? Please circle every relevant answer.

1. Cooperation of family members
2. Securing the transportation service for hospital visits
3. Periodical home visit (for medical care/nursing) by the doctor and the nurse
4. Periodical home visit the home helper
5. Emergency communication system with the hospital/clinic
6. Single-day bathing and catering service (so-called "day service")
7. Renovation necessary for home care such as installation of a handrail or making floors even
8. Other
9. I have no idea.

Q10.

Please rate the nosocomial medial service at the hospital for the questions provided below in [1] to [8] by circling any of the levels from "1" to "5". If you have no idea or the question is irrelevant, please circle "6. Other".

Descriptive Example
Is today warm?
(If you think relatively warm)

Warm ←	Very	Relatively	Neither	Relatively	Very	→ Cold	Other
	1	2	3	4	5		

(1) Are you satisfied with the medical care/treatment you receive?	Satisfied	1	2	3	4	5	Dissatisfied	6
(2) Are you satisfied with the consultation period?	Satisfied	1	2	3	4	5	Dissatisfied	6
(3) Are you satisfied with the drugs you receive?	Satisfied	1	2	3	4	5	Dissatisfied	6
(4) Are you satisfied with the tests you underwent?	Open	1	2	3	4	5	Not open	6
(5) Is the doctor open to your questions?	Protected	1	2	3	4	5	Not protected	6
(6) Did you find the waiting time a heavy burden?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(7) What do you think of the treatment cost?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(8) Are you generally satisfied with the hospital?	Satisfied	1	2	3	4	5	Dissatisfied	6

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Thank you very much for your cooperation.

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Public Health Office Code	Institution No.

MHLW

2005 Patient Experiences Survey

Outpatient Survey Form (October 2005)

This survey is performed to identify desirable characteristics of the healthcare service. All patients that are visiting the hospital for the treatment of diseases and injuries, pregnancy monitoring, medical checkup among other purposes are requested to complete the questionnaire form **for themselves**. If the patient is a child or cannot complete the questionnaire because of the pathological condition, a family member is requested to assist the patient to respond to the questionnaire. Please respond to the questionnaire by circling the relevant answer.

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Who is completing the questionnaire?

1. Patient
2. Family

Is the patient male or female?

1. Male
2. Female

Please provide the birth date of the patient.

MM DD, YYYY

Note: The birth date is used exclusively for statistical purposes, not for identifying individual patients.

If a family member completes the following, please reflect the patient's response.

Q1.

What made you visit the hospital? If you have any reason, please circle **every** relevant answer from 1 to 8 below. If you have no specific reason, circle 9.

1. Because the doctor is my attending doctor.
2. Because I was referred by my attending doctor.
3. Because the hospital provides advanced care.
4. Because I was recommended to visit the hospital by my family/friend/acquaintance.
5. Because of the good access.
6. Because the hospital is introduced in an advertisement, publication, TV/radio program, and website.
7. Based on the information received from the administrative authority including the public health center
8. Other
9. There is no specific reason.

Please go to the back (next) page.

- Q2. What kind of information did you want to have when selecting this hospital and what kind of information could you obtain? Please circle **every** relevant answer from 1 to 8 below either under "Information you wanted to have" and "Information you could obtain". **If there was no specific information, please circle 9. "Information you could obtain" refers to the information you actually obtained whether you wanted or not.**

Items of information	Information you wanted to have	Information you could obtain
(1) Whether or not the medical institution adopts the appointment system	1	1
(2) Whether or not the medical institution provides night/holiday or doctor visit/home care medical service	2	2
(3) Name of the affiliate medical institutions	3	3
(4) Assessment of the medical institution by a third-party certifier	4	4
(5) Career background/specialty of doctors	5	5
(6) Therapeutic method/experience (e.g. cumulative number of surgeries/childbirths)	6	6
(7) Safety measures taken by the hospital (e.g. prevention of medical malpractice)	7	7
(8) Other information	8	8
(9) There was no specific information.	9	9

- Q3. Did you make an appointment for today's visit? Please choose and circle **one** relevant answer from 1 to 2.

1. Yes. I made an appointment.
2. No. I did not make an appointment.

- Q4. How long did you wait before the consultation (If you made an appointment, please answer how long you waited after the appointed time)? Please choose and circle **one** relevant answer from 1 to 7. If you visited the hospital for testing or any purpose other than consultation, please circle "8. Other".

1. Less than 15 minutes
2. 15 minutes or more but less than 30 minutes
3. 30 minutes or more but less than 1 hour
4. 1 hour or more but less than 1.5 hours
5. 1.5 hours or more but less than 2 hours
6. 2 hours or more but less than 3 hours
7. 3 hours or more
8. Other

- Q5. How long did today's consultation take (duration of consultation with the doctor in the consultation room)? Please choose and circle **one** relevant answer from 1 to 7. If you visited the hospital for testing or any purpose other than consultation, please circle "8. Other".

1. Less than 3 minutes
2. 3 minutes or more but less than 10 minutes
3. 10 minutes or more but less than 20 minutes
4. 20 minutes or more but less than 30 minutes
5. 30 minutes or more
6. Other



- Q6. Have you received any explanation about the treatment for the disease or symptoms resulting in today's consultation with the doctor? Please circle **every** relevant answer from 1 to 4 below. If no explanation was given, please circle 5.

I have received an explanation.
 (If you have received any explanation)

1. I received an oral explanation.
 2. I received an explanatory document.
 3. I was shown the medical record (original medical record or X-ray photo).
 4. Other

5. I have not received any explanation. If you have circled 5, please go to Q8.

- Q7. The following are questions to a person who has circled 1 to 4 in Q6. Please rate the explanation received from the doctor about the disease or symptoms resulting in today's consultation at this hospital by circling **one** of the levels from "1" to "5".

Details	1. The explanation was easy to understand	2. The explanation was just understandable	3. The explanation was difficult to understand	4. The explanation was scarcely understandable	5. No explanation was made.
(1) Pathological condition or disease name	1	2	3	4	5
(2) Therapeutic method/period	1	2	3	4	5
(3) Prognosis	1	2	3	4	5
(4) Efficacy of/ADRs to the drug	1	2	3	4	5
(5) Other (e.g. guidance about diet/exercise)	1	2	3	4	5

- Q8. Who made the decision about the treatment policy based on the therapeutic principles presented by the attending doctor for the disease or symptom resulting in today's consultation? Please choose and circle **one** relevant answer from 1 to 5.

1. Patient
 2. Attending doctor
 3. Family, relative, friend
 4. Therapeutic policy has not been decided.
 5. Other

- Q9. Have you had any anxiety about the safety of medical care provided at this hospital? Please circle **every** relevant answer from 1 to 4. If had no anxiety, please circle 5. If you have no idea, please circle 6.

1. I had an anxiety about the equipment or hygiene of the hospital.
 2. I had an anxiety about the care provided by the doctor/nurse.
 3. I had an anxiety about test or medical activities.
 4. I had an anxiety about other issue.
5. I had no anxiety.
 6. I have no idea.

Please go to the back (next) page.

Q10.

Please answer all the following questions from (1) to (7) by choosing and circling **one** relevant rating result from 1 to 5. If you have no idea or the question is irrelevant, please circle 6.

Questions	1. Very satisfied	2. Relatively satisfied	3. Standard	4. Relatively dissatisfied	5. Very dissatisfied	6. Other
(1) What do you think of the waiting room?	1	2	3	4	5	6
(2) Are you satisfied with the medical care/treatment?	1	2	3	4	5	6
(3) Are you satisfied with the conversation with the doctor?	1	2	3	4	5	6
(4) Are you satisfied with the duration of consultation?	1	2	3	4	5	6
(5) Are you satisfied with the condition of privacy protection during consultation?	1	2	3	4	5	6
(6) Are you generally satisfied with the hospital?	1	2	3	4	5	6

	1. Very insignificant burden	2. Relatively insignificant burden	3. Standard	4. Relatively heavy burden	5. Very heavy burden	6. Other
(7) Is the consultation/treatment cost a heavy burden on you?	1	2	3	4	5	6

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Public Health Office Code	Institution No.

MHLW

2005 Patient Experiences Survey

Inpatient Survey Form (October 2005)

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Who is completing the questionnaire?

1. Patient
2. Family

Is the patient male or female?

1. Male
2. Female

Please provide the birth date of the patient.

MM DD, YYYY

Note: The birth date is used exclusively for statistical purposes, not for identifying individual patients.

If a family member completes the following, please reflect the patient's response.

Q1.

What made you visit the hospital? If you have any reason, please circle **every** relevant answer from 1 to 8 below. If you have no specific reason, circle 9.

1. Because the doctor is my attending doctor.
2. Because I was referred by my attending doctor.
3. Because the hospital provides advanced care.
4. Because I was recommended to visit the hospital by my family/friend/acquaintance.
5. Because of the good access.
6. Because the hospital is introduced in an advertisement, publication, TV/radio program, or website.
7. Based on the information received from the administrative authority including the public health center
8. Other
9. There is no specific reason.

Please go to the back (next) page.

- Q2. What kind of information did you want to have when selecting this hospital and what kind of information could you obtain? Please circle **every** relevant answer from 1 to 7 below either under "Information you wanted to have" and "Information you could obtain". **If there was no specific information, please circle 8. "Information you could obtain" refers to the information you actually obtained whether you wanted or not.**

Items of information	Information you wanted to have	Information you could obtain
(1) Care environment (e.g. area of the patient room)	1	1
(2) Assessment of the medical institution by the third-party certifier	2	2
(3) Career background/specialty of doctors	3	3
(4) Inpatient care cost	4	4
(5) Therapeutic method/experience (e.g. cumulative number of surgeries/childbirths)	5	5
(6) Safety measures taken by the hospital (e.g. prevention of medical malpractice)	6	6
(7) Other information	7	7
(8) There was no specific information.	8	8

- Q3. Have you received any explanation about the treatment for the disease or symptom resulting in the hospitalization from the doctor? Please circle **every** relevant answer from 1 to 4 below. If no explanation was given, please circle 5.

I have received an explanation.

(If you have received any explanation)

1. I received an oral explanation.
2. I received an explanatory document.
3. I was shown the medical record (original medical record or X-ray photo).
4. Other

5. I have not received any explanation.

..... If you have circled 5, please go to Q8.

- Q4. The following are questions to persons who have circled 1 to 4 in Q3. Please rate the explanation received from the doctor about disease or symptom resulting in the hospitalization at this hospital by circling **one** of the levels from "1" to "5".

Details	1. The explanation was easy to understand	2. The explanation was just understandable	3. The explanation was difficult to understand	4. The explanation was scarcely understandable	5. No explanation was made.
(1) Pathological condition or disease name	1	2	3	4	5
(2) Therapeutic method/period	1	2	3	4	5
(3) Prognosis	1	2	3	4	5
(4) Efficacy of/ADRs to the drug	1	2	3	4	5
(5) Other (e.g. guidance about diet/exercise)	1	2	3	4	5

Q5.

Who made the decision about the treatment policy based on the therapeutic principles presented by the attending doctor for the disease or symptoms resulting in the hospitalization? Please choose and circle **one** relevant answer from 1 to 5.

1. Patient
2. Attending doctor
3. Family, relative, friend
4. Therapeutic policy has not been decided.
5. Other

Q6.

Have you had any anxiety about the safety of medical care provided at this hospital? Please circle **every** relevant answer from 1 to 4. If had no anxiety, please circle 5. If you have no idea, please circle 6.

1. I had an anxiety about the equipment or hygiene of the hospital.
2. I had an anxiety about the care provided by the doctor/nurse.
3. I had an anxiety about test or medical activities.
4. I had an anxiety about another issue.
5. I had no anxiety.
6. I have no idea.

Q7.

What care/treatment do you want to receive in the future? Please circle **one** relevant answer from 1 to 7 below.

1. I want to remain admitted to the hospital until complete recovery.
2. I want to move to a hospital where more advanced medical care is available.
3. I want to move to another hospital or clinic.
4. I want to move to a healthcare facility for the elderly or special elderly nursing home where nursing care is provided.
5. I want to receive home medical care (have the doctor and nurse visit me at home for home care).
6. I want to receive medical care as an outpatient.
7. Other

Q8.

Can you receive care at home if the discharge permission is issued? Please choose and circle **one** answer.

1. I can receive care at home.
2. I can not receive care at home.
3. I don't need care.
4. I have no idea.

Complementary Question 8-1.

This is a question to a person who has circled 2 in Q8. What is necessary for your home care? Please circle **every** relevant answer from 1 to 8 below. If you have no idea, please circle 9.

1. Renovation necessary for home care such as installation of a handrail or making floors even
2. Cooperation of a family member
3. Securing the transportation service for hospital visits
4. Guidance necessary for home medical care
5. Bathing and catering service
6. Periodical home visit by the doctor and the nurse
7. Emergency communication system with the hospital/clinic
8. Other
9. I have no idea.

Please go to the back (next) page.

Q9.

Please answer all the following questions from (1) to (7) by choosing and circling **one** relevant rating result from 1 to 5. If you have no idea or the question is irrelevant, please circle 6.

Questions	1. Very satisfied	2. Relatively satisfied	3. Standard	4. Relatively dissatisfied	5. Very dissatisfied	6. Other
(1) Are you satisfied with the medical care/treatment?	1	2	3	4	5	6
(2) Are you satisfied with the conversation with the doctor?	1	2	3	4	5	6
(3) Are you satisfied with care/nursing by the nurse?	1	2	3	4	5	6
(4) Are you satisfied with the condition of privacy protection at the patient room?	1	2	3	4	5	6
(5) Are you satisfied with the patient room/bath room/lavatory?	1	2	3	4	5	6
(6) Are you satisfied with meals?	1	2	3	4	5	6
(7) Are you generally satisfied with the hospital?	1	2	3	4	5	6

Please put the survey form into the dedicated envelope, seal the envelope, and hand it over to the survey staff or drop it into the mailbox.

Thank you very much for your cooperation.

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