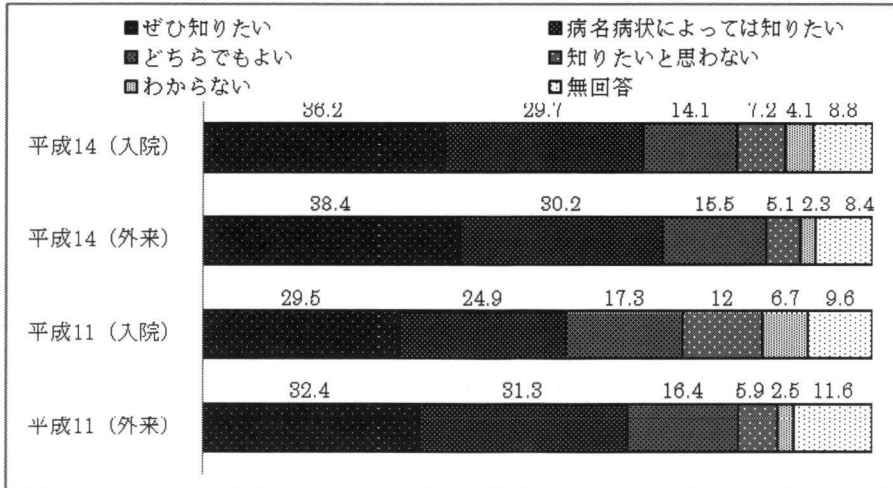
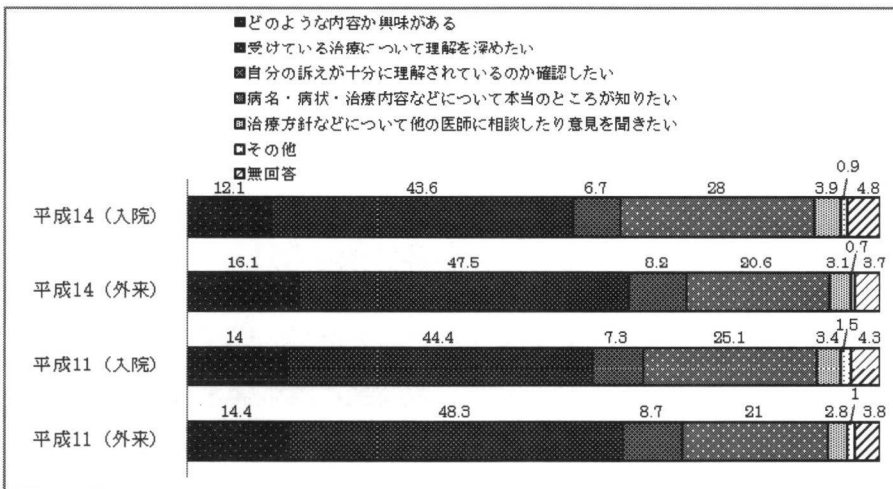


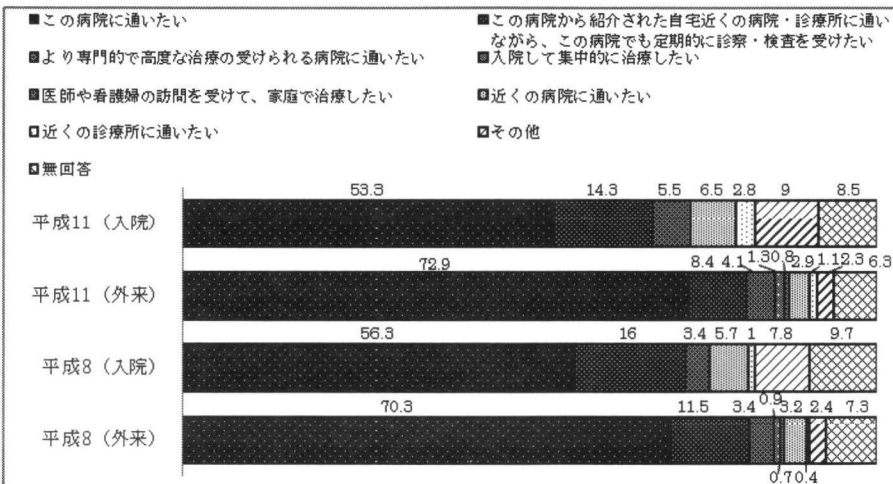
【10】カルテ開示
～カルテ内容を知りたいか否か～



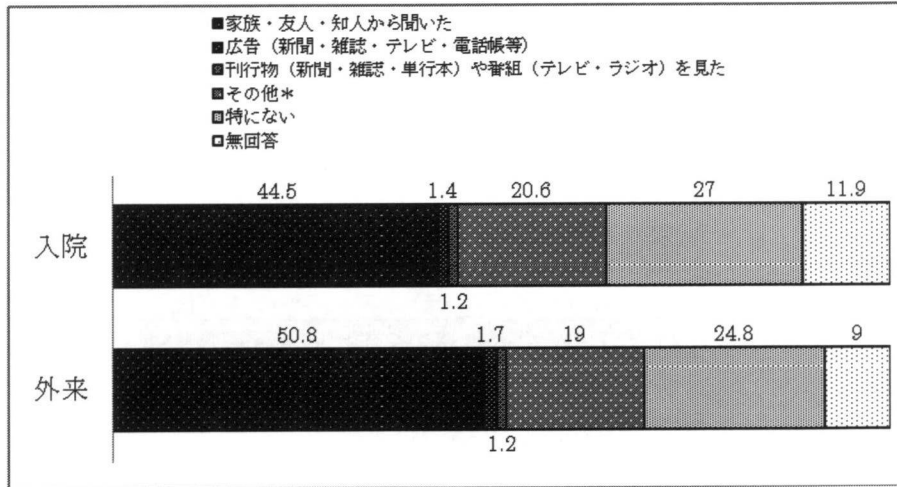
【11】カルテ開示
～カルテ内容を知りたい理由～



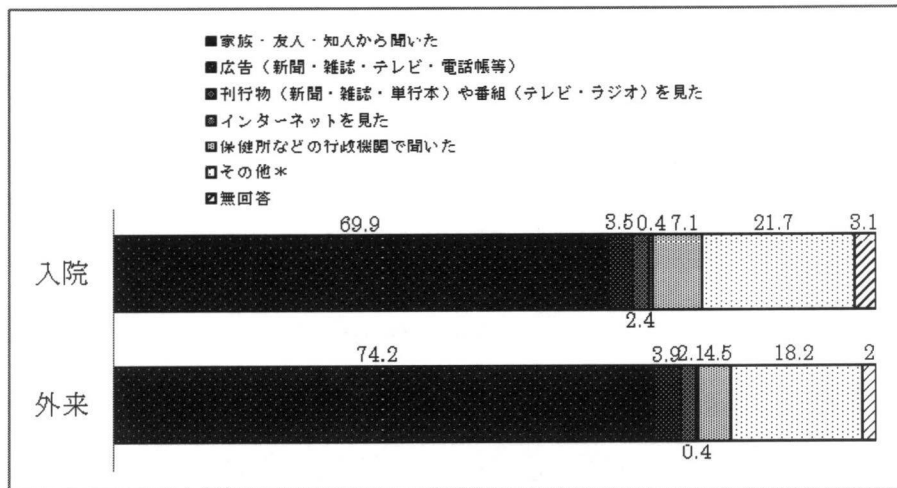
【12】今後の治療・療養
～今後の治療・療養形態～



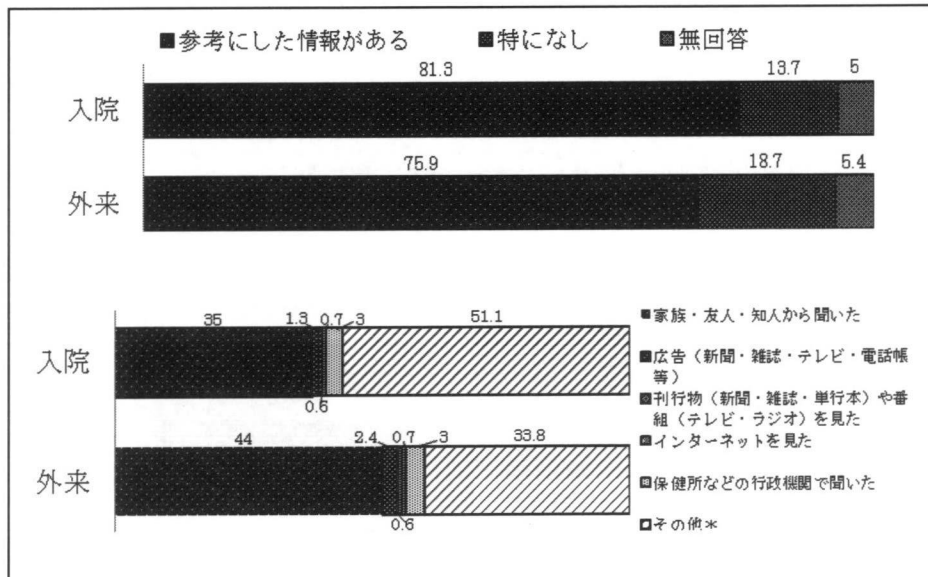
【13】 病院を選ぶ際に参考にした情報の種類
～平成8年度～



【14】 病院を選ぶ際に参考にした情報の種類
～平成11年度～



【15】 病院を選ぶ際に参考にした情報の種類
～平成14年度～



Public Health Office Code	Institution No.

MHW

1996 Patient Experiences Survey Outpatient Survey Form

This survey is performed to identify desirable characteristics of the healthcare service. All patients that are visiting the hospital, including those who have visited the hospital for the purpose of pregnancy monitoring or medical checkup, are requested to complete the questionnaire form. Please respond to the questionnaire by circling the relevant choice. If the patient cannot understand what is written or cannot complete the questionnaire because of the pathological condition, a family member is requested to assist the patient to respond to the questionnaire.

After completion, please put the survey form into the dedicated envelope and drop it into the collection box placed in the hospital or into the mailbox (It is not necessary to affix a stamp).

The envelope is opened only at MHW and the data are used exclusively for statistical purposes. Therefore, please respond to the questionnaire frankly.

Who is completing the questionnaire?

1. Patient 2. Family 3. Other

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

Sex: 1. Male 2. Female
Birth date: MM DD, YYYY

Q1. Is this your first visit to the hospital?

1. This is the first visit to the hospital. 2. I have visited the hospital before.

Q2. What made you visit the hospital for the present illness (including injury, pregnancy monitoring, or medical checkup)? Please choose and circle all relevant answers.

1. Because the hospital is located near home, office, or school.
2. Because I have visited the hospital before.
3. Because my attending doctor works for the hospital.
4. Because doctors and nurses are said to be kind to patients.
5. Because a prominent doctor/specialist is said to work for the hospital.
6. Because the hospital is said to be well equipped.
7. Because the hospital has various departments.
8. Because the hospital building is attractive.
9. Because the hospital is said to see patients quickly.
10. Because the hospital is said to charge patients less.
11. Because I was referred to the hospital by the hospital/clinic I previously visited.
12. Because I was dissatisfied with the hospital I previously visited.
13. Because I was dissatisfied with the clinic I previously visited.
14. Other reason (e.g. Because I have been brought to the hospital by ambulance, Because a family member/acquaintance works for the hospital)
15. I have no idea.

Q3. Did you refer to any information in selecting the hospital? Please choose and circle all relevant answers.

1. Information received by a family member
2. Information received by a friend/acquaintance
3. Advertisement (e.g. newspaper, journal, TV, telephone directory)
4. Feature article or TV program (e.g. newspaper, journal, TV)
5. Other
6. I have not referred to any specific information.

Q4. How long have you made regular hospital visits for the present illness? Please answer the period including the period of treatment at other hospitals/clinics.

1. Today is the first day of treatment.
2. Less than 1 week
3. 1 week or more but less than 1 month
4. 1 month or more but less than 6 months
5. 6 months or more but less than 1 year
6. 1 year or more but less than 5 years
7. 5 years or more but less than 10 years
8. 10 years or more
9. I have no idea.

Q5. What is the primary purpose of today's visit? Please choose and circle one answer.

1. To consult with the doctor
2. To receive drugs
3. For rehabilitation
4. To undergo tests or obtain test data
5. For injection or treatment (e.g. surgery, replacement of gauze)
6. Other (e.g. immunization, consultation)

Q6. How long does it take and how much does it cost to visit the hospital from home (or office or school)?

(1) Time spent to visit the hospital (One-way trip)

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 hours or more but less than 1.5 hours
5. 1.5 hours or more

(2) Transportation expense to visit the hospital (One-way trip)

1. 0 yen
2. Less than 500 yen
3. 500 yen or more but less than 1000 yen
4. 1000 yen or more but less than 2000 yen
5. 2000 yen or more
6. By my private car

Q7. Did you make an appointment for today's consultation?

1. I did not make an appointment.
2. I made an appointment.
3. I have no idea.

Q8. How long did you wait before the consultation?

(1) Waiting time before consultation (Waiting time after the appointed time)

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

(2) Waiting time for accounting or prescription after consultation

1. Less than 30 minutes
2. 30 minutes or more but less than 1 hour
3. 1 hour or more but less than 1.5 hours
4. 1.5 hours or more but less than 2 hours

Q9. How many minutes were spent for 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
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

Q10. Please answer the questions about the present physical condition.

(1) Can you walk independently? (Please answer the condition without the use of the wheelchair if you use a wheelchair.)

1. I can walk independently (without using a handrail, stick, or walking aid).
2. I can walk independently when using a handrail, stick, or walking aid.
3. I can walk with partial assistance.
4. I cannot walk with or without assistance.

The following is a complementary question for a person who has chosen 1 or 2 in (1).
Complementary Question 1-1. Do you fall over?

1. I scarcely fall over.
2. I sometimes fall over.
3. I often fall over.

The following is a complementary question for a person who has chosen 3 or 4 in (1).
Complementary Question 1-2. Can you get into a wheelchair and operate independently?

1. I can. 2. I cannot.

(2) Can you walk up and down the stairs independently?

1. I can (without using a handrail or stick).
2. I can if using a handrail or stick.
3. I can if somebody assists for part of the movement.
4. I cannot even if somebody assists every movement.

(3) Can you go shopping for commodities?

1. I can with ease.
2. I can just about.
3. I can if somebody assists.
4. I cannot even if somebody assists.

(4) Do you have conversations with people around you?

1. Often 2. Sometimes 3. Scarcely

Q11.

What do you think of the present illness (physical condition)? If anyone other than the patient is completing the questionnaire, please circle "5. I have no idea".

1. I am in poor condition. 2. I am in relatively poor condition.
3. I am in relatively good condition. 4. I am in good condition. 5. I have no idea.

Q12.

What do you think of your usual health condition? If anyone other than the patient is completing the questionnaire, please circle "6. I have no idea".

1. I am in good condition. 2. I am in relatively good condition. 3. I am in fair condition.
4. I am in relatively poor condition. 5. I am in poor condition. 6. I have no idea.

Q13.

Have you received any explanation about the present illness by the doctor or any healthcare professional?

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

The following are complementary questions for a person who has chosen 1 or 2 in Q13 (person who has received the explanation). If you have chosen any other answer, skip the complementary questions and go to Q14.

Complementary Question 13-1. What was explained? Please circle all items of explanations.

1. Pathological condition or disease name 2. Therapeutic method 3. Anticipated treatment period
4. Anticipated treatment cost 5. Efficacy and ADRs to the drug

Complementary Question 13-2. Did you receive any explanatory document?

1. I received the explanatory document. 2. I did not receive any explanatory document.

Complementary Question 13-3. Who explained to you? Please choose all persons that gave the explanation.

1. Doctor/dentist 2. Pharmacist 3. Nurse 4. Other hospital staff

Complementary Question 13-4. Was the explanation easy to understand?

1. Easy to understand 2. Quite easy to understand 3. Difficult to understand

Q14.

If you don't receive any explanation from the doctor or don't understand the explanation about the treatment or drug, how do you react? Please choose one answer.

1. I ask the doctor.
2. I ask healthcare professionals other than the doctor (e.g. pharmacist, nurse).
3. I change the hospital/clinic.
4. I collect information from books or journals or contact the call center.
5. I care but do nothing special.
6. I don't care and do nothing special.
7. Other

Q15. Do you receive medication for the treatment of the present illness?

1. I receive medication. 2. I don't receive medication.

Q16. These days, some hospitals issue prescriptions for extramural dispensing so that you can receive the drug at a pharmacy near your home. Would you choose this system if it were available?

1. I would always use the system. 2. I would sometimes use the system.
3. I would not use the system for the time being.

Q17. How do you want to receive care in the future? Please choose 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 nearby hospital.
4. I want to make regular visits to a nearby clinic.
5. I want to visit a hospital where more special and advanced care is available.
6. I want to be admitted to a hospital to receive intensive care.
7. I want to have the doctor and nurse visit me at home for home care.
8. Other

Q18. 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 6
(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) Is the privacy protected?	Protected	1	2	3	4	5	Not protected	6
(8) Are the consultation room, waiting room, and lavatory clean?	Clean	1	2	3	4	5	Not clean	6
(9) Did you find the waiting time a heavy burden?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(10) Are you satisfied with the service days/hours?	Satisfied	1	2	3	4	5	Dissatisfied	6
(11) What do you think of the treatment cost?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(12) Are you satisfied with the availability of transportation service or the space of the car park?	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.

MHW

1996 Patient Experiences Survey

Inpatient Survey Form

This survey is performed to identify desirable characteristics of the healthcare service. All inpatients under nosocomial care at the hospital, including those who are admitted to the hospital for the purpose of childbirth or medical checkup, are requested to complete the questionnaire form. Please respond to the questionnaire by circling the relevant choice. If the patient cannot understand what is written or cannot complete the questionnaire because of the pathological condition, a family member is requested to assist the patient to respond to the questionnaire.

After completion, please put the survey form into the dedicated envelope and hand it over to the survey staff.

The envelope is opened only at MHW and the data are used exclusively for statistical purposes. Therefore, please respond to the questionnaire frankly.

Who is completing the questionnaire?

1. Patient 2. Family 3. Other

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

Sex: 1. Male 2. Female
Birth date: MM DD, YYYY

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

1. Private room 2. Room for two patients
3. Room for 3 to 4 patients 4. Room for 5 or more patients
5. Other (e.g. ICU)

Q1.

Is this your first visit to the hospital?

1. This is the first visit to the hospital. 2. I have visited the hospital before.

Q2.

What made you choose the hospital for the present illness (including injury, childbirth, or medical checkup)? Please choose all relevant answers.

1. Because the hospital is located near home, office, or school.
2. Because I have visited the hospital before.
3. Because my attending doctor works for the hospital.
4. Because the doctors and nurses are said to be kind to patients.
5. Because a prominent doctor/specialist is said to work for the hospital.
6. Because the hospital is said to be well equipped.
7. Because the hospital has various departments.
8. Because the hospital building is attractive
9. Because the hospital is said to see patients quickly.
10. Because the hospital is said to charge patients less.
11. Because I was referred to the hospital by the hospital/clinic I previously visited.
12. Because I was dissatisfied with the hospital I previously visited.
13. Because I was dissatisfied with the clinic I previously visited.
14. Other reason (e.g. Because I have been brought to the hospital by ambulance, Because a family member/acquaintance works for the hospital)
15. I have no idea.

Q3.

Did you refer to any information in selecting the hospital? Please choose and circle all relevant answers.

1. Information received by a family member
2. Information received by a friend/acquaintance
3. Advertisement (e.g. newspaper, journal, TV, telephone directory)
4. Feature article or TV program (e.g. newspaper, journal, TV)
5. Other
6. I have not referred to any specific information.

Q4.

How long have you made regular hospital visits for the present illness? Please answer the period including the period of treatment at other hospitals/clinics.

1. Today is the first day of treatment.
2. Less than 1 week
3. 1 week or more but less than 1 month
4. 1 month or more but less than 6 months
5. 6 months or more but less than 1 year
6. 1 year or more but less than 5 years
7. 5 years or more but less than 10 years
8. 10 years or more
9. I have no idea.

Q5.

How many times have you been admitted to hospital for the treatment of the present illness? Please answer the number including the number of admissions to other hospitals/clinics.

1. First time
2. Second time
3. Third or more times

Q6.

How long did you wait for the hospital admission after it was decided for the hospital's own reason?

1. Admitted on the day of decision
2. 1 to 7 days
3. 8 to 14 days
4. 15 days to 1 month
5. 1 month or more
6. I have no idea.
7. I delayed the hospital admission for my own reason.

Q7.

Please answer the questions about the present physical condition.

(1) Can you walk independently? (Please answer the question without the use of a wheelchair if you use a wheelchair.)

1. I can walk independently (without using a handrail, stick, or walking aid).
2. I can walk independently when using a handrail, stick, or walking aid.
3. I can walk with partial assistance.
4. I cannot walk with or without assistance.

The following is a complementary question for a person who has chosen 1 or 2 in (1).
Complementary Question 1-1. Do you fall over?

1. I scarcely fall over.
2. I sometimes fall over.
3. I often fall over.

The following is a complementary question for a person who has chosen 3 or 4 in (1).
Complementary Question 1-2. Can you get into the wheelchair and operate independently?

1. I can.
2. I cannot.

(2) Can you walk up and down the stairs independently?

1. I can (without using a handrail or stick).
2. I can if using a handrail or stick.
3. I can if somebody assists for part of the movement.
4. I cannot even if somebody assists for every movement.

(3) Can you go shopping for commodities?

1. I can with ease.
2. I manage to.
3. I can if somebody assists.
4. I cannot even if somebody assists.

(4) Do you have conversations with people around you?

1. Often
2. Sometimes
3. Scarcely

Q8.

What do you think of the present illness (physical condition)? If anyone other than the patient is completing the questionnaire, please circle "5. I have no idea".

1. I am in poor condition.
2. I am in relatively poor condition.
3. I am in relatively good condition.
4. I am in good condition.
5. I have no idea.

Q9.

What do you think of your usual health condition? If anyone other than the patient is completing the questionnaire, please circle "6. I have no idea".

1. I am in good condition.
2. I am in relatively good condition.
3. I am in fair condition.
4. I am in relatively poor condition.
5. I am in poor condition.
6. I have no idea.

Q10. Have you received any explanation about the present illness by the doctor or any healthcare professional?

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

The following are the complementary questions for a person who has chosen 1 or 2 in Q10 (person who has received the explanation). If you have chosen any other answer, skip the complementary questions and go to Q11.

Complementary Question 10-1. What was explained? Please circle all items of explanations.

1. Pathological condition or disease name
2. Therapeutic method
3. Anticipated treatment period
4. Anticipated treatment cost
5. Efficacy and ADRs to the drug

Complementary Question 10-2. Did you receive any explanatory document?

1. I received the explanatory document.
2. I did not receive any explanatory document.

Complementary Question 10-3. Who explained to you? Please choose all persons that gave the explanation.

1. Doctor/dentist
2. Pharmacist
3. Nurse
4. Other hospital staff

Complementary Question 10-4. Was the explanation easy to understand?

1. Easy to understand
2. Quite easy to understand
3. Difficult to understand

Q11. If you don't receive any explanation from the doctor or don't understand the explanation about the treatment or drug, how do you react? Please choose one answer.

1. I ask the doctor.
2. I ask healthcare professionals other than the doctor (e.g. pharmacist, nurse).
3. I change the hospital/clinic.
4. I collect information from books or journals or contact the call center.
5. I care but do nothing special.
6. I don't care and do nothing special.
7. Other

Q12. 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 nearby hospital.
4. I want to make regular visits to a nearby clinic.
5. I want to have the doctor and nurse visit me at home for home care.
6. Other

Q13. What care do you want to receive in the future? Please choose one answer.

1. I want to go home as soon as the surgical or other treatment that requires hospitalization is completed.
2. I want to remain admitted to the hospital (or other hospital) until complete recovery.
3. I want to be transferred to the healthcare facility for the elderly or special elderly nursing home.
4. Other

Q14. If you are under home care after the discharge from the hospitalization for the present illness, who takes care of you (the patient) in daily life? Please choose all relevant answers.

1. Spouse
2. Child
3. Spouse of the child
4. Father
5. Mother
6. Grandfather or mother
7. Sibling
8. Other relative
9. Other
10. I have no one who takes care of me.

Q15.

If you are under home care after the discharge from the hospitalization for the present illness, what do you think is indispensable? Please choose all relevant answers.

1. Cooperation of family members
2. Periodical home visit/medical care by the doctor
3. Periodical home visit/nursing by the nurse
4. Periodical home visit/guidance by other healthcare professionals (e.g. rehabilitation, drug compliance guidance, diet-related guidance)
5. Emergency communication system with the hospital/clinic
6. Periodical home visit/nursing (e.g. daily care) by the home helper
7. Catering service
8. Single-day bathing and catering service (so called "day service")
9. Subsidy for the nursing cost
10. Subsidy for the renovation cost (e.g. construction of a handrail or a Western toilet)
11. Room for home care
12. Other
13. Nothing special

Q16.

Please rate the medial service provided at the hospital for the present illness for the questions provided below in [1] to [15] 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? Warm ← Very Relatively Neither Relatively Very → Cold Other
(If you think relatively warm) 1 2 3 4 5

		1	2	3	4	5		6
(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 protected?	Protected	1	2	3	4	5	Not protected	6
(9) Are the patients room, bath room, and lavatory among other places clean?	Clean	1	2	3	4	5	Not clean	6
(10) Are the patients room, bath room, and lavatory among other places functionally designed?	Functionally designed	1	2	3	4	5	Not functionally designed	6
(11) Are the corridors and patients room spacious?	Large	1	2	3	4	5	Small	6
(12) Are the dining hall and salon cozy?	Cozy	1	2	3	4	5	Not cozy	6
(13) Are you satisfied with the meals?	Satisfied	1	2	3	4	5	Dissatisfied	6
(14) Is it easy to contact outside people by telephone or other means?	Easy	1	2	3	4	5	Not easy	6
(15) 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.

Public Health Office Code	Institution No.

1999 Patient Experiences Survey Outpatient Survey Form

This survey is performed to identify the desirable characteristics of the healthcare service. All patients that are visiting the hospital, including those who have visited the hospital for the purpose of pregnancy monitoring or medical checkup, are requested to complete the questionnaire form. Please respond to the questionnaire by circling the relevant choice. If the patient cannot understand what is written or cannot complete the questionnaire because of the pathological condition, a family members is requested to assist the patient to respond to the questionnaire.

After completion, please put the survey form into the dedicated envelope and drop it into the collection box placed in the hospital or into the mailbox (It is not necessary to affix a stamp).

The envelope is opened only at MHW and the data are used exclusively for the statistical purpose. Therefore, please respond to the questionnaire frankly.

Who is completing the questionnaire?

1. Patient 2. Family 3. Other

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

Sex: 1. Male 2. Female
Birth date: MM DD, YYYY

Q1.

Did you visit any other clinic/hospital before visiting this hospital for the present illness (including injury, pregnancy monitoring, or medical checkup; hereinafter the same definition)? If you visited multiple medical institutions, choose the answer for the medical institution you visited immediately before visiting this hospital.

1. I visited another clinic.
2. I visited another hospital.
3. I didn't visit any other clinic/hospital (I visited only this hospital.)

The following is a question for a person who has chosen 1 or 2 in Q.1
If you have chosen 3, skip the complementary question and go to Q.2.

Complementary Question 1-1. What made you visit this hospital? Please circle all relevant answers and choose the main reason and provide the number in the box below.

1. Because I'm visiting this hospital for a different purpose (e.g. rehabilitation, test, consultation) from the purpose of visit to another clinic/hospital.
2. Because the other hospital was not convenient for visiting or admission.
3. Because the previous hospital did not give detailed explanations about the pathological condition or treatment.
4. Because I had no alleviation of the disease.
5. Because I felt uncertain about the diagnosis or treatment.
6. Other (including referral)

Provide the number of the main reason. →

Q2.

Do you have a primary-care physician (i.e. doctor you can consult with for primary care)?

1. Yes 2. No 3. I have no idea.

The following is a question for a person who has chosen 1 in Q2.

If you have chosen 2 or 3, skip the complementary question and go to Q.3.

Complementary Question 2-1. Which medical institution does the primary-care doctor works for? Please circle the relevant answer.

1. Clinic 2. This hospital 3. Another hospital

Complementary Question 2-2. Have you consulted with the primary-care doctor for the present illness?

1. I consulted with the doctor. 2. I have not consulted with the doctor.

Q3. Did you refer to any information in selecting the hospital?

1. I referred to information.
2. I did not refer to any information.
3. The attending doctor designated the hospital.

The following is a question for a person who has chosen 1 in Q3.

If you have chosen 2 or 3, skip the complementary question and go to Q4.

Complementary Question 3-1. What information did you refer to? Please circle all relevant answers.

1. Information received from a family member, friend, or acquaintance
2. Advertisement (e.g. 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. Other

Q4. Which information about the medical institution do you want to have? Please circle all relevant answers.

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
4. Whether or not the medical institution provides home care
5. Whether or not the medical institution is usable for medical checkup
6. Number of doctors and nurses
7. Number of beds
8. Number of private rooms and 2-patient rooms
9. Name of the affiliate medical institutions
10. Assessment of the medical institution by the third-party certifier
11. Specialty of doctors
12. Other

Q5. How long does it take and how much does it cost to visit the hospital from home (or office or school)?

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 hours or more but less than 1.5 hours
5. 1.5 hours or more

Q6. How long did you wait before the consultation?

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

Q7. How long did today's consultation take (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
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

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.

The following are complementary questions for a person who has chosen 1 or 2 in Q8.

If you have chosen 3, skip the complementary questions and go to Q9.

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

1. Pathological condition or 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 8-2. Did you receive any explanatory document?

1. I received the explanatory document.
2. I did not receive any explanatory document.

Complementary Question 8-3. 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.

Q9.

How do you evaluate the explanations you received about the present illness in this hospital? Please choose one answer.

1. I want to listen to the overall explanation again.
2. I want to listen to more detailed explanations on some parts.
3. The explanations I received are sufficient.
4. I do not want to listen to the explanations.

The following is the complementary question to a person who has chosen 1 or 2 in Q9.

If you have chosen 3 or 4, skip the complementary question and go to Q10.

Complementary Question 9-1. What explanations do you want? Please choose all relevant answers.

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

Q10.

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

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

The following is a complementary question to a person who has chosen 1 or 2 in Q10.

If you have chosen 3, 4, or 5, skip the complementary question and go to Q11.

Complementary Question 10-1. 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

Q11.

If you don't receive any explanation from the doctor or don't understand the explanation about the treatment or drug, how do you react? Please choose one answer.

1. I ask the doctor questions.
2. I ask healthcare professionals other than the doctor (e.g. pharmacist, nurse).
3. I change hospital/clinic.
4. I collect information from books or journals or contact the call center.
5. I care but do nothing special.
6. I don't care and do nothing special.
7. Other

Q12. How do you want to receive care in the future? Please choose 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 a 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 the clinic close to home (or office/school).
5. I want to visit a hospital where more special and advanced care is available.
6. I want to be admitted to a hospital to receive intensive care.
7. I want to have the doctor and nurse visit me at home for home care.
8. Other

Q13. 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	Warm ←	Very	Relatively	Neither	Relatively	Very	→ Cold	Other
Is today warm? (If you think relatively warm)		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?	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) Is the privacy protected?	Protected	1	2	3	4	5	Not protected	6
(8) Are the consultation room, waiting room, and lavatory clean?	Clean	1	2	3	4	5	Not clean	6
(9) Did you find the waiting time a heavy burden?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(10) Are you satisfied with the service days/hours?	Satisfied	1	2	3	4	5	Dissatisfied	6
(11) What do you think of the treatment cost?	Insignificant burden	1	2	3	4	5	Heavy burden	6
(12) Are you satisfied with the availability of transportation service or the space of the car park?	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.**

Public Health Office Code	Institution No.

1999 Patient Experiences Survey

Inpatient Survey Form

This survey is performed to identify desirable characteristics of the healthcare service. All inpatients under nosocomial care the hospital, including those who are admitted to the hospital for the purpose of childbirth or medical checkup, are requested to complete the questionnaire form. Please respond to the questionnaire by circling the relevant choice. If the patient cannot understand what is written or cannot complete the questionnaire because of the pathological condition, a family member is requested to assist the patient to respond to the questionnaire.

After completion, please put the survey form into the dedicated envelope and hand it over to the survey staff.

The envelope is opened only at MHW and the data are used exclusively for statistical purposes. Therefore, please respond to the questionnaire frankly.

Who is completing the questionnaire?

1. Patient 2. Family 3. Other

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

Sex: 1. Male 2. Female
Birth date: MM DD, YYYY

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

1. Private room 2. Room for two patients
3. Room for 3 to 4 patients 4. Room for 5 or more patients
5. Other (e.g. ICU)

Q1.

How many times have you been admitted to the hospital for the treatment of the present illness? Please answer the number including the number of admissions to other hospitals/clinics.

1. First time 2. Second time 3. Third or more times

Q2.

Did you visit any other clinic/hospital before visiting this hospital for the present illness (including injury, pregnancy monitoring, or medical checkup; hereinafter the same definition)? If you visited multiple medical institutions, choose the answer for the medical institution you visited immediately before visiting this hospital.

1. I visited another clinic.
2. I visited another hospital.
3. I didn't visit any other clinic/hospital (I visited only this hospital.)

The following is a question for a person who has chosen 1 or 2 in Q.2

If you have chosen 3, skip the complementary question and go to Q.3.

Complementary Question 2-1. What made you visit this hospital? Please circle all relevant answers and choose the main reason and provide the number in the box below.

1. Because I'm visiting this hospital for a different purpose (e.g. rehabilitation, test, consultation) from the purpose of visit to another clinic/hospital.
2. Because the other hospital was not convenient for visiting or admission.
3. Because the previous hospital did not give detailed explanations about the pathological condition or treatment.
4. Because I had no alleviation of the disease.
5. Because I felt uncertain about the diagnosis or treatment.
6. Other (including referral)

Provide the number of the main reason. →

Q3. Do you have a primary-care physician (i.e. doctor you can consult with for primary care)?

1. Yes 2. No 3. I have no idea.

The following is a question for a person who has chosen 1 in Q3.

If you have chosen 2 or 3, skip the complementary question and go to Q.4.

Complementary Question 3-1. Which medical institution does the primary-care doctor works for? Please circle the relevant answer.

1. Clinic 2. This hospital 3. Other hospital

Complementary Question 3-2. Have you consulted with the primary-care doctor for the present illness?

1. I consulted with the doctor. 2. I have not consulted with the doctor.

Q4. Did you refer to any information in selecting the hospital?

1. I referred to information. 2. I did not refer to any information.
3. The attending doctor designated the hospital.

The following is a question for a person who has chosen 1 in Q4.

If you have chosen 2 or 3, skip the complementary question and go to Q5.

Complementary Question 4-1. What information did you refer to? Please circle all relevant answers.

1. Information received from a family member, friend, or acquaintance
2. Advertisement (e.g. 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. Other

Q5. Which information about the medical institution do you want to have? Please circle all relevant answers.

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
4. Whether or not the medical institution provides home care
5. Whether or not the medical institution is usable for medical checkup
6. Number of doctors and nurses
7. Number of beds
8. Number of private rooms and 2-patient rooms
9. Name of the affiliate medical institutions
10. Assessment of the medical institution by the third-party certifier
11. Specialty of doctors
12. Other

Q6. 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.

The following are the complementary questions for a person who has chosen 1 or 2 in Q6.

If you have chosen 3, skip the complementary questions and go to Q7.

Complementary Question 6-1. What explanation did you receive? Please choose all items of explanations.

1. Pathological condition or 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 6-2. Did you receive any explanatory document?

1. I received the explanatory document.
2. I did not receive any explanatory document.

Complementary Question 6-3. 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.

Q7.

How do you evaluate the explanations you received about the present illness in this hospital? Please choose one answer.

1. I want to listen to the overall explanation again.
2. I want to listen to more detailed explanations on some parts.
3. The explanations I received are sufficient.
4. I do not want to listen to the explanations.

The following is a complementary question to a person who has chosen 1 or 2 in Q7.

If you have chosen 3 or 4, skip the complementary question and go to Q8.

Complementary Question 7-1. What explanations do you want? Please choose all relevant answers.

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

Q8.

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

1. I want to know by any means.
2. I want to know depending on the disease/condition.
3. I never care.
4. I do not want to know.
5. I have no idea.

The following is a complementary question to a person who has chosen 1 or 2 in Q8.

If you have chosen 3, 4, or 5, skip the complementary question and go to Q9.

Complementary Question 8-1. 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

Q9.

If you don't receive any explanation from the doctor or don't understand the explanation about the treatment or drug, how do you react? Please choose one answer.

1. I ask the doctor.
2. I ask healthcare professionals other than the doctor (e.g. pharmacist, nurse).
3. I change the hospital/clinic.
4. I collect information from books or journals or contact the call center.
5. I care but do nothing special.
6. I don't care and do nothing special.
7. Other

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? Warm ← Very Relatively Neither Relatively Very → Cold Other
(If you think relatively warm) 1 2 3 4 5

	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?	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.

After completion, 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 (It is not necessary to affix a stamp).

The envelope is opened only at MHLW and the data are used exclusively for statistical purposes. Therefore, please respond to the questionnaire frankly.

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
Birth date: MM DD, YYYY

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