Questionaire for All Patients (v.2020.8.18)

In–hospital transmission of infectious gastroenteritis (e.g. due to norovirus), influenza, measles, and the new coronavirus, the introduction of resistant bacterial strains from abroad have become serious issues lately. As a preventive measure, w ask you to complete this questionnaire during your reception. Thank you for your cooperation regarding this matter.

Name ____________ Temp ____________

Please check(✓) "YES" or "NO".

		YES	NO
A. Infectious gastroenteritis		YES	NO
1	Have you had diarrhea or vomiting within the past week?		
2	Has anyone in your household or any known contact (at work, school, neighborhood, etc.) had diarrhea, vomiting or fever within the past week?		
B. Fever		YES	NO
3	Have you had temperature more than 37.5℃ within the past 14 days?		
C. Respiratory infections		YES	NO
4	cough (symptoms within the past 14 days)		
5	throat pain and/or nasal discharge ("runny nose") (symptoms within the past 14 days)		
6	body aches (symptoms within the past 14 days)		
7	blunted sense of taste and/or smell (symptoms within the past 14 days)		
8	fatigue (lack of energy) (symptoms within the past 14 days)		
9	Have you taken any medication after being disgnosed with influenza within the past week?		
10	Has anyone in your household or any known contact (at work, school, neighborhood, etc,) had influenza (including suspected cases) within the past week?		
D. Measles, rubella, chicken pox and mumps		YES	NO
11	skin rash (symptoms since yesterday)		
12	swelling below the ears along the along the jawline (symptoms since yesterday)		
13	swelling below the jawbone (symptoms since yesterday)		
14	Has anyone in your household or any known contact (at work, school, neighborhood, etc,) had measles, rubella, chicken pox or mumps (including suspected cases) within the past week?		
E. Multi–drug resistant bacteria from abroad		YES	NO
15	Have you been hospitalized outside Japan at any time after year 2000?		
F. Corona and other viruses		YES	NO
16	Have you been outside Japan within the past 14 days?		
17	If YES to Q16, please list the country names.		
18	If YES to Q16, please indicate your date of arrival.	month:	day:
19	I may have been in contact with someone with COVID–19.		
20	If YES to Q19, please indicate the date of possible contact.	month:	day:
21	I live with a person who has been requested to be self–quarantined.		
22	If YES to Q21, please indicate your relationship to the self–quarantined person.		
23	If YES to Q21, please indicate the starting date of self–quarantine.	month:	day:
24	Including myself, at least one person in my household is waiting for the results of a PCR test.		
25	If YES to Q24, please indicate your relationship to the person who was tested.		
26	If YES to Q24, please indicate the date of testing.	month:	day:
G. Additional information		YES	NO
27	Have you attended any event with ten or more people within the past 14 days?		
28	I live with someone with symptoms such as cough, sore throat, runny nose, body aches, blunted sense of taste/smell, and fatigue (lacking energy) within the past 14 days.		
29	I live with someone who has been abroad within the past 14 days.		

Please have the following documents ready for reception.
① Patient registration card
② Health insurance card (and additional certificates that you posess)
③ Hospitalization warranty form
★ Please have your prescription diary and medicine(s) at the Inpatient Center.

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