

# Questionnaire for All Patients (v.2023.5.8)

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

Name

Temp

Please check(✓) "YES" or "NO".

| A. Fever                                     |  | YES | NO |
|--|--|-----|----|
| 1  | Have you had temperature more than 37.0°C within the past 7 days?  |     |    |
| B. Respiratory infections                    |  | YES | NO |
| 2  | coughing   |     |    |
| 3  | throat pain  |     |    |
| 4  | nasal discharge ("runny nose")   |     |    |
| 5  | blunted sense of taste and/or smell  |     |    |
| 6  | fatigue (getting tired easily; lack of energy)   |     |    |
| 7  | Have you had respiratory infections (influenza, COVID-19 etc.) within the past week?   |     |    |
| 8  | If YES, please write the name of the disease.  |     |    |
| 9  | If YES, please indicate when symptoms first appeared.  |     |    |
| 10   | Have you contacted with a person (family member, friend, colleague, etc.) who had COVID-19 within the past week?   |     |    |
| 11   | If YES, please indicate when you were contacted.   |     |    |
| C. Infectious gastroenteritis                |  | YES | NO |
| 12   | Have you had diarrhea or vomiting within the past week?  |     |    |
| 13   | Has anyone in your household or any known contact (at work, school, neighborhood, etc.) had diarrhea or vomiting within the past week?   |     |    |
| D. Measles, rubella, chicken pox and mumps   |  | YES | NO |
| 14   | skin rash  |     |    |
| 15   | swelling below the ears along the jawline  |     |    |
| 16   | swelling under the jawbone   |     |    |
| 17   | 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 |
| 18   | Have you been hospitalized outside Japan at any time after year 2000?  |     |    |

Please have the following documents ready at the reception desk.

- ① Patient registration card
- ② Health insurance card (and additional certificates that you possess)
- ③ Hospitalization warranty form
- ④ Please have your prescription diary and medicine(s) at the Inpatient Center.

Doctor's

Signature