

Annex K: Mental Health Satisfaction Questionnaire
As of October 2023



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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MENTAL HEALTH SATISFACTION QUESTIONNAIRE

We would like to know how you feel about the services that pertain to the Outpatient Benefits Package for Mental Health in order that we can improve and meet your needs. This survey will only take a few minutes. Please read the items carefully. If you need to clarify items or ask questions, you may approach your friendly health facility or you may contact PhilHealth call center at 8441-7442. Your responses will be kept confidential and anonymous.

For items 1 to 2, please tick on the appropriate box.

1. Respondent's age is:
 19 years old and below
 Between 20 to 35
 Between 36 to 45
 Between 46 to 55
 Between 56 to 65
 Above 65 years old
2. Sex of respondent
 Male
 Female

For items 3 to 7, please select the one best response by ticking the appropriate box.

3. How would you rate the services received from the health facility in terms of availability of medicines or supplies needed for the treatment of your condition?
 Adequate
 Inadequate
 Don't Know
4. How would you rate the patient's or family's involvement in the care in terms of patient empowerment?
 Excellent
 Satisfactory
 Unsatisfactory
 Don't Know
5. In general, how would you rate the health care professionals that provided the services for this benefit package in terms of doctor-patient relationship?
 Excellent
 Satisfactory
 Unsatisfactory
 Don't Know

6. In your opinion, by how much has your health facility expenses been lessened by availing of PhilHealth benefits package for mental health?

- Less than half
- By half
- More than half
- Don't know

7. Overall patient satisfaction (PS mark) is:

- Excellent
- Satisfactory
- Unsatisfactory
- Don't know

8. If you have other comments, please share them below:

Thank you. Your feedback is important to us!

Signature over Printed Name
(Patient/Parent/Guardian)

Date accomplished: _____