



Share your opinion with us!

We would like to know how you feel about the services that pertain to the Benefit Package 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 8662-2588. Your responses will be kept confidential and anonymous.

For items 1 to 3, please tick on the appropriate box.

1. Z Benefits package availed is for:

- | | |
|--|---|
| <input type="checkbox"/> Acute lymphoblastic leukemia | <input type="checkbox"/> Orthopedic implants |
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Peritoneal dialysis |
| <input type="checkbox"/> Prostate cancer | <input type="checkbox"/> Colorectal cancer |
| <input type="checkbox"/> Kidney transplantation | <input type="checkbox"/> Prevention of preterm delivery |
| <input type="checkbox"/> Post kidney transplantation services | <input type="checkbox"/> Preterm and small baby |
| <input type="checkbox"/> Cervical cancer | <input type="checkbox"/> Children with developmental disability |
| <input type="checkbox"/> Coronary artery bypass surgery | <input type="checkbox"/> Children with mobility impairment |
| <input type="checkbox"/> Surgery for Tetralogy of Fallot | <input type="checkbox"/> Children with visual disability |
| <input type="checkbox"/> Surgery for ventricular septal defect | <input type="checkbox"/> Children with hearing impairment |
| <input type="checkbox"/> ZMORPH/Expanded ZMORPH | |

Other Stand-alone Benefits

- ☐ Physical Medicine, Rehabilitation Services and Assistive Mobility Devices

2. Respondent's age is:

- ☐ 19 years old & below
☐ between 20 to 35
☐ between 36 to 45
☐ between 46 to 55
☐ between 56 to 65
☐ above 65 years old

3. Sex of respondent

- ☐ male
☐ female

For items 4 to 8, please select the one best response by ticking the appropriate box.

4. How would you rate the services received from the health facility (HF) in terms of availability of medicines or supplies needed for the treatment of your condition?

- ☐ adequate
☐ inadequate
☐ don't know

Annex H: Satisfaction Questionnaire

5. How would you rate the patient's or family's involvement in the care in terms of patient empowerment? (You may refer to your Member Empowerment Form)
- ☐ excellent
 - ☐ satisfactory
 - ☐ unsatisfactory
 - ☐ don't know
6. In general, how would you rate the health care professionals that provided the services for the Z benefit package in terms of doctor-patient relationship?
- ☐ excellent
 - ☐ satisfactory
 - ☐ unsatisfactory
 - ☐ don't know
7. In your opinion, by how much has your HF expenses been lessened by availing of the Z benefit package?
- ☐ less than half
 - ☐ by half
 - ☐ more than half
 - ☐ don't know
8. Overall patient satisfaction (PS mark) is:
- ☐ excellent
 - ☐ satisfactory
 - ☐ unsatisfactory
 - ☐ don't know
9. If you have other comments, please share them below:

Thank you. Your feedback is important to us!

Signature of Patient/ Parent/ Guardian

Date accomplished: _____