Share your opinion with us!

We would like to know how you feel about the services that pertain to the outpatient benefit package for the secondary prevention of rheumatic fever/rheumatic heart disease 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 care provider or you may contact PhilHealth call center at 441-7442. 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 & 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	ritems 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 care institution (HCI) 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? (You may refer to your Member Empowerment Form) □ 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 HCI expenses been lessened by availing of PhilHealth benefit package for RF/RHD? less than half by half more than half don't know
7.	Overall patient satisfaction (PS mark) is: cap excellent cap satisfactory cap unsatisfactory cap don't know
8.	If you have other comments, please share them below: Thank you. Your feedback is important to us!
	Signature of Patient/ Parent/ Guardian Relationship to the patient: