

Annex L: Home Visitation Questionnaire For PD Z Benefits Package



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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PhilHealthOfficial teamphilhealth

Control Number: _____

FIELD SURVEY TOOL FOR PD Z BENEFITS

READ BEFORE STARTING THE INTERVIEW:

Magandang umaga/hapon. Una sa lahat, salamat sa pagpapaunlak ninyo sa interview na ito. Ako si (*sabihin ang pangalan*), naatasang isagawa ang interview sa inyo para malaman ang estado ng serbisyonang natanggap ninyo bilang isa sa mga beneficiaries ng Z benefits at malaman din kung naging sapat ba ang PhilHealth benefit na natanggap ninyo.

Na-identify kayo bilang respondent sa pamamagitan ng pagpili ng computer sa mga pasyente na naka-avail na ng Z benefit sa mga contracted hospitals. Ayon sa talaan namin, kayo ay na-enroll ng (*state the hospital*) sa ilalim ng PD Z Benefits noong (*state month and year*).

Isasagawa natin ang interview na ito sa mahigit kumulang ng 20 minutes. Hindi kami hihingi ng kahit anong personal na impormasyon sa inyo maliban lamang sa mga mahalaga para sa Z benefits. Anuman ang inyong sabihin sa interview na ito ay mananatiling confidential at hindi makakaapekto sa membership ninyo sa PhilHealth. Simulan na natin. (*If with recorder, ask permission first*).

I. PATIENT INFORMATION

<p>A. Name of Patient (initials): _____</p> <p>B. Permanent Address: _____ _____</p> <p>C. Phone Number/s:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>D. Email address/es:</p> <p>1. _____</p> <p>2. _____</p> <p>E. PhilHealth membership status: <input type="checkbox"/> Member <input type="checkbox"/> Dependent</p> <p>F. Employment status: Currently working <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, nature of work: _____ If no, who supports patient: _____</p>	<p>G. Age (in years) : _____</p> <p>H. Birthdate: _____ (mm/dd/yyyy)</p> <p>I. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>J. Marital status of patient:</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Legally married</p> <p><input type="checkbox"/> With partner</p> <p><input type="checkbox"/> Widow/ widower (encircle)</p> <p>K. Educational status of patient:</p> <p><input type="checkbox"/> Elementary</p> <p><input type="checkbox"/> High school</p> <p><input type="checkbox"/> College</p> <p><input type="checkbox"/> Vocational</p> <p><input type="checkbox"/> Post Graduate</p> <p><input type="checkbox"/> Others: specify _____</p>
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II. RESPONDENT INFORMATION (if respondent is not the patient)

<p>A. Name of Respondent: (Last name, first name, middle initial, extension) _____</p> <p>B. Relationship to patient:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Others: specify: _____</p>	<p>C. Age (in years) : _____</p> <p>D. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>E. Educational status of patient:</p> <p><input type="checkbox"/> Elementary <input type="checkbox"/> High school <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others: specify _____</p>
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III. INFORMATION ON CONTACT PERSON, PERSON TRAINED ON PD, AND CAREGIVER

<p>A. Name of contact person: (Sino ang pwede tawagan kung may kailangan pang impormasyon?) _____</p> <p>Relationship to patient:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Others: specify: _____</p> <p>Permanent Address of contact person: _____</p> <p>Contact Number/s of contact person: _____</p> <p>B. Were you (pertaining to the patient) trained to do the PD exchanges? (Na-train po ba kayong mag-PD?) <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>C. Name of the person trained on PD aside from the patient: (Bukod sa inyo, sino pa po ang na-train na mag-PD?) _____</p> <p>Relationship to patient:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Others: specify: _____</p> <p>Permanent address of the person trained on PD: _____</p> <p>Contact Number/s: _____</p>	<p>D. Who takes care of you? (Sino ang nag-aalaga sa inyo?)</p> <p>Relationship to patient:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Others: specify: _____</p> <p>E. Is the the person doing your PD exchange the same person who was trained by the PD facility's (PD Unit, NKTi or other PD facility) PD Nurse? (Siya din po ba ng na-train sa PD) <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>If NO, who trained the person doing your PD exchanges now? (Kung HINDI, sino ang gumagawa ng PD sa inyo?) _____</p> <p>Educational status of the person doing your PD exchanges now:</p> <p><input type="checkbox"/> Elementary <input type="checkbox"/> High school <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others: specify _____</p>
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IV. OTHER INFORMATION ON PD OF THE PATIENT

<p>A. Date of PD catheter insertion (Kailan inilagay ang PD catheter?) (mm/dd/yyyy) : _____</p> <p>B. Date of PD initiation (Kailan nagsimula ang PD?) (mm/yyyy): _____ Name and address of HCl where PD was initiated _____ _____</p> <p>C. Number of PD exchanges/day (Ilang beses isinasagawa ang PD sa isang araw): <input type="checkbox"/> 3 exchanges/day <input type="checkbox"/> 4 exchanges/day <input type="checkbox"/> Others: _____ <input type="checkbox"/> Who does the PD of the patient?</p> <p>D. Who does the PD of the patient? (Sino ang gumagawa ng PD niyo?) <input type="checkbox"/> Patient <input type="checkbox"/> "Caregiver" <input type="checkbox"/> Others: _____</p> <p>E. How much PD solution is infused through the PD catheter per PD exchange? (Gaano karaming PD solution ang ipinapasok sa tiyan?) <input type="checkbox"/> 1 liter <input type="checkbox"/> 2 liters <input type="checkbox"/> Others: _____</p> <p>F. How many PD exchanges did your doctor prescribe to you? (Ilang PD exchanges ang kailangan niyong gawin base sa reseta sa inyo ng doctor?) _____</p>	<p>G. How many PD boxes are supplied by the contracted health care institution per two weeks? (Ilang PD boxes ang binibigay sa inyo ng ospital o clinic kada dalawang linggo?) _____bags kada dalawang linggo</p> <p>H. If with excess PD bags/boxes, what does the patient do with them? (Kung may sobrang PD bags/boxes, anong ginagawa ninyo sa mga ito?) _____</p> <p>I. Approximate number of episodes of infection (peritonitis) since PD initiation? (Ilang beses kayong nagka-infection mula ng magsimula kayong mag-PD?) _____</p> <p>J. Approximate number of episodes of infection (peritonitis) since enrolment into the PD Z Benefits? (Ilang beses kayong nagka-infection mula ng ma-enrol kayo sa PD Z Benefits?) _____</p> <p>K. Daily activities Maligo <input type="checkbox"/> May tulong <input type="checkbox"/> Walang tulong Maglinis ng bahay <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Maglaba <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Magluto <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Mamasyal (ex. mag-mall) <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Magtrabaho <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Mag-aral (if student) <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Bedridden (nakaratay) <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Others: (May iba pa ba kayong ginagawa bukod sa mga nabanggit gaya ng sports, gardening, exercise, etc.) _____</p>
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V. INFORMATION ON PD TECHNIQUE

<p>A. Kayo ba ay naturuan ng pamamaraan ng peritoneal dialysis (PD)? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>B. Kung naturuan, sino ang nagturo? <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Others: _____</p> <p>C. Naghuhugas po ba kayo ng kamay bago mag-PD? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung OO, ano ang ginagamit sa paghugas ng kamay? <input type="checkbox"/> Tubig at sabon <input type="checkbox"/> Alcohol <input type="checkbox"/> Hand sanitizer</p>	<p>Kung OO, gaano kadalas maghugas ng kamay? <input type="checkbox"/> Palagi <input type="checkbox"/> Minsan</p> <p>D. Nagsusuot po ng mask habang gumagawa ng PD? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung OO, gaano kadalas magsuot ng mask habang gumagawa ng PD? <input type="checkbox"/> Palagi <input type="checkbox"/> Minsan</p>
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VI. ADAPTATION SKILLS

Ano ang pakiramdam mo sa iyong pagda-dialysis? (Markahan ng X)



Ako ay umaasang gagaling din



Wala akong nararamdaman o pakialam



May pagkakataon na ako'y nalulungkot o nade-depress



Wala na akong pag-asang gumaling

VII. FUTURE PLAN FOR KIDNEY TRANSPLANTATION

1. May idea ba kayo kung ano ang kidney transplantation? Meron Wala
(Kung "wala" proceed to VIII)
2. Kung "meron" and sagot, may plano po ba kayo na magpa-kidney transplant? Meron Wala
3. Kung "meron" ang sagot sa no. 2, kalian ninyo balak magpa-kidney transplant? _____
4. Kung "wala" ang sagot sa no. 2, bakit wala kayong balak na magpa-kidney transplant?

VIII. SATISFACTION

- A. Aling ospital or pasilidad ang nag enroll sa inyo sa PD Z benefits?

- B. Kayo ba ay nasiyahan sa serbisyong natanggap ninyo mula sa ospital o pasilidad na nagbigay ng Z benefits?
 Oo Hindi
- C. Kung kayo ay nasiyahan, anu-ano ang inyong ikinasiya tungkol sa serbisyong natanggap ninyo?

- D. Kung hindi kayo nasiyahan, anu-anong dahilan?

- E. Kung kayo ay nasiyahan sa serbisyong PD na inyong natanggap, paano ninyo isasalarawan ang inyong kasiyahan? (Markahan ng X)



Lubos na masaya



Masaya



Di masaya

IX. PHILHEALTH BENEFIT

- A. May binayaran ba kayo mula ng kayo ay na-enroll sa PD Z benefits? Meron Wala
- B. Kung "meron" anu-ano ang mga binayaran ninyo at magkano?

Item	Amount

- C. May binayaran ba kayong professional fee ng doctor? Meron Wala
- D. Kung "meron" magkano po ang binabayaran professional fee ng doctor kada check-up? _____
- E. Naitago po ba ninyo ang mga resibo ng mga binayaran? Oo Hindi
- F. Kung "oo," pwede po ba naming makita ang mga resibo at mailista o makuhanan ng picture ang mga ito?
 Oo Hindi

Item	Amount indicated in receipt

X. MODE OF TRANSPORTATION

- A. Ano ang gamit ninyong sasakyan papunta ng ospital o pasilidad ng PD tuwing check-up:
- Public , specify _____
 - Private, specify: _____
 - Sariling sasakyan
 - Nirerentahan
 - Ambulance
 - Barangay/other government vehicles
 - Naglalakad lang
- B. Ano ang gamit ninyong sasakyan papunta ng ospital o pasilidad ng PD para mag -pick-up ng PD bags:
- Public , specify _____
 - Private, specify: _____
 - Sariling sasakyan
 - Nirerentahan
 - Ambulance
 - Barangay/other government vehicles
 - Naglalakad lang

XI. PATIENT COMMENTS

- A. May nais ba kayong imungkahi para mapabuti pa ang benepisyo ng mga miyembro ng PhilHealth?
- _____
- _____
- B. May nais ba kayong imungkahi para mapabuti pa ang serbisyo ng ospital o pasilidad ng PD?
- _____
- _____

XII. SURVEYOR OBSERVATIONS

<p>A. General appearance of the patient Ambulatory <input type="checkbox"/> Oo <input type="checkbox"/> Hindi (Nakakatayo / Nakakapaglakad)</p> <p>Naka-wheelchair <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Bedridden <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Inaantok <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Malinis sa katawan <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Matamlay <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Others: _____</p> <p>B. Is patient doing PD exchange at time of home visit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Is there a specific area in the house where the patient performs the PD exchanges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Don't know</p> <p>D. If yes, is the area free from clutter, dirt and dust? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>E. Is there source of water for handwashing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. Is there adequate lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>G. Is there area for storage of PD solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H. If yes, is it free from: bug infestations <input type="checkbox"/> Yes <input type="checkbox"/> No water damage/dampness <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I. Number of unused PD bag/s: _____</p> <p>J. Number of used PD bag/s: _____</p> <p>K. Number of Andy disk/s: _____</p>
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Name of interviewer: _____	Designation: _____
Name of documenter: _____	Designation: _____
Date of interview (mm/dd/yyyy): _____	Time of interview: _____