



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**Annex "L-PD First"**

**Control Number:** \_\_\_\_\_

**FIELD SURVEY TOOL FOR PD FIRST 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 serbisyong 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 FIRST 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**

A. **Name of Patient (initials):** \_\_\_\_\_

B. **Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_

C. **Phone Number/s:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

D. **Email address/es:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_

E. **PhilHealth membership status:**  
 Member  Dependent

F. **Employment status:**  
Currently working  Yes  No  
If yes, nature of work:  
\_\_\_\_\_  
If no, who supports patient:  
\_\_\_\_\_

G. **Age (in years) :** \_\_\_\_\_

H. **Birthdate:** \_\_\_\_\_  
(mm/dd/yyyy)

I. **Sex:**  Male  Female

J. **Marital status of patient:**  
 Single  
 Legally married  
 With partner  
 Widow/ widower (encircle)

K. **Educational status of patient:**  
 Elementary  
 High school  
 College  
 Vocational  
 Post Graduate  
 Others: specify \_\_\_\_\_

**II. RESPONDENT INFORMATION (if respondent is not the patient)**

<p><b>A. Name of Respondent:</b> (Last name, first name, middle initial, extension) _____</p> <p><b>B. Relationship to patient:</b></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><b>C. Age (in years) :</b> _____</p> <p><b>D. Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>E. Educational status of patient:</b></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><b>A. Name of contact person:</b> (Sino ang pwede tawagan kung may kailangan pang impormasyon?) _____</p> <p><b>Relationship to patient:</b></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>B. Were you (pertaining to the patient) trained to do the PD exchanges?</b> (Na-train po ba kayong mag-PD?) <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p><b>C. Name of the person trained on PD aside from the patient:</b> (Bukod sa inyo, sino pa po ang na-train na mag-PD?) _____</p> <p><b>Relationship to patient:</b></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><b>D. Who takes care of you?</b> (Sino ang nag-aalaga sa inyo?)</p> <p><b>Relationship to patient:</b></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><b>E. Is the the person doing your PD exchange the same person who was trained by the PD facility's (PD Unit, NKTl or other PD facility) PD Nurse?</b> (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><b>Educational status of the person doing your PD exchanges now:</b></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 HCI 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 First 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" ang 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 First 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 First 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:
- |  |   |
|--|---|
| <input type="checkbox"/> Public , specify _____  | <input type="checkbox"/> Nirentahan                         |
| <input type="checkbox"/> Private, specify: _____ | <input type="checkbox"/> Ambulance                          |
| <input type="checkbox"/> Sariling sasakyan       | <input type="checkbox"/> Barangay/other government vehicles |
|  | <input type="checkbox"/> Naglalakad lang                    |
- B. Ano ang gamit ninyong sasakyan papunta ng ospital o pasilidad ng PD para mag -pick-up ng PD bags:
- |  |   |
|--|---|
| <input type="checkbox"/> Public , specify _____  | <input type="checkbox"/> Nirentahan                         |
| <input type="checkbox"/> Private, specify: _____ | <input type="checkbox"/> Ambulance                          |
| <input type="checkbox"/> Sariling sasakyan       | <input type="checkbox"/> Barangay/other government vehicles |
|  | <input type="checkbox"/> 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: _____