



Benefits

**Share your opinion with us!**

We would like to know how you feel about the services that pertain to the Z 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 care provider or you may contact PhilHealth call center at 441-7442. Your responses will be kept confidential and anonymous.

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

1. Z benefit package availed is for:
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> Acute lymphoblastic leukemia</li> <li><input type="checkbox"/> Breast cancer</li> <li><input type="checkbox"/> Prostate cancer</li> <li><input type="checkbox"/> Kidney transplantation</li> <li><input type="checkbox"/> Cervical cancer</li> <li><input type="checkbox"/> Coronary artery bypass surgery</li> <li><input type="checkbox"/> Surgery for Tetralogy of Fallot</li> <li><input type="checkbox"/> Surgery for ventricular septal defect</li> <li><input type="checkbox"/> ZMORPH/Expanded ZMORPH</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Orthopedic implants</li> <li><input type="checkbox"/> PD First Z benefits</li> <li><input type="checkbox"/> Colorectal cancer</li> <li><input type="checkbox"/> Prevention of preterm delivery</li> <li><input type="checkbox"/> Preterm and small baby</li> <li><input type="checkbox"/> Children with developmental disability</li> <li><input type="checkbox"/> Children with mobility impairment</li> <li><input type="checkbox"/> Children with visual impairment</li> <li><input type="checkbox"/> Children with hearing impairment</li> </ul>
--	--
  
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 care institution (HCI) in terms of availability of medicines or supplies needed for the treatment of your condition?
  - adequate
  - inadequate
  - don’t know

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 HCl 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: \_\_\_\_\_