

## 2014 SURVEY OF TOURISM ESTABLISHMENTS IN THE PHILIPPINES

## Health and Wellness

### January – December 2014

[illegible]

Dear Sir/Madam:

The **Philippine Statistics Authority** created by virtue of **Republic Act 10625** is conducting the **2014 Survey of Tourism Establishments in the Philippines (STEP)**. The **2014 STEP** will provide data on tourism activities relating to supply and capacity, inventory of facilities and services, employment, revenue and other indicators relevant for planning and policy formulation by the government and private sectors.

This Office is authorized to collect information from businesses and industries under **REPUBLIC ACT NO. 10625, Section 25** of the same law obliges establishments to provide the required information. The accomplished survey form will be collected by our authorized representative who will visit you on an agreed date. Rest assured that the data provided shall be kept strictly confidential and shall not be used for purposes of taxation, investigation or regulation as provided under Article 55 of RA 10625.

We appreciate your utmost cooperation by accomplishing this questionnaire and providing the needed information. You may also accomplish the questionnaire online at PSA website (<https://step.psa.gov.ph>).

Thank you very much.

**LISA GRACE S. BERSALES, Ph.D.**

National Statistician

**For inquiries please contact:**

Tel. No. \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **or E-mail:** [ITSD-RCU@census.gov.ph](mailto:ITSD-RCU@census.gov.ph)

## GENERAL INSTRUCTIONS

- Provide best estimates if exact figures are not available in your records. Indicate N.A. for items not applicable.
- Refer to the relevant explanatory notes and definitions provided in specific items when providing responses for each item.
- Mark (✓) only **one box**, unless instructed otherwise.

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**Tourism activities** encompass all that foreign and domestic visitors do for a trip or while on a trip. It is not restricted to what could be considered as “typical” tourism activities such as sightseeing, sunbathing, visiting site, etc.. From an economic point of view, the basic activity of foreign and domestic visitors is consumption, that is, the acquisition of consumption goods and services to satisfy individual or collective needs and wants. For the purposes of this survey, industries that respond to tourism consumption will be covered.

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**2.1 Seasonal Workers from March to May 2014**

**Seasonal Workers** refer to individuals who were hired for a specific period of time to augment the regular employees due to high demand of clients and/or increased work demands during peak months.

- A. Did this establishment hire seasonal workers during the period March to May 2014?** ☐ YES ☐ NO

If YES, report the number of seasonal workers hired from March to May 2014. The seasonal workers should be counted only once for the same person regardless of how many times they were rehired during the said period.

Seasonal Workers	Total	Male	Female

**3. Facilities/Amenities and Usage in 2014**

Report all facilities and amenities present for clients/guests use in this establishment. The facilities and amenities may not necessarily be owned and operated by this establishment.

- A. What are the available facilities in this establishment in 2014?**

Mark (✓) applicable box/es.

- |                                                                                |                                                                     |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1 <input type="checkbox"/> Restaurant/Coffee Shop                              | 7 <input type="checkbox"/> Slimming salon                           |
| 2 <input type="checkbox"/> Transport facilities (Ex. Ambulance)                | 8 <input type="checkbox"/> Wireless Internet Connection (Wi-Fi)     |
| 3 <input type="checkbox"/> Spa/Massage therapy rooms                           | 9 <input type="checkbox"/> Individual computer units                |
| 4 <input type="checkbox"/> Electronic payment<br>(Ex. Credit card, Debit card) | 10 <input type="checkbox"/> Foreign Exchange Counter                |
| 5 <input type="checkbox"/> Beauty/Barber Shop                                  | 11 <input type="checkbox"/> International Patient Assistance Center |
| 6 <input type="checkbox"/> Sports/Recreational/Amusement                       | 12 <input type="checkbox"/> Others, specify _____                   |

- B. For Hospital/Nursing Home**

1. What is the bed capacity of this establishment in 2014? .....

2. How many rooms/units are available for clients/patients in 2014?

Type of Room	LN NO	Number of Units
a. Standard private rooms	01	
b. Semi-private rooms	02	
c. Ward rooms (Not charity department)	03	
d. Suites	04	
e. Others, specify _____	05	

3. What is the bed occupancy rate of this establishment in 2014?  %

- C. For Spa/Ambulatory Surgical Clinic**

1. What is the number of clients/patients of this establishment in 2014?

2. How many Procedure Rooms are available for clients/patients?  
(for Ambulatory Surgical Clinic only)

- D. For Hospitals/Ambulatory Surgical Clinics only**

Mark (✓) applicable types of medical services offered by this establishment in 2014.

- |                                                |                                                                 |
|------------------------------------------------|-----------------------------------------------------------------|
| 1 <input type="checkbox"/> Internal Medicine   | 8 <input type="checkbox"/> Pediatric                            |
| 2 <input type="checkbox"/> Dermatology         | 9 <input type="checkbox"/> Rehabilitation and Physical Medicine |
| 3 <input type="checkbox"/> General surgery     | 10 <input type="checkbox"/> Plastic/Reconstructive surgery      |
| 4 <input type="checkbox"/> Specialized surgery | 11 <input type="checkbox"/> Obstetrics and Gynecology           |
| 5 <input type="checkbox"/> Ophthalmology       | 12 <input type="checkbox"/> Cosmetic surgery                    |
| 6 <input type="checkbox"/> Diagnostic imaging  | 13 <input type="checkbox"/> Others, specify _____               |
| 7 <input type="checkbox"/> Intensive care      |                                                                 |

**3. Facilities/Amenities and Usage in 2014 (Cont.)****E. For Spa and Other Wellness/Fitness establishments only**

Mark (✓) applicable types of massage offered by this establishment in 2014.

- |                            |                          |                            |                       |
|----------------------------|--------------------------|----------------------------|-----------------------|
| 1 <input type="checkbox"/> | Filipino healing/"Hilot" | 5 <input type="checkbox"/> | Thai                  |
| 2 <input type="checkbox"/> | Swedish                  | 6 <input type="checkbox"/> | Aromatherapy          |
| 3 <input type="checkbox"/> | Shiatsu                  | 7 <input type="checkbox"/> | Hydrotherapy          |
| 4 <input type="checkbox"/> | Reflexology or Tui-na    | 8 <input type="checkbox"/> | Others, specify _____ |

Mark (✓) applicable types of services offered by this establishment in 2014.

- |                             |                        |                             |                       |
|-----------------------------|------------------------|-----------------------------|-----------------------|
| 9 <input type="checkbox"/>  | Steam bath             | 15 <input type="checkbox"/> | Waxing                |
| 10 <input type="checkbox"/> | Sauna bath             | 16 <input type="checkbox"/> | Hand care             |
| 11 <input type="checkbox"/> | Water bath             | 17 <input type="checkbox"/> | Foot care             |
| 12 <input type="checkbox"/> | Body pack and wrap     | 18 <input type="checkbox"/> | Face care             |
| 13 <input type="checkbox"/> | Exfoliation            | 19 <input type="checkbox"/> | Hair care             |
| 14 <input type="checkbox"/> | Body toning/Contouring | 20 <input type="checkbox"/> | Others, specify _____ |

**4. Transport Facilities in 2014 (Not Applicable)****5. Revenue in 2014**

A. How much is the total revenue/sales of this establishment in 2014?

PhP

B. What percent of the total revenue/sales of this establishment was generated from tourists in 2014?

%

**6. Plans for Expansion/Renovation Within the Next Five Years**

A. Does this establishment plan to expand within the next five years?

☐ YES

☐ NO

If YES, answer the following questions, if applicable.

**1. For Hospital/Nursing Homes/Ambulatory Surgical Clinic**

a. How many beds do you plan to add? .....

b. How many rooms/units do you plan to add?

Type of Room	LN NO	Number of Units
1. Standard private rooms	01	
2. Semi-private rooms	02	
3. Ward rooms (Not charity department)	03	
4. Suites	04	
5. Procedure rooms (For Ambulatory Surgical clinic only)	05	
6. Others, specify _____	06	

c. If main office, how many branch offices do you plan to establish?

2. How much is the estimated cost of expansion? .....

PhP

B. Does this establishment plan to renovate its facilities within the next five years?

☐ YES

☐ NO

1. If YES, how much is the estimated cost of renovation?

PhP

Continued on Page 5

**7. DOT Accreditation in 2014**

Is this establishment accredited by DOT in 2014?

☐ YES☐ NO**8. Other Information** Use the space provided for any remarks regarding entry/entries in the questionnaire.**9. Certification**

I hereby certify that this report for the period \_\_\_\_\_ to \_\_\_\_\_ has been completed as accurately as the records of this establishment allow and with the best estimates in some instances.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position Title \_\_\_\_\_ Date \_\_\_\_\_

**10. Contact Person**

Person to be contacted for queries regarding this form:

Name \_\_\_\_\_ Address: \_\_\_\_\_

Title/Designation \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**DO NOT FILL (For PSA use only)**

Activity	Name	Signature	Number of Items	Date
<b>Field Office:</b>				
Distributed by				/ /
Collected by				/ /
Field Edited by				/ /
Manually Processed by				/ /
Machine Processed by				/ /
<b>Central Office:</b>				
Validated by				/ /
				/ /

**THANK YOU FOR ACCOMPLISHING THIS FORM**