



**Tourism** refers to activities of foreign and domestic visitors traveling to and staying in places outside their usual environment for not more than one continuous year for leisure, business and other purposes not related to employment with pay from within the place visited. Traveling for the purpose of conducting businesses, for education and training, etc., can also be part of tourism.

Both foreign visitors (country of residence is other than the Philippines) and domestic visitors (Philippine residents) are covered in the survey.

**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.

**1. Economic Activity or Business in 2014**

**A. What is the main activity of this establishment in 2014?**

**Main Activity** refers to the activity that contributes the biggest or major portion of the gross income or revenue of this establishment.

DO NOT FILL (For PSA use only)					
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Mark (✓) the appropriate box.

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Hospital                   | 6 <input type="checkbox"/> Laboratory clinic                 |
| 2 <input type="checkbox"/> Ambulatory surgical clinic | 7 <input type="checkbox"/> Spa                               |
| 3 <input type="checkbox"/> Optometry clinic           | 8 <input type="checkbox"/> Nursing Home                      |
| 4 <input type="checkbox"/> Ophthalmology clinic       | 9 <input type="checkbox"/> Aesthetics/Cosmetics, Orthopedics |
| 5 <input type="checkbox"/> Dental clinic              | 10 <input type="checkbox"/> Others, specify _____            |

**B. Aside from its main activity, does this establishment also own and operate within its premises any of the following in 2014?**

Mark (✓) applicable box/es.

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Coffee Shop/Restaurant       | 6 <input type="checkbox"/> Transport services        |
| 2 <input type="checkbox"/> Spa/Massage therapy services | 7 <input type="checkbox"/> Renting of business space |
| 3 <input type="checkbox"/> Flower Shop                  | 8 <input type="checkbox"/> Pharmacy                  |
| 4 <input type="checkbox"/> Laundry Shop                 | 9 <input type="checkbox"/> Others, specify _____     |
| 5 <input type="checkbox"/> Travel and Tour Operator     | 10 <input type="checkbox"/> None                     |

**2. Employment as of 15 November 2014**

**Paid employees** are all full-time and part-time employees working in or for the establishment and receiving regular pay, as well as those working away from this establishment and paid by and under the control of this establishment.

**INCLUDE:**

- ✓ Employees on sick or maternity leave
- ✓ Employees on paid vacation or holiday
- ✓ Employees on strike
- ✓ Directors of corporations working for pay
- ✓ Executives/managers and other officers of the same category

- ✓ Persons hired only during peak seasons
- ✓ Working owners receiving regular pay
- ✓ Apprentices and learners receiving regular pay
- ✓ Any other employee receiving regular pay not reported above

**EXCLUDE:**

- \* Directors paid solely for their attendance at meetings of Board of Directors
- \* Consultants
- \* Workers on indefinite leave
- \* Working owners who do not receive regular pay
- \* Workers receiving commissions only
- \* Workers not in the payroll of this establishment

**Unpaid employees** are working owners who do not receive regular pay, apprentices and learners without regular pay, and persons working for at least 1/3 of the working time normal to this establishment without regular pay.

**EXCLUDE:**

- \* Silent or inactive business partners

Report both paid and unpaid employees of this establishment as of November 15, 2014.

Nationality	LN NO	Employment by Sex		
		Total	Male	Female
a. Filipino	01			
b. Non-Filipino	02			
c. Total (sum of a and b)	03			

**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?
- 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? .....

- 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?

**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**