



## CONFIDENTIALITY OF INFORMATION

Section 26 of RA 10625 states that:

*“Individual data furnished by a respondent to statistical inquiries, surveys and censuses of the PSA shall be considered privileged communication and as such shall be inadmissible as evidence in any proceeding.*

*The PSA may release aggregated information from statistical inquiries, surveys and censuses in the form of summaries or statistical tables in which no reference to an individual, corporation, association, partnership, institution or business enterprise shall appear.”*

## PENALTIES

Section 27 of RA 10625 states that:

*“Respondents of primary data collection activities such as censuses and sample surveys are obliged to give truthful and complete answers to statistical inquiries. The gathering, consolidation and analysis of such data shall likewise be done in the most truthful and credible manner. Any violation of this Act shall result in the imposition of the penalty of one (1) year imprisonment and a fine of One hundred thousand pesos (P100,000.00). In cases where the respondent fails to give truthful and complete answers to such statistical inquiries is a corporation, the above penalty shall be imposed against the responsible officer, director, manager and/or agent of said corporation. In addition, such erring corporation, enterprise or business concerned, shall be imposed a fine ranging from One hundred thousand pesos (P100,000.00) to Five hundred thousand pesos (P500,000.00).”*

## HOW TO ACCOMPLISH THE ONLINE QUESTIONNAIRE

### Step 1: Register

- a. Open <https://step.psa.gov.ph> in the web browser.
- b. Click on the link **Proceed to the online questionnaire**.
- c. Click on the link **Register here**.
- d. Register using the first 14-digit alphanumeric **Establishment Control Number (ECN)** found at the lower portion of the address stub on the cover page of this questionnaire and the establishment's **official email address**.
- e. Wait for the password to be sent to the registered email address.

### Step 2: Accomplish the questionnaire

- a. Open <https://step.psa.gov.ph> in the web browser.
- b. Log in using the **ECN** and the **password** provided to the establishment.
- c. Fill-out all the data fields up to the **Certification** portion.

### Step 3: Confirm completion of the accomplished questionnaire

- a. Tick the **checkbox** at the last page to confirm completion of the questionnaire.
- b. An acknowledgement will be sent to the establishment's registered email address.

## GENERAL INSTRUCTIONS

- ⇒ Provide best estimates if exact figures are not available in your records. Indicate N.A. for items not applicable.
- ⇒ Refer to concepts and definition of terms, relevant explanatory notes in specific items when providing responses for each item or question.
- ⇒ Include only Philippine-based activities, including imports and exports, of this establishment.
- ⇒ Mark (✓) only **one box**, unless instructed otherwise.
- ⇒ All reports must pertain to 2020 as reference year.

**Tourism**

*This 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**

*These 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.*

**I. Economic Activity or Business in 2020****A. What is the main activity of this establishment in 2020?**

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

Mark (✓) the appropriate box.

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- |   |   |
|---|---|
| 1 <input type="checkbox"/> Aesthetics/Cosmetics       | 7 <input type="checkbox"/> Nursing Home                   |
| 2 <input type="checkbox"/> Ambulatory Surgical Clinic | 8 <input type="checkbox"/> Ophthalmology Clinic           |
| 3 <input type="checkbox"/> Dental Clinic              | 9 <input type="checkbox"/> Optometry Clinic               |
| 4 <input type="checkbox"/> Dermatology Clinic         | 10 <input type="checkbox"/> Orthopedics                   |
| 5 <input type="checkbox"/> Hospital                   | 11 <input type="checkbox"/> Spa                           |
| 6 <input type="checkbox"/> Laboratory Clinic          | 12 <input type="checkbox"/> Others, <b>specify:</b> _____ |

**B. Aside from its main activity, does this establishment also own and operate within its premises any of the following in 2020?**

Mark (✓) applicable box/es.

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Beauty Parlor             | 7 <input type="checkbox"/> Spa/Massage Therapy Services   |
| 2 <input type="checkbox"/> Coffee Shop/Restaurant    | 8 <input type="checkbox"/> Transport Services             |
| 3 <input type="checkbox"/> Flower Shop               | 9 <input type="checkbox"/> Travel and Tour Operator       |
| 4 <input type="checkbox"/> Laundry Shop              | 10 <input type="checkbox"/> Others, <b>specify:</b> _____ |
| 5 <input type="checkbox"/> Pharmacy                  | 11 <input type="checkbox"/> None                          |
| 6 <input type="checkbox"/> Renting of Business Space |   |

**II. Employment as of 15 November 2020** (Report both paid and unpaid employees of this establishment as of 15 November 2020)

**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:**

- x Directors paid solely for their attendance at meetings of Board of Directors
- x Consultants
- x Workers on indefinite leave
- x Working owners who do not receive regular pay
- x Workers receiving commissions only
- x 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:**

- x Silent or inactive business partners

**A. Employment by Nationality, Status, and Sex as of 15 November 2020**

**Regular or Permanent employment** is when an **employee** performs activities that are usually necessary or desirable in the usual business or trade of the employer.

**Contractual employee** includes one employed by a contractor or subcontractor to perform or complete a job, work or service pursuant to an arrangement between the latter and a principal.

**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.

Nationality	Permanent/Regular		Contractual/Seasonal		Total	LN NO
	Male	Female	Male	Female		
	(1)	(2)	(3)	(4)	(5)	
1. Filipino						01
2. Non-Filipino						02
3. Total (sum of 1 and 2)						03

**B. Total Number of Displaced Workers from March to December 2020 due to COVID-19 Pandemic** (Report the total number of displaced workers from March to December 2020 due to COVID-19 pandemic)

**Worker displacement** is defined as the separation of workers to their jobs or termination of the employment relationship that is involuntary on the part of the worker, with a permanent effect without assurance of re-employment to the same employer or industry, and that is not caused by the worker's job performance, work behavior and attitude, or work relations and other factors that are not attributable to the characteristics of the individual worker.

Nationality	Permanent/Regular		Contractual/Seasonal		Total	LN NO
	Male	Female	Male	Female		
	(1)	(2)	(3)	(4)	(5)	
1. Filipino						01
2. Non-Filipino						02
3. Total (sum of 1 and 2)						03

**II. Employment as of 15 November 2020 (conc.)**

**C. Employment by Nationality, Position, and Sex as of 15 November 2020**

*Supervisory employee refers to an employee who, in the interest of the employer, effectively recommends managerial actions if the exercise of such authority is not merely routinary or clerical in nature but requires the use of independent judgement.*

*Non-Supervisory employees means any employee who does not have authority to hire, discharge, promote, transfer, suspend, layoff, or discipline other employees or to effectively recommend such action, or who is not in a confidential relationship with the management.*

Nationality	Supervisory		Non-Supervisory		Total	LN NO
	Male	Female	Male	Female		
	(1)	(2)	(3)	(4)	(5)	
1. Filipino						01
2. Non-Filipino						02
3. Total (sum of 1 and 2)						03

**D. Employment by Nationality and Age Group as of 15 November 2020**

Nationality	Age Group (in Years)				Total	LN NO
	15 to 25	26 to 40	41 to 55	56 and above		
	(1)	(2)	(3)	(4)	(5)	
1. Filipino						01
2. Non-Filipino						02
3. Total (sum of 1 and 2)						03

**III. Facilities/Amenities and Usage in 2020**

*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 2020?**

Mark (✓) applicable box/es.

- 1  Beauty/Barber Shop
- 2  Electronic Payment (ex. Credit card, Debit card)
- 3  Foreign Exchange Counter
- 4  Individual Computer Units
- 5  International Patient Assistance Center
- 6  Restaurant/Coffee Shop
- 7  Slimming Salon
- 8  Spa/Massage Therapy Rooms
- 9  Sports/Recreational/Amusement
- 10  Transport Facilities (ex. Ambulance)
- 11  Wireless Internet Connection (Wi-Fi)
- 12  Others, **specify:** \_\_\_\_\_
- 13  None

**B. For Hospital/Nursing Home**

1. What is the bed capacity of this establishment in 2020? .....

**III. Facilities/Amenities and Usage in 2020 (conc.)**

**B. For Hospital/Nursing Home (conc.)**

**2. How many rooms/units are available for clients/patients in 2020?**

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

**3. What is the bed occupancy rate of this establishment in 2020?** .....  %

**C. For Spa/Ambulatory Surgical Clinic**

**1. What is the number of clients/patients of this establishment in 2020?**

Nationality	Number of Clients/Patients	LN NO
a. Filipino		01
b. Non-Filipino		02

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

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

Mark (✓) applicable box/es for **types of medical services** offered by this establishment in 2020.

- 1  Cosmetic Surgery
- 2  Dermatology
- 3  Diagnostic Imaging
- 4  General Surgery
- 5  Intensive Care
- 6  Internal Medicine
- 7  Obstetrics and Gynecology
- 8  Ophthalmology
- 9  Pediatric
- 10  Plastic/Reconstructive Surgery
- 11  Rehabilitation and Physical Medicine
- 12  Specialized Surgery
- 13  Others, **specify:** \_\_\_\_\_

**E. For Spa and Other Wellness/Fitness establishments only**

Mark (✓) applicable box/es for **types of massage** offered by this establishment in 2020.

- 1  Aromatherapy
- 2  Filipino Healing "Hilot"
- 3  Hydrotherapy
- 4  Reflexology or Tui-na
- 5  Shiatsu
- 6  Swedish
- 7  Thai
- 8  Others, **specify:** \_\_\_\_\_

Mark (✓) applicable box/es for **types of services** offered by this establishment in 2020.

- 1  Body Pack and Wrap
- 2  Body Toning/Contouring
- 3  Exfoliation
- 4  Face Care
- 5  Foot Care
- 6  Hair Care
- 7  Hand Care
- 8  Sauna Bath
- 9  Steam Bath
- 10  Water Bath
- 11  Waxing
- 12  Others, **specify:** \_\_\_\_\_

**IV. Transport Facilities in 2020 (Not Applicable)**

**V. Solid Waste Type and Disposal in 2020**

**A. On the average, how much solid wastes (garbage) do you generate monthly? \_\_\_\_\_ (in kg/s)**

**B. What are the types of solid waste (garbage) do you generate?**

Mark (✓) applicable box/es.

- 1  Food Wastes
- 2  Glass and Metals
- 3  Paper and Cardboards
- 4  Plastic
- 5  Other Solid Wastes, **specify:** \_\_\_\_\_

**C. How do you dispose your solid wastes (garbage)?**

Mark (✓) applicable box/es.

- 1  Compost
- 2  Dispose to Garbage Collectors
- 3  Recycle
- 4  Others, **specify:** \_\_\_\_\_

**VI. Revenue in 2020**

**A. How much is the total revenue/sales of this establishment in 2020? ...**

**B. What percent of the total revenue/sales of this establishment was generated from tourists in 2020? .....**  %

**VII. Plans for Expansion/Renovation within the Next Five Years** *(For Single Establishment, and Establishment and Main Office)*

**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	Number of Units	LN NO
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, <b>specify:</b> _____		06

**c. How many branch offices do you plan to establish? .....**

**2. How much will you invest in the next five years? .....**

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

YES  NO

**1. If YES, how much will you invest in the next five years? .....**

**VIII. DOT Accreditation in 2020**

**Is this establishment accredited by DOT in 2020?**  YES  NO

**IX. Remarks** (Use the space provided for any remarks regarding entry/entries in the questionnaire.)**X. 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 \_\_\_\_\_

**XI. Contact Person**

Person to be contacted for queries regarding this form:

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

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

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

**THANK YOU FOR ACCOMPLISHING THIS FORM**

**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:				/ /
				/ /