



CUSTOMER SATISFACTION SURVEY FORM 2.0
(Consultation Workshop/Meeting Evaluation Form)

In pursuit of service excellence, we are conducting a survey to make our services better by understanding our clients' experience. In line with this, we would like to take a few minutes of your time by answering this survey. There are no right or wrong answers, and all information will be treated with utmost confidentiality.

Direction: Please print legibly and in BLOCK letters, tick the appropriate boxes ☐, and encircle the number that best describes your answer in the questions below. For section B, if the statement is not applicable, please encircle the number beside the statement.

Name: _____ Survey Accomplishment Date _____
First Last (mm/dd/yyyy): ____/____/_____
DOH Employee? Yes ☐ No ☐ Sex: Male ☐ Female ☐

A. How would you rate your overall expectation of the training/workshop?

Poor 1 2 3 4 5 6 Excellent 7

B. Please show the extent to which you think the training/workshop possess the features described by each statement below:

Statement	Strongly Disagree	Strongly Agree
1. The objectives of the event were met.	1 2 3 4 5 6 7	
2. Adequate time was provided for questions and discussions.	1 2 3 4 5 6 7	
3. The content of the activity was organized and easy to follow.	1 2 3 4 5 6 7	
4. The resource speaker/sis/are knowledgeable.	1 2 3 4 5 6 7	
5. The organizers are prompt and always willing to help clients.	1 2 3 4 5 6 7	
6. The organizers are polite.	1 2 3 4 5 6 7	
7. The organizers are sensitive to the participants' needs.	1 2 3 4 5 6 7	
8. The appearance of the physical/virtual facility of the service provider is in keeping with the type of service/s provided.	1 2 3 4 5 6 7	
9. The quality of the physical/virtual amenities are excellent.	1 2 3 4 5 6 7	

C. Overall, how would you rate the quality of the training/workshop provided?

Poor 1 Fair 2 Good 3 Excellent 4

D. For comments, recommendations, concerns, or aspects of our service(s) that needs improvement, please put it down below. If you wish for us to respond to your feedback, please include your contact details.

Thank you for your participation!

(To be filled-out by service provider)

Team (acronym): _____ Bureau/Service/Region (acronym): _____

Name of Activity: _____

Duration: (Start date - mm/dd/yyyy) ____/____/____ (End date - mm/dd/yyyy) ____/____/____



CUSTOMER SATISFACTION SURVEY FORM 2.0
(Consultation Workshop/Meeting Evaluation Form)

In pursuit of service excellence, we are conducting a survey to make our services better by understanding our clients' experience. In line with this, we would like to take a few minutes of your time by answering this survey. There are no right or wrong answers, and all information will be treated with utmost confidentiality.

Direction: Please print legibly and in BLOCK letters, tick the appropriate boxes ☐, and encircle the number that best describes your answer in the questions below. For section B, if the statement is not applicable, please encircle the number beside the statement.

Name: _____ Survey Accomplishment Date _____
First Last (mm/dd/yyyy): ____/____/_____
DOH Employee? Yes ☐ No ☐ Sex: Male ☐ Female ☐

A. How would you rate your overall expectation of the training/workshop?

Poor 1 2 3 4 5 6 Excellent 7

B. Please show the extent to which you think the training/workshop possess the features described by each statement below:

Statement	Strongly Disagree	Strongly Agree
1. The objectives of the event were met.	1 2 3 4 5 6 7	
2. Adequate time was provided for questions and discussions.	1 2 3 4 5 6 7	
3. The content of the activity was organized and easy to follow.	1 2 3 4 5 6 7	
4. The resource speaker/sis/are knowledgeable.	1 2 3 4 5 6 7	
5. The organizers are prompt and always willing to help clients.	1 2 3 4 5 6 7	
6. The organizers are polite.	1 2 3 4 5 6 7	
7. The organizers are sensitive to the participants' needs.	1 2 3 4 5 6 7	
8. The appearance of the physical/virtual facility of the service provider is in keeping with the type of service/s provided.	1 2 3 4 5 6 7	
9. The quality of the physical/virtual amenities are excellent.	1 2 3 4 5 6 7	

C. Overall, how would you rate the quality of the training/workshop provided?

Poor 1 Fair 2 Good 3 Excellent 4

D. For comments, recommendations, concerns, or aspects of our service(s) that needs improvement, please put it down below. If you wish for us to respond to your feedback, please include your contact details.

Thank you for your participation!

(To be filled-out by service provider)

Team (acronym): _____ Bureau/Service/Region (acronym): _____

Name of Activity: _____

Duration: (Start date - mm/dd/yyyy) ____/____/____ (End date - mm/dd/yyyy) ____/____/____

CODE GUIDE

DEPARTMENT OF HEALTH TEAMS

CSS FORM 1.0 SERVICE CODES

Acronym	Team	Code	Service
OCS	Office of the Chief of Staff	S1	Accreditation
AFMT	Administration and Financial Management Team	S2	Authentication
		S3	Certification
		S4	Data Request
FICT	Field Implementation and Coordination Team	S5	Financial Assistance
		S6	Follow-up
HFIDT	Health Facilities and Infrastructure Development Team	S7	Interview/Research
		S8	Legal Assistance
PHST	Public Health Services Team	S9	Licensing
		S10	Medical Assistance
HPSDT	Health Policy and Systems Development Team	S11	Meetings
		S12	Policy Review
HRT	Health Regulation Team	S13	Registration
		S14	Secretariat
PSCMT	Procurement and Supply	S15	Submission
		S16	Technical Assistance
		Others	Others

BUREAUS/SERVICES/REGIONS

Administration and Financial Management Team	
Acronym	Bureaus/Services/Regions
AS	Administrative Service
PAD	Personnel Administrative Division
MPO	Malasakit Program Office
FMS	Financial Management Service

Procurement and Supply Chain Management Team	
Acronym	Bureaus/Services/Regions
PS	Procurement Service
SCMO	Supply Chain Management Office

Field Implementation and Coordination Team	
Acronym	Bureaus/Services/Regions
CHD I	Center for Health Development I
CHD II	Center for Health Development II
CHD III	Center for Health Development III
CHD IV-A	Center for Health Development IV-A
CHD IV-B	Center for Health Development IV-B
CHD V	Center for Health Development V
CHD VI	Center for Health Development VI
CHD VII	Center for Health Development VII
CHD VIII	Center for Health Development VIII
CHD IX	Center for Health Development IX
CHD X	Center for Health Development X
CHD XI	Center for Health Development XI
CHD XII	Center for Health Development XII
CHD NCR	Center for Health Development NCR
CHD CAR	Center for Health Development CAR
CHD CARAGA	Center for Health Development CARAGA
CHD ARMM	Center for Health Development ARMM

Health Policy and Systems Development Team	
Acronym	Bureaus/Services/Regions
BIHC	Bureau of International Health Cooperation
BLHSD	Bureau of Local Health Systems and Development
HHRDB	Health Human resource Development Bureau
HPDPB	Health Policy Development and Planning Bureau

Health Regulation Team	
Acronym	Bureaus/Services/Regions
BOQ	Bureau of Quarantine
FDA	Food and Drug Administration
HFSRB	Health Facilities Services and Regulatory Bureau

Health Facilities and Infrastructure Development Team	
Acronym	Bureaus/Services/Regions
HFDB	Health Facilities Development Bureau
KMITS	Knowledge Management and Information Technology

Public Health Service Team	
Acronym	Bureaus/Services/Regions
DPCB	Disease Prevention and Control Bureau
EB	Epidemiology Bureau
HEMB	Health Emergency Management Bureau
HPCS	Health Promotion and Communication Services

CODE GUIDE

DEPARTMENT OF HEALTH TEAMS

CSS FORM 1.0 SERVICE CODES

Acronym	Team	Code	Service
OCS	Office of the Chief of Staff	S1	Accreditation
AFMT	Administration and Financial Management Team	S2	Authentication
		S3	Certification
		S4	Data Request
FICT	Field Implementation and Coordination Team	S5	Financial Assistance
		S6	Follow-up
HFIDT	Health Facilities and Infrastructure Development Team	S7	Interview/Research
		S8	Legal Assistance
PHST	Public Health Services Team	S9	Licensing
		S10	Medical Assistance
HPSDT	Health Policy and Systems Development Team	S11	Meetings
		S12	Policy Review
HRT	Health Regulation Team	S13	Registration
		S14	Secretariat
PSCMT	Procurement and Supply	S15	Submission
		S16	Technical Assistance
		Others	Others

BUREAUS/SERVICES/REGIONS

Administration and Financial Management Team	
Acronym	Bureaus/Services/Regions
AS	Administrative Service
PAD	Personnel Administrative Division
MPO	Malasakit Program Office
FMS	Financial Management Service

Procurement and Supply Chain Management Team	
Acronym	Bureaus/Services/Regions
PS	Procurement Service
SCMO	Supply Chain Management Office

Field Implementation and Coordination Team	
Acronym	Bureaus/Services/Regions
CHD I	Center for Health Development I
CHD II	Center for Health Development II
CHD III	Center for Health Development III
CHD IV-A	Center for Health Development IV-A
CHD IV-B	Center for Health Development IV-B
CHD V	Center for Health Development V
CHD VI	Center for Health Development VI
CHD VII	Center for Health Development VII
CHD VIII	Center for Health Development VIII
CHD IX	Center for Health Development IX
CHD X	Center for Health Development X
CHD XI	Center for Health Development XI
CHD XII	Center for Health Development XII
CHD NCR	Center for Health Development NCR
CHD CAR	Center for Health Development CAR
CHD CARAGA	Center for Health Development CARAGA
CHD ARMM	Center for Health Development ARMM

Health Policy and Systems Development Team	
Acronym	Bureaus/Services/Regions
BIHC	Bureau of International Health Cooperation
BLHSD	Bureau of Local Health Systems and Development
HHRDB	Health Human resource Development Bureau
HPDPB	Health Policy Development and Planning Bureau

Health Regulation Team	
Acronym	Bureaus/Services/Regions
BOQ	Bureau of Quarantine
FDA	Food and Drug Administration
HFSRB	Health Facilities Services and Regulatory Bureau

Health Facilities and Infrastructure Development Team	
Acronym	Bureaus/Services/Regions
HFDB	Health Facilities Development Bureau
KMITS	Knowledge Management and Information Technology

Public Health Service Team	
Acronym	Bureaus/Services/Regions
DPCB	Disease Prevention and Control Bureau
EB	Epidemiology Bureau
HEMB	Health Emergency Management Bureau
HPCS	Health Promotion and Communication Services