Senior Citizen Visit Feedback Form

Basic Information

Officer Name / ID:	_____
Date of Visit:	_____
Senior Citizen Name / ID:	_____
Location / Address:	_____

Section 1: Physical Safety

Awareness of emergency numbers:	■ Yes ■ No
Time spent alone at home:	■ Rarely ■ Sometimes ■ Often
Help/Maid verification:	■ Temporary ■ Permanent ■ Not Verified
CCTV presence in vicinity:	■ Yes ■ No
Lighting conditions in locality:	■ Good ■ Average ■ Poor
Mobility:	■ Fully Mobile ■ Needs Support ■ Limited Mobility

Section 2: Health & Mental Well-Being

Current illness:	_____
Type of illness:	■ Chronic ■ Acute ■ None
Physical mobility status:	■ Good ■ Moderate ■ Poor
Mental health status (as expressed):	■ Good ■ Needs Support ■ Poor

Section 3: Cyber Vulnerability

Uses a smartphone:	■ Yes ■ No
Experienced cybercrime attempts:	■ Yes ■ No
Victim of cybercrime:	■ Yes ■ No
Online activity level:	■ High ■ Medium ■ Low
Online delivery frequency:	■ Frequent ■ Occasional ■ Rare

Section 4: Sense of Safety

Feels safe at home:	■ Yes ■ No
Main safety concerns (if any):	_____

Officer Remarks

_____
_____
_____