
Section 1: Physical Safety

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

Section 2: Health & Mental Well-Being

Current illness:	_____
Type of illness:	<input type="checkbox"/> Chronic <input type="checkbox"/> Acute <input type="checkbox"/> None
Physical mobility status:	<input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor
Mental health status (as expressed):	<input type="checkbox"/> Good <input type="checkbox"/> Needs Support <input type="checkbox"/> Poor

Section 3: Cyber Vulnerability

Uses a smartphone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experienced cybercrime attempts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Victim of cybercrime:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online activity level:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Online delivery frequency:	<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare

Section 4: Sense of Safety

Feels safe at home:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main safety concerns (if any):	_____

Officer Remarks
