



Republic of the Philippines
Office of the President
NATIONAL COMMISSION OF SENIOR CITIZENS
SENIOR CITIZEN DATA FORM

Directions: Please fill up the needed information in the space or box provided before each item/s. Your honest response will help the National Commission of Senior Citizens (NCSC) come out with a good profile of the senior citizens in the country as the basis for designing programs and activities that will help improve the lives of Filipino older persons. Your name, data, and information will be kept strictly confidential. The results derived from this Senior Citizen Data Form will be shared with you at an appropriate time and forum.

*To be filled-up by NCSC

Reference Code: - - - -

LATEST
2 X 2 PICTURE

I. IDENTIFYING INFORMATION

1. Name of Senior Citizen										
	Last Name		First Name		Middle Name	Extension (Jr,Sr)				
2. Address										
	Region		Province		City/Municipality					
	House No./Zone/Purok/Sitio									
3. Date of Birth	m	m	d	d	y	y	4. Place of Birth		5. Marital Status	
6. Gender/Sex			7. Contact Number				8. Email Address			
9. Religion			10. Ethnic Origin				11. Language Spoken / Written			
12. OSCA ID Number			13. GSIS/SSS				14. TIN			
15. Philhealth			16. SC Association / Org ID No.				17. Other Gov't. ID			
18. Capability to Travel	<input type="radio"/> 1 Yes <input type="radio"/> 2 No		19. Service/ Business/ Employment (specify)				20. Current Pension (specify)			

II. FAMILY COMPOSITION

21. Name of Spouse							
	Last Name		First Name		Middle Name	Extension (Jr.Sr)	
22. Father's Name							
	Last Name		First Name		Middle Name	Extension (Jr.Sr)	
23. Mother's Maiden Name							
	Last Name		First Name		Middle Name		
24. Child(ren)	Full name			Occupation	Income	Age	Working/not working
25. Other Dependents							

III. EDUCATION / HR PROFILE

26. Educational Attainment			27. Areas of Specialization / Technical Skills (Check all applicable)			
<input type="checkbox"/> Elementary Level	<input type="checkbox"/> Elementary Graduate	<input type="checkbox"/> High School Level	<input type="checkbox"/> Medical	<input type="checkbox"/> Teaching	<input type="checkbox"/> Legal Services	
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College Level	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Dental	<input type="checkbox"/> Counseling	<input type="checkbox"/> Farming	
<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Vocational	<input type="checkbox"/> Not Attended School	<input type="checkbox"/> Fishing	<input type="checkbox"/> Cooking	<input type="checkbox"/> Arts	
28. Share Skill (Community Service)			<input type="checkbox"/> Engineering	<input type="checkbox"/> Carpenter	<input type="checkbox"/> Plumber	
<input type="checkbox"/> 1			<input type="checkbox"/> Barber	<input type="checkbox"/> Mason	<input type="checkbox"/> Sapatero	
<input type="checkbox"/> 2			<input type="checkbox"/> Evangelization	<input type="checkbox"/> Tailor	<input type="checkbox"/> Chef/Cook	
<input type="checkbox"/> 3			<input type="checkbox"/> Millwright	<input type="checkbox"/> Others, specify		
29. Community Service and Involvement (Check all applicable)						
<input type="checkbox"/> Medical		<input type="checkbox"/> Resource Volunteer		<input type="checkbox"/> Community Beautification		
<input type="checkbox"/> Community / Organization Leader		<input type="checkbox"/> Dental		<input type="checkbox"/> Friendly Visits		
<input type="checkbox"/> Neighborhood Support Services		<input type="checkbox"/> Legal Services		<input type="checkbox"/> Religious		
<input type="checkbox"/> Counseling / Referral		<input type="checkbox"/> Sponsorship		<input type="checkbox"/> Others, specify		

Code reference Prefix : A=Region I (Ilocos); B=Region II (Cagayan Valley); C=Region III (Central Luzon); D=Region IV-A (CALABARZON); E=Region IV-B (MIMAROPA); F=Region V (Bicol); G=Region VI (Western Visayas); H=Region VII (Central Visayas); I=Region VIII (Eastern Visayas); J=Region IX (Zamboanga Peninsula); K=Region X (Northern Mindanao); L=Region XI (Davao); M=Region XII (SOCCSKSARGEN); N=Region XIII (CARAGA); O=NCR; P=CAR; Q=BARMM

IV. DEPENDENCY PROFILE

30. Living/Residing with (check all applicable)			31. Household Condition		
<input type="checkbox"/> Alone	<input type="checkbox"/> Grand Child(ren)	<input type="checkbox"/> Common Law Spouse	<input type="checkbox"/> No privacy	<input type="checkbox"/> Overcrowded in home	
<input type="checkbox"/> Spouse	<input type="checkbox"/> In-law(s)	<input type="checkbox"/> Care Institution	<input type="checkbox"/> Informal Settler	<input type="checkbox"/> No permanent house	
<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Relative(s)	<input type="checkbox"/> Friend(s)	<input type="checkbox"/> High cost of rent	<input type="checkbox"/> Longing for independent living quiet atmosphere	
<input type="checkbox"/> Others, pls specify			<input type="checkbox"/> Others, specify		

V. ECONOMIC PROFILE**32. Source of Income and Assistance (Check all applicable)**

<input type="checkbox"/> Own earnings, salary / wages	<input type="checkbox"/> Own Pension	<input type="checkbox"/> Stocks / Dividends
<input type="checkbox"/> Dependent on children / relatives	<input type="checkbox"/> Spouse's salary	<input type="checkbox"/> Insurance
<input type="checkbox"/> Spouse's Pension	<input type="checkbox"/> Rentals / sharecrops	<input type="checkbox"/> Savings
<input type="checkbox"/> Livestock / orchard / farm	<input type="checkbox"/> Fishing	<input type="checkbox"/> Other, specify

33. Assets: Real and Immovable Properties (Check all applicable)

<input type="checkbox"/> House	<input type="checkbox"/> Lot / Farmland	<input type="checkbox"/> House & Lot	<input type="checkbox"/> Automobile	<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Boats
<input type="checkbox"/> Commercial Building		<input type="checkbox"/> Fishpond / resort	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Laptops	<input type="checkbox"/> Drones
<input type="checkbox"/> Others, specify			<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Mobile Phones	<input type="checkbox"/> Specify

35. Monthly Income (in Philippine Peso)

<input type="checkbox"/> 60,000 and above	<input type="checkbox"/> 50,000 to 60,000	<input type="checkbox"/> 40,000 to 50,000	36. Problems / Needs Commonly Encountered (Check all applicable)
<input type="checkbox"/> 30,000 to 40,000	<input type="checkbox"/> 20,000 to 30,000	<input type="checkbox"/> 10,000 to 20,000	<input type="checkbox"/> Lack of income / resources
<input type="checkbox"/> 5,000 to 10,000	<input type="checkbox"/> 1,000 to 5,000	<input type="checkbox"/> Below 1,000	<input type="checkbox"/> Loss of income / resources
			<input type="checkbox"/> Skills / capability training (specify)
			<input type="checkbox"/> Livelihood opportunities (specify)
			<input type="checkbox"/> Others, specify

VI. HEALTH PROFILE**37. Medical Concern**

<input type="checkbox"/> Blood Type:	<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB	<input type="checkbox"/> Don't know	<input type="checkbox"/> Aural impairment/ Hearing impairment
<input type="checkbox"/> Physical Disability (specify):						<input type="checkbox"/> Others
<input type="checkbox"/> Health problems / ailments						

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Arthritis / Gout	<input type="checkbox"/> Coronary Heart Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic Kidney Disease	
<input type="checkbox"/> Alzheimer's / Dementia		
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease		
<input type="checkbox"/> Others, pls specify		

38. Dental Concern

<input type="checkbox"/> Needs Dental Care	40. Hearing
<input type="checkbox"/> Others	<input type="checkbox"/> Aural impairment/ Hearing impairment

39. Optical

<input type="checkbox"/> Eye impairment	<input type="checkbox"/> High Cost of medicines
<input type="checkbox"/> Needs eye care	<input type="checkbox"/> Lack of medicines
<input type="checkbox"/> Others	<input type="checkbox"/> Lack of medical attention

43. List of Medicines for Maintenance

44. Do you have a scheduled medical/physical check-up? Yes No45. If Yes, when is it done? Yearly Every 6 months Others

This certifies that I have willingly given my personal consent and willfully participated in the provision of data and relevant information regarding my person, being part of the establishment of database of Senior Citizens.

Name and Signature of Senior Citizen



Right Thumb Print of Senior Citizen

Name and Signature of Assisting Person 1

Relationship to Senior Citizen

Name and Signature of Assisting Person 2

Relationship to Senior Citizen

Name and Signature of Interviewer/Verifier

Organization/Office

Date of Interview: _____
Place of Interview: _____