



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		
							Barangay		
			House No./Zone/Purok/Sitio			Street			
3. Date of Birth							4. Place of Birth		5. Marital Status
	m	m	d	d	y	y			
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
22. Father's Name					
	Last Name		First Name		Middle Name
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	

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)			34. Assets: Personal and Movable Properties		
<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			40. Hearing		
<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			41. Social / Emotional		
<input type="checkbox"/> Hypertension <input type="checkbox"/> Arthritis / Gout <input type="checkbox"/> Coronary Heart Disease			<input type="checkbox"/> Feeling neglect / rejection		
<input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Kidney Disease			<input type="checkbox"/> Feeling helplessness / worthlessness		
<input type="checkbox"/> Alzheimer's / Dementia			<input type="checkbox"/> Feeling loneliness / isolate		
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease			<input type="checkbox"/> Lack leisure / recreational activities		
<input type="checkbox"/> Others, pls specify			<input type="checkbox"/> Lack SC friendly environment		
38. Dental Concern			<input type="checkbox"/> Others, specify		
<input type="checkbox"/> Needs Dental Care			42. Area / Difficulty		
<input type="checkbox"/> Others			<input type="checkbox"/> High Cost of medicines		
39. Optical			<input type="checkbox"/> Lack of medicines		
<input type="checkbox"/> Eye impairment			<input type="checkbox"/> Lack of medical attention		
<input type="checkbox"/> Needs eye care			<input type="checkbox"/> Others		
<input type="checkbox"/> Others					
43. List of Medicines for Maintenance					
44. Do you have a scheduled medical/physical check-up?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
45. If Yes, when is it done?		<input type="checkbox"/> Yearly <input type="checkbox"/> Every 6 months <input type="checkbox"/> 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.					
<div>Name and Signature of Senior Citizen</div>			<div>Right Thumb Print of Senior Citizen</div>		
<div>Name and Signature of Assisting Person 1</div>			<div>Relationship to Senior Citizen</div>		
<div>Name and Signature of Assisting Person 2</div>			<div>Relationship to Senior Citizen</div>		
<div>Name and Signature of Interviewer/Verifier</div>			<div>Organization/Office</div>		
Date of Interview: _____					
Place of Interview: _____					