



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					
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		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 IVA (CALABARZON); E=Region IVB (MIMAROPA); F=Region V (Bicol); G=Region IV (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)			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)			36. Problems / Needs Commonly Encountered (Check all applicable)		
<input type="checkbox"/> 60,000 and above	<input type="checkbox"/> 50,000 to 60,000	<input type="checkbox"/> 40,000 to 50,000	<input type="checkbox"/> Lack of income / resources		
<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"/> Loss 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"/> Skills / capability training (specify)		
			<input type="checkbox"/> Livelihood opportunities (specify)		
			<input type="checkbox"/> Others, specify		

VI. HEALTH PROFILE

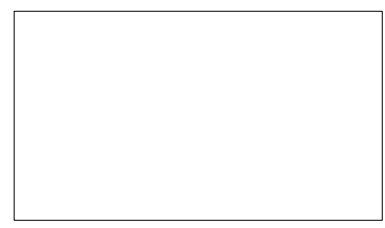
37. Medical Concern		40. Hearing	
<input type="checkbox"/> Blood Type: <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> Don't know	<input type="checkbox"/> Physical Disability (specify):	<input type="checkbox"/> Aural impairment/ Hearing impairment	<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	41. Social / Emotional	
<input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Alzheimer's / Dementia	<input type="checkbox"/> Feeling neglect / rejection	
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease	<input type="checkbox"/> Others, pls specify	<input type="checkbox"/> Feeling helplessness / worthlessness	
38. Dental Concern	<input type="checkbox"/> Needs Dental Care	<input type="checkbox"/> Feeling loneliness / isolate	
<input type="checkbox"/> Others	39. Optical	<input type="checkbox"/> Lack leisure / recreational activities	
<input type="checkbox"/> Eye impairment	<input type="checkbox"/> Needs eye care	<input type="checkbox"/> Lack SC friendly environment	
<input type="checkbox"/> Needs eye care	<input type="checkbox"/> Others	<input type="checkbox"/> Others, specify	
<input type="checkbox"/> Others		42. Area / Difficulty	
		<input type="checkbox"/> High Cost of medicines	
		<input type="checkbox"/> Lack of medicines	
		<input type="checkbox"/> Lack of medical attention	
		<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.

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: _____