



Republic of the Philippines
Province of Quezon
Municipality of Agdangan



Barangay

SENIOR CITIZENS SURVEY FORM
(Please answer appropriately and legibly)

NAME: _____

SEX: _____

ADDRESS: _____ -

(House No. and Street Name)

(Barangay/District)

DATE OF BIRTH: _____

AGE: _____

(Year)

(Month)

(Day)

BIRTH PLACE: _____ -

CIVIL STATUS: _____ Single _____ Separated _____ Widow/Widower
_____ Married

RELIGION: _____ Roman Catholic _____ Protestant _____ Iglesia ni
Cristo _____ Islam

_____ Others Pls. Specify:

ID: OSCA: _____ GSIS: _____ TIN: _____

SSS: _____ PhilHealth: _____

FAMILY COMPOSITION:

NAME	RELATIONSHIP	AGE	CIVIL STATUS	OCCUPATION/INCOME

EDUCATIONAL ATTAINMENT: (Check all applicable)

___ Elementary Level ___ Elementary Graduate ___ High School Level ___ High School Graduate
___ College Level ___ College Graduate ___ Post Graduate ___ Vocational ___ Not
Attended Any School

SOURCE OF INCOME AND ASSISTANCE: (Check all applicable)

___ Own earnings/salaries/wages ___ Spouse's Salary ___ Rental / Sharecrops ___ Own
Pension

_____ Insurances _____ Savings _____ Stocks /Dividends _____ Spouse's Pension _____ Livestock / Orchards

_____ Dependent on children / relatives _____ Others specify

ASSETS & PROPERTIES: (Check all applicable)

_____ House _____ Lot _____ House & Lot _____ Farmland _____ Fishponds / Resort _____ Commercial Building

_____ Others, specify

MONTHLY INCOME: (In Philippine Peso)

_____ 10,000 & above _____ 9,000 – 9,999 _____ 8,000 – 8,999 _____ 7,000 – 7,999 _____ 6,000 – 6,999

_____ 5,000 – 5,999 _____ 4,000 – 4,999 _____ 3,000 – 3,999 _____ 2,000 – 2,999 _____ 1,000 – 1,999

LIVING RESIDING WITH: Check all applicable

_____ Alone _____ Spouse _____ Children _____ Grandchildren _____ Relatives _____ Friends

_____ Househelps

_____ In – Laws _____ Care Institutions _____ Common Law Spouse _____ Others, specify

AREAS OF SPECIALIZATION / SKILLS: (Check all applicable)

_____ Medical _____ Dental _____ Teaching _____ Counseling _____ Legal Service _____ Evangelization

_____ Vocational _____ Arts _____ Cooking _____ Framing _____ Fishing _____ Engineering

INVOLVEMENT IN COMMUNITY ACTIVITIES: (Check all applicable)

_____ Medical _____ Dental _____ Religious

_____ Sponsorship

_____ Resource Volunteer _____ Friendly Visits _____ Counseling / Referral _____ Legal Service

_____ Community / Organization Leader _____ Others, specify

PROBLEMS / NEEDS COMMONLY ENCOUNTERED

a. Economic

_____ Lack of income/resources

_____ Skills / Capability Training (Specify)

_____ Livelihood opportunities (Specify)

_____ Others,

specify _____

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b. Social / Emotional

_____ Feeling neglect & rejection activities

_____ Inadequate leisure / recreational

_____ Feeling of helplessness & worthlessness Environment

_____ Senior Citizen Friendly

_____ Feeling of loneliness & isolation

_____ Others, specify

c. Health

_____ High cost of medicine

_____ Lack/No Health Insurance/s

_____ Inadequate Health Services

_____ Lack of medical professionals

_____ Lack of Hospitals / medical facilities

_____ Health problems / Ailments specify

_____ Lack/No access to sanitation

_____ Others, specify

d. Housing

_____ Over crowding in family home _____ Lost privacy _____ High cost referral

_____ No permanent housing _____ Living in squatter's area

_____ Lounging for independent living / quiet atmosphere _____ Other's, specify _____

e. Community Service

_____ Desire to participate _____ Skills / resources to share _____ Others, specify _____

f. Identify other Specific Needs

Print Name & Signature of Senior Citizen	Print Name & Signature of Interviewer