



Republic of the Philippines  
Province of Camiguin  
Municipality of Mambajao

Barangay \_\_\_\_\_

### SENIOR CITIZEN SURVEY FORM

(Please answer appropriately and legibly)

#### I. IDENTIFYING INFORMATION

NAME : \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

ADDRESS : \_\_\_\_\_  
(House No. & Street Name) (Barangay/District)  
\_\_\_\_\_  
(Municipality/City) (Province) (Region)

DATE OF BIRTH : \_\_\_\_\_ SEX : \_\_\_\_\_ AGE : \_\_\_\_\_  
(Year) (Month) (Day)

CITIZENSHIP : \_\_\_\_\_ Cellphone No : \_\_\_\_\_

CIVIL STATUS : \_\_\_\_\_ Single \_\_\_\_\_ Widow/Widower  
\_\_\_\_\_ Separated \_\_\_\_\_ Married

RELIGION : \_\_\_\_\_ Roman Catholic \_\_\_\_\_ Iglesia Ni. Cristo  
\_\_\_\_\_ Protestant \_\_\_\_\_ Islam  
\_\_\_\_\_ Other, please specify \_\_\_\_\_

ID NUMBER : OSCA \_\_\_\_\_ GSIS \_\_\_\_\_  
TIN \_\_\_\_\_ SSS \_\_\_\_\_  
Philhealth \_\_\_\_\_

OCCUPATION : \_\_\_\_\_ MONTHLY INCOME : \_\_\_\_\_

#### II. FAMILY COMPOSITION :

FAMILY COMPOSITION				
NAME	RELATION	AGE	CIVIL STATUS	OCCUPATION

#### III. HEALTH ISSUES

Condition/Illnesses : \_\_\_\_\_  
(Please specify)

With Maintenance : \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes, please specify: \_\_\_\_\_

Immobile : \_\_\_\_\_ Yes \_\_\_\_\_ No Bedridden : \_\_\_\_\_ Yes \_\_\_\_\_ No, Dependent on assistive device: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Date : \_\_\_\_\_