PHYSICAL, PSYCHOLOGICAL AND SOCIAL STATUS OF POOREST ELDERLY IN THE COUNTRYSIDE

A Thesis

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of the Requirements for the Degree

Master of Science in Nursing (M.S.N.)

Major in Nursing Management and Clinical Supervision

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APPROVAL SHEET

In partial fulfilment of the requirements for the degree, **MASTER OF SCIENCE IN NURSING**, this thesis entitled **"PHYSICAL, PSYCHOLOGICAL AND SOCIAL STATUS OF POOREST ELDERLY IN THE COUNTRYSIDE"**, has been prepared and submitted by **SHERRYDALE QUEEN HERRERA-UY**, who having passed the comprehensive examination and pre-oral defense is hereby recommended for final oral examination.

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The Proponent

DEDICATION

I dedicate this study

to my grandmother in heaven

Teresita "Tering"Cebu-Dilao

and

to my handsome grandfather

Pablo S. Dilao, Sr.,

and

to all the Senior Citizens

in Catbalogan City.

ABSTRACT

This study determined the physical, psychological and social status of the poorest elderly in the countryside, using the KATZ index. The researcher utilized a descriptive-correlational method of research to determine the physical, psychological and social status of the poorest elderly in the countryside. On the relationship between the profile of the elderly to the psychological status, only the age and educational attainment has a significant relationship with the psychological status of the elderly. On the relationship between the profile of the elderly to the social status, age is significantly related to the number of friends, the civil status and educational attainment are significantly related to the dwelling of the elderly-respondents. On the relationship between the profiles of the elderly-respondents to the level of psychological status, only the age and educational attainment has a significant relationship to the level of psychological status. Increased age and low level of education contributes to depression and cognitive impairment. On the relationship between the profiles of the elderly-respondents to the level of social status, only the age is significantly related to the number of friends, which means that as age increases, they also need more friends whom they can socialize with. The civil status and educational attainment are significantly related to the dwelling of the respondents, therefore, women despite of educational status can manage and own a house. For the recommendation, it is strongly recommended to strictly implement the attached Comprehensive Health Plan.

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CHAPTER I

THE PROBLEM AND ITS SETTING

Introduction

The Philippines is considered as one of the countries with fastest aging population (Braid, 2017). Statistically, there are approximately 8.50 percent of people worldwide (617 million) are aged 65 years old and over (NIH, 2016). In the Philippines, according to Population Commission, by the end of 2018 there will be 8,013,059 Filipino over 60 years old and above (Demayo, 2018). In Catbalogan City, they are approximately 5,600 total number of elderly aged 60 years old and above (CSWDO, 2018).

The increased number of elderly population is also accompanied by increasing challenges. Among the challenges, is the loss of functional capacity (Macedo et al. 2012); There social network decreases and social roles change. Compromised physical functioning renders effortful some social activities and sensory loss strain conversation (Charles et al. 2014).

In addition, the Department of Social Welfare and Development (DSWD) revealed that there are over a million of senior citizen in poor households nationwide (Rodriguez, 2010). In Catbalogan City, of the 5,600 total numbers of elderly aging 60 years old and above, 3,262 are considered as indigents (CSWD, 2018). They also have problems when it comes to employment activities because of their diminishing strengths and lack of ability (Aldaba, 2015).

In summary, aging is not entirely a negative process (Oluwagbemiga, 2016). However, this stage is faced with physical, psychological and social challenges, which affects the quality of life of the elderly (Macedo et al. 2012).

In response, the government has initiated policies and programs to address the issues and concerns of the elderly population. The Senior Citizens Act, which grants benefits and privileges composed of 20.00 percent discount and VAT exemptions and other social and health programs. The DSWD also provides social pension of P500 per month to indigent senior citizen (Aldaba, 2015).

However, despite the several safety needs provided by law, one of the major concerns of the elderly is to live a life of active aging, that is to remain healthy physically and spiritually, being financially independent, socially connected, how to establish friendships, how to keep one's sense of self-worth, and having access to information (Braid, 2017).

As seen from the data of City StatWatch (PSA, 2018), out of seven cities in Region 8, Catbalogan has ranked at the 6th place and is classified as fifth class city. Thus, it is the desire of the researcher to find out the condition of the poorest elderly population in terms of their physical, psychological and social status. The poorest elderly will be the focus of this study since they are the most vulnerable and disadvantageous sector of our society due to lack of resources, poor access to social and health services and limited network and support system.

The result of this study is a comprehensive health plan for the elderly that will address the needs of the elderly and will supplement the existing programs and projects of the government for the elderly.

Statement of the Problem

This study determined the physical, psychological and social status of the poorest elderly in the countryside, using KATZ index.

Specifically, this study sought to answer the following questions:

1. What is the profile of the respondents in terms of:
    1. age;
    2. sex;
    3. civil status, and
    4. educational attainment?
2. What is the level of physical status of the elderly using KATZ index?
3. What is the psychological status of the elderly?
4. What is the social status of the elderly in terms of:
    1. living arrangement;
    2. social support;
    3. financial circumstances, and
    4. living arrangements?
5. Is there a significant relationship between the profiles of the elderly to the following:
    1. physical status;
    2. psychological status, and
    3. social status?
6. Is there a significant relationship among the physical, psychological and social status of the elderly?

Hypotheses

Based on the specific problems, the following hypothesis will be tested in this study.

1. There is no significant relationship between the profile to the following:
    1. physical status;
    2. psychological status, and
    3. social status.
2. There is no significant relationship among the physical, psychological and social status of the elderly.

Theoretical Framework

This study is anchored on various theories that will serve as guide for the researcher such as the activity theory on aging, Erickson theory and Havighurst theory (Pillitteri, 2015).

The activity theory of aging holds that unless constrained by poor health or disability, older people have the same as psychological and social needs that middle-aged persons do. It is theorized that decreases in social interaction that occur with age are the result of a withdrawal of society from aging people and that older people do not want this withdrawal (Macionis, 2007).

Therefore, according to this theory, older people who are aging optimally stay active and resist shrinkage in their social world. They maintain activities of middle age as long as possible and then find substitutes for work. Bereaved people are expected to look for new friends and loved one to replace those who have died.

Substitution does not have to be literal. Retirees can find non-job roles that meet many of the same needs that jobs did, and widows can find alternative sources of intimacy even if they cannot find new husbands (Macionis, 2007).

This theory is related to the present study because it assesses the social status of the elderly in terms of social support and other social activities. This study will also determine the relationship between the profile of the elderly to their social status. This study will determine whether the social status of the elderly has a significant relationship to the level of psychological status in terms of depression and cognitive impairment.

According to Erickson, the developmental task at this time is ego integrity versus despair. People who attain ego integrity view life with a sense of wholeness and derived satisfaction from past accomplishments. They view death as an acceptable completion of life. In addition, people who develop integrity accept one's one and only life cycle (Erickson, 1963). This theory is related to the present study because the present study will assess the functional capacity of the elderly in terms of their physical status, psychological status and social status and how these affects the sense of well-being of the elderly.

Another theorist, Havighurst, described the developmental task of the elderly and stated as follows: adjusting to decreasing physical strength and health, adjusting to retirement and reduced income, adjusting to death of spouse, establishing an explicit affiliation with one's age group, meeting social and civil obligations and establishing satisfactory living arrangements (Kosier, 2010).

This theory is related to the present study because it will assess the physical status of the elderly in terms of their capacity to perform activities of daily living and will be tested whether the profile of the elderly has a significant relationship to the level of physical status.

Conceptual Framework

The conceptual framework of this research will reflect the nature of this study. Figure 1 shows the conceptualization of the variables on the Physical, Psychological and Social Status of the Poorest Elderly in the Countryside.

As shown in Figure 1, the three circles with colors pink, green and yellow represents the factors affecting quality of life of the elderly represented by a circle colored orange, which are physical, psychological and social status.

Physical status refers to the capacity of the elderly to perform activities of daily living such as bathing, transferring, dressing, toileting, continence and feeding. While, the psychological status refers to the status of cognition and mood.

Lastly the social status refers to the living arrangement, social support, financial circumstances and living environment. This factors generally describe the quality of life and functional capacity of the elderly in the countryside.

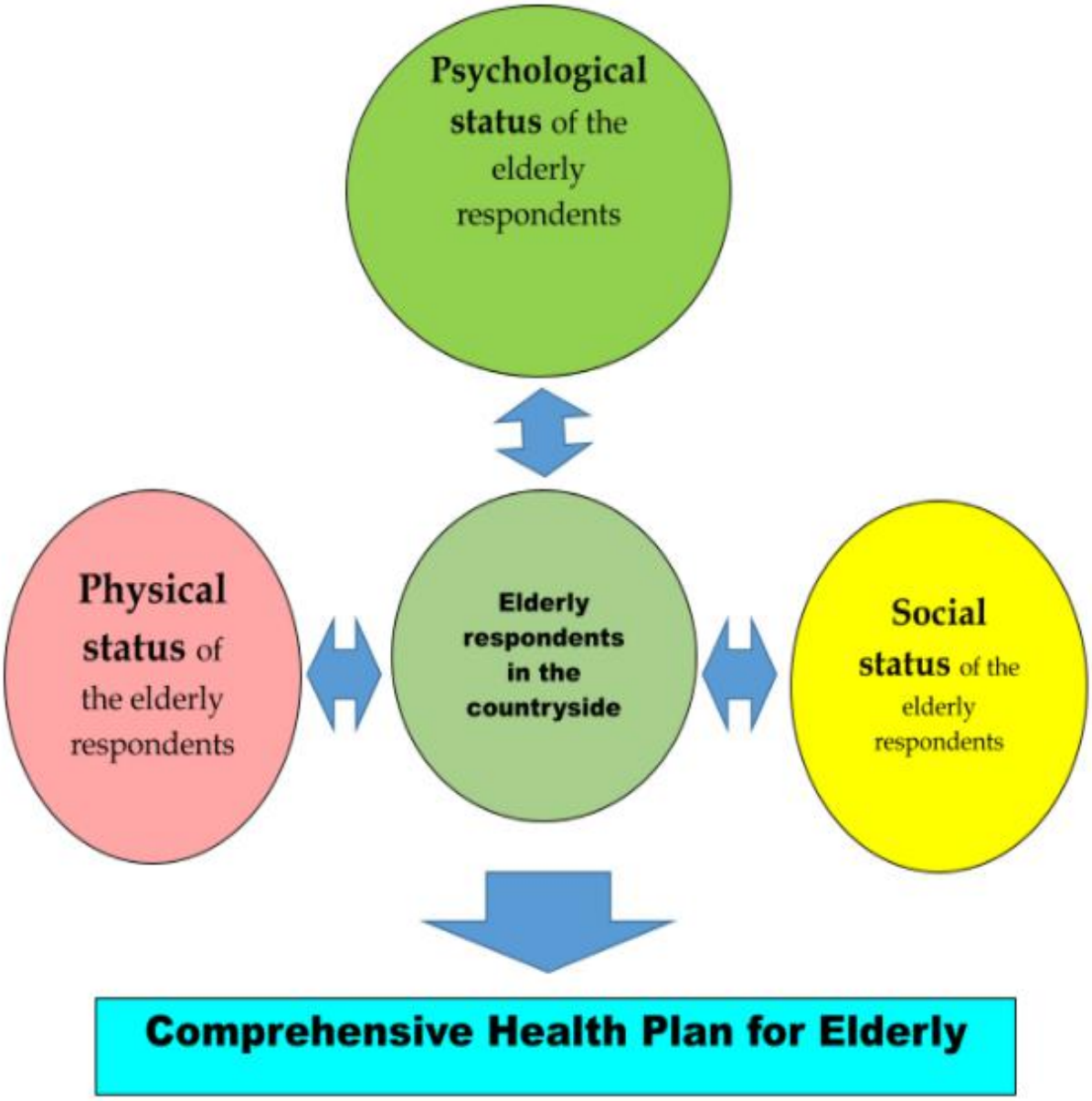


Figure 1. Conceptual Framework of the Study

These three factors are related to each other as variables through a double headed arrow which shows their significant relationship, the three factors determines the holistic characteristics of elderly that defines their quality of life. In addition, the physical status, psychological status and social status also affects to one another.

These three variables the physical, psychological and social statuses are associated to the Elderly as the subject of the study through a double headed arrow which shows its significant relationship to the respondents' profile. This shows that the functional capacity of the elderly such as their physical, psychological and social status is influenced by the age, sex, civil status and educational attainment.

The quality of life of the elderly depends on so many factors, which include the functional capacity of the elderly. Functional capacity includes the physical status, psychological status and the social status. The demographic profile such as age, sex, civil status and educational attainment also play a very important role in elderly's state of living.

The determination of the elderly's profile such as age, sex, civil status and educational attainment as well as the findings of their physical, psychological and social status and the relationship of these variables to one another will provide as a basis for the conceptualization, formulation and institutionalization of a social and health programs for the elderly. Heading towards the outcome of the study is an arrow to a box in color light blue which represents the Comprehensive Health Plan for Elderly. This plan is based on the result of the study that help conceptualize a comprehensive health plan for elderly in addressing their needs with respect to their physical, psychological and social needs.

Significance of the Study

This study was conducted to determine the physical, psychological and social status of the poorest elderly in the countryside. The output of this study served as baseline data for a comprehensive health plan for the elderly. Specifically, the findings of the study will benefit the following:

Policy makers/implementers. The findings of this study served as their basis or baseline data in formulating policies and programs, will guide in enacting legislation that will promote the quality of life of the elderly population.

General public. As members of the community/general public the findings of this study provided basic information on the physical, psychological and social status of the elderly thereby promoting community participation in providing and supporting the needs of the elderly. It helped them understand the current situation of the elderly, thereby making them more compassionate to the elderly in the community.

Elderly. The findings of this study addressed the needs of the elderly in terms of physical, psychological and social issues and concerns. The formulated program will promote the quality of life of the elderly population.

Researchers. The findings of this study served as a springboard for other researchers conducting similar studies. It will also provide opportunities to other researchers to study the other aspect of elderly's life in order to provide a holistic program for the elderly.

Scope and Delimitation

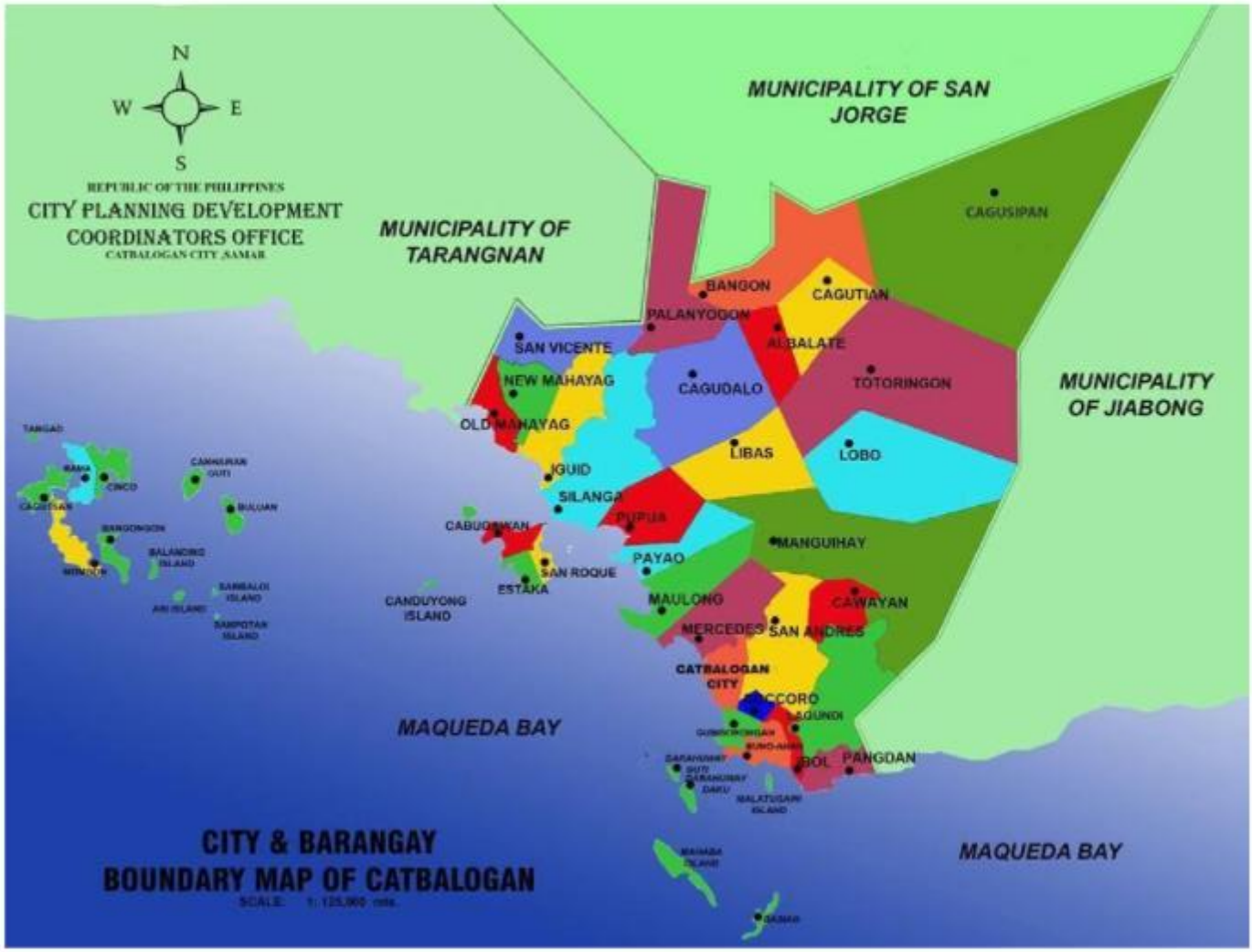
The study utilized a descriptive design with correlation analysis to assess the physical, psychological and social status of the poorest elderly in the countryside. The researcher utilized standardized instruments to assess the physical, psychological and social status of the poorest elderly. A Katz Index of Independence was used to assess the physical functioning using a dichotomous rating (dependent/independent) of six Activities of Daily Living (ADLS) in hierarchal order of decreasing difficulty as listed: bathing, dressing, toileting, transferring, continence and feeding rated on a scale of independence. Moreover, the General Practitioner Assessment of Cognition and Geriatric Depression Scale were used to assess the cognition level

of the elderly. Meanwhile, to assess the social status of the elderly, the researcher determined the living arrangement, social support, financial circumstances and living environment.

The study was conducted in five rural barangays and three urban barangays located in the City of Catbalogan. The barangays were chosen based on the criteria laid down by the City Social Welfare Department (CSWD). The identified rural barangays are barangay Estaka, San Andres, Pupua, Payao and Iguid. Moreover, barangay Canlapwas, Mercedes and Brgy. 13 are the identified urban barangays in this study.

Meanwhile, the respondents of the study were elderly who met the inclusion criteria in selecting the respondents: (1) elderly persons of both genders, at least 60 years of age or older at the time of the study, (2) residing in rural and urban barangays in the city of Catbalogan, (3) considered as indigent senior citizens by the CSWDO, (4) capable of communication, oriented to time, place, day and person, (5) could verbalize and understand the vernacular language, and (6) willing to participate in the conduct of the study. Finally, the srudy was conducted in the months of May to June 2018 at Catbalogan City, Samar.

Figure 2. Map Showing The Research Area



Definition of Terms

To have a common frame of reference, the following terms used in this study is defined conceptually and operationally defined as follows:

Cognition. This refers to the cognitive processes (Webster, 2018). In this study it refers to presence of cognitive impairment among the elderly.

Countryside. This term refers to a place classified as rural area (Webster, 2018). In this study, it refers to the rural barangays in Catbalogan City.

Elderly. This term refers to any resident citizen of the Philippines at least 60 years old (Expanded Senior Citizens Act of 2010). In this study it refers to elderly living in rural and urban areas aging 60 years old and above.

Financial circumstances. This is relating to finance or financiers (Webster, 2018). In this study, it refers to the elderly's source of financial support and types of expenditures.

Living arrangements. In this study, it refers to elderly's status on their dwelling and presence of companion at home.

Living comfort. In this study, it refers to the elderly's frequency of meals, presence of entertainment at home, type of beddings, presence of privacy, status of place for crimes and ventilation.

Mood. This refers to a conscious state of mind or predominant emotion. (Webster, 2018). In this study it refers to the presence of depression among elderly.

Poorest. This refers to a family who don't earn enough to satisfy the minimum cost of basic needs (DSWD, 2010). In this study, it refers to the elderly who qualify the following criteria as defined under the senior citizen social pension program such as: senior citizen must be 60 years old and above; who are ill, frail or with disability; with no regular income or

support from family members and relatives; and without pension from government institutions.

Physical status. This term refers to a state whereby a person has the ability to perform basic functions that are essential for maintaining independence and carrying out more complex activities (Painter et al. 1999). In this study, it refers to the physical functioning of the elderly in terms of bathing, dressing, toileting, transferring, continence and feeding using the KATZ index.

Psychological status. This refers to a state of mind directed toward the will or toward the mind specifically in its conative function (Merriam-Webster, 2018). In this study, it refers to the cognitive status using the three-item recall test and the presence of depressive symptoms using the four-item geriatric depression scale.

Social status. This term refers to a social standing of a person as compared to others in a group or a situation (Spacey, 2017). In this study, it refers to the status of elderly in terms of living arrangement, social support, financial circumstances and living environment.

Social support. In this study it refers to elderly's source of emotional support and number of friends.

CHAPTER II

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents a review of some related literature taken from journals, books, periodicals; unpublished thesis and other reading materials and information surfed and gathered from the net. Furthermore, studies that take into some aspects of this research had been surveyed and reviewed to have better insights on conducting the present study. These include the foreign and local studies done with the same concept in physical, psychological and social status of the elderly.

Related Literature

Filipinos are living longer but in poor health as the country nears a demographic transition that leads to an aging population. The Commission on Population Executive Director Juan Antonio Perez III mentioned that older Filipinos are expected to account for 10.00 percent of the population by 2025, up from the current six to seven percent. The life span of Filipinos is now longer at 67 for males and 72 for females due to modern technology. Their quality of life, however, did not improve. By 2025 to 2030, the country's population would start to age. At present, there are around seven million Filipinos who are senior citizens, or aged 60 and above. The population is not yet aging, but are still young. However, we are now on the transition stage towards aging population. People now have a longer lifespan but with poor health and socio-economic conditions. The population 60 years and over or senior citizens in the

Philippines increased from 3.2 million in 1990 to 4.6 million in 2000, then to 6.2 million in 2010,". Aging population entails various elderly-related issues like rehabilitation, depression, daily activities and health care (Crisostomo, 2015).

The keys to aging in place are maintaining good cognitive and physical function, disease prevention and good management of any existing medical conditions (Sibal, 2012).

According to Borg et al. (2008), the cognitive status of the elderly demonstrated statistically significant residential and demographic differences. People with cognitive impairment were most likely to reside in nursing home. The person with higher level of education may progress toward dementia more slowly than those with lower level of educational attainment.

In the study of Valdez and colleagues (2013) discovered that although older Filipinos acknowledge the physical decline that can occur with aging, there is a general positive outlook that aging is a period of increased productivity and promising experiences. Older adults who receive more social support from their relatives often feel encouraged and have better perceptions about their own aging process.

Filipinos who reported higher socioeconomic status and more educational attainment also tended to report better quality of life and also higher access to community resources was also directly correlated with better quality of life. Older Filipinos residing in rural areas lacked the same access to services than older adults living in more urban settings (De Leon, 2014).

Research and studies have shown that members of the elderly population who engage regularly in healthy activities such as appropriate exercise, routinely access clinical preventive health care services, while at the same time constantly enjoying the companionship of family members and friends are expected to stay healthy and live longer (Gloor, 2014).

Access to health care services can help improve the quality of life of older Filipinos who may have health conditions, especially because many older Filipinos are burdened by chronic and infectious diseases (Help Age Global Network, 2017).

The 2010 Expanded Senior Citizens Act does provide health service benefit to older Filipinos, such as discounted pharmaceuticals and vaccinations. However, the availability of these resources depends on the health services providers, who often are reluctant to provide health services to older Filipinos (Romualdez et al. 2011).

Working-age Filipinos must often remain in the workforce longer to financially support younger dependents and other family members (Cruz et al. 2007). Another workforce issue in the Philippines is that majority of the older Filipinos are underemployed, with low education and a lack of decent jobs creating issues for both younger and older workers (Rutkowski, 2011).

The disengagement in activities and social contacts resulted in feeling of resignation and dejection. However, being active and socializing gave feelings of pleasure and a sense of belonging (Tollén et al. 2008). Even though elderly people maybe already have lost their friends or other important persons, people who are still alive should keep in touch with them to support their ageing process.

Positive attitudes bring benefits for ageing process. Elderly people who have positive attitudes use different strategies to manage their everyday doings and to stay as independent as possible (Larsson et al. 2009).

Demographic variables affect their responses and in some cases, show a significant correlation with the quality of life concerns. These include area of residence, age, educational attainment, civil status and number of children. Gender did not significantly correlate with any of the quality of life concerns. Of these demographic characteristics, area of residence and

educational attainment showed significant correlations to more quality of life concerns, specifically household relationships and financial security.

Area of residence also correlated with access to programs and benefits, while educational attainment is also a significant factor in the health status of elderly. Structural factors relating to the coverage and implementation of national policies on senior citizen welfare, and public welfare in general were identified as the major challenges to elderly achievement of quality of life. Personal attitudes of the elderly such as long-suffering (matiisin) and general optimism influenced by spirituality while not negative per se, were also regarded as barriers to the elderly's assertion of their rights (Tsao Foundation, 2018).

In summary, the elderly population faces a lot of challenges, physically, psychologically and socially. Physically because of the normal aging process, they decrease in strength, which reduces their capacity to perform their day-to-day activities. On the part of psychological status, there are elderly that experiences cognitive impairment such as decrease and even loss of memory. On the part of social status, there is also an increase risk to develop depression due to some losses that the elderly is facing such as loss of job or even loss of spouse. However, despite these challenges, Filipino elderly still has positive outlook towards aging process. The government should provide more programs and projects that will address the issues and concerns of elderly population.

Related Studies

In the study entitled "Aging in the Philippines" by Jadloc (2017) revealed that older Filipinos have a relatively poor educational profile. Another study on the "Profile and Degree of Dependency Level of the Elderly and Overload of the Caregivers" by Uesugui et al. (2011),

found that most of the elderly population was formed by women. As for schooling, most elderly complete elementary education.

Moreover, in the study conducted by Arrojado et al. (2009) entitled "Level of Independence in Performing Activities of Daily Living among Older Persons in Brgy. Kauswagan, Cagayan De Oro City" that most of the respondents are between the age bracket of 70-74 years old and were elementary level and others were elementary graduates.

Meanwhile, in the study entitled "Health and Lifestyle Status of Senior Citizen in Northern Samar, Philippines" by Castillo (2015) found out that most of his respondents were married and majority were only receiving a monthly income of 5,000 and below and majority only reached basic education.

The study of De Leon (2014) entitled "Quality of Life of the Filipino Elderly in Selected Cities and Provinces", revealed that there are more female respondents, indicated that they are neither married or widowed. However, most of the respondents graduated from college. The present study is related to the previous studies because it also assesses the profile of the elderly in terms of age, sex, civil status and educational attainment.

In the study entitled "Dependency Needs in the Activities of Daily Living Performance among Filipino Elderly" conducted by Inocian et al. (2014), revealed that in the performance of basic activities of daily living, those elderly in community dwelling can bath self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity as compared to the elderly from the nursing homes that needs assistance. They can also independently get clothes from closets and drawers and put on clothes and outer garments complete with fasteners. In toileting, they are independent in going to toilet, getting on and off, arranging clothes, and cleaning genitalia area. In transferring, they move in and out of bed or

chair unassisted. In terms of continence, they have full control over their bladder and bowel and can feed themselves independently.

The study of Inocian et al. is related to the present study in terms of the topic of the study. Similar to his study, it also assesses the physical status of the elderly in terms of performance of activities of daily living. It uses also Katz Index of independence to assess the performance of the respondents in activities of daily living.

Another study conducted by Macedo et al. (2012) entitled "Functional Assessment of Elderly with Cognitive Deficit" showed that majority of the elderly respondents were independent in terms of self-care, sphincter control, transfer and locomotion.

The study of Macedo et al. is related only to the present study in terms of assessment whether the respondents were independent in terms of self-care, sphincter control, transfer and locomotion. However, it defers as to the type of respondent. Although the respondents in both studies are elderly, the previous study focuses on the elderly with cognitive deficit.

Moreover, in the study by Gebreyohannis et al. (2012) entitled "Needs Assessment for Assisted Living Facilities among Elderly Population" presented that majority had limitations in activities of daily living. The majority was independent in the ability of feeding. On the contrary, a high percentage of the elderly was dependent for bathing activity. More than half were dependent for grooming activity, whereas more than half were independent for dressing activity. More than two thirds were continent for bowel activity and controlling bladder. More than two thirds were independent in using toilet.

The study of Gebreyohannis et al. is similar to the present study because it also assesses the level of dependence of the respondents on activities of daily living. However, it defers as to

the type of respondents, because the present study, the respondents are those living in urban and rural community, the previous study the respondents are those living in assistive living facilities.

Another study entitled "Level of Independence in Performing Activities of Daily Living among Older Persons in Brgy. Kauswagan, Cagayan De Oro City" by Arrojado et al. (2009) revealed that respondent degree of independence in performing activities of daily living in terms of bathing, dressing, toileting, transferring, continence and feeding is high based on age, gender, educational attainment and health status.

The study of Arrojado et al. is similar to the present study because it also assesses the level of independence of the elderly in activities of daily living. Similar to the present study, it also uses the Katz Index of independence to assess the performance of the respondents on activities of daily living.

In the study of Mallari (2011) entitled Successful Aging and Life Satisfaction of Older Filipinos: Evidence from the Longitudinal Study on Aging 2007, presents age-related decrements in functional status were seen as the means of functional health scores decreased with increasing age. Females had lower mean functional health scores compared to males, as did the currently married and those living in rural areas. The mean functional health scores monotonically increased with higher education. Age is associated with active engagement with life. As age advances, the scores in active engagement with life are seen to drop. Females are more actively engaged compared to men as seen in the higher scores of active engagement. Those who are better educated are also seen to have higher engagement scores as the means monotonically increase as educational achievement increases.

The previous study is similar to the present study because it also tests the relationship between the profile of the respondents to the level of physical status of the elderly.

Meanwhile in the study of Mustakallio (2015) entitled The Experience of Elderly People to Cope with the Lives at Home: A Literature Review, concluded that from the results that keeping good physical condition, having good social contacts, positive attitudes to ageing and being able to get assistance are the ways to help elderly people to cope with lives at home. Good physical condition is one of the most important factors for elderly people to be able to live at home. Activities of daily living (ADL) and healthy life style could help to keep good physical condition.

The study of Mustakallio is related to the present study because it also determines whether the psychological and social status are significantly related to the physical status of the elderly.

The study also supported Yeom et al. (2008) and Matsui and Capetzi (2008) that health- related conditions contribute to the impairment in ADL among elderly. This links to the disease state and the mechanism that lead to dependency or physical limitations. One thread followed deficiencies that can reduce vision, leading to falls and serious injury. Another looked at how disease combination may magnify each other symptoms and hasten the onset of dependency.

The study of Yeom et al. is related to the present study only with respect to the respondents, which are the elderly. However, it differs as to the focus of the study, because the previous study focuses on the effects of diseases to the dependency level of the elderly on activities of daily living.

In the study entitled "Determination of the Prevalence of Depression among the Elderly using the Geriatric Depression Scale" by Valentin et. al (2015) revealed that incidence of depression occurs in 11 out of 35 respondents. Symptoms of depression are infrequent among Filipino geriatrics in the selected community in Quiapo.

The study of Valentin et al. is related to the present study because it also assesses the presence of depressive symptoms among elderly. It is also similar in terms of assessment tools utilized during the conduct of the study.

Another study conducted by Oro-Josef et al. (2011) entitled "Prevalence of Depression among the Elderly Population in Rizal Province using the Geriatric Depression Scale" revealed that majority of the respondents were unemployed, their source of financial support mostly came from their children or their nuclear family. Most of the subjects were independent and move around without support. Geriatric depression scale suggestive of depression. Study also revealed that marital status and the presence of multiple medical conditions correlated strongly with depression. Separated and widowed individuals are more likely to show symptoms of depression.

The study of Oro-Josef is related to the present study because it also assesses the level of depression of the respondents. It also assesses the relationship between the profile of the respondents, the physical status and social status of the elderly to the level of psychological status particularly on the level of depression of elderly.

Meanwhile in the study of Mustakallio (2015) entitled The Experience of Elderly People to Cope with the Lives at Home: A Literature Review, concluded that from the results that keeping good physical condition, having good social contacts, positive attitudes to ageing and being able to get assistance are the ways to help elderly people

to cope with lives at home. Good physical condition is one of the most important factors for elderly people to be able to live at home. Activities of daily living (ADL) and healthy life style could help to keep good physical condition.

The study of Mustakallio is only related to the present study in terms of the relationship of the variables such as the profile, physical status and social status to the level of psychological status of the elderly.

In the study conducted by Jadloc (2017), entitled "Aging in the Philippines", revealed that older Filipinos aged 60 and above have low income and low assets. The three most common sources of income for older Filipinos are money from children within the country, income from a family business or farm and earnings from work. Findings show that seven in 10 older Filipinos live with a child/children. Older people give equal support in the care of grandchildren regardless of their living arrangement with their children. Respondents believe that it would be best for older couples to either live by themselves or to live by themselves but near one or more children.

The study conducted by Jadloc is related to the present study because it also assesses the source of income of the elderly, the support system and the living arrangement. However, it differs as to the other variables because the present study also assesses the physical and psychological status of the elderly.

Another study entitled "Filipino Elderly Living Arrangements, Work Activity and Labor Income" by Racelis et al. (2012), showed that the sources of financing for elderly consumption were own labor income, private transfers and asset reallocation. The elderly continues to be heads of households and responsible for family welfare with headship remaining as high as 50.00 percent even after age 80 years.

The study of Racelis et al. is similar to the present study in terms of assessing the sources of financing. However, it differs as to the scope of the study, because the present study assesses the other functional area of the elderly such as physical status and psychological status.

In the study by Gudor et al. (2017) entitled "Hoping Aging: Social Support and Depression among Older Filipino Immigrants" revealed that 80.00 percent of the respondents can access to strong family support and support from friends.

The study of Gudor et al. is related to the present study in terms of assessing the support system of the elderly. It differs as to its scope and coverage of the study and the assessment tools utilized in the conduct of the study.

Furthermore, in the study entitled "Functional Ability, Participation in Activities and Life Satisfaction of Older People" by Blace (2012), found out that older people have high level of involvement in watching TV and listening to radio since the older people consider these activities when they are staying at home. They have high participation in the church masses and worships and other activities. They are also engaged in political activities like attending rallies and voting. Respondents are moderately involved in activities like growing own food or gardening and lawn work. Findings of the study also show that the informal support network is composed of the older people's relatives, friends and family that provide their ongoing support and assistance. It also revealed that most of the respondents are staying with their children and relatives.

The study of Blace is similar to the present study in terms of assessing the leisure activities of the elderly, the source of support system of the elderly. However, it differs in terms of the coverage of the study.

In the study of de Guzman et al. (2012) entitled Correlates of Geriatric Loneliness in Philippine Nursing Homes: A Multiple Regression Model revealed that results of single and

multiple regression analyses indicate an effect of the three factors (social isolation, social engagement, and life satisfaction) on loneliness with social isolation having the greatest impact on loneliness.

Notably, increased social isolation, inadequate social engagement and decreased life satisfaction consequently aggravate loneliness. Social engagement produced a positive effect to both social isolation and life satisfaction in a way that a decrease in social engagement will decrease life satisfaction and increase social isolation. On the whole, loneliness in geriatric nursing homes is evident, and it is shaped by social isolation, social engagement and life satisfaction.

The study of De Guzman is related to the present study because it also assesses the relationship between the social status of the elderly to the level of psychological status of the respondents.

In the study of Yeom et al. (2008) and Matsui and Capetzi (2008) found a significant relationship between cognitive status and the ADL performance among the elderly. This implies that elderly with no impairment in cognition performs ADL independently while elderly with severe impairment depends greatly to others. This finding is supported by Borg et al. (2008) and Hilgenkamp et al. (2011) in their studies that as age advances, health and cognitive abilities get impaired increasingly which contribute to the deterioration in the performance of ADL. Age related declines in cognitive processing are well documented and may contribute to limitations in performing daily living tasks as people age. It was confirmed that cognitive processing is associated with both concurrent and future levels of physical function, such that poor cognitive processing is associated with lower levels of physical function. Borg et al. (2008), found out that cognitive status of the elderly demonstrated statistically

significant residential and demographic differences and that, as cited by Elliot people with cognitive impairment were most likely to reside in nursing home.

In this study, impairment in performing ADL is more sensitive to biological factors namely age, presence of health problems, educational attainment and their cognitive status. Thus, with functional decline as person ages, it is essential to support the health needs of the elderly.

This study is similar to the present study because it assesses the relationship between the variables of the study whether they have a significant relationship to the other variables such as the physical status, psychological and social status.

In the study of Mallari (2011) entitled Successful Aging and Life Satisfaction of Older Filipinos: Evidence from the Longitudinal Study on Aging 2007, presents age-related decrements in functional status were seen as the means of functional health scores decreased with increasing age. Females had lower mean functional health scores compared to males, as did the currently married and those living in rural areas. The mean functional health scores monotonically increased with higher education. Age is associated with active engagement with life. As age advances, the scores in active engagement with life are seen to drop. Females are more actively engaged compared to men as seen in the higher scores of active engagements. Those who are better educated are also seen to have higher engagement scores as the means monotonically increase as educational achievement increases.

The study of Mallari is related to the present study in terms of determining the relationship between the variables to the level of social status of the elderly.

In addition, higher age was seen to be associated with lower mean score in the absence of pain and debilitating conditions scores. Urban residents report a higher absence of pain and debilitating condition mean score compared to their rural counterparts.

Education and socioeconomic status follow the same pattern of association with absence of pain and debilitating condition scores. Mean scores in absence of pain and debilitating conditions increase with higher education and being in a higher (better off) wealth quintile.

In summary the following demographic characteristics were found to be significantly associated with successful aging; age, marital status, education and socio economic status. Higher age, being currently married, higher education, and higher socio economic status indicate better mean scores in successful aging. However, gender and current living arrangement did not show a significant relationship with successful aging.

CHAPTER III

METHODOLOGY

This chapter presents the methodology used to collect and analyze the data. The following topics will be discussed, research design, instrumentation, validation of instrument, sampling procedure, data gathering procedure, and statistical treatment of data.

Research Design

The researcher utilized a descriptive-correlational method of research to determine the physical, psychological and social status of the poorest elderly in the countryside.

The descriptive design was used to describe the profile of the respondents and the status of the elderly in terms of their physical, psychological and social. A descriptive method was used to describe characteristics of a population or phenomenon being studied. It does not answer questions about how, when and why the characteristics occurred. Rather it addresses that what question (Wood et al. 2001).

The correlational design was used to determine if there is significant relationship between the profile of the respondents to the physical, psychological and social status of the elderly and to determine the relationship among the physical, psychological, and social status of elderly. The correlational design was used to examine relationship between two or more variables. The researcher did not test whether one variable causes another variable or how different a variable is each from the other. The researcher was testing whether the variable vary

together, in other words, as variable changes, does a related change occur in another (Wood et al. 2001).

Instrumentation

This study utilized a one set of questionnaire divided into five parts.

The first part was utilized to assess the profile of the respondents in terms of age, sex, civil status, educational attainment and source of income.

The second part of the questionnaire determined the physical status of the elderly. The researcher utilized the Katz ADL or Katz Index of Independence which will be used to assess the physical functioning using a dichotomous rating (dependent/independent) of six ADLS in hierarchical order of decreasing difficulty as listed: bathing, dressing, toileting, transferring, continence and feeding rated on a scale of independence.

The third part of the questionnaire assessed the psychological status of the elderly in terms of mood and cognition. To assess the mood of the elderly, the researcher used the Geriatric Depression Scale (GPS-4), a 4-item Geriatric Depression Scale is suitable as a screening test for depressive symptoms in the elderly. To assess the cognitive status, the researcher used the three objects recall test.

The fourth part of the questionnaire was use to assess the social status of the elderly in terms of living arrangement, social support, financial circumstances and living environment.

The research instrument was translated into vernacular for easier administration of questions. A waray-waray expert was consulted to ensure accuracy of translation and for

content and face validity of the instrument. To elicit answers from the respondents a one-on-one interview technique was utilized by the researcher.

Validation of Instrument

The questionnaires that were used in this study to determine the profile of the respondents are a researcher-made instruments. However, to assess the physical status, psychological status and social status, the researcher utilized a standardized instrument.

Drafts of the questionnaires were submitted to the researcher's adviser for corrections, modifications and suggestions. After that, suggestions and corrections were taken into consideration in the final draft of questionnaire.

Since the researchers utilized standardized tools, the following are the reliability index of the instruments, to validate the reliability of the instruments that will be used.

According to Hsueh et al. (2002) reported that Katz index of independence in activities of daily living reported that the Cronbach alpha is 0.84. The 3-item recall test that Cronbach alpha is between 0-54-0.96. For the Geriatric Depression Scale the reliability is expressed by Chronbach alpha of 0.8.

Sampling Procedure

The researcher utilized a purposive sampling in determining the respondents of the study. The following were the criteria in selecting the respondents: (1) elderly persons of both genders, at least 60 years of age or older at the time of the study, (2) residing in rural and urban barangays in the city of Catbalogan, (3) capable of communicating, oriented to time, place, day

and person, (4) could verbalize and understand the vernacular language, and (4) willing to participate in the conduct of the study, (5) must belong to the poorest sector in the community.

To determine the elderly as poorest, the following guidelines was utilized as defined under the senior citizen social pension program of the Department of Social Welfare and Development (DSWD) such as: (1) senior citizen must be 60 years old and above; (2) who are ill, frail or with disability; (3) with no regular income or support from family members and relatives, and (4) without pension from government institutions. Ten percent of the actual number of elderly in the five barangays was chosen as the respondents of the study.

In selecting the urban barangay in the City of Catbalogan, the following were used by the researcher in classifying whether a barangay is an urban or rural. According to Philippine Statistics Authority (PSA), to classify a barangay as urban barangay it should have: (1) a population size of 5000 or more, or (2) at least one establishment with a minimum of 100 employees, or (3) it has five or more establishments with a minimum of 10 employees, and five or more facilities. For barangays who do not meet the criteria for urban barangay is considered as rural barangay.

Table 1 shows the number of respondents of the study of from urban and rural barangays, specifying the number of respondents per barangay.

Data Gathering Procedure

In order to answer the questions posed, the following data gathering procedures was observed. The researcher first sought permission from the Barangay Captain in order to conduct the study in the Barangay. The researcher personally fielded the questionnaire to the respondents.

Table 1

Total Number of Respondents per Barangay

Barangay	Total Population of Indigent Elderly	Total Population (10%)	Actual No. of Respondents
Urban			
Canlapwas	301	30	30
Mercedes	263	26	26
Brgy. 13	132	13	13
Rural			
Estaka	63	10	10
San Andres	62	7	7
Pupua	58	9	9
Payao	57	7	7
Iguid	57	7	7
Total	**993**	**98**	**98**

The researchers explained the objective of the study and got the consent of the respondents for them to be included in the study. A consent form was signed by the respondent as an affirmation of their participation in the study. After they gave their consent, the researchers conducted a one on one interview using the questionnaire. To determine the profile of the respondents, the researcher conducted a one on one interview to the identified respondents.

To determine the physical status of the elderly using a KATZ index of independence. This assessment was done through observation of elderly's performance to different activities of daily living. Then, the elderly was scored according to the degree of performance, whether it is assisted or unassisted.

To assess the psychological status of the elderly in terms of mood, a 4-Geriatric Depression Scale was utilized.

This tool was composed only of four questions, wherein the respondents answered yes or no on the questions provided. To assess the cognitive status, the researcher used the four item recall test, wherein the researcher asked from the respondent to recall the four words that was given at the beginning of the test. Then the researcher instructed the client to repeat those four words, after that, the researcher proceeded to the other test. Then, after five minutes, the researcher asked to recite the four words that were identified by the respondent. Each correct answer or word was given an equivalent of one point.

To assess the social status of the elderly, the researcher asked questions on living arrangements, social support, financial circumstances and living environment. There were two or more choices for each question and the respondent choose the answer on the choices provided.

After gathering the questionnaires, the data was collated and consolidated.

This study was conducted from May to June 2018 at Catbalogan City, Samar.

Statistical Treatment of Data

To ensure better and reliable results, the data gathered through the use of the afore-cited survey questionnaire was organized, tabulated, analyzed, and interpret using appropriate statistical measures and procedures.

The following statistical tools were used to determine the profile of the respondents: Frequency counts and percentage distribution was utilized to determine the profile of the respondents. Weighted mean was utilized to express the collective answers of the respondents as to their physical, psychological and social status.

To establish statistical analysis on the significant relationship between the profile of the respondents to the physical, psychological and social status the researcher used the Pearson R and to determine the significant relationship among the physical, psychological and social status of the elderly, the researcher used the Chi-square.

CHAPTER IV

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter is a presentation of the results of the data analysis. The data were collected and processed in response to the problems posed in chapter 1. The results are presented in tables and narrative form, which cover data analysis, discussion, and implications.

Profile of the Respondents

The profile of the poorest elderly in the countryside includes the age, sex, civil status and educational attainment.

Table 2

Age Distribution of the Elderly-Respondents in the Countryside

Age (in years)	f	Percent (%)
85-87	5	4.5
82-84	8	7.3
79-81	5	4.5
76-78	13	11.8
70-75	40	36.4
67-69	15	13.6
64-66	8	7.3
61-63	16	14.5

Total	**110**	**100.0**
Mean	**72.1**	**-**
SD	**6.7**	**-**

From the table, it can be gleaned that number of the elderly respondent, the highest number is 40 or 36.40 percent were aged 70-75 years old. The mean age of the elderly respondents was calculated at 72.1 with a standard deviation (SD) of 6.7. The result is consistent with the study of Arrojado, Donald; Elio, Angela Corazon, Gebe; Mary Hope Charmaine; Ipanag, Kristine; Ladlad, Justine and Palarca, Eden (2009) were most of the respondents are between the age bracket of 70-74 years old.

Table 3

Sex Category of the Elderly-Respondents in the Countryside

Sex Category	f	Percent (%)
Male	30	27.3
Female	78	70.9
3.00	2	1.8
Total	110	100.0

Majority of the respondents belonged to the female accounting for 78 or 70.9 percent. The foregoing data signified that female dominance existed among the elderly respondents. The result is consistent with the findings of Uesugui, Helena Meika; Fagundes, Diego Santos; Pinho, Diana Lucia Moura (2011) where found that most of the elderly population was formed by women.

Table 4 shows that majority of the respondents were widow accounting for 58 or 52.7 percent and 48 or 43.60 percent were married. The findings are consistent with the findings in the study of De Leon (2014) where it indicated that majority of the respondents are neither

married nor widowed. It implies that elderly is prone to depression, because according to the study conducted by United Nations (UN) (2011), older persons who are married are less likely that those who are unmarried to show signs of depression and to feel lonely, and are more likely to report that they are satisfied with life. Being married is also been linked to lower mortality.

Table 4

Civil Status of the Elderly-Respondents in the Countryside

Civil Status	f	Percent (%)
Single	4	3.6
Married	48	43.6
Widow	58	52.7
Total	**110**	**100.0**

Table 5 contains the educational attainment of the elderly respondents accounting to 31.8 percent or 35 number of respondents are elementary level, while, 33 or 30.0 percent primary level.

The findings are consistent with the study by Uesugui et al. (2011), Arrojado, et al. (2009) and Castillo (2015) found that most of the older persons only reached basic education meaning elementary or primary levels. According to the study of de Leon (2014), Filipinos who reported higher socioeconomic status and more educational attainment also tended to report better

quality of life. In the study conducted by Tsao Foundation (2018), educational attainment showed significant correlations to more quality of life concerns, specifically household relationships and financial security. Educational attainment is also a significant factor in the health status of the elderly. Based from the foregoing, the poorest elderly is most likely to report life dissatisfaction.

Table 5

Educational Attainment of the Elderly-Respondents in the Countryside

Educational Attainment	f	Percent (%)
Unschooled	3	2.7
Primary Level	33	30.0
Elementary Level	35	31.8
High School level	20	18.2
High School graduate	9	8.2
College level	5	4.5
College Graduate	5	4.5
Total	**110**	**100.0**

Physical Status

This section provides the level of physical status of the poorest elderly in terms of bathing, dressing; toileting, transferring, continence and feeding using the KATZ index of independence.

Table 6 provides the level of physical status of the poorest elderly in the countryside. As can be gleaned from the results, almost all poorest elderly respondents manifested independence in terms of bathing, dressing, toileting, transferring, continence and feeding.

Table 6

Level of Physical Status of the Elderly-Respondents

Activities	Physical Status			
	Independent		Dependent	
	f	Percent	f	Percent
Bathing	105	96.3	4	3.7
Dressing	106	97.2	3	2.8
Toileting	108	99.1	2	1.8
Transfering	108	99.1	2	1.8
Continence	104	95.4	6	5.5
Feeding	107	98.2	3	2.8

The findings are consistent with the study of Inocian, Ergie; Inocian, Edsel; Ysatam, Elsie (2014), Macedo, Ana Macli Leite; Cerchiari, Edneia Albino; Alvarenga, Marcia Regina Martins; Faccenda, Odival; Oliveira, Maria Amelia de Campos (2012) and Arrojado et al. (2009) that in the performance of basic activities of daily living, elderly can bath self completely without assistance, they can get clothes independently from closets and drawers and put on clothes and outer garments complete with fasteners. They are independent in going to toilet, getting on and off, arranging clothes, and cleaning the genitalia area, they can move in and out of bed or chair unassisted, they have full control over their bladder and can feed themselves completely.

Based from the findings it implies the almost all elderly is physical healthy and strong and had no limitations in activities of daily living.

Psychological Status

This portion provides data on the psychological status of the elderly in terms of the presence of depressive symptoms and cognition using the depression scale and memory recall test.

Table 7

Level of Depression Status of the Elderly-Respondents

Score	Depression Status	f	Percent (%)
0	Not Depressed	6	5.5
1	Uncertain	30	27.3
2 – 4	Depressed	47	42.7
Total		**110**	**100.0**

Table 7 shows the level of depression of the poorest elderly in the countryside. It can be gleaned from the findings, 42.7 percent or 47 elderly manifested to have signs of depression and only five or 5.50 percent shows no signs of depression.

The study is consisted with the findings of Oro-Josef, Cheridine; Dela Cruz, Ma. Cristina; Salandanan, Teofilo (2011) that depressive symptoms are common among Filipino elderly in Rizal. According to the study conducted by Hacihasanoglu (2012) factors such as being old, a widow/divorced, having a lower level of education and/or income, living alone, having a chronic disease, poor self-perceived health, lack of visits by relatives or acquaintances, dissatisfaction with the place of living, and being fully dependent while performing daily activities were determined as factors with increased level of loneliness.

From the findings, it can be implied that respondents are at higher risk to develop complications of depression such as heart diseases and other mental disorders.

Table 8 presents the psychological status of elderly in terms of cognition. The result showed that majority of the poorest elderly show signs of cognitive impairment while, only 29

or 26.40 percent shows no significant cognitive impairment as perceived by the respondent themselves. While, based on the perception of informants, majority or 51.8 percent expressed that the elderly in the custody has no signs of cognitive impairment.

Table 8

Psychological Status of the Elderly-Respondents in Terms of Cognition

Psychological Status	**f**	**Percent**
Respondents		
No significant cognitive impairment	29	26.4
More Info Required	24	21.8
Cognitive impairment is indicated	57	51.8
	110	100.0
Informants		
Cognitive Impairment is indicated	52	47.3
Cognitive Impairment is NOT indicated	58	52.7
	110	100.0

According to the study conducted by Ren, Li; Bai, Lingling; Ni, Jingxian, Shi, Min; Lu, Hongyan; Tu, Jun; Ning, Xianjia; Lei, Ping and Wang, Jinghua. (2018), that the prevalence of cognitive impairment was 32.37 percent among individuals aged 60 years and older. Age, educational levels and was significantly associated with cognitive impairment. In the study

conducted by Sharma, Deepak; Mazta, Salig Ram; and Parashar, Anupam (2013), the prevalence of cognitive impairment was 3.50 percent. It was higher in rural than in urban areas population. In the logistic regression model, old-old, illiterate and widowed showed a higher probability of cognitive impairment.

Social Status

This section presents the social status of poorest elderly in the countryside. This section will present the following variables as determinants of the social status of the elderly such as living arrangement, social support, financial circumstances and living arrangement.

Table 9

Social Status of the Elderly-Respondents In terms of Living Arrangements

Living Arrangements	f	Percent
House Dwelling		
I pay my own rent	4	3.7
I own my home	82	76.6
I live in housing where I do not pay rent	10	9.3
I live with my child or relatives	11	10.3
No Response	(3)	-
Total	**107**	**100.0**
Companion at the dwelling		
My legal wife/husband	38	34.5
My partner	8	7.3
My siblings	6	5.5
My children	70	63.6
My grandchildren	74	67.3
My relatives	10	9.1
My friends	0	0.0

As can be gleaned from the result, in terms of the situation of dwelling of the elderly, it found that 82 or 76.6 percent of the respondents live with their own house.

In terms of the respondent's companion in their dwelling, the result showed that 74 or 67.3 percent lived with their grandchildren and 70 or 63.6 percent lived with their children. The finding is consistent with the study conducted by Jadloc (2017), where it found that seven in 10 older Filipinos live with a child/children. The result implies, that the elderly has support system in the household whom they can share their problems and concerns. This supports also the findings of Gudor, K. and Wu, L. (2017) that older Filipinos has a strong family support. The result is supported by the study conducted by Blace (2012), that most of the elderly respondents are staying with their children and relatives.

Table 10 shows the social status of elderly-respondents in terms of social support. As seen in the result, 90 or 81.8 percent of the total respondents answered they need emotional support. In terms of sources of emotional support, 91 or 82.7 percent of the respondents got their social support from their family. In terms of number of friends, 94 or 85.5 percent answered that they have more than 10 friends in their community. The findings are supported by the study conducted by Gudor et al. (2017), that 80.00 percent of the respondents can access to strong family support and support from friends. According to Blace (2012), the informal support network of the elderly is composed of the older people's relatives, friends and family that provide their ongoing support and assistance. The result implies, that respondents can easily seek assistance and support from the family and friends in addressing their needs and concerns.

Table 10

Social Status of the Elderly-Respondents In terms of

Social Supports

Indicators	F	Percent
Needs emotional support		
Yes	90	81.8
No	20	18.2
Total	**110**	**100.0**
Source of emotional support		
Family	91	82.7
Members in the community	1	0.9
Friends	4	3.6
Other people	1	0.9
None	14	12.7
Number of Friends		
1 -5	7	6.4
6 – 10	9	8.2
10 or more	94	85.5
Total	110	100.0

As seen in Table 11, majority of the elderly respondents, 63 or 57.30 percent got the financial sources from their child or children while 43 or 39.10 percent have their source of income from work.

As show also in the table, 99 or 90.00 percent of the respondent said that their common expenditures are foods and medicines.

Table 11

Social Status of the Elderly-Respondents In terms of Financial Circumstances

Indicators	f	Percent
Source of financial Support		
Retirement benefits	4	3.6
Work	43	39.1
Child/children	63	57.3
Relatives	13	11.8

Other people	13	11.8
Expenditure		
Food	99	90.0
Medicine	78	70.9
Electricity	62	56.4
Others	45	40.9

The study conducted by Jadloc et al. (2017) supports the findings of this study. According to this study, the three most common sources of income for older Filipinos are money from children within the country, income from a family business and earnings from work. The study of Oro-Josef et al. (2011), found out that majority of the respondents were unemployed, hence their source of financial support mostly came from their children or their nuclear family.

The result implies that majority of the respondents are financially dependent from their children in sustaining their needs.

Table 12

Social Status of the Elderly-Respondents In terms of Living Comfort

Indicators	f	Percent
Frequency of Meals in a day		
Thrice	106	96.4
Twice	3	2.7
Once	1	0.9
Total	110	100.0
Entertainment		
Going to different places	32	29.1
Shopping	12	10.9
Watching TV/movies	75	68.2
Visiting my friends	30	27.3
None	11	10.0
Beddings		
Bed	14	12.7
Wood platform bed	41	37.3
Hand woven mat	42	38.2
Floor	17	15.5

Privacy		
Has privacy	86	78.2
None	24	21.8
	110	100.0
Is your place safe from crimes and calamity		
Yes	86	78.2
No	14	12.7
Sometimes	10	9.1
	110	100.0
Ventilation		
Yes	88	80.0
No	20	18.2
Not specified	2	1.8
	110	100.0

Table 12 presents the social status of elderly-respondents in terms of living comfort. As seen in the table, 106 or 96.4 percent of the respondent eat at least three times a day. In terms of entertainment, 75 or 68.2 percent, watch TV/ movies. As to the type of beddings, 42 or 38.2 percent sleep through a hand woven mat and 41 or 37.3 percent from wood platform bed. On the aspect of privacy, 86 or 78.2 percent said that they have privacy in their dwelling. On the question, whether their place is safe from crimes and calamity, 86 or 78.2 percent said that their place is safe from crimes and calamity. On the aspect of ventilation, 88 or 80.0 percent answered that their house is well ventilated.

The result is supported by the study conducted by Blace (2012), it found out that older people have high level of involvement in watching TV and listening to radio since the older people consider these activities when they are staying at home.

Relationship between the Profile of the Respondents to the Psychological Status of the Elderly

Table 13 exhibits the test of correlation between the profile of the elderly such as age, sex, civil status and educational attainments and their psychological status.

Results revealed that, age and educational attainment has a significant relationship with the cognition status of the elderly. However, the presence of depression symptoms is not significantly related to the profile of the elderly. The level of cognition is not significantly related to the sex and civil status of the elderly. These findings are supported by the study conducted Yeom et al. (2008) that age declines in cognitive functioning. According to Terrera et al. (2014), found that low education level is associated with the presence of cognitive impairment.

Table 13

Relationship Between Elderly-Respondent's Psychological Status and their Profile

	Profile	Chi-Square value	df	p-value	Evaluation'
GDS	Age	0.279	2	0.896	Not Significant
	Sex Category	6.176	4	0.222	Not Significant
	Civil Status	1.491	4	0.828	Not Significant
	Educational Attainment	17.615	4	0.129	Not Significant
Cognition	Age	11.930*	2	0.002	Significant
	Sex Category	2.888	4	0.577	Not Significant
	Civil Status	5.551	4	0.236	Not Significant
	Educational Attainment	25.303*	12	0.003	Significant

Hence, the null hypothesis is accepted only with respect to age and educational attainment, the rest are rejected for it has no significant relationship to the level of psychological status of the elderly.

As seen in the table, age is significantly related to the number of friends of elderly. The civil status is not significantly related to the social status of the elderly respondents. However, the civil status and the educational attainment are significantly related to the dwelling of the elderly respondents. As to the other components of social status, results show that it is not significantly related. Hence, the null hypothesis is rejected. However, the null hypothesis is accepted only with respect to the relationship between the age and number of friends and types of beddings and the civil status and educational attainment to the dwelling of the respondents. The findings are supported by the study of Blace (2012), that informal support network of the elderly is composed of their relatives, friends and family that provides ongoing support and assistance.

Table 14

Relationship Between Elderly-Respondent's Social Status and their Profile

Profile	Social Status	Chi-Square value	df	p-value	Evaluation
Age	**Living Arrangements**				
	Dwelling	1.927	3	0.242	Not Significant
	Social Support				
	SS1	0.898	1	0.242	Not Significant
	SS2	2.511	3	0.508	Not Significant
	SS3	9.194*	2	0.008	Significant
	Financial Circumstances				
	FC1	3.893	2	0.122	Not Significant
	FC2	1.149	3	0.774	Not Significant
	Living Comfort				

	LC1	2.598	2	0.322	Not Significant
	LC2	6.583	4	0.165	Not Significant
	LC3	9.429*	3	0.023	Significant
	LC4	0.94	3	0.362	Not Significant
	LC5	0.256	2	0.838	Not Significant
	LC6	0.229	1	0.811	Not Significant
Sex Category	Living Arrangements				
	Dwelling	6.719	6	0.295	Not Significant
	Social Support				
	SS1	1.1	2	0.72	Not Significant
	SS2	3.957	6	0.682	Not Significant
	SS3	3.618	4	0.457	Not Significant
	Financial Circumstances				
	FC1	55.311	4	0.29	Not Significant
	FC2	5.003	6	0.557	Not Significant
	Living Comfort				
	LC1	1.781	4	0.798	Not Significant
	LC2	4.604	8	0.799	Not Significant
	LC3	4.139	6	0.658	Not Significant
	LC4	1.049	2	0.689	Not Significant
	LC5	2.785	4	0.562	Not Significant
	LC6	1.538	2	0.499	Not Significant
Civil Status	Living Arrangements				
	Dwelling	14.386*	6	0.032	Significant
	Social Support				
	SS1	3.14	2	0.225	Not Significant
	SS2	11.827	6	0.068	Not Significant
	SS3	8.38	4	0.08	Not Significant
	Financial Circumstances				
	FC1	4.25	4	0.263	Not Significant
	FC2	9.078	6	0.163	Not Significant
	Living Comfort				
	LC1	0.339	4	0.983	Not Significant
	LC2	5.771	8	0.682	Not Significant
	LC3	2.042	6	0.944	Not Significant

	LC4	1.327	2	0.654	Not Significant
	LC5	2.662	4	0.542	Not Significant
	LC6	0.594	2	0.843	Not Significant
Educ'l Attainment	Living Arrangements				
	Dwelling	42.841*	18	0.044	Significant
	Social Support				
	SS1	2.239	6	0.928	Not Signifiacant
	SS2	17.097	18	0.416	Not Signifiacant
	SS3	7.142	12	0.856	Not Signifiacant
	Financial Circumstances				
	FC1	6.722	12	0.751	Not Signifiacant
	FC2	23.968	18	0.131	Not Signifiacant
	Living Comfort				
	LC1	7.751	12	0.696	Not Signifiacant
	LC2	22.548	24	0.547	Not Signifiacant
	LC3	24.647	18	0.135	Not Signifiacant
	LC4	11.27	6	0.076	Not Signifiacant
	LC5	15.519	12	0.208	Not Signifiacant
	LC6	8.833	6	0.173	Not Signifiacant

**Significant at 0.05 significance level*

The relationship between the civil status and educational attainment to the dwelling of the elderly is also consistent with the findings in the study of Jadloc (2017), that 7 in 10 older Filipinos live with a child/children. Older people give equal support in the care of grandchildren regardless of their living arrangement with their children and respondents

believe that it would be best for older couples to either live by themselves or to live by themselves but near one or more children.

Relationship between the Elderly-Respondent's Social and Psychological Status

Table 15 presents the test to determine the significant relationship between the elderly-respondent's social and psychological status.

As can be gleaned from the table, the psychological status of the elderly-respondents in terms of the presence of depression is significantly related to the types of beddings used by the elderly population. As presented, majority of the elderly respondent uses hand woven mat. Hence, the null hypothesis is accepted only with respect to the significant relationship between the psychological status to the social status particularly type of beddings and number of friends. The rest of the variables are rejected. The result is consistent with the study conducted by Sanjay et al. (2014), that depression was associated with poor socio-economic status. It can be implied from the findings that respondents are prone to develop depression due to their poor living conditions.

Table 15

Relationship Between Elderly-Respondent's Social and Psychological Status

Psychological status	Social Status	Chi-Square value	df	p-value	Evaluation
GDS	Living Arrangements				
	Dwelling	7.545	6	0.242	Not Significant
	Social Support				
	SS1	1.247	2	0.698	Not Significant

	SS2	3.123	6	0.732	Not Significant
	SS3	1.229	4	0.976	Not Significant
	Financial Circumstances				
	FC1	4.159	4	0.333	Not Significant
	FC2	4.044	6	0.205	Not Significant
	Living Comfort				
	LC1	2.479	4	0.579	Not Significant
	LC2	10.016	8	0.253	Not Significant
	LC3	12.287*	6	0.054	Significant
	LC4	1.819	2	0.487	Not Significant
	LC5	1.55	4	0.861	Not Significant
	LC6	0.8	2	0.713	Not Significant
Cognition	Living Arrangements				
	Dwelling	3.7	6	0.74	Not Significant
	Social Support				
	SS1	8.686	2	0.011	Not Significant
	SS2	12.275	6	0.034	Not Significant
	SS3	7.170*	4	0.119	Not Significant
	Financial Circumstances				
	FC1	1.868	4	0.826	Not Significant
	FC2	8.046	6	0.24	Not Significant
	Living Comfort				
	LC1	1.771	4	0.907	Not Significant
	LC2	12.7	8	0.119	Not Significant
	LC3	6.691	6	0.358	Not Significant
	LC4	1.405	2	0.538	Not Significant

LC5	7.068	4	0.13	Not Significant
LC6	0.989	2	0.664	Not Significant

**Significant at 0.05 significance level*

CHAPTER V

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of findings generated, corresponding conclusions drawn, and recommendations formulated.

Summary of Findings

The following were the salient findings of the study:

1. On the profile of elderly-respondents in terms of age, the mean age of the elderly was at 72 years old, which ranges from 70-75 years old. In terms of Sex, majority of the respondents belonged to the female sex. On the civil status of elderly-respondents, majority was widow. On the educational attainment, majority of the elderly-respondents only reached the basic education level.
2. In terms of physical status, elderly respondents were independent in terms of bathing, dressing, toileting, transferring, continence and feeding.
3. In terms of psychological status, almost half of the elderly-respondent manifested signs of depression and majority indicated with cognitive impairment.

4. On the social status, in terms of living arrangements, most of the elderly respondents are living in their own house and are living with their children or grandchildren. In terms of social support, almost all needs emotional supports, where their source of emotional support are his/her family and with more than 10 friends. In terms of financial circumstances, majority of the elderly respondents asked financial support from their children and in terms of expenditure, they usually spend their money for food and medicines. In terms of living comfort, almost all elderly-respondents eat three times a day, they love watching TV/movies, usually sleeps at wood platform bed and hand woven mat. They also have privacy in their household and they indicated that their community is safe from crimes and calamity and with adequate ventilation.
5. On the relationship between the profile of the elderly to the psychological status, only the age and educational attainment has a significant relationship with the psychological status of the elderly. On the relationship between the profile of the elderly to the social status, age is significantly related to the number of friends, the

civil status and educational attainment are significantly related to the dwelling of the elderly-respondents.

6. On the relationship between the elderly-respondent's social and psychological status, only the type of beddings has a significant relationship to the psychological status of the elderly.

Conclusions

Based on the findings, the researcher drew up the following conclusions:

1. The elderly-respondents are in the late adulthood because their age bracket ranges from 70-75 years old. It also implies an increased lifespan of elderly population. On the sex category, there is female dominance among the elderly-respondents. On the civil status, majority of the elderly-respondents are widowed, hence, one of the major the support system is lacking whom they can share their problems and concerns. On the educational attainment, the elderly-respondents has low educational status, which means they lack access to information on addressing their concerns

2. On the level of physical status, most of the elderly-respondents are independent, hence they can still perform their activities of daily living and can still be productive. On the psychological status, particularly on their mood level, the elderly-respondents are prone to develop depression. On the psychological status in terms of cognition, majority of the elderly are prone to develop cognitive impairment. On the social status, majority of the respondents have good living arrangement. In terms of social support, they perceived the need to have a support system although they family as their source of support system. In terms of financial support, the elderly-

respondents are financially independent to their children and with high monthly consumption of foods and medicine. In terms of living comfort, the elderly-respondents are in good living condition except for their beddings

3. On the relationship between the profiles of the elderly-respondents to the level of psychological status, only the age and educational attainment has a significant relationship to the level of psychological status. Increase age and low level of education contributes to depression and cognitive impairment. On the relationship between the profiles of the elderly-respondents to the level of social status, only the age is significantly related to the number of friends, which means that as age increases, they also need more friends whom they can socialize. The civil status and educational attainment are significantly related to the dwelling of the respondents, therefore, women despite of educational status can manage and own a house.

Recommendations

In view of the study findings and conclusions, the researcher recommends the following:

1. Since the elderly are still capable to perform activities of daily living, provide opportunity to render services as volunteers in the different activities at the church, civil society organization and educational institutions.
2. Provide health education and training programs to primary caregivers or significant others and the community on the importance of social support and understanding

the normal aging process and the ways to promote sense of well-being among elderly.

3. For health workers, they should be aware of the ability of the older people with low education to understand the health information in order to elaborate interventions that will minimize possible loss of cognition.
4. The government should strengthen, finance and expand the implementation of existing programs such as mentioned in Senior Citizens Act and other programs of the DOH for the elderly.
5. The government should consider strengthening not only specific such as labor income and pension system, but all the possible sources of financing for elderly consumption.
6. It is strongly recommended to strictly implement the attached Comprehensive Health Plan.

CHAPTER VI

COMPREHENSIVE HEALTH PLAN

Rationale

This plan will focus on the psychological and social needs of the elderly in the community. Result showed in the present study that majority of the elderly in the countryside manifested signs of depression and cognitive impairment. They also perceived the need of social support, financial dependence to sustain their needs and monthly expenditures for their foods and medicines. They also need to strengthen their support system since most of the elderly are widowed although they are living with their children, the absence of their partner or espouse has a significant impact on the life of the elderly.

Hence, this health plan was conceptualized to promote elderly's sense of well-being by strengthening the support system, continuing their activity to remain active and establishing connections with other people. It will also promote community participation since they play a very important role in the lives of the elderly by giving them opportunities in terms of social participation.

Description

This comprehensive health plan for the elderly is designed to address the needs of the elderly with respect to their physical, psychological and social needs. The health

plan will focus on the promotion, preventive and rehabilitative aspect of care in the family and in the community. The curative aspect will not be mentioned in this health plan because the competency requires professional services and needs to be done in any health care delivery system. This health plan is tailored on the needs of the elderly in the households and in the community thus the persons involved in the care are the elderly themselves, the primary caregivers and the community as a whole.

This plan will focus on the psychological and social needs of the elderly in the community. Result showed in the present study that majority of the elderly in the countryside manifested signs of depression and cognitive impairment. They also perceived the need of social support, financial dependence to sustain their needs and monthly expenditures for their foods and medicines. They also need to strengthen their support system since most of the elderly are widowed although they are living with their children, the absence of their partner or espouse has a significant impact on the life of the elderly.

Hence, this health plan was conceptualized to promote elderly's sense of well-being by strengthening the support system, continuing their activity to remain active and establishing connections with other people. It will also promote community participation since they play a very important role in the lives of the elderly by giving them opportunities in terms of social participation.

Objectives

1. To maintain the level of independence of the elderly to perform activities of daily living free from accidents;

2. To prevent occurrence of depression among elderly;

3. To reduce symptoms of cognitive impairment, and

4. To provide a strong support system for the elderly.

Table 16

Activities for the Comprehensive Health Plan

Activities	Time Frame	Locus of Control/ Responsible person
1. Institutionalization of exercise program for the elderly	Every Tuesday, Thursday and Saturday of the month	Barangay officials and other civic groups
2. Health Education Activities	Once a month	Health Workers
3. Literacy about later-life depression	Quarterly	CHO personnel, CSWDO personnel and other civic groups
4. Professional guidance and emotional support	Once a month	CHO workers, CSWDO employees and other civic groups
5. Counseling Community-Based Program	Once a month	CHO personnel, CSWDO personnel and other civic groups
6. Development and provision of geriatric training	Once a year	CHO personnel, CSWDO personnel and other civic groups

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APPENDICES

APPENDIX A

QUESTIONNAIRE

Part I. PROFILE OF THE ELDERLY

Ngaran han Cliente: (Optional) _____

Edad: _____

Sex: _____ Lalaki _____ Babayi

Civil Status:
Single : _____ Married: _____ Widow: _____

Educational Attainment:

_____ Unschooled
_____ Primary Level
_____ Elementary Graduate
_____ High School Level
_____ High School Graduate
_____ College Level
_____ College Graduate
_____ Post Graduate

Source of Income:

_____ Farming
_____ Fishing
_____ Laborer
_____ Sari-sari store
_____ Pensioner
_____ Other (specify)

PHYSICAL STATUS ***(Waray-Waray)***

AKTIBIDADIS PUNTOS (1 OR 0)	**NAKAKALUGARING:** (1 POINT) **WARAY** nagkikita, naghahatag han direksyon or nabulig na tawo	**DIRE KAYA MAGLUGARING:** (0 POINTS) **MAYDA** nagkikita, naghahatag han direksyon or nabulig na tawo
PAGKARIGOS POINTS:_____	**(1 POINT)** naglulugaring pagkarigos or naaro la bulig pagkarigos kon an gnkakariguan an likod, pwerta or an dire nakikiwa na parte han lawas.	**(0 POINTS)** kinahanglan han bulig pagkarigos or naaro la bulig pagkarigos or naaro bulig pagkarigos para karigusan an sobra han usa na parte han lawas ngan naaro bulig para sumulod ngan gumawas han CR.
PAGLIWAN POINTS:_____	**(1 POINT)** Naglulugaring pagkuha han bado ngan iba na mga surol-oton ha iya pero naaro bulig kon nagsisintas han sapatos.	**(0 POINTS)** Kinahanglan han bulig pagnagliliwan or kinahanglan talagan han usa na tawo para hiya an magliwan.
PASKADTO HAN BANYO POINTS:_____	**(1 POINT)** Naglulugaring pagkadto ngan pag gawas han banyo, mag ayos han mga bado ngan pag limpyo han pwerta ngan deri naaro han bulig.	**(0 POINTS)** Kinahanglan han bulig para kumadto han banyo, limpyohan an kalugaringon or nagamit han bedpan kon mag iiban han hugaw han lawas.
PAGBAL-HIN POINTS:_____	**(1 POINT)** Nabalhin pakadto ngan paggawas han higdaan na wara nabulig. Pwede an pag gamit han mga mekanikal na gamit para makabulig pag lakat or pag	**(0 POINTS)** Kinahanglan han bulig pag balhin tikang ha higdaan pagawas ngan pag kadto ha higdaan

	burobalhin.	
KONTROL HAN PAG URO NGAN PAG-IHI POINTS:_____	**(1 POINT)** kaya ma control an pag uro ngan pag-ihi.	**(0 POINTS)** danay nakakaihi or nakakauro or deri na niya napapansin na nakakaihi na hiya or nakakauro bisan diin.
PAGKAON POINTS:_____	**(1 POINT)** Kaya maglugaring pagkaon na wara suporta tikang ha iba na tawo. An pag prepara han pagkaon pwede tikang ha iba na tawo.	**(0 POINTS)** Kinahanglan danay or permi na bulig tikang ha iba na tawo ha oras han pagkaon or mayda nakabutang na tubo para makakaon.

PHYSICAL STATUS

KATZ INDEX OF INDEPENDENCE IN ACTIVITIES OF DAILY LIVING

Katz Index of Independence in Activities of Daily Living		
Activities Points (1 or 0)	**Independence** (1 Point) **NO** supervision, direction or personal assistance.	**Dependence** (0 Points) **WITH** supervision, direction, personal assistance or total care.
BATHING Points: _____	**(1 POINT)** Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	**(0 POINTS)** Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: _____	**(1 POINT)** Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	**(0 POINTS)** Needs help with dressing self or needs to be completely dressed.
TOILETING Points: _____	**(1 POINT)** Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	**(0 POINTS)** Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: _____	**(1 POINT)** Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	**(0 POINTS)** Needs help in moving from bed to chair or requires a complete transfer.

CONTINENCE Points: _____	**(1 POINT)** Exercises complete self control over urination and defecation.	**(0 POINTS)** Is partially or totally incontinent of bowel or bladder
FEEDING Points: _____	**(1 POINT)** Gets food from plate into mouth without help. Preparation of food may be done by another person.	**(0 POINTS)** Needs partial or total help with feeding or requires parenteral feeding.
TOTAL POINTS: _____ **SCORING:** 6 = High (*patient independent*) 0 = Low (*patient very dependent*		

GERIATRIC DEPRESSION SCALE *(Waray-Waray)*

PAKIANA	**BATON**	**PUNTOS**
	OU DERI	
1. Kontento kaba yana hit imo kinabuhi?		
2.Imo ba ginbul-iwan an imo mga hingyap ug ungara ha kinabuhi?		
3.Nahadlok kaba nga myda maraot nga mahitabo ha imo?		
4.Permi kaba ada ha maupay nga pamahong pahong?		

PSYCHOLOGICAL STATUS (Cognition)
Ngaran han Cliente: _____ **Petsa**:_____

Ngaran ug Address para han sunod nga paghinumdom

1. Tatagan ko ikaw hin ngaran ug address. Katapos ko igyakan, karuyag ko utrohon mo. Hinumdumi ini nga mga ngaran ug address kay ipapakiana ko utro ha imo, ug ngangaranan mo utro katapos hin pira kaminuto. "**Juan Cruz, Burak, Catbalogan City**." (Tagi hin 4 ka beses nga chansa para makabaton)

Time Orientation	**Correct**	**Incorrect**
2. Ano an petsa yana? (sakto nga petsa)		
Clock Drawing – gamit hin bakante nga papel		
3. Markahi an mga numero nga magpapakita hin mga oras sakub han relo. (sakto na sukol)		
4. Alayon igpadrawing an mga kamot han relo nga magpa-Kita hin oras nga alas unse dyes (11:10)		
Information		
5. Pwede mo ba ako maistoryahan han yana nga sumat? (han yana= han nakalabay nga semana. Kun han mga hadto pa nga sumat an baton, pananglitan gyera, pakianhi hin detalye. An tama la na baton an mayda eskor/puntos).		
Recall		
6. Ano an akon ginhatag nga ngaran ug addres na imo hihinumduman kannina?		

Juan
Cruz
Burak
Catbalogan
City

(Agud mabaton an kabug-osan nga iskor/puntos, tempohon an mga eksakto nga baton)

If patient scores 9,no significant cognitive impairment and further testing not necessary.

If patient scores 5-8, more information required. Process with step 2,informant section.
If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations.

Informant interview

Date:_____

Informant's name: _____
Informant's relationship to patient, i.e. informant is the patient's:_____

These six questions ask how the patient is compared to when s/he was well, say 5-10 years ago

Compared to a few years ago:

	Oo	Diri	Diri ak Maaram	N/A
• Nakukurian ba an cliente mahinumduman o makahinumdom ha mga butang nga diri pala iha natatabo?				
• Mas guinkukurian ba hiya mahinumduman an mga pulong han diri pala iha nga nakalabay nga adlaw?				
• Kun nagyayakan, mas guinkukurian ba an cliente gumamit hin mga pulong o agsob ba hiya makagamit hin diri asya na pulong?				
• Diri na ba aura-ura nga nakakapanginano an cliente han pagbayad han kuryente ug iba pa nga nga aspeto financial? (e.g. pagbayad kuryente, pagbatag-batag han mg garastusan)				
• Nakakaataman ba an cliente han pagtumar han iya kalugaringon na bulong?				
• Mas kinahanglan bah an cliente hin pag-alalay hit iya paglakat (pribado o publiko)? (Kun an cliente guinkukurian tungod la han physical na problema pananglitan ha tiil, badlisi an "diri"				

(To get a total Score, add the number of items answered 'No', 'don't know or N/A')
Total score (out of 6)

Patient name:_____ **Date:** _____

GPCOG Screening Test

Step 1: Patient Examination

Unless specified, each question should only be asked once

Name and Address for subsequent recall test

1. "*I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington.*" (Allow a maximum of 4 attempts).

Time Orientation	**Correct**	**Incorrect**
2. *What is the date?* (exact only)	☐	☐

Clock Drawing – use blank page

3. *Please mark in all the numbers to indicate the hours of a clock* (correct spacing required)	☐	☐
4. *Please mark in hands to show 10 minutes past eleven o'clock* (11.10)	☐	☐

Information

5. *Can you tell me something that happened in the news recently?* (Recently = in the last week. If a general answer is given, eg "war", "lot of rain", ask for details. Only specific answer scores).	☐	☐

Recall

6. *What was the name and address I asked you to remember*

John	☐	☐
Brown	☐	☐
42	☐	☐
West (St)	☐	☐
Kensington	☐	☐

(*To get a total score, add the number of items answered correctly*
Total correct (score out of 9) /9

If patient scores 9, no significant cognitive impairment and further testing not necessary.
If patient scores 5-8, more information required. Proceed with Step 2, informant section.
If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations.

Brodaty et al, *JAGS* 2002; 50:530-534

Informant Interview

Date: _____

Informant's name: _____

Informant's relationship to patient, i.e. informant is the patient's: _____

These six questions ask how the patient is compared to when s/he was well, say 5 – 10 years ago

Compared to a few years ago:

	Yes	No	Don't Know	N/A
• Does the patient have more trouble remembering things that have happened recently than s/he used to?	☐	☐	☐	
• Does he or she have more trouble recalling conversations a few days later?	☐	☐	☐	
• When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?	☐	☐	☐	
• Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?	☐	☐	☐	☐
• Is the patient less able to manage his or her medication independently?	☐	☐	☐	☐
• Does the patient need more assistance with transport (either private or public)? (If the patient has difficulties due only to physical problems, e.g bad leg, tick 'no')	☐	☐	☐	☐

(To get a total score, add the number of items answered 'no', 'don't know' or 'N/A')

Total score (out of 6) ☐

If patient scores 0-3, cognitive impairment is indicated. Conduct standard investigations.

Brodaty et al, *JAGS* 2002; 50:530-534

SOCIAL STATUS *(Waray-Waray)*

LIVING ARRANGEMENTS

1. Ano didi ha mga sitwasyon an nagsusumat han imo gin-uukyan?

_____ nagbabayad ako han renta
_____ ako an tag-iya han balay
_____ naukoy ako ha usa na balay pero dire ako nagbabayad han renta
_____ naukoy ako ha akon mga anak or paryente

2. Butangi han marka an kada pagpipilian ha ubos na magsusumat kon hino an imo mga upod ha balay.

_____ akon legal na asawa
_____ akon partner
_____ akon mga bugto
_____ akon mga anak
_____ akon mga apo
_____ akon paryente
_____ akon mga kasangkayan

SOCIAL SUPPORT

1. Kinahanglan moba han emosyonal na suporta?

_____ yes ____ no

2. Gintikangan han emosyonal na suporta

_____ Pamilya
_____ miembro han komunidad
_____ Sangkay
_____ iba-iba na tawo
_____ waray

3. Pipira it imo mga sangkay?

_____ 1-5
_____ 6-10
_____ 10 or more

FINANCIAL CIRCUMSTANCES

1. Diin natikang an imo suporta financial?

   _____ benepisyo tikang han retirement
   _____ pakabuhi
   _____ anak
   _____ paryente
   _____ iba na tawo

2. Ano an imo pinagkakagastosan ha kada bulan?

   _____ pagkaon
   _____ medisina
   _____ baraydan han tubig ngan koryente
   _____ iba pa nga karastosan

LIVING COMFORT

1. Pira ka beses ka nakaon ha usa ka adlaw?

   _____ tulo ka beses
   _____ duha ka beses
   _____ usa ka beses
   _____ waray

2. Ano an imo mga ginhihimo na libangan ha bug-os na adlaw?

   _____ namamasyada
   _____ nag sa shopping
   _____ nagkikita TV/movies
   _____ nabisita ha akon mga sangkay
   _____ waray

3. Ano na klase an imo gnkakaturogan?

_____ kama
_____ katre
_____ banig
_____ salug

4. Mayda ka ba privacy ha imo gin uukyan?
_____mayda
_____waray

5. Safe ba an iyo gin uukyan ha mga krimen ngan delubyo?
_____Oo
_____Diri
_____Danay

6. Para ha imo maupay ba an bentilasyon han imo gin uukyan?
_____Oo _____Diri

CURRICULUM VITAE

CURRICULUM VITAE

Name	:	Sherrydale Queen Herrera-Uy
Age	:	32 years old
Sex	:	Female
Date of birth	:	December 26, 1986
Citizenship	:	Filipino
Status	:	Married
Religion	:	Roman Catholic
Home Address	:	189 San Bartolome St., Brgy. 4 Catbalogan City , Samar
Parents	:	Salvador H. Herrera (+) Ma. Zenaida C. Dilao
Husband	:	Edward M. Uy

EDUCATIONAL ATTAINMENT

Graduate Studies	:	Master of Science in Nursing Samar State University Catbalogan City 2018 (Summer)
	:	Bachelor of Law Saint Paul School of Professional Studies 2017-2018
Undergraduate	:	Bachelor of Science in Nursing Holy Infant College Tacloban City 2004 – 2008
	:	Bachelor of Science in Accountancy St. Mary's College of Catbalogan 2003-2004

Secondary	:	Samar National School Catbalogan City 1999 – 2003
Elementary	:	Catbalogan I Central Elementary School Catbalogan City 1992 – 1999

POSITION HELD (SCHOOL DESIGNATION/ORGANIZATONS)

Nurse II
DepEd Catbalogan City Division
March 16, 2017 – present

City Nutrition Committee
Member
2015-present

City Population Officer - Designate
City Government of Catbalogan
2016 – 2017

Social Welfare Assistant
City Government of Catbalogan
2010 - 2017

TRAININGS/SEMINARS/CONFERENCE/WORKSHOP ATTENDED

SEMINAR/WORKSHOP ON URINE SPECIMEN COLLECTION FOR SCREENING DRUG TEST ANALYSIS
March 21, 2018

ORIENTATION ON BASIC COUNSELLING TECHNIQUES FOR REPRODUCTIVE HEALTH IN SCHOOLS
February 20-21, 2018

TRAINING ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES PROVIDERS (SCHOOL MENTAL HEALTH)
December 13-15, 2018

ORIENTATION WORKSHOP ON THE POLICY AND GUIDELINES ON HEALTHY FOOD AND BEVERAGE CHOICES IN SCHOOLS AND IN DEPED OFFICES AND TRAINING ON FOOD SAFETY

July 18-20, 2017

TRAINING OF TRAINORS ON MENTAL HEALTH PSYCHOSOCIAL SUPPORT SERVICE (MHPSS) – SCHOOL MENTAL HEALTH

July 26-28, 2018

TRAINORS' TRAINING ON THE ENHANCED RESPONSIBLE PARENTHOOD AND FAMILY PLANNING (RPRF) MANUAL

May 17-18, 2016

PRE-MARRIAGE COUNSELLING TRAINING OF PM COUNSELORS

March 16-18, 2016

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