AAA Life Insurance Company
17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

Senior Assessment

Proposed Insured Information

Proposed Insured Name *(First, Middle, Last)*		Policy Number	
Street Address	City	State	Zip Code
Date of Birth	In general, compared to other people of the same age, would the proposed insured say their health is: ❑ Poor ❑ Fair ❑ Good ❑ Very Good ❑ Excellent		

Delayed Word Recall – Part I

Purpose: To test proposed insured's memory **Equipment:** List of 10 recall words (page 3 of this document)

Instructions for the Examiner:
Show the applicant each word on page 3 of this document. Read each word out loud. Ask the applicant to form a sentence using that word. Wait for applicant's reply, then proceed to the next word. Repeat the process with all 10 words.
Note: Do not have the proposed insured write down the words. In a few minutes you will ask them to recall the words from memory in Part II of this word recall.

Current Time_____AM/PM

Activities of Daily Living: Questions to the Proposed Insured

Do you need assistance or supervision to perform the following? *Check all that apply. To provide additional information, please complete the "Comments" section below.*

❑ Getting Dressed ❑ Preparing Meals ❑ Eating Meals ❑ Cleaning the Home
❑ Bathing ❑ Shopping ❑ Laundry ❑ Using the Telephone
❑ Personal Hygiene (doing hair, shaving, etc.) ❑ Managing Finances (paying bills, banking, etc.) ❑ Taking Medication

Comments:_____

_____

Do you engage in any of the following? *Check all that apply and provide details.*

a. Driving ❑ Yes ❑ No If no, why not? _____ When did you stop? _____
b. Volunteering ❑ Yes ❑ No If yes, what kind? _____ How often? _____

Are you employed? ❑ Yes ❑ No If yes, how many hours do you work per week? _____hours

Mobility: Questions to the Proposed Insured

Do you need assistance or supervision to perform the following? *Assistance includes the help of a person and/or device such as a walker or cane. Check all that apply. To provide additional information, please complete the "Comments" section below.*

❑ Getting In or Out of Chair or Bed ❑ Walking ❑ Climbing Stairs

Comments:_____

_____

Do you engage in any of the following? *Check all that apply and provide details.*

a. Exercise ❑ Yes ❑ No If yes, what kind? _____ How many times per week? _____
b. Hobbies or Activities ❑ Yes ❑ No If yes, what kind? _____ How often? _____

Do you currently use any of the following?

❑ Cane ❑ Walker ❑ Wheelchair ❑ Home Oxygen

Have you had any falls in the past year? ❑ Yes ❑ No If yes, how many? _____

Please provide details:_____

_____

Examiner Observations

1. What is the proposed insured's general disposition (cheerful, depressed, sad, tired, etc.)? _____
2. Do they have difficulty understanding directions? ❑ Yes ❑ No
3. If a friend or relative is with the proposed insured, does the applicant seem to rely on that friend or relative for physical help or in answering questions? ❑ Yes ❑ No
4. How is the proposed insured dressed (neatly, sloppily, etc.)? _____
5. Are there any other observations you would like to make? _____

_____

Delayed Word Recall – Part II

State to the applicant, "A few minutes ago I read 10 words to you and asked you to make a sentence with each one of them. Please tell me as many of the 10 words that you can remember.

Current Time_____AM/PM

Circle all words below that the proposed insured remembered.

FLOWER	BABY	RAIN	YELLOW	NEWSPAPER
CUP	WINDOW	HORSE	PHONE	HOOK

Timed Get Up & Go Test

Purpose: To assess mobility Equipment: A stopwatch and tape measure

Directions: The proposed insured should be wearing their daily footwear. They can use a walking aid if needed. Begin by having the proposed insured sit back in a standard arm chair and identify a line on the floor 10 feet away.

❑ Proposed insured has limited mobility. Unable to conduct test.

Instructions for the Proposed Insured:

When I say "Go," I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

Instructions for the Examiner: On the word "Go," begin timing. Stop timing after the applicant has sat back down. Record.

Total Time: _____seconds

Observe the patient's postural stability, gait, stride length, and sway. *Check all that apply.*

RISING FROM CHAIR

- ❑ Able to rise with ease, requires one attempt
- ❑ Requires more than one attempt
- ❑ Has balance issues, needs assistance, or has severe difficulty

WALKING

- ❑ Walks without aid at a normal pace
- ❑ Mild/moderate deviation or walks with an aid
- ❑ Stumbles, extremely slow pace, shuffled gait, or needs substantial assistance

TURNING

- ❑ Steady, without aid or hesitation
- ❑ Mild staggering, but catches self
- ❑ Stumbles, almost falls, or needs support

SITTING

- ❑ Able to sit in a smooth motion without hesitation
- ❑ Relies on armrest for support or collapses (drops/falls) into chair
- ❑ Needs assistance

Signature

Examiner Name *(Printed)*

Name of Exam Company

Signature of Examiner

Date

FLOWER	CUP
BABY	WINDOW
RAIN	HORSE
YELLOW	PHONE
NEWSPAPER	HOOK