



## SENIOR QUESTIONNAIRE

This questionnaire is required if the proposed insured is age 80 or older. Questions must be asked by a paramedical or medical examiner and returned to the Company. Please print all responses.

**Proposed Insured (Please Print)**

**Last**

**First**

**MI**

### Marital Status:

☐ Married ☐ Separated ☐ Single ☐ Widowed, if Widowed, how long? \_\_\_\_\_

1. Do you live alone? ☐ Yes ☐ No. If No, who do you live with? \_\_\_\_\_

2. Do you presently live in: ☐ Your own home ☐ Condo/Apt. ☐ Managed Care Facility ☐ Retirement Village  
☐ Other (describe) \_\_\_\_\_

3. How long have you lived at your present residence?  
\_\_\_\_\_

4. Are you planning to move from your current living arrangement? ☐ Yes ☐ No

If Yes, When? \_\_\_\_\_ To Where? \_\_\_\_\_  
Reason? \_\_\_\_\_

5. What month is it? \_\_\_\_\_ 6. Year? \_\_\_\_\_ 7. Day of the week? \_\_\_\_\_

8. Day of the month? \_\_\_\_\_ 9. Season? \_\_\_\_\_

10. Who is currently the President of the United States? \_\_\_\_\_

11. Highest level of education completed? \_\_\_\_\_

## DELAYED WORD RECALL – PART 1

### Examiner Instructions:

- Before beginning the interview, separate the words on the last word-page by cutting out the words.
- Stack the word-cards and then read the first word aloud to the applicant, holding up the appropriate word-card for the proposed insured to see. Ask the proposed insured to form a sentence using the word.
- Repeat the process with each of the word-cards for the words below. You need not record the proposed insured's answers.
- Begin by reading the following instructions to the applicant:

"I'm going to show you 10 cards with words on them. I'll read the words to you, one at a time, and ask you to make sentences with them. Each sentence can be as short or as long as you like. I will be asking you to recall the words later. This is a test of your memory. Do you have any questions?"

CHIMNEY SALT HARP BUTTON MEADOW TRAIN FLOWER FINGER RUG BOOK

Examiner, please check your watch and record the time the last sentence was completed \_\_\_\_\_.

- Put the word-cards out of sight
- This completes Part 1 of the Delayed Word Recall. Part 2 must begin in no less than 5 minutes and no more than 15 minutes. Please keep your eye on your watch to begin Part 2 within this time frame.
- Now proceed to the **ACTIVITIES QUESTIONNAIRE**.



## ACTIVITIES QUESTIONNAIRE

1. DO YOU PARTICIPATE IN ANY TYPE OF WORK ACTIVITIES (Full-Time, Part-Time, Volunteer, Etc.?)

☐ Yes ☐ No. (If "Yes", complete the following): Type: \_\_\_\_\_  
Frequency: \_\_\_\_\_

2. ARE YOU A MEMBER OF ANY TYPE OF CLUB OR ORGANIZATION? ☐ Yes ☐ No

(If "Yes", complete the following): Activities Involved: \_\_\_\_\_

Frequency of Attendance \_\_\_\_\_

3. DO YOU CURRENTLY DRIVE? ☐ Yes ☐ No

(If "Yes", complete the following): Describe any violations or accidents within the past five years: \_\_\_\_\_

If "No", why not? \_\_\_\_\_

If "Yes", do you have a handicap license plate or permit? ☐ Yes ☐ No

If "Yes", give full details as to why: \_\_\_\_\_

4. DO YOU PARTICIPATE IN ANY TYPE OF EXERCISE? ☐ Yes ☐ No

(If "Yes", complete the following): Type: \_\_\_\_\_

Frequency: \_\_\_\_\_

5. DO YOU PARTICIPATE IN ANY OTHER HOBBIES OR ACTIVITIES? ☐ Yes ☐ No

(If "Yes", complete the following): Type: \_\_\_\_\_

Frequency: \_\_\_\_\_

6. DO YOU PERFORM REGULAR HOUSEHOLD TASKS (e.g., cooking, cleaning, laundry, shopping, yard or handy work)?

☐ Yes ☐ No (If "Yes", complete the following):

Which ones? \_\_\_\_\_

7. DO YOU HAVE ANYONE THAT HELPS YOU WITH OR DOES REGULAR HOUSEHOLD TASKS FOR YOU (e.g., Hired Help, Friend, Family)? ☐ Yes ☐ No

(If "Yes", give full details): \_\_\_\_\_

8. DO YOU MANAGE YOUR OWN FINANCES? ☐ Yes ☐ No

(If "No", give full details. For example, who pays bills and balances the checkbook?): \_\_\_\_\_

9. DO YOU EXPERIENCE ANY DIFFICULTY WITH BALANCE OR WALKING? ☐ Yes ☐ No

(If "Yes", give details such as a description of the problem): \_\_\_\_\_

10. HAVE YOU FALLEN OR HAD ANY INJURIES IN THE PAST FIVE YEARS? ☐ Yes ☐ No

(If "Yes", give full details): \_\_\_\_\_

How many falls? \_\_\_\_\_ Dates of falls? \_\_\_\_\_

Did you break any bones or were you admitted to the hospital as a result of any falls?

☐ Yes ☐ No (If "Yes", give full details): \_\_\_\_\_

11. HAVE YOU USED ANY WALKING ASSISTANCE IN THE PAST FIVE YEARS (e.g., crutches, cane, leg braces, walker, wheelchair, etc.)? ☐ Yes ☐ No

(If "Yes", complete the following):

Type: \_\_\_\_\_

Frequency: \_\_\_\_\_

Date Last Used: \_\_\_\_\_



## **DELAYED WORD RECALL – PART 2**

Examiner Instructions:

- Read the statement below to the applicant to determine how many words he/she recalls.
- Record all words stated, both correct and incorrect words.
- Then show the total of correct words recalled

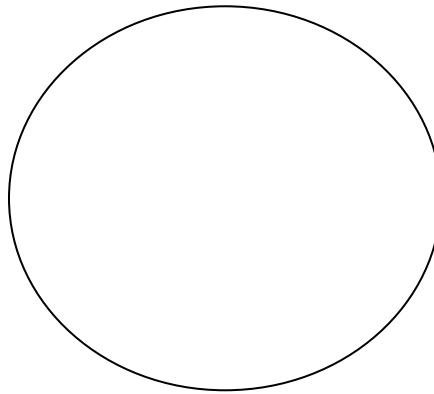
"A few minutes ago, I read you some words and asked you to make a sentence with each of them. At this time I would like you to tell me as many of the words as you can remember. Take your time"

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of words correctly recalled: \_\_\_\_\_ Time of completion: \_\_\_\_\_

## **CLOCK DRAWING TEST**

**Ask examinee to complete the clock face in the circle below as follows, and record the time for completion. Use these exact directions:** "The circle represents a clock face. Please put in the numbers so that it looks like a clock and then set the time to 10 minutes past 11."



## **TIMED GET UP AND GO TEST**

**Examiner:** Have you had the opportunity to observe the proposed insured rise from the chair and walk at least 10-15 feet and sit back down? ☐ Yes ☐ No. If "Yes", proceed to "EXAMINER OBSERVATIONS".

If "No", then ask the proposed insured to perform the following simple exercise:

"In a minute I'm going to measure the time it takes for you to stand up from a chair, walk 10 feet, turn around and walk back to the chair and sit down again. Please walk at your normal pace and use any walking aid that you normally use."

(Examiner, do NOT proceed with the test if the answer to either of the following questions is "Yes".)

1. Do you have any physical limitations or medical conditions that would prevent you from performing this test today?

☐ Yes ☐ No

2. Would performing this test be against any medical advice you have been given regarding restrictions to your physical activities? ☐ Yes ☐ No

Explain any "Yes" answers to above questions:

Time to complete GET UP AND GO TEST: \_\_\_\_\_ seconds



### **EXAMINER OBSERVATIONS**

1. Describe the Proposed Insured's gait and balance in walking (e.g., very slow, held on to chair for balance, walked briskly without problem, etc.) \_\_\_\_\_  
\_\_\_\_\_
2. Did the Proposed Insured require any assistance, either by device (cane, walker, wheelchair, etc.) or third party to arrive at and participate in this examination? ☐ Yes ☐ No  
If "Yes" give details: \_\_\_\_\_  
\_\_\_\_\_
3. Did the Proposed Insured require any assistance from a third party to understand and answer the questions from this exam? ☐ Yes ☐ No  
If "Yes", give details: \_\_\_\_\_  
\_\_\_\_\_
4. Does the applicant have any evidence of a cognitive disorder (dementia, memory loss, confusion, lack of comprehension, behavioral change)? ☐ Yes ☐ No  
If "Yes", give details: \_\_\_\_\_  
\_\_\_\_\_
5. Does the Proposed Insured understand that this exam is related to the purchase of a life insurance policy on his or her life? ☐ Yes ☐ No  
If "No", give details: \_\_\_\_\_  
\_\_\_\_\_
6. Location of Examination: ☐ **Examinee's home** ☐ **Examinee's place of business**  
☐ **Paramedical office** ☐ **Other** (provide details/address) \_\_\_\_\_  
\_\_\_\_\_
7. If exam was conducted in the home, describe the Proposed Insured's living situation and possible safety issues: home – with stairs; home – one level; clean appearance; loose carpeting; untidy/disrepair; cluttered Hallways/sidewalks, etc.  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe the Proposed Insured's appearance: average build; well groomed; appears fragile; obese; poor dentition; etc.  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

Examiner Name (*please print*) \_\_\_\_\_ Paramed Company \_\_\_\_\_

Examiner Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_



Chimney

Salt

Harp

Button

Meadow

Train

Flower

Finger

Rug

Book

