

Senior Supplement

Proposed Insured (please print name) _____

Complete Questions 1 to 11 if Proposed Insured is Age 70 or Older, otherwise please proceed to Page 2 for all ages.

Activities of Daily Living

	Yes	No
1. Does the Proposed Insured:		
a) Use any assistive devices for walking such as a wheelchair, walker, or cane, or have difficulty ambulating? If "Yes", provide details:	<input type="checkbox"/>	<input type="checkbox"/>
b) Drive? If "No", when and why did they stop:	<input type="checkbox"/>	<input type="checkbox"/>
c) Have a history of falls in the past year? If "Yes", describe the frequency and the circumstances of fall(s):	<input type="checkbox"/>	<input type="checkbox"/>
d) Exercise? If "Yes", what type and how often:	<input type="checkbox"/>	<input type="checkbox"/>
e) Need any assistance with the following activities: (If "Yes", provide details.)		
Bathing <input type="checkbox"/> Yes <input type="checkbox"/> No House Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No Taking Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dressing <input type="checkbox"/> Yes <input type="checkbox"/> No Handling Finances <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Ask the Proposed Insured today's date including the year, day of week, month and day of the month.
Record his/her response:

Word Recall

3. Point to three objects and ask the Proposed Insured to tell you what they are and indicate that you are going to ask them to recall these later. Record the 3 objects (i.e., pencil, chair, clock).
4. **Please wait for 5 minutes prior to asking the Proposed Insured to recall the three objects mentioned in question 3.**
Ask the Proposed Insured to recall the three objects identified earlier. Record his/her response.

Clock Draw

5. In the space below this question, ask the Proposed Insured to draw the face of a clock, put the numbers in the correct positions and draw the hands to show the time "ten minutes after eleven."

Get Up And Go - Instructions for Examiner: Record observations and time it takes to rise from a straight back chair, walk 10 feet, turn, walk back to the chair and sit down. Time should be recorded in seconds. Expectation is that timing should be ≤15 seconds. Timings >15 seconds warrant your observations concerning why timing was delayed.

6. Record time taken for complete process: _____ (seconds only)
7. Was the Proposed Insured able to rise from the chair with ease and unassisted in one attempt? ☐ Yes ☐ No
If "No", record observation below.
8. Did the Proposed Insured walk without the use of a cane, other walking aid or without any type of assistance? ☐ Yes ☐ No
If "No", indicate the type of aid:
9. Was the Proposed Insured's gait steady? ☐ Yes ☐ No If "No", record observation below.
10. When the Proposed Insured turned, was it without assistance, with a steady gait and without the use of a walking aid or without holding on to an object or wall? ☐ Yes ☐ No If "No", record observation below.
11. Was the Proposed Insured able to sit back down without using any object for support such as the armchair or wall? ☐ Yes ☐ No
If "No", record observation below.

12. Record any observations noted in the Get Up and Go Exam:

Continue to Page 2 for all ages

Clock Draw

9. In the space to the right of this question, ask the Proposed Insured to draw the face of a clock, put the numbers in the correct positions and draw the hands to show the time "ten minutes after eleven."

Get Up And Go - Instructions for Examiner: *Record observations and time it takes to rise from a straight back chair, walk 10 feet, turn, walk back to the chair and sit down. Time should be recorded in seconds. Expectation is that timing should be ≤15 seconds. Timings >15 seconds warrant your observations concerning why timing was delayed.*

10. Record time taken for complete process: _____ (seconds only)
11. Was the Proposed Insured able to rise from the chair with ease and unassisted in one attempt? ☐ Yes ☐ No
If "No", record observation below.
12. Did the Proposed Insured walk without the use of a cane, other walking aid or without any type of assistance? ☐ Yes ☐ No
If "No", indicate the type of aid:
13. Was the Proposed Insured's gait steady? ☐ Yes ☐ No If "No", record observation below.
14. When the Proposed Insured turned, was it without assistance, with a steady gait and without the use of a walking aid or without holding on to an object or wall? ☐ Yes ☐ No If "No", record observation below.
15. Was the Proposed Insured able to sit back down without using any object for support such as the armchair or wall? ☐ Yes ☐ No
If "No", record observation below.
16. Record any observations noted in the Get Up and Go Exam:

Signatory Section

I certify that I made this examination at _____ o'clock ☐ A.M. ☐ P.M. on the _____ day of _____, _____

I certify that I have asked the Proposed Insured all of the questions contained in this Examiner's Report and that all statements and answers are correctly recorded and are full, complete and true.

Signature of Examiner

Designation

Dated at (City and State)