



Senior Questionnaire - Part III Examiner's Report

Proposed Insured (Please Print)	Last	First	MI	Birth Date (Month, Day, Year)	Social Security Number
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Marital Status: Married Divorced 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? _____
 Where? _____ Reason? _____

5. In case of emergency or illness, who would care for you? Name _____ Relationship _____

Orientation Questionare

1. What is the date today? Yes No

2. What day of the week is it? Yes No

3. What is your telephone number? Yes No

4. How old are you? Yes No

5. When were you born? Yes No

6. What is your address? Yes No

7. Who is the president of the United States right now? Yes No

8. Who was the president just before him? Yes No

9. What is your mothers maiden name? Yes No

10. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down. Yes No

Delayed Word Recall: Part 1

Instructions to examiner: Read aloud one word on the list while showing the applicant the corresponding flash card. Ask the applicant to give a sentence using that word. After his/her response, proceed to the next word and flashcard until all the words have been used and a sentence for each has been provided.

Examiner Instructions to the applicant:

In this part of the exam I will read a word while showing a flashcard and ask you to use the word in a sentence. The sentence may be as short or long as you like. Later I am going to ask you to recall the words. Do you have any questions? Please use the word "BOOK" in a sentence...Please use the word "FLOWER" in a sentence...

- | | | | | |
|------|--------|-------|---------|--------|
| BOOK | FLOWER | TRAIN | RUG | MEADOW |
| SALT | FINGER | APPLE | CHIMNEY | BUTTON |

Activities of Daily Living/Senior Questionnaire

- A) What is the highest level of education you have completed? (*check one*)
 Advanced college degree College degree
 High School Did not complete high school
- B) Which of these household activities do you perform regularly? (*check all that apply*)
 Cleaning Lawn mowing Laundry Shopping
 Meal Preparation Handling finances Using a computer
- C) Do you need help with any of the following? (*check all that apply*)
 Cooking Cleaning Laundry Shopping
 Banking Taking medications Making phone calls
- D) Have you had any falls in the past 3 years? Yes No
 If yes, how many falls in the **past year** _____

Give details and dates in the remarks section below.

E) Do you exercise? Yes No
If yes, what type of exercise and how often (x times/day – x times/week – x times/month)

F) Do you work outside the house? Yes No
If yes, how many hours do you work per week? _____ hours

G) Do you participate in any of the following (check all that apply)?
 Hobbies Volunteer work Other outside activities
If yes, explain and indicate the number of hours you participate each week.

H) Do you travel? Yes No
If yes, give details including the average number of times each year, date and destination of the last trip, and your travel plans for the next 12 months.

I) Do you currently drive a car or other motorized vehicle? Yes No
If no, when and why did you stop? _____
If yes, give the number of miles driven per week and the number of accidents and/or tickets in the past two years.

J) Do you have a handicap parking permit? Yes No

K) Do you own any pets? Yes No
If yes, what kind of pets do you own? _____

L) Are there other persons living in your household? Yes No
If yes, please indicate how many adults _____ and how many children _____

M) Where do you live now? (house, apartment, etc.) _____

N) What is the purpose of the insurance? _____

O) What is the amount and source of your income? _____

P) Do you use a cane or walker? _____

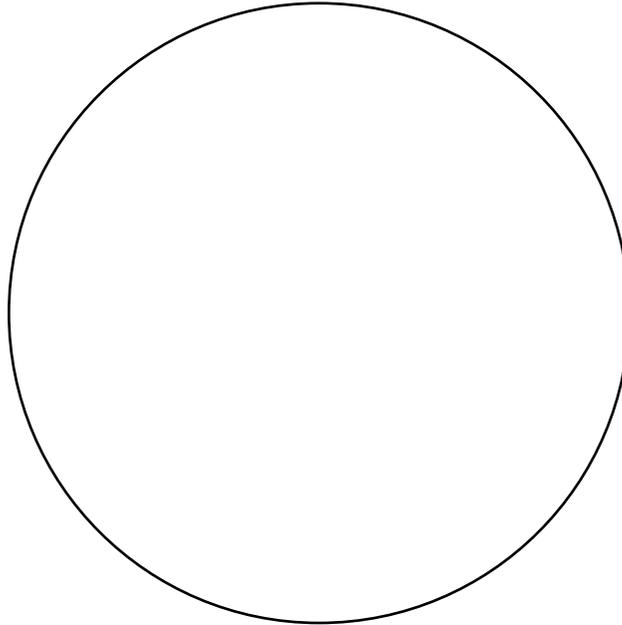
Q) How is your sight and hearing? _____

R) What medications, if any, are you taking? _____

Clock Draw

Make sure that the applicant understands your instructions, but you do not need to score this test.

Examiner instructions to the applicant: (Draw Clock Test) The circle represents a clock face. Please put the numbers around the clock in the correct positions, then set the clock at 10 minutes past 11:00.



Part 2: Delayed Word Recall

Instructions to examiner: Do not repeat the list of words or show the flashcards. Record each word that the applicant can recall.

Examiner Instructions to the applicant: A few minutes ago, I read and showed you some words and asked you to make a sentence with each of them. I would like you to recall as many of those words as you can. Take your time.

List the words RECALLED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Of the ten words provided, indicate the number of words correctly recalled after 5 – 10 minutes _____ words

Get Up and Go Test

TIMED GET UP AND GO TEST

Time the number of seconds it takes for the applicant to rise from a chair, walk 10 feet, return to the chair, and sit back down. Timing should begin when the applicant begins standing up from a chair and ends when sitting back down.

_____ seconds

ARISING

- o Able with ease, requires one attempt
- o Unable without help/support, loses balance or requires two or more attempts

TURNING

- o Steady, without aid or hesitation
- o Mild staggering, but catches self, or uses aid (for example, the wall) for support
- o Needs support: specify _____
- o Stumbles or almost falls

WALKING

- o Walks without aid
- o Mild/moderate deviation/difficulty or uses walking aid – If yes, specify (single or quad-footed cane or walker) in observations/remarks
- o Marked deviation/difficulty

SITTING

- o Able in smooth motion without hesitation
- o Unable without help or collapses (drops/plops) into chair

Examiner Observations:

Any noted physical or mental abnormalities? _____

How was the appearance of the individual? _____

Any other comments: _____

Examiner Observations:

a. Do you have any comments or observations regarding the exercise in the Get Up and Go Test? _____

b. Throughout the entire Senior Questionnaire, did you observe any obvious physical or mental abnormalities? _____

c. Describe the neatness of the proposed insured and their home: _____

d. Were there any other individuals present at the time the Senior Questionnaire was completed? If so, please advise their relationship to the proposed insured and the role they played in completing the Senior Questionnaire, if any.

Examiner Signature:	Date
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CHIMNEY

TRAIN

SALT

FLOWER

APPLE

FINGER

BUTTON

RUG

MEADOW

BOOK