



MTL INSURANCE COMPANY[®]

A member of the MUTUAL TRUST FINANCIAL GROUP

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Life Mature Assessment Questionnaire

Name:

Date of birth:

Mobility Assessment

Select a kitchen or dining room chair, or other straight back and armless chair. Measure 10 feet from the chair in a straight direction that is not obscured. Have a stopwatch or watch with a second hand available. Have the Proposed Insured sit in the chair. Ask the Proposed Insured to rise from the chair (start timing), walk 10 feet at a normal pace, turn around, walk back to the chair and sit down (stop timing). **Record the time in seconds:** _____.

Delayed Word Recall: Part 1

Advise the Proposed Insured that you will be reading a series of words and then asking him or her to repeat the words to you later in the examination. Show the Proposed Insured each word on the flash cards (cut words on p. 3 into flash cards), and read each word to the Proposed Insured twice. Ask the Proposed Insured to use each word in a sentence, wait for his or her reply and then proceed to the next word, repeating this process with all words.

Record the time when this is completed: _____ AM/PM.

Near the end of this assessment you will be asking the Proposed Insured to recall these words again. Please make sure that 10 minutes have passed before having the Proposed Insured recall the words.

The words are:

Book

Window

Apple

Chair

Rug

Flower

Cow

Cup

Finger

Balloon

Daily and Other Activity Questions

1. Does the Proposed Insured:

a. Live alone? If not, with whom does he or she live?

☐ Yes ☐ No

b. Have family or someone nearby who could care for him or her in the event of an emergency or illness?

☐ Yes ☐ No

c. Drive? If not, when did he or she stop driving and why?

☐ Yes ☐ No

d. Work or perform volunteer work outside the home? If yes, describe.

☐ Yes ☐ No

e. Travel? If yes, with whom or alone, how often and where?

☐ Yes ☐ No

f. Exercise regularly? If yes, describe.

☐ Yes ☐ No

g. Have recommended preventative care such as mammography and pap smears for women, colonoscopies or stool tests for blood for all, or prostate exams for men? If yes, describe and provide doctor's name who tests.

☐ Yes ☐ No

h. Have recommended vaccinations, such as for influenza?

☐ Yes ☐ No

i. Have a history of falls? If yes, provide details.

☐ Yes ☐ No

j. Use any device to assist mobility or has any gait or mobility issues? If yes, describe.

☐ Yes ☐ No

2. Does the Proposed Insured require any assistance with any of the following activities of daily living? If yes, please describe the assistance required in each case.

a. Bathing (the ability to wash oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower?) ☐ Yes ☐ No

b. Continence (the ability to maintain control of bowel or bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag) ☐ Yes ☐ No

c. Dressing (the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs) ☐ Yes ☐ No

d. Eating (the ability to feed oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by feeding tube or intravenously) ☐ Yes ☐ No

e. Toileting (the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene) ☐ Yes ☐ No

f. Transferring (the ability to move into or out of a bed, chair or wheelchair) ☐ Yes ☐ No

3. Does the Proposed Insured require any assistance with cooking, house cleaning, laundry, shopping, finances or taking medication? If yes, please explain. ☐ Yes ☐ No

Cognitive Assessment Questions

Ask the Proposed Insured the following questions and record the responses:

4. What is today's date (month, day and year?) _____

5. What is the day of the week? _____

6. What is your telephone number? _____

7. What is your birthdate (month, day and year?) _____

8. What city are we in? _____

9. Who is the current President of the United States? _____

10. Who was the President before the current President? _____

11. Please subtract 3 from 20 and keep subtracting 3 from each number until your answer is less than 3.

Please record the responses:

Delayed Word Recall: Part 2 (Please start 10 minutes after Delayed Word Recall: Part 1.)

Record the time when this is started: _____.

Say to the Proposed Insured: "A few minutes ago I read to you some words and you used them in sentences. I need you to tell me as many of the words as you can remember now." Record the responses.
(A checklist is provided.)

☐ Book ☐ Window ☐ Apple ☐ Chair ☐ Rug ☐ Flower ☐ Cow ☐ Cup ☐ Finger ☐ Balloon

Examiner comments (if any): _____

Examiner Signature

Examiner, Printed Name

Date

Examination Service & Branch ID

PLEASE CUT OR TEAR INTO FLASHCARDS

Book

Window

Apple

Chair

Rug

Flower

Cow

Cup

Finger

Balloon