

FUNCTIONAL ASSESSMENT

		DATE (MM/DD/YYYY)
NAME OF PROPOSED INSURED (PLEASE PRINT)		DATE OF BIRTH (MM/DD/YYYY)
NAME OF EXAMINER (PLEASE PRINT)	NAME OF PARAMEDICAL COMPANY	

Overall Examiner Instructions:

- Please review and familiarize yourself with the contents and directions of this form prior to meeting with the applicant.
- Please sit near and across from the applicant, and speak clearly and loud enough for the applicant to hear clearly to answer.
- Applicant should be alone when administering the assessment.
- Please read the following explanation to the applicant before beginning.

Examiner Instructions to the Applicant:

This assessment is required in conjunction with the Paramedical Exam and Medical History Questionnaire. I will be asking you a few memory questions, a few questions about your daily activities and have you perform a few mobility activities. This information, along with your medical history and exam, will be used by the underwriter to make an informed decision about your application for insurance. If at any time you have questions or something is unclear, please let me know. Are you ready?

DELAYED WORD RECALL (Parts 1-3)

Examiner Instructions:

- Before beginning the assessment, be sure to have the word flashcards separated on the last page by cutting on the lines and arranged in numerical order, as indicated by the Delayed Word Recall (DWR) word list below.
- The applicant **may not** write the words down.
- Do not repeat words nor provide a definition of the word.
- If applicant is unable to use a word in a sentence in approximately 30-60 seconds, move on to the next word.
- If applicant is unable to use a word in a sentence or it is used incorrectly, draw a line through the word.
- This process will be repeated a second time.

Examiner Instructions to the Applicant: Delayed Word Recall (Part 1)

In this part of the assessment, I am going to read to you 10 words individually while showing you the corresponding word flashcard. Please repeat the word and then use it in a sentence. The sentence can be as long or as short as you would like. We are going to be repeating this procedure a second time. Then, later on in the interview, I will be asking you to recall these words. Do you have any questions? Repeat the word, "Tree," and say it in a sentence ... Repeat the word, "Magazine," and say it in a sentence...

Words used:

- | | | | | |
|----------|--------------|-----------|----------|------------|
| 1 – Tree | 2 – Magazine | 3 – Rain | 4 – Baby | 5 – Yellow |
| 6 – Pen | 7 – Bicycle | 8 – Phone | 9 – Foot | 10 – Door |



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Applicant: _____

Examiner Instructions to the Applicant: **Delayed Word Recall (Part 2)**

Now, I'm going to repeat the words again while showing you each word flashcard. Again, repeat the word and use it in a sentence. You may either make up another sentence for each word or use the same one you used before. Do you have any questions?

Repeat the word, "Tree," and say it in a sentence.... Repeat the word, "Magazine," and say it in a sentence...

Words used:

1 – Tree	2 – Magazine	3 – Rain	4 – Baby	5 – Yellow
6 – Pen	7 – Bicycle	8 – Phone	9 – Foot	10 – Door

Examiner's Comments:

Check time and record: ____ : ____ (AM or PM)

Within 7-10 minutes, proceed to Word Recall (Part 3).

Examiner Instructions to the Applicant:

Next, I will be asking you a few questions about your daily activities along with a few memory questions. If at any time you have questions or something is unclear, please let me know. Are you ready?

Examiner Instructions:

- Allow enough time for the applicant to answer, approximately 1 minute.
- If the applicant cannot answer or refuses to answer, record "Cannot answer" or "Refuses to answer."

COGNITIVE/MENTAL STATUS

1. What is today's date? _____
Month _____ Day _____ Year _____
2. What is your birth date? _____
3. How old are you? _____
4. Who is the current President? _____
5. What city and state are we in? _____
6. What is your telephone number? _____

ADVANCED ACTIVITIES OF DAILY LIVING

7. Do you currently drive? ☐ Yes ☐ No
If No, when did you stop? _____ Why? _____
If Yes, give the approximate number of miles driven per week? _____
If Yes, number of accidents within the past 2 years? ☐ None ☐ One ☐ Two ☐ Other: _____



Applicant: _____

8. Do you exercise or participate in any physical/recreational activities? ☐ Yes ☐ No

If Yes, what do you do?

_____ How often? _____ ☐ per day ☐ per week ☐ per month
_____ How often? _____ ☐ per day ☐ per week ☐ per month
_____ How often? _____ ☐ per day ☐ per week ☐ per month

9. Do you participate in any hobbies, volunteer work, any other outside activities or do you travel? ☐ Yes ☐ No

If Yes, what do you do?

_____ How often? _____ ☐ per day ☐ per week ☐ per month
_____ How often? _____ ☐ per day ☐ per week ☐ per month
_____ How often? _____ ☐ per day ☐ per week ☐ per month

10. Have you had any falls within the last 12-24 months? ☐ Yes ☐ No

If Yes, how many? ☐ None ☐ One ☐ Two ☐ Other: _____

If Yes, please answer the following for each fall:

Year	Approximate Date or Time of Year	Details (Where, how, any evaluation, treatment, etc.)

CLOCK DRAWING

Examiner Instructions:

- You may repeat the instructions below as often as necessary **before** the applicant begins to draw.
- No further help or assistance may be given once the applicant begins to draw.

Examiner Instructions to the Applicant:

Now, we would like to have you draw the face of a clock that reads 10:10 (10 minutes after 10 o'clock). The face of the clock should include the numbers with the hands of the clock pointing to the correct time of 10:10 (10 minutes after 10 o'clock). (*Drawing a digital clock face is unacceptable.*) Do you have any questions? (*Please use the attached blank page 8 for the applicant to draw the clock.*)

TIMED GET UP AND GO GAIT TEST

Examiner Instructions:

- The applicant will be asked to get up from the chair, walk 10 feet, walk around you, walk back to the chair and sit back down.
- Make sure the applicant is wearing non-slip, snug fitting shoes with flat heels.
- Using a tape measure, mark a distance of 10 feet from the applicant's chair and stand in that spot.



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Applicant: _____

Timed Get Up and Go Gait Test - continued

- The back of applicant's heels should be set at the 10-foot mark.
- The 10-foot span should be flat and clear of obstacles.
- The applicant should use a firm chair, such as a kitchen chair (a chair without arms is preferable).
- Do not initiate the test if the applicant cannot do the test, becomes anxious or refuses or it is unsafe.
- Stop the test if the applicant becomes anxious, symptomatic or takes more than 30 seconds to complete.

Examiner Instructions to the Applicant:

Explain and demonstrate. This timed mobility exercise will require you to get up from your chair, walk to me (10 feet away), walk around me and then return to your seat.

Explain: Please walk at a safe and comfortable normal pace. Don't begin until I have instructed you to do so. If you feel as though you are uncomfortable at any time, feel dizzy or feel like you might fall, let me know and we will stop the test. If you have an assistive device, you may use it. Do you understand the directions?

I will start timing you when you begin to get up from the chair. Are you ready? *Begin*

Examiner Instructions:

- Do not read or write while the applicant is completing the test, so you can observe to make sure there are no concerns about the applicant's safety and to determine observations to be recorded when the test has concluded.
- Be attentive to gait, swinging of arms (alternately at the sides), balance, inability to walk in a straight line, limping, shuffling of feet, etc.
- Please observe the applicant during this exercise and check the boxes below that apply. Provide any additional comments or observations below.

Record how many seconds it took to complete the mobility test: _____ **seconds**

Was an assistive device used? ☐ Yes ☐ No

If Yes, please specify type: ☐ Walker ☐ Quad-footed cane ☐ Single-footed cane ☐ Other: _____

- | | |
|--|--|
| <input type="checkbox"/> Used arms to push off chair | <input type="checkbox"/> Shuffling steps |
| <input type="checkbox"/> Foot drop / flopping (Charcot gait) | <input type="checkbox"/> Tiny steps |
| <input type="checkbox"/> Unable to walk in a straight line | <input type="checkbox"/> Visible discomfort |
| <input type="checkbox"/> No problems noted | <input type="checkbox"/> Visible fatigue |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Difficulty returning to seated position |

Please use the section below to document any additional comments and observations or any reason(s) if the *timed get up and go* exercise was not started or had to be stopped.

Additional Comments:



Applicant: _____

1. How would you describe the applicant's overall demeanor? *(Check all those which best describe the applicant.)*

 Alert

☐ Confident

☐ Pleasant☐ Courteous☐ Cooperative☐ Distracted☐ Confused☐ Irritated/Rude☐ Uncooperative☐ Other*

* Explain in #6 – *Observations* below.

2. Does the applicant have difficulty understanding directions? ☐ Yes ☐ No

If Yes, please explain:

3. If a friend or relative has accompanied the applicant, does the applicant seem to rely on him or her for physical help, answering questions or following directions? ☐ Yes ☐ No ☐ NA – No one else present for assessment.

If Yes, please explain:

4. How would you describe the applicant's personal grooming habits? *(Check all those that best describe the applicant.)*

☐ Clean☐ Neat☐ Clean Smelling☐ Other (Explain in #6 – Observations below)☐ Dirty☐ Unkempt☐ Odor

5. How would you describe the applicant's living environment? (Check all those that best describe the applicant's living environment.)

☐ Clean☐ Neat☐ Organized☐ Clean Smelling☐ Odor☐ Dirty☐ Messy☐ Disorganized☐ Other (Explain in #6 – Observations below)

6. Observations: Are there any other additional observations or comments you would like to make?

[illegible]


Applicant: _____

Examiner: *I certify that I have personally asked all questions and accurately recorded the answers and observations.*


Print Name of Examiner

Examiner's Signature

Date (MM/DD/YYYY)

 Print Paramedical Company Information

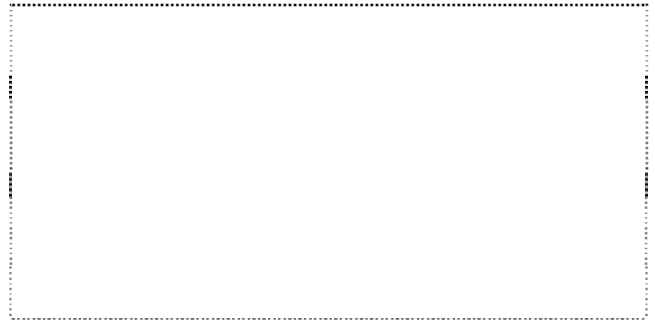
OR

 Stamp Paramedical Company Information

Paramedical Company Name

Address

City, State, Zip Code



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↶ Draw the clock here ↷



DWR WORD FLASHCARDS: (Cut flashcards out along the dotted lines.)

These corresponding DWR word flashcards will be used to complete the DWR exercises in DWR – Parts I and II. After DWR – Part I is completed, place the set of 10 flashcards out of vision for the remainder of the assessment.

Tree

1

Magazine

2

Rain

3

Baby

4

Yellow

5

Pen

6

Bicycle

7

Phone

8

Foot

9

Door

10



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