

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? _____

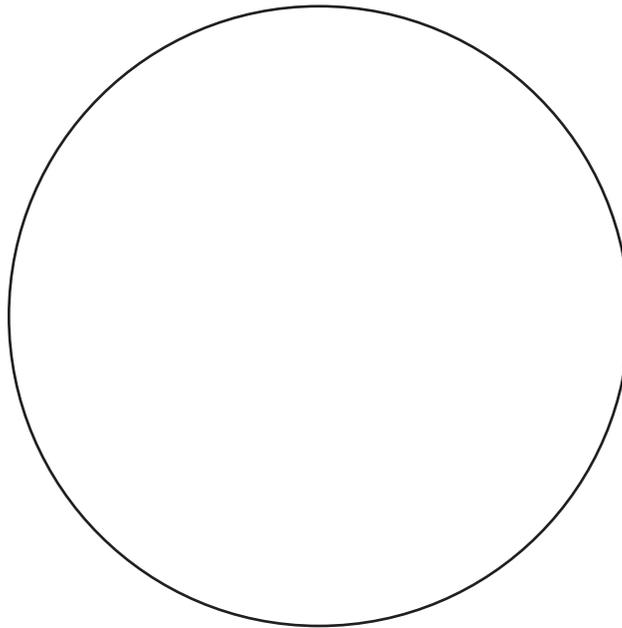
Q) How is your sight and hearing? _____

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