



Prudential

FORM C: SENIOR ASSESSMENT COGNITIVE, MOBILITY, AND FRAILTY TESTING

The Prudential Insurance Company of America
Pruco Life Insurance Company of New Jersey
Pruco Life Insurance Company
All are Prudential Financial companies.
Corporate Offices, Newark, New Jersey

COMPLETE FORM FOR:

- AGES 71 TO 75 FOR AMOUNTS OF \$5,000,000 AND ABOVE
- AGES 76 AND OVER FOR AMOUNTS OF \$1,000,000 AND ABOVE

POLICY NUMBER (IF KNOWN): _____

1. Amount of insurance: _____
2. Name of person examined: _____
3. Social Security number: _____ 4. Date of birth: ____ / ____ / ____
5. The required picture identification of the person examined was secured: ☐ Yes ☐ No

This form contains confidential information about the person you have examined. Do not give this form or any copy of it to anyone outside Prudential.

A. TEN WORD DELAYED WORD RECALL (DWR) – PART 1

1. Instructions to examiner:
 - a. Before beginning the interview, cut out each of the words on the last page and use as flash cards.
 - b. Show each word to the individual while you read each word aloud.
 - c. Ask the individual to form a sentence using that word. Do not record the sentences. Wait for his/her reply.
 - d. Be sure the individual understands each word before going to the next word. Repeat this process with all of the words.
2. DWR Words:
Chair¹ Book² Table³ Cow⁴ Penny⁵ Balloon⁶ Flower⁷ Picnic⁸ Kitten⁹ Bank¹⁰
3. DWR Words for individual in same household with a joint application:
Apple¹ Pencil² Coat³ Flag⁴ Towel⁵ Cup⁶ Log⁷ Pillow⁸ Hair⁹ Finger¹⁰
4. Repeat the process a second time as instructed above. He/she may either make up a new sentence or use the same sentence used before. After completing this portion of the DWR test, place the flashcards out of sight.

(RECALL in 5-10 minutes)

B. CLOCK DRAW TEST

1. Instructions to examiner:
 - a. If the individual has difficulty drawing the circle, stop the test and note that he/she could not complete the circle.
 - b. Offer the individual the opportunity to try up to three times.
 - c. Make sure that he/she understands your instructions.
2. Instructions to person being examined:
 - a. Draw a circle below to represent the face of a clock.
 - b. Please draw all the numbers on the face of the clock in the correct positions.
 - c. Draw the hands of the clock in a position where the time shown is 10 minutes past 11 o'clock.

S035



ORD 115148-2012

NAME OF PERSON BEING EXAMINED: _____

POLICY NUMBER (IF KNOWN): _____

C. TIMED GET UP AND GO TEST

1. Instructions to examiner:

- Advise the individual that this is a walking test.
- You will need a stopwatch or a watch with a second hand to perform the test.
- Describe the test to the individual, follow the instructions and record the results.
- Time the number of seconds it takes for him or her to rise from a chair, walk 10 feet, return to the chair and sit back down.
- Timing should begin when the individual begins standing up from a chair and ends when sitting back down.

Time: _____ seconds

2. Document reason if test is stopped: _____

3. Did the individual require the assistance of a walker or cane to perform the test? ☐ Yes ☐ No

D. TEN WORD DELAYED WORD RECALL – PART 2

1. Instructions to examiner:

- If it has been between 5 and 10 minutes since you completed Part 1 of the delayed word recall, please now complete Part 2 and resume remainder of the exam.
- Ask the individual to recall as many of the words he or she can from Part 1.
- You will check off the words below and then record the total number of words recalled correctly.

2. List: ☐ Chair ☐ Book ☐ Table ☐ Cow ☐ Penny ☐ Balloon ☐ Flower ☐ Picnic ☐ Kitten ☐ Bank

Total number recalled _____/10

3. Joint application list: ☐ Apple ☐ Pencil ☐ Coat ☐ Flag ☐ Towel ☐ Cup ☐ Log ☐ Pillow ☐ Hair ☐ Finger

Total number recalled _____/10

E. ACTIVITIES OF DAILY LIVING

1. Instructions to examiner: Ask the individual the following questions and record the answers.

- Do you need assistance for any activities of daily living (personal hygiene, toilet use, feeding, taking medication, getting in or out of the bed or chair, walking, stair climbing, dressing, or bathing)? ☐ Yes ☐ No

If Yes, provide details: _____

- Are you able to do your own laundry, cooking, cleaning, banking and grocery shopping? ☐ Yes ☐ No

If No, provide details: _____

- Have you had any falls in the past 2 years? ☐ Yes ☐ No

If Yes, how many falls in the past year? _____

Give details and dates. _____

- Do you require assistance with the use of a cane, wheelchair, or other walking aid? ☐ Yes ☐ No

If Yes, provide details: _____

- Do you exercise? ☐ Yes ☐ No

If Yes, what type of exercise and how often (# times/week or # times/month): _____

- Do you belong to any social groups, social clubs, participate in hobbies or do any volunteer work? ☐ Yes ☐ No

If Yes, provide details: _____

- Do you own any pets? ☐ Yes ☐ No

If Yes, what kind(s) of pets do you own: _____

- Do you live alone? ☐ Yes ☐ No

If No, whom do you live with: _____

NAME OF PERSON BEING EXAMINED: _____

POLICY NUMBER (IF KNOWN): _____

F. EXAMINER OBSERVATIONS

You, as the examiner, play a vital role in giving your general observations, so that a clear picture may be obtained of this person's physical and cognitive abilities.

1. What is the person's general affect or demeanor (cheerful, depressed, tired, etc.)? _____
2. Does he/she have difficulty walking, sitting, or rising? ☐ Yes ☐ No
3. Does he/she use a wheelchair? ☐ Yes ☐ No
4. Is there difficulty with understanding directions? ☐ Yes ☐ No
5. If a friend or relative accompanies this person, does the individual seem to rely on that person for physical help or in following directions?
☐ Yes ☐ No
6. How is the individual dressed (neatly, sloppily, etc.)? _____
7. Are there other observations you would like to make?

SIGNATURE OF EXAMINER

Name of examiner (please print) _____ Paramed company _____

→ Signature of examiner **X** _____ Date _____

Address: Street _____ Suite/Apt _____

City _____ State _____ ZIP _____

Branch phone number _____ Tax number _____

Send the completed and signed Senior Assessment form to CRL via overnight mail.

DWR WORD FLASHCARDS

The DWR words below appear in sequence to the DWR word list on the senior assessment form. Cut these into individual flash cards and use them to complete the DWR exercise. Show each flash card one at a time to the individual as you say the corresponding DWR word and ask the individual to use the word in a sentence.

CHAIR

1

BOOK

2

TABLE

3

COW

4

PENNY

5

BALLOON

6

FLOWER

7

PICNIC

8

KITTEN

9

BANK

10

DWR WORD FLASHCARDS FOR INDIVIDUAL IN SAME HOUSEHOLD WITH A JOINT APPLICATION

The DWR words below appear in sequence to the DWR word list on the senior assessment form. Cut these into individual flash cards and use them to complete the DWR exercise. Show each flash card one at a time to the individual as you say the corresponding DWR word and ask the individual to use the word in a sentence.

APPLE

1

PENCIL

2

COAT

3

FLAG

4

TOWEL

5

CUP

6

LOG

7

PILLOW

8

HAIR

9

FINGER

10