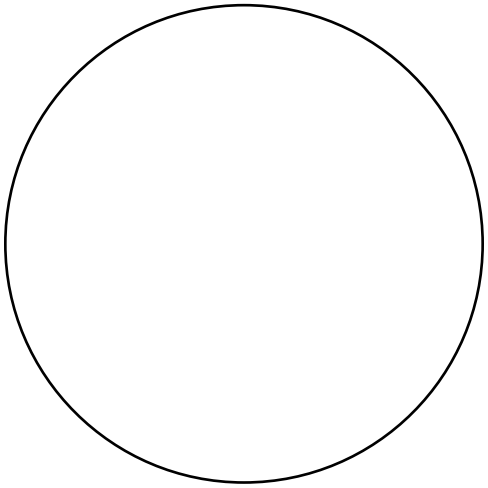
PHOENIX PO Box 8027
Boston MA 02266-8027

Cognitive and Frailty Testing

Proposed Insured's Name: (First, MI, Last)	Date of Birth (mm/dd/yyyy)

DELAYED WORD RECALL (Part I)	**Examiner instructions:** Select a three-word group below and ask the proposed insured to repeat and remember them. Circle the word group selected. The words may be repeated until he/she learns them all. **A) APPLE, PENNY, VIOLIN B) TOMATO, DETROIT, MONKEY C) GIRAFFE, BOSTON, CARROT** Record the number of trials it takes to learn the words. Trials to learn words:_____
CLOCK CONSTRUCTION	**Examiner instructions:** **Fold worksheet where indicated.** Have the proposed insured draw a clock according to the following instructions: • Inside the circle please ask the proposed insured to put the numbers 1 to 12 as they would normally appear on the face of a clock. • Circle one of the following times and ask the proposed insured to set the time accordingly: **"Ten minutes after 11 o'clock" "Fifteen minutes after 8 o'clock" "Twenty minutes to 4 o'clock"**
DELAYED WORD RECALL (Part II)	**Examiner instructions:** Ask proposed insured to recall the three words from above. Cueing, clues or other hints are not allowed. Record the number of words correctly recalled (zero, one, two, or three out of three). Number correct:_____ / 3
STAND, WALK AND SIT TEST	**Examiner instructions:** Prepare to time this task. Timing begins when the proposed insured begins to rise and ends when he/she is once again seated. Measure 10 feet from chair to be used by proposed insured for this test. **Ask the proposed insured the following:** **1. Stand, walk a measured 10 feet, turn around, walk back to the chair and sit down.** Time to perform task: _____ Minutes _____ Seconds • **Did proposed insured need assistance or support to perform the task? ☐ Yes ☐ No** **If "Yes," please describe (e.g., cane, walker, other person)**_____ **2. Have you had any falls in the past 12 months? ☐ Yes ☐ No** If "Yes," how many _____ Please provide detail of any falls _____ _____

FOLD HERE

CLOCK TEST	
ADDITIONAL COMMENTS	
EXAM/EXAMINER'S INFORMATION	**Examination took place at:** _____ **Time of Exam:** _____ **☐ AM ☐ PM** **Examiner Name:** _____ **Date of Exam:** _____ **Examiner's signature:** _____ **Today's Date:** _____