



**Principal Life Insurance Company**  
**Principal National Life Insurance Company**  
*Members of the Principal Financial Group®*

Only one company is the issuer and responsible for obligations of any given policy.

P.O. Box 10431  
Des Moines, IA 50306-0431

**Mature Age  
Questionnaire**

## EXAMINER INSTRUCTIONS

These instructions are designed to assist the examiner in understanding Principal's questionnaire, the purpose of the assessments, and examiner expectations for completing the Mature Age Questionnaire. These assessments are usually used for Proposed Insureds age 70 and above, however may also be used at Principal's request.

<b>Mature Age Questionnaire, includes assessments regarding:</b>	<b>Purpose of Assessment:</b>	<b>Examiner Expectations:</b>
1. Delayed Word Recall (DWR)	To assess short-term memory.	<ul style="list-style-type: none"><li>• Have the word flashcards cut apart prior to the appointment.</li><li>• Take a watch or timer.</li><li>• Allow 5-10 minutes to elapse between completing DWR – Part II and DWR – Part III.</li><li>• Record the responses as provided by the Proposed Insured on DWR – Part III. Record incorrect or repeated words.</li></ul>
2. Cognition	To assess orientation to time, place, events and overall cognition.	<ul style="list-style-type: none"><li>• Record the responses as provided by the Proposed Insured.</li><li>• Based on the Proposed Insured's response, indicate if correct or incorrect.</li></ul>
3. Activities of Daily Living	To assess the level of independence.	<ul style="list-style-type: none"><li>• Record responses to the questions.</li></ul>
4. Clock Drawing	To assess how information is processed. This assessment can provide large amounts of information about general cognitive and adaptive functioning, such as memory, and even vision.	<ul style="list-style-type: none"><li>• The examiner is not required to score the assessment, only administer it.</li></ul>



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**Mature Age  
Questionnaire**

Print full name of Proposed Insured

Date of Birth (Month/Day/Year)

### 1. DELAYED WORD RECALL (DWR) – Part I

**Examiner:** Read aloud one word on the list while showing the Proposed Insured the corresponding flashcard. Ask the Proposed Insured to give a sentence using that word. After the response, proceed to the next word and flashcard until all the words have been used and a sentence for each has been given. Recording of responses for DWR – Part I is **not** required.

**Instructions to the Proposed Insured:** In this part of the assessment, I will read a word while showing a flashcard and ask you to use the word in a sentence. The sentence may be as short or long as you like. Later, I am going to ask you to recall the words. Do you have any questions? Please use “BOOK” in a sentence...Please use “FLOWER” in a sentence...

BOOK	FLOWER	TRAIN	RUG	MEADOW
SALT	FINGER	APPLE	CHIMNEY	BUTTON

### 2. COGNITIVE QUESTIONS

**Examiner:** Ask the Proposed Insured the following questions and record the exact responses. Indicate if Correct or Incorrect.

**Instructions to the Proposed Insured:** Now, I will ask you some general questions.

	Proposed Insured Response	Correct	Incorrect
a. What is today's date? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. What day of the week is it? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Where are we currently?.....	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. What is your home telephone number?.....	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. How old are you? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. When were you born? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. Who is the President of the United States now?.....	_____	<input type="checkbox"/>	<input type="checkbox"/>
h. Who was the President just before the current one? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
i. What is the season? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
j. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.	Proposed Insured Responses: _____ Correct Responses: 17   14   11   8   5   2   -1	<input type="checkbox"/>	<input type="checkbox"/>

### 3. DELAYED WORD RECALL (DWR) – Part II

**Examiner:** Repeat procedure as instructed in DWR – Part I. After completing this DWR – Part II assessment, place the flashcards out of sight of the Proposed Insured for the remainder of the interview. Note the time. Allow at least 5 minutes, but no more than 10 minutes before proceeding to DWR – Part III of this assessment form.

**Instructions to the Proposed Insured:** Now, I am going to repeat the same words as before; show the flashcards again, and ask you to, again, use them in a sentence. You may either make up a new sentence or use the same sentence you used before. Do you have any questions? Please use “BOOK” in a sentence...Please use “FLOWER” in a sentence...

BOOK	FLOWER	TRAIN	RUG	MEADOW
SALT	FINGER	APPLE	CHIMNEY	BUTTON

**Examiner:**

Record exact time DWR – Part II was completed: \_\_\_\_\_ : \_\_\_\_\_ ☐ AM ☐ PM .

**Set your watch or timer for 5-10 minutes. After 5-10 minutes proceed to DWR – Part III to request the Proposed Insured's recall of the DWR words.**

Print full name of Proposed Insured \_\_\_\_\_

#### 4. ACTIVITIES OF DAILY LIVING

**Examiner:** Ask the Proposed Insured the following questions and record the exact responses.

**Instructions to the Proposed Insured:** Now, I will ask you some questions about daily living activities.

- a. Who does the housework in your home? \_\_\_\_\_
- b. Who does the yard work at your home? \_\_\_\_\_
- c. Who shops for your food? \_\_\_\_\_
- d. Do you drive? ☐ Yes ☐ No If "Yes", what distance do you drive per day? \_\_\_\_\_
- e. Who manages the finances of your household? For example, who pays bills and balances the checkbook? \_\_\_\_\_
- f. Do you belong to any social, volunteer, leisure, religious, or other groups or clubs? ☐ Yes ☐ No  
If "Yes", which ones and how often do you attend meetings? \_\_\_\_\_
- g. Do you live by yourself? ☐ Yes ☐ No If "No", with whom do you live? \_\_\_\_\_
- h. Do you use any assistance for walking or getting around, such as a wheelchair, walker, cane, crutches or other support, including holding onto furniture, rails, walls or another person? ☐ Yes ☐ No If "Yes", list all assistance used.  
\_\_\_\_\_
- i. Do you engage in any regular exercise (e.g., walking, running, aerobics, swimming, strength training, etc.)? ☐ Yes ☐ No  
If "Yes", how often and for how long do you exercise? \_\_\_\_\_
- j. Have you fallen at any time in the last two years? ☐ Yes ☐ No If "Yes", list dates of falls and any medical evaluations as a result of the fall. \_\_\_\_\_

#### 5. CLOCK DRAWING

**Examiner:** Ask the Proposed Insured to do the following. (Allow the Proposed Insured the opportunity to try up to three times.)

**Instructions to the Proposed Insured:**

- a. Draw a circle below to represent the face of the clock.
- b. Draw all the numbers on the face of the clock. Then draw the hands of the clock in a position where the time shown is 10 minutes past 11 o'clock.

Print full name of Proposed Insured

## 6. DELAYED WORD RECALL (DWR) – Part III

**Examiner:** Do not repeat the list of words, nor show the flashcards. Record each word that the Proposed Insured can recall, even if the same word is repeated or did not appear in the original list of words.

**Instructions to the Proposed Insured:** 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 the words as you can remember. Take your time.

a. \_\_\_\_\_

b. Correct number of words recalled: \_\_\_\_\_

## 7. OBSERVATIONS

**Examiner:** You play a vital role in giving your general observations, so that a clear picture may be obtained of the Proposed Insured's physical and cognitive abilities. Any observations you make will be taken seriously. Please be honest in the following observations.

a. What is the Proposed Insured's general affect (cheerful, depressed, tired, etc.)? \_\_\_\_\_

b. Does the Proposed Insured have difficulty walking, sitting, rising? \_\_\_\_\_

c. Is there difficulty with understanding directions? \_\_\_\_\_

d. If a friend or relative accompanies this person, does the Proposed Insured seem to rely on that person for physical help or in following directions? \_\_\_\_\_

e. How is the Proposed Insured dressed (neatly, sloppily, etc.)? \_\_\_\_\_

f. Are there other observations you would like to make? \_\_\_\_\_

## 8. ADDITIONAL DETAILS (if needed)

**Examiner:** If additional space is needed to answer questions on the previous pages, please list the question number and details.

Quest. #	Details

## SIGNATURES

I have read the statements and answers recorded above; they are to the best of my knowledge and belief true, complete and correctly recorded. I agree that they will become part of my application and any policy issued on it.

Signature of Proposed Insured	Signed at: City	State	Date
<b>X</b>			

Printed Name of Examiner	<input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> LPN <input type="checkbox"/> RN	Examiner's Phone Number ( )
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Signature of Examiner	Time Assessment Completed
<b>X</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM

Exam Company Name

Please return this completed form directly to Principal.

**FLASH WORD CARDS**

**Examiner:** Use these 10 words flashcard style for the DWR. Cut along dashed lines to separate into individual flashcards.

BOOK

FLOWER

TRAIN

RUG

MEADOW

SALT

FINGER

APPLE

CHIMNEY

BUTTON