

## AGE 71+ QUESTIONNAIRE

ReliaStar Life Insurance Company, Minneapolis, MN  
ReliaStar Life Insurance Company of New York, Woodbury, NY  
Security Life of Denver Insurance Company, Denver, CO  
Members of the *Voya family of companies*  
(the "Company")  
Customer Service: 2000 21st Ave. NW, Minot, ND 58703



This questionnaire is required if the proposed insured is age nearest birthday 71 or older. Questions should be asked by a medical examiner and returned to the Company. Please print all responses.

**EXAMINER:** Please emphasize to the proposed insured (examinee) that this questionnaire is asked of ALL proposed insureds age 71 and older, regardless of health. Instruct the examinee to listen closely to the instructions and to ask for clarification if not fully understood. Read through all pages completely before you meet with the examinee. To complete this questionnaire you must have a stopwatch.

### QUESTIONS

Proposed Insured/Examinee Name *(please print)* \_\_\_\_\_ Birth Date \_\_\_\_\_

1. **Ask the examinee to read each word below and use each word in a sentence.** Do not record the responses.

drum

curtain

coffee

Note: Five minutes should elapse between questions 2 through 5. If five minutes has not elapsed, please wait until five minutes has elapsed before continuing to question 6.

2. **Ask the examinee to read each word again and use it in a sentence, not necessarily the same sentence as used above.** Do not record the sentences, but do record the time when examinee has completed #2.

Record the current time of day: \_\_\_\_\_ AM/PM *(circle one)*

-----*(fold line to hide test words)*-----

3. **Ask the examinee the following questions and record the exact responses. If additional space is needed for answers to these questions, please write them in the box provided on page 2.**

a. Who does the housework in your home? \_\_\_\_\_

b. Who does the yard work at your home? \_\_\_\_\_

c. Who shops for your food? \_\_\_\_\_

d. Who shops for your personal items such as clothing? \_\_\_\_\_

e. Do you drive? ☐ Yes ☐ No If "Yes," what distance do you drive per day? \_\_\_\_\_

Where do you drive to each day? \_\_\_\_\_

f. Who manages the finances of your household? For example, who pays bills and balances the checkbook? \_\_\_\_\_

g. Do you belong to any social or service groups or clubs? ☐ Yes ☐ No If "Yes," which ones and how often do you attend meetings? \_\_\_\_\_

h. Do you live by yourself? ☐ Yes ☐ No If "No," with whom do you live? \_\_\_\_\_

i. Do you use a hearing aid? ☐ Yes ☐ No

- j. Are you a caregiver for anyone else? ☐ Yes ☐ No If "Yes," for whom? \_\_\_\_\_
- k. 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? \_\_\_\_\_
- l. Have you fallen at any time in the last two years? ☐ Yes ☐ No If "Yes," how often and what medical evaluations were done? \_\_\_\_\_

**Additional comments for questions 3a through 3l; please reference the question #.**

Ques. #	Comments

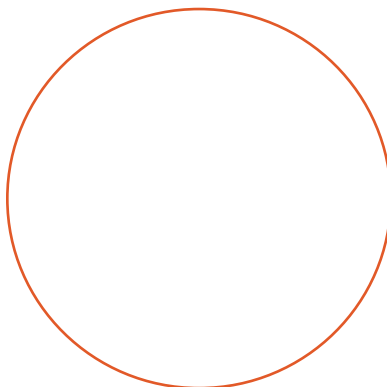
4. EXAMINER: **Read the instructions to the examinee and ask him/her to complete the clock face in the circle below, in steps a and b as described. When step b is complete, record the current time of day in space 5 provided below.**

**Read these exact instructions:**

- a. Please put in the numbers 1 to 12 within the circle as if it is a clock. **Allow examinee to complete item a.**

**Then read these exact instructions:**

- b. Please draw in the clock hands to show the time of 10 minutes after 11:00. **Allow examinee to complete item b.**



5. Record the current time of day when the examinee completes the clock draw: \_\_\_\_\_ AM/PM (*circle one*)

Reminder: A full five minutes must elapse between the time recorded in #2 and the time recorded in #5 above. If five minutes has not elapsed, please wait until five minutes has elapsed before continuing to question 6.

6. **Ask examinee to repeat the words he/she can recall from question 1 above.** Record the responses below.

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**TIMED GET UP AND GO TEST**

EXAMINER: Below is a test to measure an examinee's physical capability. Please describe the test to the examinee, follow the instructions and record the results.

Do not administer the test for any of the following reasons:

- You are at all concerned that the examinee cannot safely complete the test.
- The examinee cannot perform the test or is unwilling to do so.
- The examinee is confined to a wheelchair or has any other mobility problems that prevent the examinee from rising from a chair.
- The examinee does not understand the directions.

Note: If you are unable to administer the Timed Get Up and Go Test, complete the Chair Stand Test included in Appendix A.

7. Total time to perform task \_\_\_\_\_ . \_\_\_\_\_ seconds.

8. Did examinee need assistance or support to perform the task? ☐ Yes ☐ No If "Yes," please describe (for example: cane, walker, other person). \_\_\_\_\_

[illegible]

10. **Location of Exam:**    ☐ **Examinee's home**                      ☐ **Examinee's place of business**                      ☐ **Paramedical office**  
    ☐ **Other** *(provide details/address)* \_\_\_\_\_

☐ Check here if the Chair Stand Appendix has been completed.

## SIGNATURES

Proposed Insured/Examinee Signature \_\_\_\_\_ Date \_\_\_\_\_

Examiner Name *(please print)* \_\_\_\_\_ Paramed Company

Examiner Signature \_\_\_\_\_ Exam Date \_\_\_\_\_

## AGE 71+ QUESTIONNAIRE - CHAIR STAND TEST



**EXAMINER:** The Chair Stand Test should **only** be completed if the standard Timed Get Up and Go test included in the Age 71+ Questionnaire cannot be completed. Please describe the test to the examinee, follow the instructions and record the results.

Do not administer the test for any of the following reasons:

- You are at all concerned that the examinee cannot safely complete the test.
- The examinee cannot perform the test or is unwilling to do so.
- The examinee is confined to a wheelchair or has any other mobility problems that prevent the examinee from rising from a chair.
- The examinee does not understand the directions.
- A chair as described in the chair stand test is not available.

**Overview:** You will ask the examinee to rise 5 times from a sitting position in a chair without using his or her hands. You will record the time the examinee needed to perform this exercise. If the test runs past 60 seconds, stop the test. Also stop the test if you have a concern that the examinee is not stable. The most important thing is the safety of the examinee.

Here are the steps to administering this test correctly:

- Find a stable, straight-back chair, preferably one without arms. Make sure the examinee can sit with his or her feet flat on the ground. Do not use a chair with wheels or one that will slide. Do not use a chair with soft seat cushions.
- Make sure the area around the chair is clear of all obstacles.
- Prepare the examinee for the test using the script below.
- Conduct the test using the script below. You must record the exact number of seconds required to rise from a sitting position 5 times. Begin timing as the examinee starts to rise the first time and end the test when the examinee is standing the fifth time. Accuracy in timing is critical. Even one second can make a difference in the final assessment.
- Record the time and any comments in the fields below.

Script and Procedure: **(Read the following script to the examinee. Do not read aloud any text in bold; this text is instruction to you.)**

### Instructions for the examinee:

**EXAMINER:** This is a short physical test that I will be conducting today. First, I'm going to explain the test. Do not start the test until I tell you to do so.

You will start in the chair as you're currently sitting with your feet flat on the ground. I will ask you to fold your arms across your chest and rise from the chair without using your arms or hands for support. You will do this once for practice to make sure that we are both comfortable with you continuing the test.

After the practice try, we will start the test. I will ask you to rise from the chair 5 times and I will record the total time it takes you to rise from the chair 5 times. I will count for you each time you complete a rise so that you know how many times you have done it. The test will be over when you have risen for the 5th time.

Do you understand these directions?

**(Make sure that you receive an affirmative response.)**

**EXAMINER:** If at any time you feel uncomfortable, dizzy or like you are going to fall, let me know and we will stop the test. Do you have any questions or concerns before we begin?

**(Answer any questions. If you or the examinee have concerns about his or her ability to do this test, do not continue. The examinee's safety is most important. Document the reason in the comment section.)**

**CHAIR STAND TEST (CONTINUED)**

**The Test:**  
**(Position yourself so you can help the examinee if they stumble.)**

EXAMINER:      Ok, let's try a practice rise. Fold your arms across your chest and stand up whenever you're ready.

**(Observe closely. If you believe the examinee will have difficulty with this test, do not continue. Instead, record your concerns in the comment section.)**

EXAMINER:      How was that? Are you ready to continue with the test? Do you have any other questions before we begin?

**(Answer any questions. Once you both are comfortable that the examinee can perform test, continue.)**

EXAMINER:      When I say begin, I want you to rise from your chair, sit back down and rise again. You will rise 5 times in total, and I will count for you each time you rise. Are you ready?

**(Make sure your stop watch is set. You will need to look at both your watch and the examinee to make sure there are no concerns during the test. Remember: safety is most important. Begin when you are ready.)**

EXAMINER:      Begin.

**(When the examinee rises for the 5th time, stop the test. If the examinee takes more than 60 seconds, stop the test and thank them for trying.)**

**(Record the time below. If the examinee had any difficulty performing the test, please add observations to the comments section.)**

1. Record the amount of time to complete: \_\_\_\_\_ seconds

2. Comments

**SIGNATURES**

Proposed Insured/Examinee Name *(please print)* \_\_\_\_\_ Birth Date \_\_\_\_\_

 Proposed Insured/Examinee Signature \_\_\_\_\_ Date \_\_\_\_\_

Examiner Name *(please print)* \_\_\_\_\_ Paramed Company \_\_\_\_\_

 Examiner Signature \_\_\_\_\_ Exam Date \_\_\_\_\_