

**SENIOR SUPPLEMENT QUESTIONNAIRE**



Name of the Proposed Insured \_\_\_\_\_  
Application Number \_\_\_\_\_

- 1 a. Does Proposed Insured drive? ..... ☐ Yes ☐ No  
If no, provide details of when and why driving stopped:
- b. Does the Proposed Insured work outside the home, perform volunteer work or travel? ..... ☐ Yes ☐ No  
If yes, provide details:
- c. Does the Proposed Insured exercise? ..... ☐ Yes ☐ No  
If yes, provide details (type, frequency)
- d. Does the proposed Insured have any history of falls? ..... ☐ Yes ☐ No  
If yes, provide details:

- 2 a. Does the Proposed Insured need assistance with any of the following activities: (Circle all that apply and provide details)  
Dressing    Bathing    Eating    Transferring    Toileting    Maintaining Continence  
Details:

- 3 Delayed Word Recall- Point to three unrelated objects and ask the Proposed Insured to tell you what they are. Indicate that you will be asking him/her to recall those objects in a few minutes. If object is not identified correctly, please record the following: the name of the object identified by the examiner/the object as identified by the applicant, for example "cup/apple". Record the objects:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- 4 What is the:
- a. Month \_\_\_\_\_ b. Day of the Week \_\_\_\_\_ c. Day of the Month \_\_\_\_\_  
d. Year \_\_\_\_\_ e. Season of the Year \_\_\_\_\_  
f. President of the United States \_\_\_\_\_ g. How Old Are You? \_\_\_\_\_



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**Instructions to Paramedical Examiner for The Timed Get Up & Go Test:**

- Have client sit in a firm chair with a back but no arms (if possible)
- Measure off 10 feet from the chair; the examiner should stand at just beyond the 10 foot mark so that the client can clearly see how far they are to walk. The 10 foot span should be on an area where there are no area rugs or other objects that the client could trip over.
- Explain the task to the client: the applicant is to get up from a seated position (without using the arms of the chair if present), walk out to the designated 10 foot mark, turn around & return to the chair and sit again.
- Paramedical examiner gives the client instructions to "start"
- Paramedical examiner should measure in seconds from the time it takes for the client to complete the task from the 'start' command to when the client is seated in the chair upon return.

- 5 Record how long it takes the Proposed Insured to complete the following task:  
Get up from a seated position, walk 10 feet, return and sit again.

Time: \_\_\_\_\_ seconds for entire process.

**ARISING**

- ☐ Able with ease, requires one attempt ☐ Unable without help, requires two or more attempts

**WALKING**

- ☐ Walks without aid or support ☐ Mild/moderate deviation or uses walking aid or other support  
☐ Is unable to walk in a straight line, staggers or almost falls

**SITTING**

- ☐ Able in a smooth motion ☐ Unable without help or collapses into chair

**TURNING**

- ☐ Steady, without aid ☐ Mild staggering, but catches self or uses aid for support  
☐ Support ☐ Almost Falls

- 6 Ask the Proposed Insured to recall the objects named in questions three. Record the objects recalled

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- 7 Have the Proposed Insured draw a clock face indicating the time 11:10 in the space below:

- 8 Examiner observations:

- a. Did the Proposed Insured require any assistance, either by device (cane, walker, wheel chair, etc.) or third party, to arrive at and participate in this examination? ..... ☐ Yes ☐ No

If yes, provide details and identify relationship of third party:

- b. Did the Proposed Insured require any assistance from a third party to understand and answer the questions from this exam? ..... ☐ Yes ☐ No

If yes, provide details:

- c. Record any other observations you have made about the Proposed Insured:

Details:

Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_ Time of Day \_\_\_\_\_