

MATURE ASSESSMENT

1. Proposed Insured Name:			
Last	First	Middle Initial	Date of Birth
2. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	3. Social Security Number	____/____/____

4. Delayed Word Recall – Part I - Show the applicant each word on the flash cards and read each word out loud. Ask the applicant to form a sentence using that word. Wait for his/her reply. Then proceed to the next word. Repeat this process with all of the words. **Do not record their response at this time, but state the current time on your watch as the second part of this question must be asked at the end of the exam**
Current Time (____AM/PM)

5. Daily Activity Questions

- a. Does the applicant drive? ☐ Yes ☐ No
 If **No**, provide details of when and why stopped _____
- b. Does the applicant work outside the home, do volunteer work, or travel? ☐ Yes ☐ No
 If **Yes**, provide details _____
- c. Does the applicant exercise? ☐ Yes ☐ No
 If **Yes**, provide details capacity and frequency _____
- d. Does the applicant use any assistive devices (cane, walker, etc.) or have any gait or mobility problems? ☐ Yes ☐ No
 If **Yes**, provide details _____
- e. Does the applicant have a history of falls? ☐ Yes ☐ No
 If **Yes**, provide details _____
- f. Does the applicant have any evidence of a cognitive disorder (dementia, memory loss, confusion, lack of comprehension, behavioral change)? ☐ Yes ☐ No
 If **Yes**, provide details _____

6. Assistance/Mobility Questions

- g. Does the applicant need assistance with any of the following activities? ☐ Yes ☐ No
☐ Dressing ☐ Bathing ☐ Eating ☐ Transferring ☐ Toileting
- h. Does the applicant need assistance with any of the following activities? ☐ Yes ☐ No
 If **Yes**, check the boxes for those activities the applicant needs assistance with. Provide details in the below remarks section.

☐ Cooking ☐ House Cleaning ☐ Laundry ☐ Shopping
☐ Meal Preparation ☐ Handling Finances ☐ Using the Telephone ☐ Taking Medication

Remarks for Yes answers to Questions 5-6 above. If more space is required, use the Continuation Sheet.

7. **Record how long it takes the applicant to complete the following task:** Get up from a seated position, walk 10 feet, return and sit again. **Time:** ____seconds (for entire process)

9. **Ask the applicant what is the:**

a.) month ____ b.) year ____ c.) day of the week ____ d.) day of the month ____
e.) season ____

Examiner-State the number of questions answered correctly: ____/5

10. **Delayed Word Recall – Part II** – Tell the applicant – “A few minutes ago I read you some words and asked you to make a sentence with each of them. I would like you to tell me as many of the words as you remember?” Record the applicant’s responses below:

Current Time (____AM/PM)

Examiners Information:

Examiners Name:

Last

First

Middle Initial

Office No. and Address: _____

Telephone Number: _____

Date of Exam: _____

Time of Exam: _____ ☐ AM ☐ PM

Place of Exam: ☐ Applicant’s Home ☐ Other: _____

Examiner’s Signature

Date (mm/dd/yyyy)

CHURCH

CUP

BABY

WINDOW

SNOW

HORSE

GREEN

PHONE

NEWSPAPER

HOOK