



Sun Life Supplemental Senior Care Assessment

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

4. 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? _____
- d. Does the applicant have a history of falls? ☐ Yes ☐ No
If **Yes**, provide details _____
- e. 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 _____
- f. Does the applicant need any assistance with any of the following activities? ☐ Yes ☐ No
(Circle all that apply)
- Dressing - Bathing - Eating - Transferring - Toileting - Maintaining Continence
- Details: _____

5. Delayed Word Recall – Part I – Point to three objects and ask the applicant to tell you what they are. Inform the applicant that you will be asking him/her to recall those objects in a few minutes. Record the three objects in the spaces below:

1. _____ 2. _____ 3. _____

6. Ask the applicant what is the:

A.) Month _____ B.) Day of the week _____ C.) Day of the Month _____
D.) Year _____ E.) Season of the year _____
F.) Who is the current President of the United States? _____ G.) How old are you? _____

Examiner-State the number of questions answered correctly: ____/7

7. **Chair-Rise/Get-Up-And-Go Test** - Record how long it takes the applicant to complete the following task: Get up from a seated position, walk 10 feet, return and sit back down.

Time: _____ (in seconds only)

Also, complete the following observations during this test –

Check The Box Next To All That Apply

ARISING FROM CHAIR

- ☐ Able to arise with ease. Requires one attempt
- ☐ Unable to rise without help or loses balance or requires two or more attempts to stand

WALKING

- ☐ Walks without aid or support
- ☐ Mild/moderate deviation or uses walking aid or other support
- ☐ Marked deviation

TURNING

- ☐ Turns steady, without aid
- ☐ Mild staggering, but catches self, or uses aid for support (for example, the wall)
- ☐ Support
- ☐ Almost falls

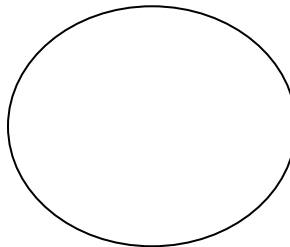
SITTING BACK DOWN

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

8. **Delayed Word Recall – Part II:** Ask the applicant to recall the objects named in question 5. Record the objects recalled:

1. _____ 2. _____ 3. _____

9. Have the applicant draw a clock face reading 11:10 in the diagram below.



10. Examiner observations:

- a. Did the applicant 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**, please provide details and identify relationship of any third party to the applicant _____

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

If **Yes**, please provide details _____

c. Record any other observations you have about the applicant below:

Examiner's Information:

Examiner's Name:

Last	First	Middle Initial
<hr/>		

APPS 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)