



Face-to-Face Assessment

Applicant - Print last, first, MI

Contract number

Social Security number

Date of birth (mm/dd/yyyy)

Note: Examinations must be conducted in strict privacy in the applicant's home. Spouse, relative, or any other person may not be present during exam process.

Instructions for Completion of Face-to-Face Assessment

When setting the appointment, remind the applicant to have a photo ID available if possible, his/her social security number (correct identification is very important); state that you will bring your ID also (older applicants are often warned to be suspicious of "strangers").

Be prepared to record physical measurements (measured height, scale weight and blood pressure readings. Two additional blood pressure readings may be required). You will need a watch with a second hand to record the start and end time of the assessment and Word Recall exercise, and a scissors to separate the Word Recall Flashcards.

Thrivent Financial's Face-to-Face assessment includes different testing than the standard form. Please review the Clock Drawing and Mobility/Gait sections prior to administering the assessment.

Upon arrival at the applicant's home, introduce yourself as a _____ (paramedical co. name) examiner. Some people get nervous when they are asked questions so it is important to **maintain a calm, positive attitude that conveys confidence to the applicant.**

Speak in a voice which is clear and loud enough to be heard and in a manner which is unhurried.

When explaining the exam form, it is not necessary to state what abilities the questions are testing (memory, thinking, etc.); just ask the questions as they appear. Also, do not express opinions on any results.

Allow enough time for the applicant to answer (1-2 minutes); if the applicant becomes frustrated, move calmly to the next question.

Note to examiner: Do NOT call Thrivent Financial with the routine status (including notifying the assessment has been scheduled/completed). Thrivent Financial should be contacted only if the assessment cannot be completed or there are significant delays.

Start time of assessment

Initiating The Interview

(State applicant's name) _____, you have applied for insurance coverage with Thrivent Financial for Lutherans. I am going to ask you some questions about your health, and your daily routine and activities. The information you give me will be sent directly to Thrivent Financial to assist in evaluating your application and will be handled in a confidential manner.

Face-to-Face Assessment

1. May I see your driver's license?

Driver's license number

City

State

Photo ID

☐ Yes

☐ No

2. Former occupation

3. a. Name of your personal physician (if none, so state)

Date last consulted	Reason consulted
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b. Provide date, reason, and physician's name for any other physician visit within the past 3 months.

Date	Reason	Physician's name
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4. Do you take any medications? (include over-the-counter medications) ☐ Yes, provide details below. ☐ No

Medication	Dosage	Frequency	Reason Taking

Activities of Daily Living

Yes	No	
		1. Within the past 24 months have you needed assistance or supervision to perform the following? (Assistance will include the help of a person and/or device, i.e. cane, walker).
<input type="checkbox"/>	<input type="checkbox"/>	a. Eating meals
<input type="checkbox"/>	<input type="checkbox"/>	b. Getting in/out of a chair or bed
<input type="checkbox"/>	<input type="checkbox"/>	c. Help needed when walking
<input type="checkbox"/>	<input type="checkbox"/>	d. Help with bathing (e.g. special device)
<input type="checkbox"/>	<input type="checkbox"/>	e. Getting dressed (e.g. buttoning shirt)
<input type="checkbox"/>	<input type="checkbox"/>	f. Personal hygiene (e.g. doing hair, shaving)
<input type="checkbox"/>	<input type="checkbox"/>	g. Climbing stairs
		2. Have you experienced any
<input type="checkbox"/>	<input type="checkbox"/>	a. Loss of urine control
<input type="checkbox"/>	<input type="checkbox"/>	b. Loss of bowel control
<input type="checkbox"/>	<input type="checkbox"/>	3. Within the past 24 months, have you sought medical advice or treatment for confusion, dementia (forgetfulness), or memory loss?
Place details for all "Yes" answers in Details Section below.		

Instrumental Activities of Daily Living

Yes	No	
		1. Within the past 24 months have you needed assistance or supervision to perform the following? (Assistance will include the help of a person and/or device, i.e., cane, walker).
<input type="checkbox"/>	<input type="checkbox"/>	a. Cleaning your home/apartment
<input type="checkbox"/>	<input type="checkbox"/>	b. Shopping for foods and goods
<input type="checkbox"/>	<input type="checkbox"/>	c. Managing finances (balancing checkbook, paying bills)
<input type="checkbox"/>	<input type="checkbox"/>	d. Transportation outside of home
<input type="checkbox"/>	<input type="checkbox"/>	e. Using the telephone
<input type="checkbox"/>	<input type="checkbox"/>	f. Help needed taking medications or preparing dosages
<input type="checkbox"/>	<input type="checkbox"/>	g. Preparing meals
<input type="checkbox"/>	<input type="checkbox"/>	h. Laundry
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you discontinued or restricted your driving?

Details

Advanced Activities of Daily Living

Please describe your daily routine (i.e., work, exercise, travel, volunteer work, hobbies, socializing, etc.) Be specific in your description of all areas, i.e., "takes two hour walk daily at local mall", or for socializing question, "visits senior center three times a week for 4 hours in the afternoon", or for travel question, "takes two week cruise with sister each fall".

Word Recall Exercises (#1 - 3), may annoy the applicant. Reassure the applicant that this memory exercise will help Thrivent Financial with their evaluation.

Memory: Word Recall Exercise #1 - Read instructions to applicant and ask if they have any questions. **Do not repeat words nor provide your definition of the words.** Move on to the next word if the applicant is unable to use a word in sentence within 1 ½ to 2 minutes. Draw a line through any words not used in a sentence or used incorrectly.

Memory: Word Recall Exercise #1.

I will read a word aloud and ask you to use the same word in a sentence. The sentence may be short or long. Do you have any questions before we begin? (When the applicant understands the exercise, you may begin).

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Recording of sentences/replies is not required. Allow 1 ½ to 2 minutes for each word to be used before proceeding to the next word.

Word Recall Exercise #2 - Read instructions to the applicant; follow procedure as in Exercise #1. **Record Time.**
Examiner Evaluation: Describe the process, i.e., "Eight words used correctly in sentences; unable to use one word, harp in a sentence", etc.

Word Recall Exercise #2.

I am going to repeat the same words and ask you again to use them in a sentence. It may be the same sentence you used before or you may make up a new sentence. Do you have any questions?

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Record time after finishing Word Recall Exercise #2: _____

Note: The time delay between the Word Recall Exercise #2 and #3 must be at least 5 minutes, but not longer than 10 minutes.

Examiner comments:

Mental Status Assessment: May I ask you some questions about how you feel and think? (Proceed if response is positive. Re-state if necessary and try to gain understanding and cooperation. It is not necessary to explain what is being tested, i.e. memory, thinking; simply ask the questions as they appear).

Orientation: a) what is the year? _____ b) what is the month? _____
c) what is the date? _____ d) what is the day of the week? _____
e) what is the time? (instruct applicant not to check watch or clock) _____

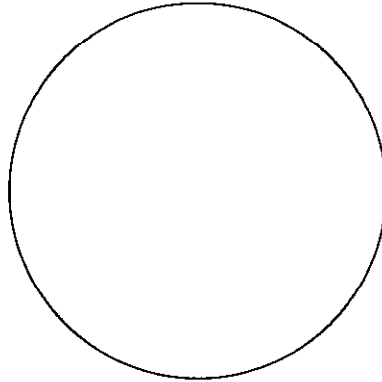
Thinking - Read instructions/questions to applicant; ask if he/she understands what they are to do (starting with the number 20, subtract 3; applicant should say "20, 17, 14, 11, 8, 5, 2). Record answers. If unable to answer, so state on the form and move to next question. (Do not offer answers).

Thinking: 1) Starting with the number 20, subtract 3 and give me your answers. Are you ready?

(Begin if understood and record answers given.) _____

Clock Drawing - Read instructions to applicant; ask if he/she understands what they are to do.

Clock drawing - Draw a clock face with all the numbers in the circle below. Draw clock hands to show a time of seven o'clock.



☐ Unable to complete

Physical Measurements

Height: _____ ft. _____ in. Weight: _____ lbs.

Blood Pressure - Explain in advance that two BP readings are to be taken. If blood pressure is over 140/90, record two additional readings. Note: If additional readings are required, they should be done after the Word Recall Exercise #3.

1st Reading	2nd Reading	3rd Reading	4th Reading
/	/	/	/

Mobility/Gait - Ask applicant to rise from his/her chair and walk 10 to 12 feet, turn around (180 degrees), walk back to the chair, and sit back down in chair. Observe applicant's mobility and then record answers. Check all that apply. Explain any difficulties in the examiner comments section.

1) Getting up from a chair

- ☐ a. Arises easily from chair, no use of assistive devices
☐ b. Requires two or more attempts to get up
☐ c. Has balance problem, needs assistance, or has other severe difficulty

2) Ambulating approximately 12 feet in a straight line

- ☐ a. Walks unassisted at reasonably normal pace
☐ b. Needs assistive device (specify) _____
or has mild difficulty with gait
☐ c. Shuffles, stumbles, extremely slow, needs human assistance or other severe difficulty

3) Turning around 180 degrees to walk back to chair

- ☐ a. Turns around smoothly with no hesitation
☐ b. Has mild difficulty but needs no assistance
☐ c. Needs support or starts to fall

4) Sitting down in a chair

- ☐ a. Sits down smoothly
☐ b. Drops abruptly into chair or relies heavily on armrests
☐ c. Needs human assistance

5) Examiner comments:

Word Recall Exercise #3 - Read question to applicant. Record words he/she states are remembered from earlier questions #1 and #2; do not read list of words for applicant. Check time – The time delay between the Word Recall Exercise #2 and #3 must be at least 5 minutes, but not longer than 10 minutes.

Record start time for Word Recall Exercise #3: _____

Word Recall Exercise #3.

A few minutes ago I read some words to you and you made a sentence with each word. I would like you to tell me as many of the words as you can remember. Take your time.

Note: Additional blood pressure readings, if needed, should be taken now.

This completes the assessment. This information will be forwarded to Thrivent Financial to assist in evaluating your application for insurance coverage. Thrivent Financial will notify you of the status of your application.

Assessment end time	Date
Signature of examiner	Signature of applicant

Examiner comments:

Note to Examiner. After responding to the specific questions below, please record any additional comments or personal observations about the applicant. Describe your observations in detail. If the applicant was anxious or annoyed at any time during the exam/interview process, please comment. Was anyone else present during the exam? If yes, who and why? Finally, do not draw blood or obtain a urine specimen without specific instructions to do so. Do not express opinions on any results.

Examiner's Observations and Remarks

Observations:

Yes No

- ☐ ☐ 1) Are there any obvious mental or physical abnormalities?

If yes, explain _____

- ☐ ☐ 2) Does applicant use any devices to aid in locomotion, i.e., cane, walker, wheelchair?

If yes, explain _____

- ☐ ☐ 3) Does applicant seem disoriented or confused as to time and place?

If yes, explain _____

- ☐ ☐ 4) Does applicant have any speech difficulties?

If yes, explain _____

- ☐ ☐ 5) Was anyone else present during the interview?

If yes, who? _____

- ☐ ☐ 6) Did they assist applicant? If yes, explain _____

Examiner comments:

I certify that I have personally asked all questions and accurately recorded the answers. I personally performed the physical measurements and recorded my observations.

Print or stamp Paramedical Branch address		Signature of examiner completing form	
City		Date	
State	ZIP code	Branch phone number	Print name of examiner completing report

Word Recall Flashcards

Chimney

Salt

Harp

Button

Meadow

Train

Flower

Finger

Rug

Book

2

1

4

3

6

5

8

7

10

9