

Senior Assessment Form

Insurance Company: _____ Today's Date: ____/____/____

Proposed Insured: _____ Date of Birth: ____/____/____

Driver's License #: _____ State: ____ Photo ID verified: Yes ____ No ____

This supplement is required on older aged applicants and is to be completed in addition to the usual requirements. The Senior Assessment includes:

1. Questions on Activities of Daily Living
2. Cognitive Questionnaire
3. Delayed Word Recall: introducing the words
4. Get Up and Go Test
5. Clock Drawing
6. Delayed Word Recall: recalling and recording the words
7. Examiner's Observations

Section 1 – Questions on Activities of Daily Living

- A. What is the highest level of education you have completed? (check one)
- | | |
|--------------------------------|-----------------------------------|
| ____ Advanced college degree | ____ College degree |
| ____ High School or equivalent | ____ Did not complete high school |

- B. Have you had any falls in the past 3 years? Yes ____ No ____
If yes, how many falls in past year _____

Give details and dates below :

- C. Do you ever experience forgetfulness, memory loss, or confusion? Yes ____ No ____
which symptom(s): _____

When did you first experience these symptoms? _____

Have you noticed these symptoms increasing? Yes ____ No ____

Have you consulted your physician regarding this? Yes ____ No ____

Have any of your friends or family members noticed these symptoms? Yes ____ No ____

If yes, please give examples or details including physician's name and address:

D. Do you participate in any of the following (check all that apply)?

____ Hobbies ____ Volunteer Work ____ Other outside activities

If yes, explain and indicate the number of hours you participate each week:

E. With whom do you live? _____

Section 2 – Cognitive Questionnaire

(Examiner: Ask the application the 10 questions below and check “Yes” or “No” to indicate correct or incorrect answers.)

Yes No

____ 1. What is the date today? _____

____ 2. What day of the week is it? _____

____ 3. What is your address? _____

____ 4. What is your telephone number? _____

____ 5. How old are you? _____

____ 6. When were you born? _____

____ 7. Who is the President of the United States now? _____

____ 8. Who was the President just before him? _____

____ 9. How are the following alike? An orange and banana: _____ A horse and a dog: _____

____ 10. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down

Section 3 – Delayed Word Recall – Introducing the Words

(Examiner: Read aloud one word on the list. Ask the Applicant to give a sentence using that word. After his/her response proceed to the next word until all the words have been used and a sentence for each has been given. Allow at least 5 minutes to pass before proceeding to Section 6 Delayed Word Recall – Recalling and Recording the Words.)

In this part of the exam, I will read a word and ask you to use the word in a sentence. The sentence may be as short or as long as you like. Later, I am going to ask you to recall the words. Do you have any questions? Be sure the Applicant understands each word before going to the next word.

BOOK FLOWER TRAIN RUG MEADOW SALT FINGER APPLE CHIMNEY BUTTON

If there is a spouse on a joint application, use a different set of words for the second applicant.

APPLE BOTTLE COAT FLAG GOLD HORN LOG PILLOW RATTLE SPONGE

Section 4 – Get Up and Go Testing

Examiner: Time the number of seconds it takes for the applicant to sit and rise from a chair, walk 10 feet and return to the chair and sit back down. Timing should begin when the applicant begins standing up from a chair and ends when sitting back down.

Advise applicant, "Please stand up, walk 10 feet, turn around, walk back to the chair and sit down."

Test results _____ Exact number of seconds to complete the entire test

Examiner, please comment below on any problems the client had during this test, e.g. was unable to do so without help, lost balance, require more than one attempt, used walking aid, mild staggering but catches self, almost falls, or collapses into chair when sitting back down.

Section 5 – Clock Drawing - PLEASE USE PAGE 4 FOR CLOCK DRAWING

Examiner: Give the applicant page 4, titled PAGE FOR CLOCK DRAWING and a pen.

Say: "First draw a clock with all of the numbers on it. Second, put hands on the clock to read 8:20." Instruction can be repeated once if needed.

Section 6 – Delayed Word Recall – Recalling and Recording the Words

Examiner: Make sure it has been between 5 and 10 minutes since completing Section 3 Delayed Word Recall – Introducing the Words before continuing with the questions. Be sure to record the start and end time below.

Recall Start Time: _____ Recall End Time: _____

Tell the applicant that a few minutes ago, you were given a list of words to use in sentences. Ask him/her to now recall as many of the words as possible, and to take his/her time. Write down the words recalled, both correct and incorrect, then put the total number of CORRECT words in the space provided below.

List the words RECALLED:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Of the ten words provided, indicate the number of words correctly recalled after 5-10 minutes:

_____ words were recalled of the original ten

Section 7 – Examiner's Observations

Examiner: Any observation or remarks you make will be taken seriously. Please be detailed and clear in the following observations. This section should be completed AFTER you leave the premises.

A. Does the applicant appear stated age? Yes ____ No ____

If no, explain: _____

B. Does the applicant have any obvious physical abnormalities? Yes ____ No ____

If yes, explain: _____

C. Does the applicant use any assistive devices, such as cane, walker, wheelchair or

does he/she use oxygen? Yes ____ No ____

If yes, explain: _____

D. Does the applicant seem alert, oriented to time and place? Yes ____ No ____

If no, explain: _____

E. Does the applicant have any speech or hearing difficulties? Yes ____ No ____

If yes, explain: _____

F. Does the applicant have difficulty understanding directions? Yes ____ No ____

If yes, explain: _____

Are there any other observations you would like to make?

Signature of Examiner: _____ Date: _____