



\*100.96\*

## Senior Questionnaire - Part III Examiner's Report

Proposed Insured (Please Print)	Last	First	MI	Birth Date (Month, Day, Year)	Social Security Number
Marital Status: <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widowed, If Widowed, how long?					
1. Do you live alone? <input type="radio"/> Yes <input type="radio"/> No. If No, who do you live with?					
2. Do you presently live in: <input type="radio"/> Your own home <input type="radio"/> Condo/Apt. <input type="radio"/> Managed Care Facility <input type="radio"/> Retirement Village <input type="radio"/> Other (describe)					

3. How long have you lived at your present residence? \_\_\_\_\_

4. Are you planning to move from your current living arrangement?    ☐ Yes    ☐ No    If Yes, When?

Where?	Reason?
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5. In case of emergency or illness, who would care for you? Name Relationship

## Orientation Questionnaire

- |  |                           |                          |
|--|---------------------------|--------------------------|
| 1. What is the date today? . . . . .   | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. What day of the week is it? . . . . .   | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. What is your telephone number? . . . . .  | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. How old are you? . . . . .  | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. When were you born? . . . . .   | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. What is your address? . . . . .   | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Who is the president of the United States right now? . . . . .                            | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Who was the president just before him? . . . . .  | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. What is your mothers maiden name? . . . . .   | <input type="radio"/> Yes | <input type="radio"/> No |
| 10. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down. . . . . | <input type="radio"/> Yes | <input type="radio"/> No |

## Delayed Word Recall: Part 1

*Instructions to examiner: Read aloud one word on the list while showing the applicant the corresponding flash card. Ask the applicant to give a sentence using that word. After his/her response, proceed to the next word and flashcard until all the words have been used and a sentence for each has been provided.*

**Examiner Instructions to the applicant:**

In this part of the exam I will read a word while showing a flashcard and ask you to use the word in a sentence. The sentence may be as short or long as you like. Later I am going to ask you to recall the words. Do you have any questions? Please use the word "BOOK" in a sentence...Please use the word "FLOWER" in a sentence...

BOOK      FLOWER      TRAIN      RUG      MEADOW  
SALT      FINGER      APPLE      CHIMNEY      BUTTON

### Activities of Daily Living/Senior Questionnaire

- A) What is the highest level of education you have completed? (*check one*)
- ☐ Advanced college degree      ☐ College degree
- ☐ High School      ☐ Did not complete high school
- B) Which of these household activities do you perform regularly? (*check all that apply*)
- ☐ Cleaning      ☐ Lawn mowing      ☐ Laundry      ☐ Shopping
- ☐ Meal Preparation      ☐ Handling finances      ☐ Using a computer
- C) Do you need help with any of the following? (*check all that apply*)
- ☐ Cooking      ☐ Cleaning      ☐ Laundry      ☐ Shopping
- ☐ Banking      ☐ Taking medications      ☐ Making phone calls
- D) Have you had any falls in the past 3 years?      ☐ Yes      ☐ No
- If yes, how many falls in the **past year**

Give details and dates in the remarks section below.

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E) Do you exercise?      ☐ Yes   ☐ No

If yes, what type of exercise and how often (x times/day – x times/week – x times/month)

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F) Do you work outside the house?      ☐ Yes   ☐ No

If yes, how many hours do you work per week? \_\_\_\_\_ hours

G) 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.

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H) Do you travel?      ☐ Yes   ☐ No

If yes, give details including the average number of times each year, date and destination of the last trip, and your travel plans for the next 12 months.

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I) Do you currently drive a car or other motorized vehicle?      ☐ Yes   ☐ No

If no, when and why did you stop? \_\_\_\_\_

If yes, give the number of miles driven per week and the number of accidents and/or tickets in the past two years.

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J) Do you have a handicap parking permit?      ☐ Yes   ☐ No

K) Do you own any pets?      ☐ Yes   ☐ No

If yes, what kind of pets do you own? \_\_\_\_\_

L) Are there other persons living in your household?      ☐ Yes   ☐ No

If yes, please indicate how many adults \_\_\_\_\_ and how many children \_\_\_\_\_

M) Where do you live now? (house, apartment, etc.) \_\_\_\_\_

N) What is the purpose of the insurance? \_\_\_\_\_

O) What is the amount and source of your income? \_\_\_\_\_

P) Do you use a cane or walker? \_\_\_\_\_

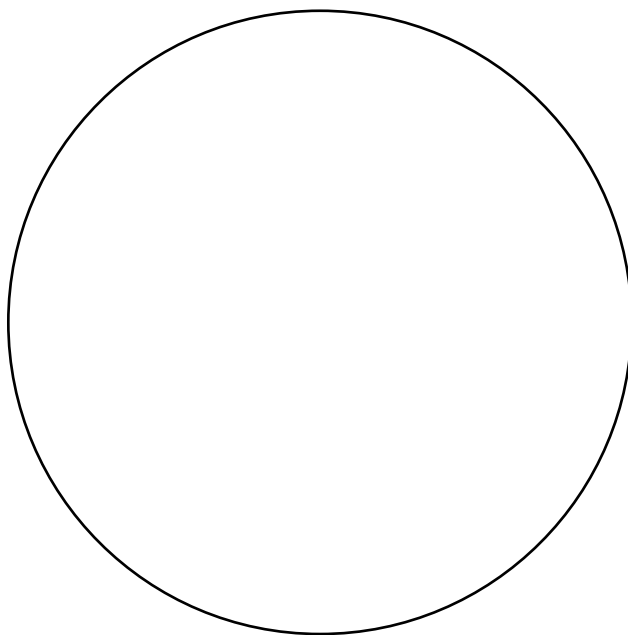
Q) How is your sight and hearing? \_\_\_\_\_

R) What medications, if any, are you taking? \_\_\_\_\_

Clock Draw

**Make sure that the applicant understands your instructions, but you do not need to score this test.**

**Examiner instructions to the applicant: (Draw Clock Test)** The circle represents a clock face. Please put the numbers around the clock in the correct positions, then set the clock at 10 minutes past 11:00.



Part 2: Delayed Word Recall

*Instructions to examiner: Do not repeat the list of words or show the flashcards. Record each word that the applicant can recall.*

**Examiner Instructions to the applicant:** A few minutes ago, I read and showed you some words and asked you to make a sentence with each of them. I would like you to recall as many of those words as you can. Take your time.

List the words RECALLED

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Of the ten words provided, indicate the number of words correctly recalled after 5 – 10 minutes \_\_\_\_\_ words

## Get Up and Go Test

### TIMED GET UP AND GO TEST

Time the number of seconds it takes for the applicant to rise from a chair, walk 10 feet, 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.

\_\_\_\_\_ seconds

#### ARISING

- o Able with ease, requires one attempt
- o Unable without help/support, loses balance or requires two or more attempts

#### TURNING

- o Steady, without aid or hesitation
- o Mild staggering, but catches self, or uses aid (for example, the wall) for support
- o Needs support: specify \_\_\_\_\_
- o Stumbles or almost falls

#### WALKING

- o Walks without aid
- o Mild/moderate deviation/difficulty or uses walking aid – If yes, specify (single or quad-footed cane or walker) in observations/remarks
- o Marked deviation/difficulty

#### SITTING

- o Able in smooth motion without hesitation
- o Unable without help or collapses (drops/plops) into chair

#### Examiner Observations:

Any noted physical or mental abnormalities? \_\_\_\_\_

How was the appearance of the individual? \_\_\_\_\_

Any other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Examiner Observations:

a. Do you have any comments or observations regarding the exercise in the Get Up and Go Test? \_\_\_\_\_

\_\_\_\_\_

b. Throughout the entire Senior Questionnaire, did you observe any obvious physical or mental abnormalities? \_\_\_\_\_

\_\_\_\_\_

c. Describe the neatness of the proposed insured and their home: \_\_\_\_\_

\_\_\_\_\_

d. Were there any other individuals present at the time the Senior Questionnaire was completed? If so, please advise their relationship to the proposed insured and the role they played in completing the Senior Questionnaire, if any.

\_\_\_\_\_

\_\_\_\_\_

Examiner Signature:

Date

CHIMNEY

TRAIN

SALT

FLOWER

APPLE

FINGER

BUTTON

RUG

MEADOW

BOOK