

## Mature Assessment

Minnesota Life Insurance Company - A Securian Company  
Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

Name of proposed insured

Policy number

Date

Print examiner name

**Instruction for Examiner:** This supplement is required on older aged applicants and is to be completed in addition to the usual requirements. The Senior Supplement includes:

1. Get Up and Go Test
2. Activities of Daily Living section
3. Clock Draw

### 1. 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 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.

\_\_\_\_\_ Seconds

### CHECK ALL THAT APPLY

#### ARISING

- ☐ Able with ease, requires one attempt
- ☐ Unable without help or loses balance, or requires two or more attempts.

#### TURNING

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

#### WALKING

- ☐ Walks without aid
- ☐ Mild/moderate deviation/difficults or uses walking aid
- ☐ Marked deviation or difficulty

#### SITTING

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

**OBSERVATION/REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 2. ACTIVITIES OF DAILY LIVING

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      ☐ Taking medication  
☐ Banking      ☐ Laundry  
☐ Cleaning      ☐ Making phone calls

D. Have you had any falls in the past 3 years? If yes, how many falls in the past year?

- ☐ Yes ☐ No

Give details and dates in the remarks section below. (If needed, use the addendum page)

E. Do you exercise? If yes, what type of exercise and how often?

- ☐ Yes ☐ No

F. Are you self-employed, a homemaker, or living off your own earnings? If yes, how many hours do you work per week?

- ☐ Yes ☐ No \_\_\_\_\_ 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.

H. Do you travel?

- ☐ Yes ☐ No

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

I. Do you currently drive? If no, when and why did you stop?

- ☐ Yes ☐ No

If yes, give the number of miles driven per week and number of accidents in past 2 years.

J. Do you own any pets? If yes, what pets do you own?

- ☐ Yes ☐ No

K. Are there other persons living in your household? If yes, indicate how many adults and how many children

- ☐ Yes ☐ No \_\_\_\_\_ adults \_\_\_\_\_ children

L. Where do you live now? (house, apartment, etc.)

M. If you could not afford to live alone, where you do now, who would you prefer to live with? (family member, assisted care facility, etc.)

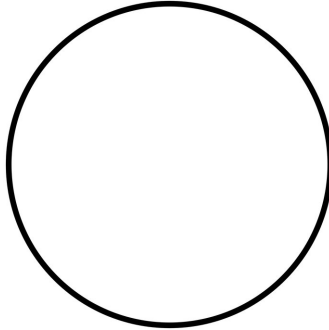
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### 3. CLOCK DRAW TEST

**\*Make sure 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."



### EXAMINER OBSERVATIONS

You, as the examiner, play a vital role in giving your general observations, so that a clear picture may be obtained of this person's physical and cognitive abilities. Due to the sensitive nature of these questions, please complete this page after you have left the exam appointment. Any observations you make will be taken seriously. Please be honest in the following observations.

1. What is the person's general affect? (cheerful, depressed, tired, etc)

2. Does he/she have difficulty walking, sitting, rising?

☐ Yes ☐ No

3. Is there difficulty with understanding directions?

☐ Yes ☐ No

4. If a friend or relative accompanies this person, does the applicant seem to rely on that person for physical help or in following directions?

☐ Yes ☐ No

5. How is the applicant dressed? (neatly, sloppily, etc.)

6. Are there other observations you would like to make?

Additional remarks

Examiner signature

X

Date