



A Quest Diagnostics Subsidiary

**LINCOLN BENEFIT LIFE**  
AN ALLSTATE COMPANY

**Allstate/Lincoln Benefit Life Elderly Assessment**

Proposed Insured (First, Middle, Last)	Birth Date (MM/DD/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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**Delayed Word Recall Test – Part 1**

**Examiner Instructions:**

- Cut out each of the words on the last page and use as flash cards.
- Read each word aloud as you show it to the applicant, then ask him/her to use the word in a sentence.
- Repeat this process a second time with all of the words.
- The applicant is not to write anything down.
- You need not record the applicant's answers at this time.
- Record the current time below. The second part of this test must begin in 5 minutes.

Current Time: \_\_\_\_\_

**Timed Get Up and Go (TUG)**

**Examiner Instructions:** The goal of this assessment is to measure the time it takes for the applicant to stand up from a chair, walk 10 feet, turn around and walk back to the chair and sit down again. Instruct the applicant to walk at his or her normal pace wearing their regular footwear and using any walking aid they normally use.

After explaining the test, ask the applicant the following questions. Do NOT proceed with the test if either question is answered "yes." Safety is the most important concern.

1. Do you have any physical limitations or medical conditions that would prevent you from performing this test safely?  Yes  No
2. Would performing this test be against any medical advice you have been given regarding restrictions to your physical activities?  Yes  No

Explain any "yes" answers to above questions:

\_\_\_\_\_  
\_\_\_\_\_

The applicant may stop and rest, without sitting, during the test if needed but no additional assistance from another individual should be allowed to complete the test. A practice run is allowed at the discretion of the examiner or the request of the applicant. Observations on how well the applicant performed this task and any difficulties they may have during the test should be recorded.

- A straight backed chair should be placed in a stable position in a location where there is at least 12 feet of space clear of any obstruction or items on the floor (i.e. throw rugs etc.).

- Measure precisely 10 feet from the front of the chair and clearly mark with tape so that the client may see it.
- Ask the client to sit upright in the chair with their feet flat in front of them and their back against the back of the chair.
- Instruct them: On the word "go", they should stand up, walk to the tape on the floor in front of them, turn around and walk back to the chair and sit down again.
- Using a stop watch or watch with a second hand, begin timing when the "GO" command is given and stop timing when the client is seated again correctly in the chair.
- Record this time, as precisely as possible, in the space below. Also record your observations.

Time to complete TUG: \_\_\_\_\_ seconds

**TUG Observations:**

1. Walking aid required:  No  Yes (specify the type)

\_\_\_\_\_

2. Rising from chair or sitting:

No difficulties     More than one attempt needed     Severe difficulties or assistance needed

3. Walking and Turning:

No difficulties     Minor difficulties or rest needed     Severe difficulties or assistance needed

Additional comments:

\_\_\_\_\_  
 \_\_\_\_\_

**Delayed Word Recall – Part 2**

**Examiner Instructions:**

- This part of the test should begin 5 minutes after the time recorded in Part 1.
- Read the statement below to the applicant to determine how many words he/she recalls.
- Record all words stated, both correct and incorrect, including duplicates.
- Then record the total number of correct words recalled out of the possible 10.

"A short time ago I read you some words and asked you to make a sentence with each of them. I would like you to tell me as many of the words as you remember. Take your time."

\_\_\_\_\_  
 \_\_\_\_\_

Total number of words correctly recalled: \_\_\_\_\_ out of 10

**Signatures**

\_\_\_\_\_  
 Signed at (City, State)

\_\_\_\_\_  
 Date (MM/DD/YYYY)

\_\_\_\_\_  
 Signature of Proposed Insured

\_\_\_\_\_  
 Signature of Examiner

CUT OUT EACH WORD TO USE AS A FLASH CARD

CHIMNEY

FLOWER

SALT

FINGER

HARP

RUG

BUTTON

BOOK

MEADOW

TRAIN