

ExamOne

LONG TERM CARE SURVEY [MMSE] (Face-to-Face Assessment Interview)

Name of Insurance Company: _____ Date of Interview: _____

Applicant Name: _____ Date of Birth: _____
Last First Middle

Examiner Instructions:

- If during the course of the interview the applicant refuses to answer a certain question, simply record “Refused to Answer” and move on to the next question.
- Begin by recording the time of day you begin the interview, then read the following introduction to the applicant:

Start Time: _____ : _____ AM PM

“My name is _____ with ExamOne. I am here to interview you in connection with your application for Long Term Care insurance with the _____ Insurance Company. The information will be treated confidentially and will be used by their underwriters to assist them in determining whether your application will be accepted. The interview involves asking you questions about your medical history and your daily activities. Possibly, you have already given some of this information at the time of your application. In that case, please bear with me, as this will serve as confirmation. Please let me know if anything I ask is unclear or if you have any other questions.”

Examiner Instructions:

- Proceed to the *IDENTITY* section.

IDENTITY

1. “May I see some identification please?” (Record type of identification shown: _____)
2. “What is your Social Security number?” _____
3. “What is your Driver’s License number?” _____
4. “What is your marital status?” _____ **If widowed:** “When did your spouse expire?” _____
5. “Who suggested that you apply for this insurance?” _____
6. “What is your level of education? (Examiner: Check one)
___ Less than High School Graduate (If checked, state number of years schooling completed: _____)
___ High School Graduate
___ College Under-graduate (If checked, state number of years college completed: _____)
___ College Degree and/or Post-graduate Degree

Examiner Instructions:

- Now proceed to the *ACTIVITIES OF DAILY LIVING* segment.

ACTIVITIES OF DAILY LIVING

“Now I am going to ask you some questions regarding your daily activities.”

1. “Do you require any assistance for walking, such as a wheelchair, walker, cane, crutches, braces, motorized scooter, or support from another person? ___Yes ___No **If yes, give details:** _____

2. “Do you drive?” ___Yes ___No **If no:** “When and why did you stop driving?” _____

If not driving: “What form of transportation are you using?” _____

3. “Please describe your activities on a typical day, from the time you arise until you retire. Please include activities inside and outside at home, as well as activities away from home.”

Morning: _____

Afternoon: _____

Evening: _____

4. “Do you need assistance with any of the following activities?” **(Examiner: Check applicable spaces)**

	<u>No Help</u>	<u>Able to But Does Not</u>	<u>*Does With Assistive Device</u>	<u>*Does Some Portion of the Activity</u>	<u>*Not Able to Do Any Portion of the Activity</u>
Bath/Shower	___	___	___	___	___
Indoor Mobility/Walking	___	___	___	___	___
Outdoor Mobility/Walking	___	___	___	___	___
Getting in or out of Bed or Chair	___	___	___	___	___
Continence Bladder/Bowel	___	___	___	___	___
Eating	___	___	___	___	___
Toileting	___	___	___	___	___
Dressing	___	___	___	___	___

*Record details if any assistance needed, including what kind of assistance and how often needed:

5. “Do you have family in this area? Relationship?” _____

6. “Who would take care of you in the event of a prolonged illness?” _____

7. “Do you need any assistance to perform the following activities?” **(Examiner: Check applicable spaces).**

	<u>No Help</u>	<u>Able to But Someone Else Performs Task</u>	<u>Occasionally Needs Assistance</u>	<u>Usually/Always Need assistance</u>
--	----------------	---	--	---

Cooking	___	___	___	___
Cleaning	___	___	___	___
Laundry	___	___	___	___
Shopping	___	___	___	___
Handling Finances	___	___	___	___
Telephoning	___	___	___	___
Taking Medication	___	___	___	___

Record details of activities performed by others and/or assistance if needed: _____

HEALTH HISTORY

“Now I am going to ask you some questions about your medical history”.

1. “What is the name, address, and phone number of your primary doctor who has your records?” _____

2. “When and for what reason did you last see the doctor?” _____

3. “In the past 5 years, have you experienced or been treated for any of the following symptoms?”

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
___	___	Headaches	___	___	Weakness	___	___	Shortness of Breath
___	___	Cirrhosis of the Liver	___	___	Rheumatoid Arthritis	___	___	Osteoporosis w/bone fracture
___	___	Numbness	___	___	Dizziness	___	___	Confusion
___	___	Visual Problems	___	___	Chronic Cough	___	___	Memory Loss
___	___	Hearing Loss	___	___	Fainting	___	___	Unsteadiness
___	___	Tingling in arms or legs	___	___	Irregular Heart Beat	___	___	Falls
___	___	Swelling or pain in back neck, legs, arms or feet	___	___	Chest Pain	___	___	Joint Instability

Examiner: Determine date of onset, names and addresses of doctors or medical facilities involved, medication, treatment and therapy prescribed for each symptom checked “Yes” above. _____

4. “During the past 5 years have you been told you have, or have you been treated or received therapy for any of the following conditions?”

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
___	___	Angina	___	___	High Blood Pressure	___	___	Parkinson’s
___	___	Paralysis	___	___	Heart or Circulatory	___	___	Diabetes
___	___	Emphysema/COPD	___	___	Prostatitis	___	___	Kidney Problems
___	___	Fractures	___	___	Arthritis	___	___	Stroke
___	___	Transient Ischemic Attack	___	___	Cerebral Vascular Insufficiency	___	___	Alcoholism
						___	___	Alzheimer’s

Examiner: Determine date of onset, names and address of doctors or medical facilities involved, medication, treatment and therapy prescribed for each condition checked “Yes” above. _____

5. "Within the past 3 years, have you been admitted to or received treatment at a clinic, hospital nursing care center or rehabilitation facility for any reason other than those mentioned above?" Yes No

Examiner: If "Yes", develop reasons, dates, length of stay, and names and address of medical facilities. _____

6. "Please tell me the names of any other prescribed and over-the-counter medications not previously mentioned that you are currently taking. Include the dosage, frequency, and reason for each medication." _____

7. "Do you use tobacco of any kind?" Yes No.
 If Yes, "What type of tobacco?" _____. "How often?" _____.
 If No, "Ever use tobacco in the past?" Yes No. If Yes, "When and why did you quit?" _____

8. "Do you drink alcohol?" Yes No
 If Yes, "What kind?" _____ "How much?" _____ "How often?" _____
 If No, "Ever drink alcohol in the past?" Yes No If Yes, "How much and how often?" _____

MENTAL ATTITUDE

Examiner: Instruct applicant as follows:

"Please answer 'Yes' or 'No' to the following questions, as they apply to you personally." "All things considered....."	<u>Yes</u>	<u>No</u>
1. "Do you consider your health overall to be good?"	___	___
2. "Do you feel happy most of the time?"	___	___
3. "Do you think most people are better off than you are?"	___	___
4. "Do you think it is wonderful to be alive now?"	___	___
5. "Do you feel your life is empty and you often get bored?"	___	___
6. "Do you prefer to stay home most of the time rather than going out to do new things?"	___	___

COGNITIVE QUESTIONNAIRE (MINI-MENTAL STATUS)

"Now I am going to ask you some questions that deal with your memory and orientation. You may find some of these questions to be very simple, but please bear with me because they are important for underwriting your application."

Examiner: Write applicant's responses in each blank and record the score for each.

<u>Orientation</u>	<u>Response</u>	<u>Max. Points Per Item</u>	<u>Score</u>
1. "What is the: Year?"	_____	1	___
"Season?"	_____	1	___
"Date?"	_____	1	___
"Day?"	_____	1	___

- | | | | | |
|----|-------------------------------|-------|---|-------|
| | “Month?” | _____ | 1 | _____ |
| 2. | “Where are we?” | _____ | 1 | _____ |
| | “What State?” | _____ | 1 | _____ |
| | “Country?” | _____ | 1 | _____ |
| | “Town or City?” | _____ | 1 | _____ |
| | “Building or Street Address?” | _____ | 1 | _____ |
| | “What Floor or Room?” | _____ | 1 | _____ |

Registration

3. “Name three objects (e.g., book, lamp, tree), taking one second to say each.” (Examiner: Repeat the three words to the applicant and then have applicant repeat them back to you. Give one point for each correct answer. Before proceeding, if necessary, repeat the three words until the applicant learns them. Record the words on the next line).
- _____
- 3 _____

4. (Examiner: Choose either A [counting] or B [spelling]. Do not do both and do not switch after starting one of them).
- A) “Begin with 100 and count backward by 7. Stop after five answers.” (Examiner: Correct response: 93, 86, 79, 72, 65. Give one point for each correct answer. Record applicant’s answers on the next line.)
- 100 _____

OR

5 _____

- B) “Spell ‘WORLD’ backward.” (Correct response: D-L-R-O-W) _____

Recall

4. “Please repeat the names of the three objects you related to me a while ago (in #3 above)?” (Score one point for each correct answer).
- 3 _____

Language

6. (Examiner: Show a pencil and a watch. Have the applicant name them as you point). Point to pencil: “What is this?” Point to watch: “What is this?” (Score one point for each correct answer).
- 2 _____

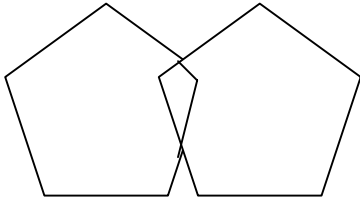
7. Examiner: Have applicant repeat: “No ifs, ands, or buts.”
- 1 _____

8. Examiner: Have the applicant follow this three-stage command, giving all 3 Instructions before the applicant begins)
- “Take a paper in your right hand.”
- “Fold it in half.”
- “Put it on the floor.”
- (Score one point for each correct response).
- 3 _____

9. Examiner: Take a piece of paper and in large letters write: “CLOSE YOUR EYES” on it. Hand it to the applicant and say: “Read and do what it says.” (Score one point if done correctly).
- 1 _____

10. Examiner: Point to the line below and instruct the applicant: “Write a complete sentence on this line”.
- (Sentence must contain subject and object and must make sense. Ignore spelling errors when scoring).
- _____
- 1 _____

11. Examiner: Have the applicant draw the design below in the space to the right.



1 _____

Examiner: Score one point if all sides and angles are preserved and if the intersecting sides form a 4-sided figure.)

“This concludes the interview. Thank you for your time.”

Examiner: Complete this page after you are out of view of the applicant.

- Record the time of day interview ended. End Time: _____:_____ AM PM
- Add up and record the total Mini-Mental Status Score from the previous 2 pages. Total Score: _____
(Maximum Score: 30)

EXAMINER OBSERVATIONS

Mobility Evaluation

WALKING: Describe the applicant’s gait, steadiness, and balance in walking (e.g., very slow, held on to chair for balance, walked briskly without aid, etc.). _____

SITTING: Describe applicant’s ability to sit down (e.g. able to sit in a smooth motion, unable without help, or collapses [“plops”] into chair, etc.). _____

ARISING: Describe ability to arise from chair (e.g. able with ease, requires two or more attempts, unable to rise without help, etc.). _____

Personal Grooming

Describe the applicant’s personal grooming (e.g., neat, well dressed, clean, clean smelling or unkempt, wore soiled clothing, unshaven, smelled of urine, etc.). _____

Personal Demeanor

Check the spaces that you feel best describe the applicant’s behavior:

- | | | | | |
|-------------------|-----------------|-----------------|-----------------|---------------------|
| _____ Alert | _____ Confident | _____ Pleasant | _____ Courteous | _____ Cooperative |
| _____ Inattentive | _____ Confused | _____ Irritated | _____ Rude | _____ Uncooperative |

Living Environment

If interview was conducted at the applicant’s place of residence, describe the conditions (e.g., clean and neatly kept or messy, cluttered, dirty, foul odor, etc.)_____

If interview was conducted at a place other than applicant’s residence, state where: _____

Other Irregularities

If applicable, describe any other discrepancies, irregularities or abnormalities not previously described in this report, i.e. unanswered questions, prompting or interference by other persons during the interview, etc. _____

Examiner Signature: _____ Date _____

Print Examiner Name: _____

ExamOne Office: _____

Applicant Signature: _____ Date _____