

## USAA Senior Adult Questionnaire

The examiner should ask the following questions prior to beginning the following "Senior Assessment".

1. Have you applied for long term care in the past 3 years?
  - NO: If the USAA member answers "NO", begin completing the senior assessment.
  - YES: If the USAA member answers "YES" ask questions #2 and 3 in addition to those on the following senior assessment.
  
2. What was the approximate month and year you applied for long term care?  
  
\_\_\_\_\_ (MM/YYYY)
  
3. Were you approved for long term care at the quoted rate?
  - No
  - Yes
  - Not Known

Please record the answer(s) on this form and then fax and package with the rest of the completed exam paperwork.



# SUPPLEMENTAL LTC/ SENIOR ADULT QUESTIONNAIRE

Insurance Company: \_\_\_\_\_ Date of Face-to-face Interview: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*

For identification, please sign your name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Photo ID verified: Yes \_\_\_ No \_\_\_

## ACTIVITIES OF DAILY LIVING

1. Is any assistance needed for walking, such as a wheelchair, walker, cane, crutches or support from another person?  
\_\_\_ Yes \_\_\_ No If yes, 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 provide inside and outside home activities including any hobbies, as well as activities away from home, including any volunteer work or clubs.  
Morning: \_\_\_\_\_  
Afternoon: \_\_\_\_\_  
Evening: \_\_\_\_\_

4. Do you need assistance with any of the following activities? (Examiner: Check applicable space for each activity.)

	No Help	Able to But Does Not	*Does With Assistive Device	*Does Some Portion of the Activity	*Not Able to Do Any Portion of the Activity
Bath/Shower	_____	_____	_____	_____	_____
Indoor Mobility/Walking	_____	_____	_____	_____	_____
Outdoor Mobility/Walking	_____	_____	_____	_____	_____
Getting in or out of Bed or Chair	_____	_____	_____	_____	_____
Continence of 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 space for each activity.)

	No Help	*Able to But Someone Else Performs Task	*Occasionally Needs Assistance	*Usually/Always Need Assistance
Cooking	_____	_____	_____	_____
Cleaning	_____	_____	_____	_____
Laundry	_____	_____	_____	_____
Shopping	_____	_____	_____	_____
Handling Finances	_____	_____	_____	_____
Telephoning	_____	_____	_____	_____
Taking Medication	_____	_____	_____	_____

\*Record details of activities performed by others and/or assistance if needed: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**COGNITIVE QUESTIONNAIRE**

(Examiner: Ask the applicant 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 the name of this place? \_\_\_\_\_
- \_\_\_\_    \_\_\_\_    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. What was your mother's maiden name? \_\_\_\_\_
- \_\_\_\_    \_\_\_\_    10. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.

(Examiner: Record applicant's responses to question #10 below, exactly as given.)

\_\_\_\_\_

"This concludes the questionnaire. Thank you for your time."

(Examiner: Complete the "Examiner Observation" segment below AFTER you leave the premises.) Use reverse side to expand on answers to any questions.

**EXAMINER OBSERVATIONS**

- a) Describe the applicant's steadiness and balance in walking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Describe how much difficulty the applicant has in sitting down and getting up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) Was applicant able to understand your questions and communicate properly? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d) Any obvious physical or mental abnormalities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Describe applicant's neatness and cleanliness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f) Describe neatness and cleanliness of home environment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Printed Examiner's Name

\_\_\_\_\_  
Date

FIELD OFFICE LOCATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_