



The Prudential Insurance Company of America  
Pruco Life Insurance Company of New Jersey  
Pruco Life Insurance Company  
All are Prudential Financial companies.  
Corporate Offices, Newark, New Jersey

COMPLETE FORM FOR AGES 71 TO 75 FOR AMOUNTS OF \$100,000 TO \$999,999

POLICY NUMBER (IF KNOWN): \_\_\_\_\_

1. Amount of insurance: \_\_\_\_\_
2. Name of person examined: \_\_\_\_\_
3. Social Security number: \_\_\_\_\_ 4. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. The required picture identification of the person examined was secured:  Yes  No

**This form contains confidential information about the person you have examined. Do not give this form or any copy of it to anyone outside Prudential.**

**A. TEN WORD DELAYED WORD RECALL (DWR) – PART 1**

**1. Instructions to examiner:**

- a. Before beginning the interview, cut out each of the words on the last page and use as flash cards.
- b. Show each word to the individual while you read each word aloud.
- c. Ask the individual to form a sentence using that word. Do not record the sentences. Wait for his/her reply.
- d. Be sure the individual understands each word before going to the next word. Repeat this process with all of the words.

**2. DWR Words:**

Chair<sup>1</sup> Book<sup>2</sup> Table<sup>3</sup> Cow<sup>4</sup> Penny<sup>5</sup> Balloon<sup>6</sup> Flower<sup>7</sup> Picnic<sup>8</sup> Kitten<sup>9</sup> Bank<sup>10</sup>

**3. DWR Words for individual in same household with a joint application:**

Apple<sup>1</sup> Pencil<sup>2</sup> Coat<sup>3</sup> Flag<sup>4</sup> Towel<sup>5</sup> Cup<sup>6</sup> Log<sup>7</sup> Pillow<sup>8</sup> Hair<sup>9</sup> Finger<sup>10</sup>

4. Repeat the process a second time as instructed above. He/she may either make up a new sentence or use the same sentence used before. After completing this portion of the DWR test, place the flashcards out of sight.

**(RECALL in 5-10 minutes)**

**B. CLOCK DRAW TEST**

**1. Instructions to examiner:**

- a. If the individual has difficulty drawing the circle, stop the test and note that he/she could not complete the circle.
- b. Offer the individual the opportunity to try up to three times.
- c. Make sure that he/she understands your instructions.

**2. Instructions to person being examined:**

- a. Draw a circle below to represent the face of a clock.
- b. Please draw all the numbers on the face of the clock in the correct positions.
- c. Draw the hands of the clock in a position where the time shown is 10 minutes past 11 o'clock.



NAME OF PERSON BEING EXAMINED: \_\_\_\_\_

POLICY NUMBER (IF KNOWN): \_\_\_\_\_

**C. TEN WORD DELAYED WORD RECALL TEST – PART 2**

**1. Instructions to examiner:**

- a. If it has been between 5 and 10 minutes since you completed Part 1 of the delayed word recall, please now complete Part 2.
- b. Ask the individual to recall as many of the words he or she can from Part I.
- c. You will check off the words below and then record the total number of words recalled correctly.

2. List:  Chair     Book     Table     Cow     Penny     Balloon     Flower     Picnic     Kitten     Bank

Total number recalled \_\_\_\_/10

3. Joint application list:  Apple     Pencil     Coat     Flag     Towel     Cup     Log     Pillow     Hair     Finger

Total number recalled \_\_\_\_/10

**D. 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.

- 1. What is the person's general affect or demeanor (cheerful, depressed, tired, etc.)? \_\_\_\_\_
- 2. Does he/she have difficulty walking, sitting, or rising?  Yes     No
- 3. Does he/she use a wheelchair?  Yes     No
- 4. Is there difficulty with understanding directions?  Yes     No
- 5. If a friend or relative accompanies this person, does the individual seem to rely on that person for physical help or in following directions?  
 Yes     No
- 6. How is the individual dressed (neatly, sloppily, etc.)? \_\_\_\_\_
- 7. Are there other observations you would like to make?  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF EXAMINER**

Name of examiner (please print) \_\_\_\_\_ Paramed company \_\_\_\_\_

→ Signature of examiner **X** \_\_\_\_\_ Date \_\_\_\_\_

Address: Street \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Branch phone number \_\_\_\_\_ Tax number \_\_\_\_\_

**Send the completed and signed Senior Assessment form to CRL via overnight mail.**

## DWR WORD FLASHCARDS

The DWR words below appear in sequence to the DWR word list on the senior assessment form. Cut these into individual flash cards and use them to complete the DWR exercise. Show each flash card one at a time to the individual as you say the corresponding DWR word and ask the individual to use the word in a sentence.

**CHAIR**

1

**BOOK**

2

**TABLE**

3

**COW**

4

**PENNY**

5

**BALLOON**

6

**FLOWER**

7

**PICNIC**

8

**KITTEN**

9

**BANK**

10

## DWR WORD FLASHCARDS FOR INDIVIDUAL IN SAME HOUSEHOLD WITH A JOINT APPLICATION

The DWR words below appear in sequence to the DWR word list on the senior assessment form. Cut these into individual flash cards and use them to complete the DWR exercise. Show each flash card one at a time to the individual as you say the corresponding DWR word and ask the individual to use the word in a sentence.

APPLE

1

PENCIL

2

COAT

3

FLAG

4

TOWEL

5

CUP

6

LOG

7

PILLOW

8

HAIR

9

FINGER

10