



Activities of Daily Living (ADL'S)

	Yes	No	Please provide full details for any "yes" answers
1. Do you require assistance with:			
• Dressing?	<input type="checkbox"/>	<input type="checkbox"/>	
• Bathing?	<input type="checkbox"/>	<input type="checkbox"/>	
• Meal Preparation?	<input type="checkbox"/>	<input type="checkbox"/>	
• Taking Medication?	<input type="checkbox"/>	<input type="checkbox"/>	
• Using Transportation?	<input type="checkbox"/>	<input type="checkbox"/>	
• Shopping/Banking?	<input type="checkbox"/>	<input type="checkbox"/>	
• Other? (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you drive a vehicle? If not, why? Any restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you fallen during the past two years? If yes, provide dates, frequency and circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you been widowed within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
5. With whom do you reside and how long has this been your living arrangement?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you engage in any hobbies or community activities? Please elaborate.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you own a pet?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you use a cane, walker, wheelchair, or other device to assist you? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	

(Witness)

(Life Insured)

Signed at _____ this _____ day of _____, 200__