



Interview guide: how to prepare for your personal history interview

Thank you for considering Nationwide CareMatters® II for your long-term care and life insurance coverage needs. Now that you've met with your life insurance professional, an interviewer will contact you. He or she will gather information about your personal and medical history, which will be recorded and used to help complete your application.

This worksheet was designed to help you prepare for that interview. Filling it out ahead of time is optional, but it will save you time and hassle to have all the information you need for the interview right at your fingertips.

Helpful tips about what to expect:

- The phone interview usually takes about an hour, but it can run longer, depending on your specific history or if an interpreter is requested; if an interpreter is needed, please indicate the language needed on the application
- A cognitive assessment may also be included; this is routine for ages 60 and older, though we may request the screen for any age depending on our findings; no advance preparation is required for the cognitive assessment portion of the interview, but the interview will last 15 to 20 minutes longer; all exercises in the cognitive screen must be completed without the assistance of another person, pen and paper, or any other device
- The interview should be completed at a time and location where you can be focused and free from distraction. You may want to choose somewhere private to complete the interview because of the personal nature of the information being discussed; the interview cannot be completed on speaker phone, and no one else should be present during the interview.
- The interviewer will ask you questions about your medical and prescription history; activities of daily living; occupation, driving history, hobbies, sports and travel; and alcohol and tobacco use
- Nationwide will need to verify your prescription information, so please be prepared to provide the most accurate information available
- Once the phone interview is completed, you'll be asked to give a voice signature to confirm the accuracy of all the information you provided

Social Security number

Driver's license number

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Physician details

Name	Phone number	Address

Medications

Please be prepared to list all prescription medications that you're currently taking and those that you've been prescribed, have taken or been given in the past three years, along with the names of the prescribing doctors. Also list any **over-the-counter medications, aspirin or supplements** you've taken for two or more weeks at a time within the past 12 months.

Medication name	Dosage	When started	Currently taking	Reason for taking	Physician
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Activities of daily living

Have you needed assistance or supervision while performing any of the following activities in the past 24 months? (Check all that apply):

<input type="checkbox"/> Bathing	<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Toileting
<input type="checkbox"/> Bowel or bladder control	<input type="checkbox"/> Managing your finances	<input type="checkbox"/> Use of transportation
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Moving into or out of a chair or bed	<input type="checkbox"/> Telephone use
<input type="checkbox"/> Dressing	<input type="checkbox"/> Shopping	<input type="checkbox"/> Walking
<input type="checkbox"/> Eating	<input type="checkbox"/> Taking or managing your medications	

Recreational activities, volunteer work and exercise regimens

Describe these activities and indicate how often you participate in them.

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Social history

In the past three years, have you used tobacco, nicotine products — such as cigarettes, cigars, electronic cigarettes, pipes, smokeless tobaccos, snuffs, vape, other tobacco products or nicotine products (gums, patches, etc.) — or marijuana, in any form?

In the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If “yes,” please specify the type:

<input type="checkbox"/> Cigarettes/E-Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Vapor <input type="checkbox"/> Pipes <input type="checkbox"/> Hookah <input type="checkbox"/> Marijuana <input type="checkbox"/> Nicotine Products (gum, patch, etc.) <input type="checkbox"/> Other tobacco products
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Amount and frequency: past 12 months: _____ past 36 months: _____

Date tobacco or nicotine product was last used: ____/____/____ (mm/dd/year)

Do you consume alcoholic beverages? Yes No

If “yes,” please specify the type, amount and frequency: _____

Date alcohol was last used: ____/____/____ (mm/dd/year)

Medical history

Please list all medical conditions (past and current) with which you've been diagnosed. The interviewer may have additional questions based on the information you provide.

Condition	Date of diagnosis	Symptoms	Tests done — including results	Type and date of treatment	Name, address and phone number of the physician, hospital and/or treatment facility

If you have or have had any of the following conditions, please be prepared to provide the following information:

Cancer	Diagnosis/date of diagnosis _____ Type, location, stage of cancer or any lymph node involvement or metastasis; if prostate cancer, also provide date and results of most recent prostate specific antigen (PSA) test _____ Treatment (including date of last treatment) and any residuals/side effects _____ _____ Outcome _____
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Medical history (continued)

Diabetes

Type _____

Have you had any of the following conditions related to diabetes?

- Eye problems or retinopathy Foot sores or ulcers Amputations
 Kidney problems or nephropathy Neuropathy

Do you check your blood sugar levels? Yes No

Date last checked ____/____/____ (mm/dd/year) Average reading _____

Have you had a hemoglobin A1C test (HgA1C)? Yes No

If yes, date of last test ____/____/____ (mm/dd/year) Results _____

Heart disease/ heart attack

Date of last occurrence ____/____/____ (mm/dd/year)

Have you had any procedures or surgeries? Yes No

If yes, please specify the type — bypass (include how many vessels), angioplasty, stent placement, etc.:

Date completed ____/____/____ (mm/dd/year)

Facility/physician name, city and state: _____

If you have had more than one instance, please be prepared with those details as well

High blood pressure

How often is your blood pressure taken? _____

Who takes your blood pressure readings? _____

Results/readings:

Date of last blood pressure reading ____/____/____ (mm/dd/year)

Results of the last blood pressure reading _____

Average readings _____

Application history

Please list all life, long-term care (LTC) or disability insurance applications for which you have been declined, postponed, rated, etc.

Product type	Date applied for	Outcome	Reason for outcome	Company

YOU'RE ALL SET

Now that you know what information is needed, you're ready for your interview. Thank you again for considering Nationwide CareMatters II. And if you have any additional questions about our product or the interview, please feel free to contact your insurance professional.



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is on your side

The insurance professional or company may contact you in response to your request for additional information.

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Nationwide CareMatters II may not be available in every state. Please contact Nationwide to determine product availability in your state.

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