



Nationwide CareMatters® | Interview guide

How to prepare for your personal history interview

Thank you for considering Nationwide CareMatters® for your long-term care and life insurance coverage needs. Now that you've met with your life insurance professional, Nationwide® will gather information about your personal and medical history.

This worksheet was designed to help you prepare for that interview. Filling it out ahead of time is optional, but it'll help you be better prepared for the interview questions.

Helpful tips about what to expect:

- For those selecting the online interview, you'll be emailed a secure link that is mobile-friendly; the interview should be completed within 10 days, and you'll receive reminders until the interview is completed; if you need help, phone support is available; the online interview is not available in California
- For those selecting the phone interview, it 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 specify the language on the application
- A cognitive assessment may also be included; this is routine for those 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 for the phone interview or will be scheduled after the online interview; 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 its personal nature; the interview cannot be completed where other people can hear or see your responses
- During the interview, you'll be asked 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 interview is completed, you'll be asked to give a voice signature for the phone interview or to provide an electronic signature via DocuSign for the online interview to confirm the accuracy of all the information you've provided

• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

Not for use in New York. Contact your financial professional for the correct version.

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 3 years, along with the names of the prescribing doctors. Also list any **over-the-counter medications, aspirin or supplements** you've taken for 2 or more weeks at a time within the past 12 months. Some medications may require additional information and research beyond the past 3 years.

Medication name	Dosage	When started	Currently taking	Reason for taking	Physician
			Yes No		
			Yes No		
			Yes No		
			Yes 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:

Bathing	Managing your finances	Telephone use
Bowel or bladder control	Meal preparation	Toileting
Cleaning	Moving into or out of a chair or bed	Use of transportation
Dressing	Shopping	Walking
Eating	Taking or managing your medications	

Recreational activities, volunteer work and exercise regimens

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

Social history

In the past 3 years, have you used tobacco, nicotine products — such as cigarettes, cigars, electronic cigarettes, pipes, smokeless tobaccos, snuffs, vapes, other tobacco products or nicotine products (gums, patches, etc.) — or marijuana, in any form?

In the past 12 months?	Yes	No	In the past 36 months?	Yes	No
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If “yes,” please specify the type:

Cigarettes/E-cigarettes Other tobacco products	Cigars	Vapes	Pipes	Hookah	Marijuana	Nicotine products (gums, patches, etc.)
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Amount and frequency in the past 12 months: _____ In the past 36 months: _____

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

Do you consume alcoholic beverages? Yes No

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

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

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

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/yyyy)

Average reading

Have you had a hemoglobin A1C test (A1C or HbA1C)? Yes No

Date last checked ____ / ____ / ____ (mm/dd/yyyy)

Results

Medical history (continued)

Heart disease/heart attack

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

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/yyyy)

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/yyyy)

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. If you have any additional questions about our product or the interview, please feel free to contact your insurance professional.



Nationwide®
is on your side

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

The information contained herein was prepared to support the promotion, marketing and/or sale of life insurance contracts, annuity contracts and/or other products and services provided by Nationwide Life and Annuity Insurance Company.

Nationwide CareMatters might not be available in some states. Please contact Nationwide to determine product availability in your state.

Products are issued by Nationwide Life and Annuity Insurance Company, Columbus, Ohio.

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