

**This form is to be  
completed ONLY by  
the Medical Examiner.**

**NOT FOR AGENT USE**



**West Coast Life  
Insurance Company**

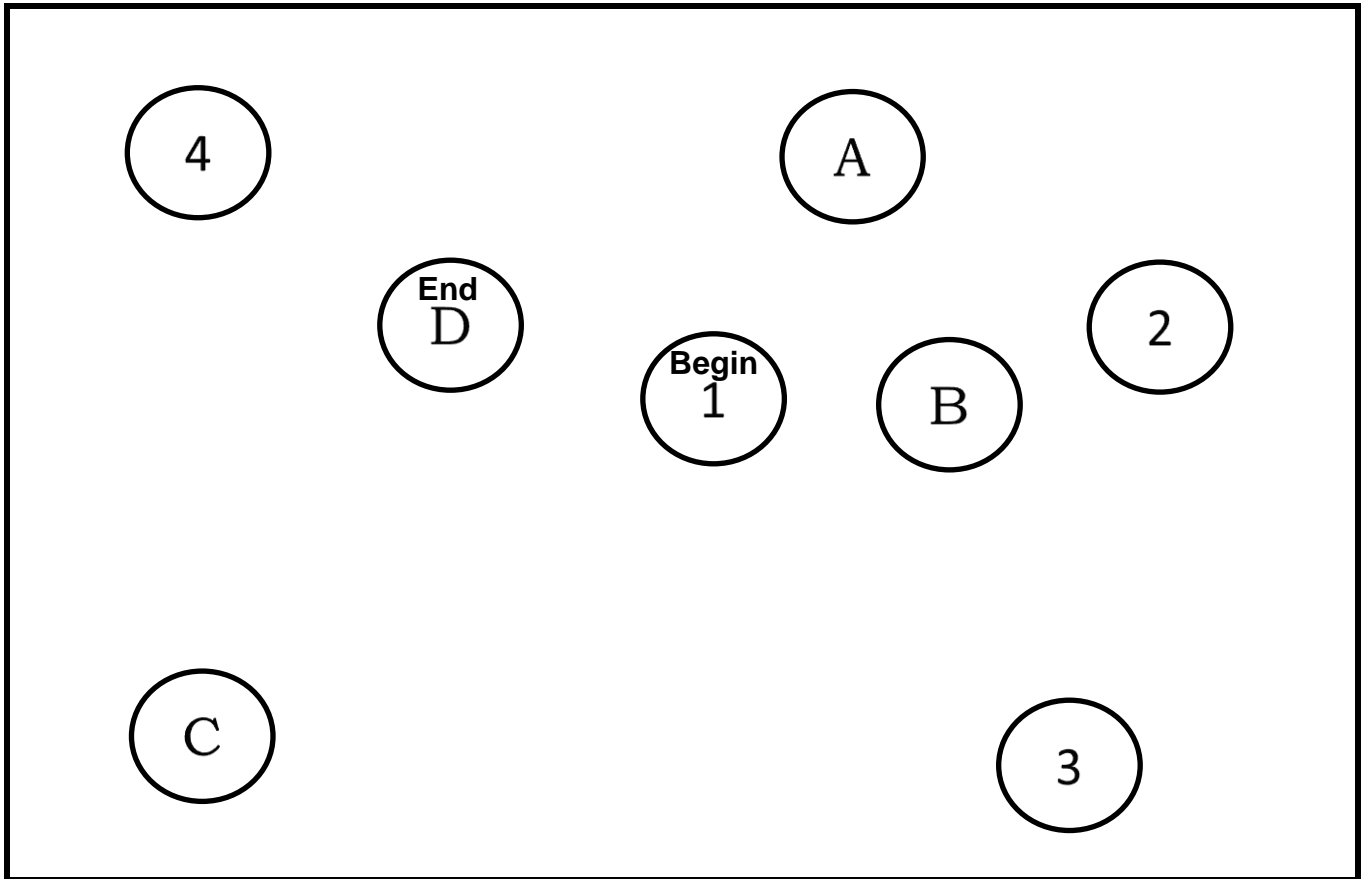
A PROTECTIVE COMPANY

## Trail Making Test (TMT)

### Instructions to Insurance Examiner:

- Step 1: Give the proposed insured a copy of the Trail Making Test worksheet and a pen or pencil.
- Step 2: **Examiner should demonstrate the test to the proposed insured using the sample sheet (Trail Making Test - *SAMPLE*).  
1-A-2-B-3-C, etc.**  
The proposed insured should be instructed to connect the circles as quickly as possible, without lifting the pen or pencil from the paper. Tell the proposed insured that you will correct him/her immediately if he/she makes an error and will allow him/her to correct the error. Let the proposed insured know that errors will only effect the final score in that the correction may add time to completion of the task.
- Step 3: Time the proposed insured as he/she follows the "trail" made by the numbers and letters on the test.  
(If the proposed insured makes an error, point it out immediately and allow him/her to correct the error.)
- Step 4: Record the time in the space provided on the test sheet. *(Note: If the proposed insured has not completed the testing within five minutes, please discontinue testing. Indicate that testing was discontinued on the test form.)*

**Trail Making Test - *SAMPLE***



## Trail Making Test

Name of Proposed Insured (Print): \_\_\_\_\_ Date: \_\_\_\_\_

The diagram shows a Trail Making Test layout with 12 numbered circles and letters A through K. The sequence starts at 'Begin 1' and ends at 'End L'. The circles are arranged in a non-linear pattern, requiring the test taker to connect them in the correct order.

Begin 1

End L

8, 9, 10, 4, D, B, H, 3, 7, 12, G, C, 5, J, 2, A, 6, E, K, F, 11

Time Taken to Complete: \_\_\_\_\_

I certify that I alone have completed this test in accordance with the instructions provided.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

(City, State)

Signed in the  
presence of

\_\_\_\_\_  
(Signature of Medical Examiner)

\_\_\_\_\_  
(Signature of Proposed Insured)