

Life Transitions Survey



FINANCIAL
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INC

Name: _____

Date: _____

Directions: In each section, select the transitions that you are currently experiencing and those you are likely to experience in the future. In addition, check transitions in the short to mid-term and long-term columns that you either hope to experience or you anticipate with concern.

Work Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1. Change in career path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. New job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Job restructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Education / retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sell or close business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Transfer family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gain a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lose a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Downshift / simplify work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sabbatical / leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Start or purchase a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Phase into retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1. Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sell a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Relocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Purchase a vacation home / timeshare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Re-evaluate investment philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Experience investment gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Experience investment loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Debt concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Consider investment opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Receive inheritance or financial windfall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sell assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1. Change in marital status (marriage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in marital status (divorce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Change in marital status (widowhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Expecting or adopting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hire child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Child entering adolescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Child with special needs (disabilities, medical/dental problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Child w/ pre-college expenses (private school, tutor, lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Child going to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Child getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Empty nest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Family special event (Bar/Bat Mitzvah, anniversary party, trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Helping and/or gifting grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Concern about aging parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Concern about health of spouse/partner or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Family member needs caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Concern about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Provide for long-term care (parent, spouse/partner, or self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Disability / hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legacy Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1. Increase charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Give special financial gifts to children/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Give parental pension (monthly stipend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Develop an estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Change estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Develop an end of life plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

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