



Life Transition Survey

Client 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 anticipate with concern. For any transitions that don't apply to you, feel free to leave them blank.

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="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="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 (Bat/Bar 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 (self or family member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Other:	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes