



# 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.

## 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