

Life Transitions Survey

Your 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-term and long-term columns that you either hope to experience or anticipate with concern.

Work Life Transitions

	Currently experiencing	Anticipate short-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-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"/>

Life Transitions Survey

Family Life Transitions

	Currently experiencing	Anticipate short-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, special 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-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