

## Your Information

Client Name(s):		Home Phone #:	
Address Line 1:		Email Address:	
Address Line 2:		City, State, Zip:	

Please Circle One		1 – Not Concerned, 2-4 – Moderately Concerned, 5 – Very Concerned				
1	My level of knowledge of the investing process	1	2	3	4	5
2	My ability to make sound decisions at market extremes	1	2	3	4	5
3	Financial issues creating stress in my relationship(s)	1	2	3	4	5
4	Future tax increases	1	2	3	4	5
5	My ability to make major purchases in retirement	1	2	3	4	5
6	Loss of entitlements (such as Social Security, Medicare, etc.)	1	2	3	4	5
7	Whether I have enough savings	1	2	3	4	5
8	Job security	1	2	3	4	5
9	The adequacy of my life insurance	1	2	3	4	5
10	Taking unnecessary investment risks	1	2	3	4	5
11	My level of personal debt	1	2	3	4	5
12	A potential stock market decline (or crash)	1	2	3	4	5
13	Family and friends requiring financial assistance	1	2	3	4	5
14	The education of my children and/or grandchildren	1	2	3	4	5
15	Special needs of children or dependents	1	2	3	4	5
16	Increasing medical costs	1	2	3	4	5
17	Long-term care insurance	1	2	3	4	5
18	Paying unnecessary taxes	1	2	3	4	5
19	Family members financially dependent on me	1	2	3	4	5
20	Disability insurance	1	2	3	4	5
21	Defining & identifying my life goals	1	2	3	4	5

# What Concerns You?

22	My spending habits	1	2	3	4	5
23	My relationships with my other advisors (CPA, Attorney, etc.)	1	2	3	4	5
24	My ability to make sound investment decisions	1	2	3	4	5
25	Outliving my assets	1	2	3	4	5
26	Sufficiency of income in retirement	1	2	3	4	5
27	My ability to potentially realize my dreams	1	2	3	4	5
28	Achieving my philanthropic goals	1	2	3	4	5
29	Emotions getting in the way of sound investment decisions	1	2	3	4	5
30	My estate planning needs	1	2	3	4	5
31	My level of knowledge of how capital markets work	1	2	3	4	5
32	My ability to make annual gifts to family members	1	2	3	4	5
33	The ability of my beneficiaries to manage money	1	2	3	4	5
34	Whether I am compensated for the risk I am taking	1	2	3	4	5
35	My lifestyle in retirement	1	2	3	4	5
36	Planning for the disposition of my assets	1	2	3	4	5
37	My level of charitable giving	1	2	3	4	5
38	Not taking enough investment risks	1	2	3	4	5
39	Prioritizing my goals and objectives	1	2	3	4	5
40	Caring for aging parents or other family members	1	2	3	4	5
41	Other: _____	1	2	3	4	5

**Additional Notes**