

QUICK QUESTIONNAIRE

Long-term care and chronic illness**Confidential analysis**

Name _____ Spouse's name _____

DOB _____ DOB _____

Primary address _____

Primary phone _____ Email _____

When you imagine the later stages of your retirement, what do you see? Where are you? How is your health?

Do you believe you could live into your 80s, 90s or even to age 100?

☐ Yes, because _____☐ No, because _____

What do you see in the future that could get in the way of a comfortable retirement?

Are you concerned about the cost of health care and how it could impact your retirement? Why or why not?

Have any of your family members or friends needed long-term care? ☐ Yes ☐ No

If yes, was there anything about their experience with long-term care you would want to avoid in your own?

If you need long-term care...

...where would you want to receive it?

- ☐ Home
- ☐ Assisted living facility
- ☐ Nursing home
- ☐ Other _____

...who would you want to provide it?

- ☐ Spouse
- ☐ Child
- ☐ Licensed professional
- ☐ Other _____

How do you plan to pay for any potential long-term care expenses?

- ☐ Medicare
- ☐ Out-of-pocket
- ☐ Medicaid
- ☐ Insurance
- ☐ Other _____

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