

Life Planning Support Interview Tool

This form is designed to guide conversations and collect information during our complimentary Senior Life Planning Support session. It reviews five areas of life: Financial, Home, Health, Legal, and Social/Emotional. We can complete it together or you can complete it on your own prior to our meeting.

Financial

1. Do you feel secure in your long-term financial situation?

☐ Yes ☐ No ☐ Unsure

If no or unsure, what concerns do you have? _____

2. What are your current income sources?

☐ Social Security ☐ Pension ☐ Annuity ☐ Investments

☐ Rental ☐ Work ☐ Other: _____

3. Do your current income sources cover your monthly household expenses?

☐ Yes ☐ No ☐ Unsure

4. Do you track your spending with a budget?

☐ Yes ☐ No

5. Do you expect any changes in your income in the next 5 years?

☐ Yes ☐ No If yes, What changes are expected? _____

6. Do you have retirement savings/investments?

☐ Yes ☐ No If yes, how are they managed (self, advisor, unmanaged)? _____

7. How long do you anticipate your savings/investments to last?

- ☐ Less than 10 years ☐ 10-20 years ☐ The rest of my life
☐ Unsure

8. Do you currently carry any debt?

- ☐ Mortgage ☐ Credit Cards ☐ Car Loan ☐ Other: _____

9. Are your monthly debt payments manageable?

- ☐ Yes ☐ No If no, please explain: _____

10. Insurance coverage: (check all that apply)

- ☐ Health ☐ Long-term care ☐ Life ☐ Other: _____

11. If an unexpected expense came up, how would you handle it?

Additional Notes or Comments: _____

Home

1. How long have you lived in your current home? _____

2. How do you feel about living in your current home right now?

- ☐ Comfortable ☐ Too much work ☐ Unsafe ☐ Lonely

3. Do you feel safe moving around your home?

- ☐ Yes ☐ No

4. Have you made modifications to your home (grab bars, ramps, lighting, etc.)?

☐ Yes ☐ No

If yes → What modifications have you made? _____

If no → What, if any, modifications do you anticipate needing in the future?

5. Is home maintenance manageable?

☐ Yes ☐ No

If yes → Are you managing it yourself or do you have reliable help?

☐ Do it all myself ☐ Have help (family, vendors, services)

If no → What issues are you having (repairs, cleaning, yard, snow removal)?

6. Do you feel safe from criminal activity in and around your home?

☐ Yes ☐ No

7. Do you see yourself staying in your home long term?

☐ Yes ☐ No ☐ Unsure

If yes → What changes do you anticipate needing to make aging in place easier? _____

If no/unsure → Are you considering downsizing, moving closer to family, or are you exploring senior housing options? _____

Additional notes or comments: _____

Health

1. How would you describe your current health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Do you have any current health diagnoses or ongoing conditions that are affecting your life?

☐ Yes ☐ No

If yes → How are your current medical needs affecting your life? _____

3. Do you feel confident moving around your home and getting around in the community?

☐ Yes ☐ No

4. Have you had any recent falls or near-falls?

☐ Yes ☐ No

5. Are you currently dependent on help from others for any of your daily activities like cooking, bathing, shopping, driving?

☐ Yes ☐ No

If yes → Which activities do you require help with? _____

6. Do you have regular access to healthcare providers?

☐ Yes ☐ No

7. If taking medications, do you manage them easily or do you need help?

☐ Manage myself with ease ☐ Need help ☐ Not taking any medications

8. Have you thought about what support you'd want if your health declines?

☐ In-home care ☐ Assisted Living ☐ Family Support ☐ Other

If other, please specify: _____

Additional notes or comments: _____

Legal

1. Do you have a current Will and/or Trust?

☐ Will ☐ Trust ☐ Both

2. Do you have a Power of Attorney (Financial)?

☐ Yes ☐ No

3. Do you have any advance directives (Healthcare Proxy/Living Will)?

☐ Healthcare Proxy ☐ Living Will ☐ Other: _____

4. When were these documents last updated?

- Will/Trust: _____
- Financial Power of Attorney: _____
- Healthcare Proxy/Advance Directive: _____

If you do not have these documents, do you plan on creating them?

☐ Yes ☐ No ☐ Unsure

5. Do you feel confident your legal documents reflect your current wishes?

☐ Yes ☐ No

6. Does your family and/or estate executor know where these documents are kept?

☐ Yes ☐ No

7. Have you planned for making important account information accessible to your family/executor (online accounts, passwords)?

☐ Yes ☐ No

8. Do you have a trusted attorney/advisor?

☐ Yes ☐ No

Additional notes or comments: _____

Social & Emotional

1. How often do you spend time with friends and/or family?

☐ Daily ☐ Weekly ☐ A few times per month

☐ Less than once per month ☐ Rarely/Never

2. Do you feel more socially connected or more socially isolated?

☐ Connected ☐ Isolated

3. How often do you participate in community, group, or faith-based activities?

☐ Daily ☐ Weekly ☐ Monthly ☐ Sporadically ☐ Rarely/Never

4. Do you have a pet living with you?

☐ Yes ☐ No

If yes → What type of pet(s): _____

5. How would you describe your overall mood in recent days?

☐ Positive ☐ Neutral ☐ Stressed ☐ Lonely ☐ Other

If other, please specify: _____

6. Do you have someone you can talk to when you're struggling?

☐ Yes ☐ No

7. Do you feel supported by family?

☐ Yes ☐ No ☐ No family relationships at this time

8. Have you communicated with your family about your wishes for the future?

☐ Yes ☐ No

9. Do you feel you have meaningful activities or goals?

☐ Yes ☐ No

10. Are there things you'd like to do but haven't yet had the chance or you've been putting off? If so, please share:

Additional Notes or Comments: _____
