

Money Memories

Directions: Look for clues in your past that will help you to understand your current financial life. Starting with your childhood, what experiences have shaped your underlying beliefs and attitudes about money? What do your patterns of earning, saving, investing, and giving tell about you? Here is a list of questions to guide you in the reflection process.

1. What is your earliest money memory?
2. As a child, what was the most important lesson you learned about money?
3. Growing up in your family, was money mainly used to reward, punish, survive, impress, control, help others, have fun, buy love, reach goals, or _____?
4. What are the one-sentence messages regarding money that have stuck with you from your childhood? Where did you hear these messages?
5. What were the spending/saving patterns of your mother? Or your father?
6. Describe the work ethic of your mother and your father.
7. When you were young, did you consider your family to be rich, poor, or _____?
8. What were you taught about money when you were growing up?
9. In your family, was money an "issue"? A source of conflict? A tool for achieving goals?

10. When did you first start earning your own spending money?
11. What was your first big purchase? How did that make you feel?
12. As an adult, what has been the most important lesson you have learned about money?
13. In your current financial life, are you more of a spender or a saver?
14. In your current financial life, are you more of an avoider or a worrier?
15. In your heart of hearts, what have you wanted money to give you?
16. Has money been an “issue” or source of conflict in your important relationships?
17. What money habits have brought you closer to your life goals?
18. What money habits have been obstacles to reaching your life goals?
19. What or who has most influenced your financial philosophy? How and why?
20. What experience do you feel has most directly shaped your current level of financial satisfaction?

Life Transition Survey

Directions: In each section, select the transitions that you are currently experiencing and those that 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 / retaining	<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	<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 of 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-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

Financial Satisfaction Survey

Directions: The statements below will help you to think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement.

I am satisfied...	Not Satisfied 1	2	Moderately Satisfied 3	4	Very Satisfied 5
1 ...with my ability to meet my financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ...with the income my current job or career provides me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 ...with my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ...with the level of debt I carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 ...with the "extras" that I am able to buy for myself and/or loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 ...with the level and quality of insurance protection I currently have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 ...with the amount of money that I save and invest on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 ...with my current investment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 ...that I am on track to build a sufficient retirement nest egg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 ... with the level of employee benefits I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 ...with my style of personal bookkeeping and financial record management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 ...with my ability to provide financial help to family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 ...with my estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 ...with my level of charitable giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 ...with the level of financial education I have attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 ...with how I respond emotionally to my personal finance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 ...with my ability to communicate about my financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 ...with the feelings I have about my money life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 ...that financial issues do not cause stress or strain in the relationships that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 ...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>