

## Expectations & Concerns

What do you most look forward to? What worries or concerns you? Select what applies to you.

Retirement Expectations	Client	Co-client	
No Work	<input type="checkbox"/>	<input type="checkbox"/>	
Part-Time Work for a Few Years	<input type="checkbox"/>	<input type="checkbox"/>	
Never Completely Retire	<input type="checkbox"/>	<input type="checkbox"/>	
Active Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	
Quiet Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	
Time to Travel	<input type="checkbox"/>	<input type="checkbox"/>	
Time with Friends and Family	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunity to Help Others	<input type="checkbox"/>	<input type="checkbox"/>	
Moving to a New Home	<input type="checkbox"/>	<input type="checkbox"/>	
Start a Business	<input type="checkbox"/>	<input type="checkbox"/>	
Less Stress - Peace of Mind	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement Concerns	Client	Co-client	Degree
			High/Med/Low
Not having a paycheck anymore	<input type="checkbox"/>	<input type="checkbox"/>	
Running out of money	<input type="checkbox"/>	<input type="checkbox"/>	
Suffering investment losses	<input type="checkbox"/>	<input type="checkbox"/>	
Leaving money to others	<input type="checkbox"/>	<input type="checkbox"/>	
Spending too much	<input type="checkbox"/>	<input type="checkbox"/>	
Cost of health care or long-term care	<input type="checkbox"/>	<input type="checkbox"/>	
Current or future health issues	<input type="checkbox"/>	<input type="checkbox"/>	
Dying early	<input type="checkbox"/>	<input type="checkbox"/>	
Living too long	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Alzheimer's (or other illness)	<input type="checkbox"/>	<input type="checkbox"/>	
Going into a nursing home	<input type="checkbox"/>	<input type="checkbox"/>	
Being bored	<input type="checkbox"/>	<input type="checkbox"/>	
Too much time together	<input type="checkbox"/>	<input type="checkbox"/>	
Parents needing care	<input type="checkbox"/>	<input type="checkbox"/>	
Family needs financial help	<input type="checkbox"/>	<input type="checkbox"/>	
Kids moving home	<input type="checkbox"/>	<input type="checkbox"/>	
Care for child with special needs	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	