

**QUICK QUESTIONNAIRE**

# Long-term care and chronic illness

**Confidential analysis**

Name \_\_\_\_\_ Spouse's name \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_

Primary address \_\_\_\_\_  
\_\_\_\_\_

Primary phone \_\_\_\_\_ Email \_\_\_\_\_

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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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