

Financial Life Checkup

Name: _____

Date: _____

Directions: Please score your current feelings in each of the following areas.

Not Satisfied		Moderately Satisfied		Very Satisfied
1	2	3	4	5

I am satisfied...	Your Score
With my ability to meet my financial obligations over the balance of my lifetime	
With my spending habits	
With the level of insurance I carry	
With the amount of money I am able to give to loved ones	
With the amount of money I am able to give to charities I care about	
With my current investment choices	
With my current investment strategy	
With my personal bookkeeping and financial records management	
With my estate plan and my understanding of what will happen if something happens to me	
With my level of personal financial education	
With my ability to communicate about financial matters	
With my understanding of my tax situation	
With my working relationships with the financial service providers in my life (CPA, banker, financial planner, stock broker, estate attorney, etc.)	

Notes/Comments you wish to add: