



## QUESTIONNAIRE

### ABOUT YOU

- 1) How old are you? \_\_\_\_\_
- 2) Are you married? Yes\_\_\_ No\_\_\_
- 3) In what state do you reside? \_\_\_\_\_
- 4) Have you ever used tobacco products? Yes\_\_\_ No\_\_\_
- 5) How many alcoholic drinks do you consume per week: none, 1-3, 5-7, 8+? \_\_\_\_\_
- 6) Do you have a home mortgage? Yes\_\_\_ No\_\_\_
  - a. If not, do you pay monthly rent for your residence? Yes\_\_\_ No\_\_\_
- 7) Do you own other property in addition to your primary residence? Yes\_\_\_ No\_\_\_
- 8) Do you have rolling credit card debt? Yes\_\_\_ No\_\_\_
- 9) Have you ever had your identity compromised or stolen? Yes\_\_\_ No\_\_\_
- 10) Have you ever had a bank, credit card or investment account hacked? Yes\_\_\_ No\_\_\_
- 11) Are you enrolled in your employer's health insurance program? Yes\_\_\_ No\_\_\_
- 12) Do you have a signed will in place? Yes\_\_\_ No\_\_\_
- 13) Do you have a living will? Yes\_\_\_ No\_\_\_
- 14) Do you have a trusted power of attorney? Yes\_\_\_ No\_\_\_
- 15) Do you own life insurance equal to or exceeding ten months of gross income? Yes\_\_\_ No\_\_\_
- 16) Do you own disability income insurance equal to or exceeding 60% of your gross income through age 65? Yes\_\_\_ No\_\_\_
- 17) Do you have an emergency cash account – with at least six months of expenses? Yes\_\_\_ No\_\_\_

### ABOUT YOUR HEALTH

- 1) Is there a history of any of the following in your immediate family?
  - a. Cancer Yes\_\_\_ No\_\_\_
  - b. Heart disease or other coronary ailments Yes\_\_\_ No\_\_\_
  - c. High blood pressure Yes\_\_\_ No\_\_\_
  - d. Diabetes Yes\_\_\_ No\_\_\_
  - e. Dementia Yes\_\_\_ No\_\_\_
- 2) Do you consider yourself in excellent, good or fair health? \_\_\_\_\_
- 3) Do you have a health care proxy? Yes\_\_\_ No\_\_\_
- 4) Would you consider yourself in a high stress work environment? Yes\_\_\_ No\_\_\_
- 5) Do you go for regular annual physicals? Yes\_\_\_ No\_\_\_
- 6) Have you been hospitalized in the last two years? Yes\_\_\_ No\_\_\_

ABOUT YOUR ACTIVITIES

- 1) Do you exercise at least three times per week? Yes\_\_\_ No\_\_\_
- 2) Do you meditate or participate in other stress-reducing activities? Yes\_\_\_ No\_\_\_
- 3) Do you participate in any team or recreational sports? Yes\_\_\_ No\_\_\_
- 4) Have you participated in any adventurous avocations in the last three years including: bungee jumping, private aviation, rock climbing, rodeos? Yes\_\_\_ No\_\_\_
- 5) Do you drive a high-performance sports car? Yes\_\_\_ No\_\_\_
- 6) Do you ride motorcycles or other vehicles with less than four wheels? Yes\_\_\_ No\_\_\_

YOUR CHILDREN

- 1) Do you have children? Yes\_\_\_ No\_\_\_
- 2) If yes:
  - a. Do your children use cell phones? Yes\_\_\_ No\_\_\_
  - b. Do your children play sports? Yes\_\_\_ No\_\_\_
  - c. Do you have children attending college? Yes\_\_\_ No\_\_\_
  - d. Do you regularly monitor your child's internet content and time online? Yes\_\_\_ No\_\_\_

Thank you for your participation.

Name\_\_\_\_\_

Phone\_\_\_\_\_

Email\_\_\_\_\_