

Later Life Planning Resource Evaluation Form

Q1. Please tick below the sections of the Later Life Planning resource that you used the most and tell us what changes you have made/will make to your later life plans and how it might help you.

| Later Life Plan | Please tick | The changes I have made/will make and how it will help me |
|-----------------------------------|-------------|---|
| Planning For Retirement and After | | |
| Staying In Work | | |
| Getting Back into Work | | |
| Bereavement | | |
| Preparing For Own Possible Care | | |
| Other Life Changes | | |

Q2. How confident did you feel about your later life plans, if any, before using the Later Life Planning resource?

0 1 2 3 4 5 6 7 8 9 10

Not at all confident Very confident

Q3. How confident do you feel now after using the Later Life Planning resource?

0 1 2 3 4 5 6 7 8 9 10

Not at all confident Very confident

