

**Care Assistance Planning Simplified Questionnaire**

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

1) Have you had genetic testing for Huntington’s Disease?  Yes  No

If answered Yes: CAG Repeat # \_\_\_\_\_

2) Are you currently having symptoms of Huntington’s Disease?  Yes  No

If answered Yes: Please provide details of symptoms \_\_\_\_\_

3) Do you currently have Life Insurance and/or Long-Term Care Insurance?

Yes  No If answered Yes please provide details: \_\_\_\_\_

4) Please check any of the following you currently have:

Last Will & Testament  Revocable Living Trust  Irrevocable Trust

General Power of Attorney  Healthcare Power of Attorney

Advanced Directives (Living Will)

5) Do you foresee any adverse changes to your expenses or monthly income in the next 6 to 12 months? (For example: loss of job, increases in household bills, etc..)

Yes  No If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_