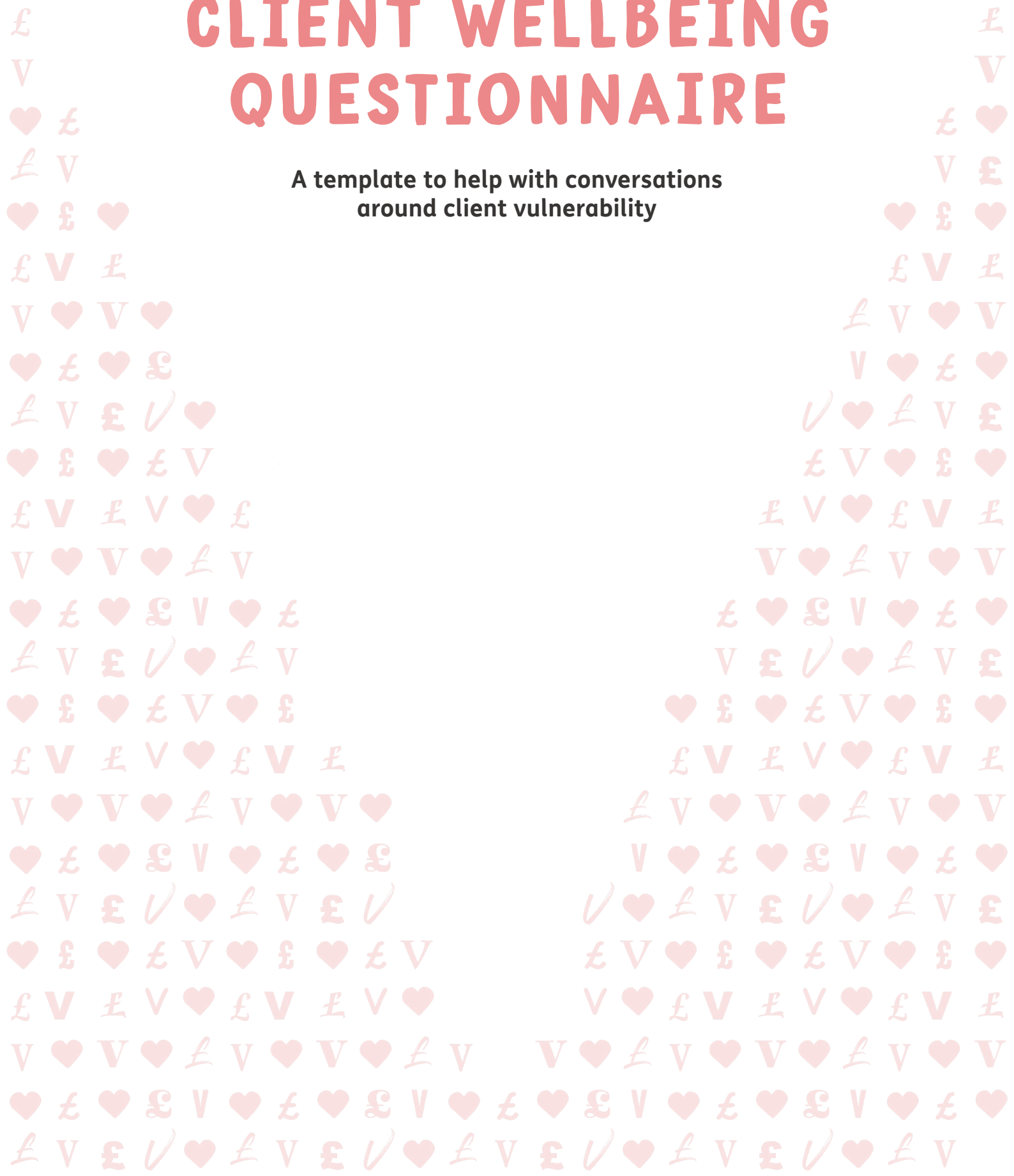


**JUST.**

# CLIENT WELLBEING QUESTIONNAIRE

A template to help with conversations around client vulnerability





**Welcome to our client wellbeing questionnaire. This is designed to help you ask questions and formulate actions around consumer vulnerability.**

### How to use this questionnaire

This questionnaire is divided into four sections: Health, Life events, Resilience, and Capability. Each section contains example questions to guide you.

Throughout the document, there's plenty of blank space for you to:

- Add your own notes, action points and further questions.
- Record any additional steps that will be taken such as referring to a specialist in a particular area or following a certain part of the firm's vulnerability policy.

We hope that this questionnaire will be a valuable resource for you as you work to support the wellbeing of your clients.

### A reminder of the key drivers of consumer vulnerability

#### Health

This refers to any health conditions or illnesses that affect the consumer's physical or mental well-being, such as disabilities, chronic diseases, mental health problems, or cognitive impairments. These can impede the consumer's judgement, memory, communication, or understanding of financial matters.

#### Life events

These are events that cause a significant change or disruption in the consumer's personal or financial situation, such as bereavement, job loss, divorce, domestic abuse, or becoming a carer. They can create new or increased financial needs, obligations, or pressures, or reduce the consumer's income, assets, or support network.

#### Resilience

This is the consumer's ability to withstand or recover from financial or emotional disturbance, such as unexpected expenses, income shocks, or negative life events. This depends on the consumer's level of savings, debt, insurance, and social capital. Consumers with low resilience may struggle to cope with financial difficulties or stress, and may resort to harmful coping strategies, such as borrowing excessively or gambling.

#### Capability

This is the consumer's level of knowledge, skills, and confidence in managing their money and using financial services. This includes financial literacy, numeracy, and digital literacy. Consumers with low capability may lack the information, understanding, or tools to make informed financial decisions, or may face barriers to accessing or using financial products or services.

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

# HEALTH

Examples of questions you might ask:

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
1. Do you have any physical or mental health conditions that affect your ability to make financial decisions?		<input type="radio"/> Yes <input type="radio"/> No
2. Are you taking any medication that affects your ability to make financial decisions?		<input type="radio"/> Yes <input type="radio"/> No
3. Do you have any disabilities that affect your ability to make financial decisions?		<input type="radio"/> Yes <input type="radio"/> No
4. Are you currently receiving any medical treatment that affects your ability to make financial decisions?		<input type="radio"/> Yes <input type="radio"/> No
5. Have you ever been hospitalised for a physical or mental health condition?		<input type="radio"/> Yes <input type="radio"/> No
6. Do you have any concerns about your physical or mental health that may impact your financial decision-making?		<input type="radio"/> Yes <input type="radio"/> No
7. Have you ever been diagnosed with a cognitive impairment, such as dementia or Alzheimer's disease?		<input type="radio"/> Yes <input type="radio"/> No
8. Do you have any concerns about your cognitive abilities that may impact your financial decision-making?		<input type="radio"/> Yes <input type="radio"/> No
9. Are you currently receiving any care or assistance for a physical or mental health condition?		<input type="radio"/> Yes <input type="radio"/> No
10. Do you have any concerns about your ability to manage your finances due to a physical or mental health condition?		<input type="radio"/> Yes <input type="radio"/> No

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

## CLIENT WELLBEING QUESTIONNAIRE

# HEALTH (CONTINUED)

Have you asked other questions?

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

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## CLIENT WELLBEING QUESTIONNAIRE

Steps I've taken to support identified areas of vulnerability regarding health:

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

## CLIENT WELLBEING QUESTIONNAIRE

### Notes

# LIFE EVENTS

Examples of questions you might ask:

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
1. Have you recently experienced any significant life events, such as a bereavement, divorce, or job loss?		<input type="radio"/> Yes <input type="radio"/> No
2. Are you currently experiencing any significant life events, such as a serious illness or caring responsibilities?		<input type="radio"/> Yes <input type="radio"/> No
3. Have you recently experienced any changes in your living situation, such as moving to a new home or location?		<input type="radio"/> Yes <input type="radio"/> No
4. Have you recently experienced any changes such as a new job or retirement?		<input type="radio"/> Yes <input type="radio"/> No
5. Have you recently experienced any changes in your family situation, such as a birth or adoption of a child?		<input type="radio"/> Yes <input type="radio"/> No
6. Have you recently experienced any changes in your financial situation, for example your income or expenses?		<input type="radio"/> Yes <input type="radio"/> No
7. Have you recently experienced any changes in your personal relationships, such as a separation or conflict with a loved one?		<input type="radio"/> Yes <input type="radio"/> No
8. Have you recently experienced any changes in your legal status, such as a criminal conviction or bankruptcy?		<input type="radio"/> Yes <input type="radio"/> No
9. Have you recently experienced any changes in your immigration status, for example an updated visa or citizenship?		<input type="radio"/> Yes <input type="radio"/> No
10. Have you recently experienced any other significant life events that may impact your financial decision-making?		<input type="radio"/> Yes <input type="radio"/> No

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

# LIFE EVENTS

## (CONTINUED)

Have you asked other questions?

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.



## CLIENT WELLBEING QUESTIONNAIRE

Steps I've taken to support identified areas of vulnerability regarding life events:

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

## CLIENT WELLBEING QUESTIONNAIRE

### Notes

# RESILIENCE

Examples of questions you might ask:

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
1. Do you have any savings or other financial resources to fall back on in case of an emergency?		<input type="radio"/> Yes <input type="radio"/> No
2. Have you ever struggled to pay bills or meet other financial obligations?		<input type="radio"/> Yes <input type="radio"/> No
3. Do you have any concerns about your financial situation?		<input type="radio"/> Yes <input type="radio"/> No
4. Have you ever had to borrow money from friends or family to make ends meet?		<input type="radio"/> Yes <input type="radio"/> No
5. Do you have any concerns about your ability to save money for the future?		<input type="radio"/> Yes <input type="radio"/> No
6. Have you ever had to use credit cards or other forms of credit to pay for basic necessities?		<input type="radio"/> Yes <input type="radio"/> No
7. Do you have any concerns about your ability to manage your debt?		<input type="radio"/> Yes <input type="radio"/> No
8. Have you ever had to sell assets or take out loans to cover unexpected expenses?		<input type="radio"/> Yes <input type="radio"/> No
9. Do you have any concerns about your ability to maintain your current standard of living?		<input type="radio"/> Yes <input type="radio"/> No
10. Have you ever had to make significant changes to your lifestyle due to financial difficulties?		<input type="radio"/> Yes <input type="radio"/> No

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# RESILIENCE

## (CONTINUED)

Have you asked other questions?

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

## CLIENT WELLBEING QUESTIONNAIRE

Steps I've taken to support identified areas of vulnerability regarding resilience:

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

## CLIENT WELLBEING QUESTIONNAIRE

### Notes

# CAPABILITY

Examples of questions you might ask:

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
1. How confident do you feel about managing your finances?		<input type="radio"/> Yes <input type="radio"/> No
2. Do you have any difficulties reading or understanding financial documents?		<input type="radio"/> Yes <input type="radio"/> No
3. Do you have any difficulties using technology to manage your finances?		<input type="radio"/> Yes <input type="radio"/> No
4. Have you ever received any financial education or advice?		<input type="radio"/> Yes <input type="radio"/> No
5. Do you have any concerns about your financial or other literacy skills?		<input type="radio"/> Yes <input type="radio"/> No
6. Do you have any concerns about your ability to make informed financial decisions?		<input type="radio"/> Yes <input type="radio"/> No
7. Have you ever made a financial decision that you later regretted?		<input type="radio"/> Yes <input type="radio"/> No
8. Do you have any concerns about your ability to plan financially for the future?		<input type="radio"/> Yes <input type="radio"/> No
9. Have you ever had to make a financial decision under stress or pressure?		<input type="radio"/> Yes <input type="radio"/> No
10. Do you have any concerns about your ability to manage your finances independently?		<input type="radio"/> Yes <input type="radio"/> No

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

# CAPABILITY

## (CONTINUED)

Have you asked other questions?

Question	Details (continue overleaf and/ or in 'notes' where necessary)	Actions noted
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

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## CLIENT WELLBEING QUESTIONNAIRE

Steps I've taken to support identified areas of vulnerability regarding capability:

Our question-set isn't exhaustive, so please remember to ask anything pertinent to your clients' individual circumstances.

## CLIENT WELLBEING QUESTIONNAIRE

### Notes

## FOR MORE INFORMATION

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**JUST.**

Call: **0345 302 2287**

Lines are open Monday to Friday, 8.30am to 5.30pm

We may monitor and record calls, and call charges may apply.

Email: **[vulnerabilitysupport@wearejust.co.uk](mailto:vulnerabilitysupport@wearejust.co.uk)**

Or visit our website for further information: **[justadviser.com](https://www.justadviser.com)**