



Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

My Money Picture

Please answer the following questions based on where you are today. There are no right or wrong answers. Your answers can help us provide you with information and resources that can help you with the financial issues you care about.

Question	Response		
1. Do you have dreams for you or your children that require money to make them happen?	Yes	No	I Don't Know
2. Are you behind on rent, car payments or your mortgage?	Yes	No	I Don't Know
3. Are you behind on utility payments?	Yes	No	I Don't Know
4. Do you have debts you're having trouble paying?	Yes	No	I Don't Know
5. Has your credit history made it hard to get a car, insurance, a phone or a job?	Yes	No	I Don't Know
6. Can you count on having about the same amount of income each week?	Yes	No	I Don't Know
7. Do you have a strategy to increase your income?	Yes	No	I Don't Know
8. Do your money, benefits, and other resources cover all of your bills and living expenses each month?	Yes	No	I Don't Know
9. When unexpected expenses or emergencies happen, do you have some money set aside to cover them?	Yes	No	I Don't Know
10. Do you have an account at a bank or credit union?	Yes	No	I Don't Know
11. Have you reviewed your auto, homeowners/renters, disability, health and life insurance within the last year?	Yes	No	I Don't Know
12. Are you actively saving for retirement?	Yes	No	I Don't Know

If you could change one thing about your financial situation, what would it be?

If you answered that you have dreams for yourself and your family, what are they?