# Financial Literacy Program

## Follow-up Survey

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| Participant number: |  |

**Assessing the financial literacy program that you were involved in (insert location and date)**

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| **1. What did you learn from the financial literacy program that you didn’t know before?** |
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| **2. In the past 6 months, what has most changed about how you manage your money? Why?** |
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| **3. What area of money management do you most want to learn more about?**  |
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# THINKING ABOUT MONEY …

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| **4. Tell us how you feel about managing your money…** |
| *Circle a number to show how often you agree with the following:* | Never | Rarely | Sometimes | Usually | Always |
| I feel confident managing my money | 1 | 2 | 3 | 4 | 5 |
| I worry about how much debt I have | 1 | 2 | 3 | 4 | 5 |

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| I feel comfortable getting help with my money (examples: finding resources online, seeing a credit counsellor, help with my taxes or talking to someone at the bank) | 1 | 2 | 3 | 4 | 5 |
| I worry about being able to pay my bills each month | 1 | 2 | 3 | 4 | 5 |
| I feel that I will improve my financial situation | 1 | 2 | 3 | 4 | 5 |
| **5. What do you currently do to manage your money?**  |
| *Please circle the number that best explains how often you do the following:* | Never | Rarely | Sometimes | Usually | Always |
| Pay my bills on time | 1 | 2 | 3 | 4 | 5 |
| Make sure that my spending isn’t more than my income each month | 1 | 2 | 3 | 4 | 5 |
| Keep track of my spending and income | 1 | 2 | 3 | 4 | 5 |
| Save money | 1 | 2 | 3 | 4 | 5 |
| Compare prices when shopping | 1 | 2 | 3 | 4 | 5 |
| Pay my debt, when I owe money | 1 | 2 | 3 | 4 | 5 |
| Learn about money topics that might affect me | 1 | 2 | 3 | 4 | 5 |
| Get help with my money (examples: filing taxes, financial advisor, credit help, credit counseling or using online tools and resources) | 1 | 2 | 3 | 4 | 5 |

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| **6. Do you budget your money?**  |
| * Yes (go to question 7)
* No (go to question 8)
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| **7a. If yes, how do you budget your money?** (Please check one) |
| * I write out a budget
* I keep a budget in my head
* Other: please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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|  **7b. If yes…how often do you follow your budget?**  |
| *Please circle the number that best explains how often you do the following:* | Never | Rarely | Sometimes | Usually | Always |
| I follow my budget | 1 | 2 | 3 | 4 | 5 |
| **8. If no… why don’t you budget your money?** (Please check one) |
| * I don’t know how
* I don’t believe in budgeting
* I did it before and it didn’t work
* It is just not that important to me right now
* Other: please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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# YOUR MONEY …

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| **9. What financial services do you currently use?** (Please check all the services that you use) |
| * Bank
* Credit union or caisse populaire
* Cheque cashing and payday loan services (e.g. Money Mart)
* I don't use any financial services
* Other: please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **10. If you DON’T use a credit union or a bank, please tell us why?** (Please check all that apply) |
| * I don’t have any income
* I can’t easily get to a credit union or bank
* I don’t have the required documents to open an account
* I prefer not to use a bank or credit union
* Other: please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **11. Do you have a goal for saving money?**  |
| * Yes
* No
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| **12. If yes, what are you planning to save for?** (Please check all that apply) |
| * My education
* My child’s education
* First and last month’s rent
* Paying back money I owe
* Something big – like a car or appliance
* Paying back taxes owed
 | * A trip
* An emergency
* Home ownership
* Retirement
* To finance a business
* Other

 Please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **13. Do you have any savings set aside?**  |
| * Yes
* No (go to question 16)
 |
| **14. Did you save and put aside any of your money in the past month?** (Please check one) |
| * Yes
* No
 |
| **15. How much money do you estimate that you have saved right now? (including accounts, retirement savings and investments – not including assets like a house or car)** (Please check one) |
| * None
* Under $100
* $100 to $249
* $250 to $499
* $500 to $999
* $1,000 to $1,999
 | * $2,000 to $4,999
* $5,000 to $9,999
* $10,000 to $19,999
* $20,000 to $29,999
* $30,000 to $39,999
* $40,000 and over
 |
| **16. Do you have a long-term plan for your money (e.g. for retirement)?**  |
| * Yes
* No
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| **17. Where does your personal income come from now?** (Please check all sources that apply) |
| * No income
* Job - Full time
* Job - Part time/temporary
* Self-employment
* Employment Insurance (EI)
* Social Assistance/Welfare
* Family members send me money
 | * Spousal and/or child support payments
* Government benefits (examples: Child Benefits, HST rebate)
* Government disability benefits
* Private disability pension
* Workers compensation (workers injured on the job)
* Government retirement income/pension
* Private retirement income/pension
* Paid long-term leave from my job
* Other

 Please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **18. Are you the only one contributing income to your household right now?**  |
| * Yes
* No
 |  |
| **19. Over the last year, have you been late by 2 months or more on a bill or other payment? (examples: cell phone, rent or utilities)** |
| * Yes
* No
* I don’t know
 |  |
| **20. Right now, what kind of debts do you have? (A debt is money that you have owed for more than two months, not including mortgages)** (Please check all that you need to pay) |
| * I have no debts
* Credit card (including unpaid balance)
* Cell phone
* Student loans
* Car or other large purchase
* Utilities (phone, hydro, cable)
* Rent
 | * Bank loan – not mortgage debt (examples: line of credit, bank account overdraft)
* Child support
* Family/friends
* For my business
* Taxes
* Other

 Please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **21. What is your estimated personal debt level now (NOT including a mortgage)?** (Please check one) |
| * None
* Less than $2,500
* $2,500 to $4,999
* $5,000 to $9,999
* $10,000 to $14,999
* $15,000 to $19,999
* $20,000 to $24,999
* $25,000 to $29,999
 | * $30,000 to $34,999
* $35,000 to $39,999
* $40,000 to $49,999
* $50,000 to $59,999
* $60,000 to $69,999
* $70,000 to $79,999
* Over $80,000
 |
| **22. Do you have a mortgage?**  |
| * Yes
* No
 |
| **23. Have you checked your credit history or credit rating in the past 12 months?**  |
| * Yes
* No
* I don’t know
 |
| **24. Did you file your income tax forms last year?**  |
| * Yes
* No
* I don’t know
 |

**Thank you!**