

**Financial Literacy Program**  
Follow-up Survey

Participant number: \_\_\_\_\_

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

<b>1. What did you learn from the financial literacy program that you didn't know before?</b>
<b>2. In the past 6 months, what has most changed about how you manage your money? Why?</b>
<b>3. What area of money management do you most want to learn more about?</b>

## THINKING ABOUT MONEY ...

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
I worry about how much debt I have	1	2	3	4	5
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
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

**6. Do you budget your money?**

- Yes (go to question 7)
- No (go to question 8)

**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 \_\_\_\_\_

**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 \_\_\_\_\_

**YOUR MONEY ...**

**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 \_\_\_\_\_

**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 \_\_\_\_\_

<b>11. Do you have a goal for saving money?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>12. If yes, what are you planning to save for? (Please check <u>all</u> that apply)</b>	
<input type="checkbox"/> My education <input type="checkbox"/> My child's education <input type="checkbox"/> First and last month's rent <input type="checkbox"/> Paying back money I owe <input type="checkbox"/> Something big – like a car or appliance <input type="checkbox"/> Paying back taxes owed	<input type="checkbox"/> A trip <input type="checkbox"/> An emergency <input type="checkbox"/> Home ownership <input type="checkbox"/> Retirement <input type="checkbox"/> To finance a business <input type="checkbox"/> Other Please tell us _____
<b>13. Do you have any savings set aside?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 16)	
<b>14. Did you save and put aside any of your money in the past month? (Please check <u>one</u>)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>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 <u>one</u>)</b>	
<input type="checkbox"/> None <input type="checkbox"/> Under \$100 <input type="checkbox"/> \$100 to \$249 <input type="checkbox"/> \$250 to \$499 <input type="checkbox"/> \$500 to \$999 <input type="checkbox"/> \$1,000 to \$1,999	<input type="checkbox"/> \$2,000 to \$4,999 <input type="checkbox"/> \$5,000 to \$9,999 <input type="checkbox"/> \$10,000 to \$19,999 <input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999 <input type="checkbox"/> \$40,000 and over
<b>16. Do you have a long-term plan for your money (e.g. for retirement)?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



**17. Where does your personal income come from now? (Please check all sources that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> No income                    | <input type="checkbox"/> Spousal and/or child support payments                      |
| <input type="checkbox"/> Job - Full time              | <input type="checkbox"/> Government benefits (examples: Child Benefits, HST rebate) |
| <input type="checkbox"/> Job - Part time/temporary    | <input type="checkbox"/> Government disability benefits                             |
| <input type="checkbox"/> Self-employment              | <input type="checkbox"/> Private disability pension                                 |
| <input type="checkbox"/> Employment Insurance (EI)    | <input type="checkbox"/> Workers compensation (workers injured on the job)          |
| <input type="checkbox"/> Social Assistance/Welfare    | <input type="checkbox"/> Government retirement income/pension                       |
| <input type="checkbox"/> Family members send me money | <input type="checkbox"/> Private retirement income/pension                          |
|   | <input type="checkbox"/> Paid long-term leave from my job                           |
|   | <input type="checkbox"/> 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)**

- |   |  |
|---|--|
| <input type="checkbox"/> I have no debts                        | <input type="checkbox"/> Bank loan – <u>not</u> mortgage debt (examples: line of credit, bank account overdraft) |
| <input type="checkbox"/> Credit card (including unpaid balance) | <input type="checkbox"/> Child support   |
| <input type="checkbox"/> Cell phone                             | <input type="checkbox"/> Family/friends  |
| <input type="checkbox"/> Student loans                          | <input type="checkbox"/> For my business   |
| <input type="checkbox"/> Car or other large purchase            | <input type="checkbox"/> Taxes   |
| <input type="checkbox"/> Utilities (phone, hydro, cable)        | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Rent                                   | Please tell us _____   |

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

**Thank you!**