MONEY BASICS

PRE-CLASS QUESTIONNAIRE

Name: _____ Date: _____

Do you currently have a checking account? _____ Yes _____ No

Do you currently have a savings account? _____ Yes _____ No

Do you currently have a representative payee? _____ Yes _____ No

Please circle the number that best represents how you feel about the following statements:

5 = Totally agree

4 = Somewhat agree

3 = Neither agree nor disagree

2 = Somewhat disagree

1 = Totally disagree

Overall, I feel confident in my ability to manage my finances.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I feel comfortable opening my mail as soon as I get it.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Money issues rarely negatively affect my mental health.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I feel confident that any mental health challenges I may face will not negatively affect my finances.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I rarely live paycheck to paycheck.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I feel able to save money to achieve my goals.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I maintain a budget that works for me.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I feel that I have the tools and skills to keep my money safe.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I have a plan to pay off my debt(s). (Or I have no current debts.)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I understand how credit works.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I know how to file my income tax return(s).

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I know a number of tips and resources I can use to help me save money.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐