

POST-CLASS QUESTIONNAIRE

Name:			Date:			
Do you currently have a checking account?		t?	_Yes _	No		
Do you currently have a savings account?			_Yes _	No		
Do you currently have a representative payee		ayee	_Yes _	No		
Please select the	e number that best repres	sents how you fee	I about the	following state	ments:	
5 = Totally agree	•					
4 = Somewhat a	gree					
3 = Neither agre	e nor disagree					
2 = Somewhat d	isagree					
1 = Totally disag	ree					
Overall, I feel co	nfident in my ability to ma	nage my finances	3 .			
1	2	3	4		5	
I feel comfortabl	e opening my mail as soc	on as I get it.				
1	2	3	4		5	
Money issues ra	rely negatively affect my	mental health.				
1	2	3	4		5	
I feel confident to	hat any mental health cha	allenges I may fac	e will not n	egatively affec	t my	
1	2	3	1		5	

1	2	3	4	5		
I feel able to save mo	oney to achieve my goa	als.				
1	2	3	4	5		
I maintain a budget th	nat works for me.					
1	2	3	4	5		
I feel that I have the t	ools and skills to keep	my money safe.				
1	2	3	4	5		
I have a plan to pay o	off my debt(s). (Or I ha	ve no current debts.)				
1	2	3	4	5		
I understand how cre	dit 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						
•	2		•	5		

I rarely live paycheck to paycheck.