

Financial Practices and Well-Being Survey

Name: _____ Date: _____

This survey is given to all Compass clients about once per year to help you and your Compass coach keep track of your financial practices and well-being. Your Compass coach will review your survey responses before your appointment in order to provide better guidance to you.

All of your individual responses are confidential and are not shared outside of Compass. Please let your Compass coach know if you have any questions about this survey or about your coaching appointment.

Part I: Your Financial Goals and Concerns

This next set of questions will help your coach know your most important financial goals, as well as any concerns or challenges that are making it difficult for you to reach your goals. Your coach may be able to help you find resources to meet those challenges.

1. What is your most important savings goal? Please select one goal.

<input type="checkbox"/> Retirement	<input type="checkbox"/> General savings
<input type="checkbox"/> College for child(ren)	<input type="checkbox"/> House
<input type="checkbox"/> Emergencies/rainy day	<input type="checkbox"/> Starting or growing a business
<input type="checkbox"/> My own education	<input type="checkbox"/> Credit assistance
<input type="checkbox"/> Car	<input type="checkbox"/> Other (specify): _____

2. Do you have other savings goals? Please select all that apply.

<input type="checkbox"/> Retirement	<input type="checkbox"/> General savings
<input type="checkbox"/> College for child(ren)	<input type="checkbox"/> House
<input type="checkbox"/> Emergencies/rainy day	<input type="checkbox"/> Starting or growing a business
<input type="checkbox"/> My own education	<input type="checkbox"/> Credit assistance
<input type="checkbox"/> Car	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> None: I have no other financial goals right now.	

3. Do any of the following financial concerns make it hard for you to achieve your financial goals?

<input type="checkbox"/> Not enough income	<input type="checkbox"/> Debt levels and payments
<input type="checkbox"/> Low or no credit score	<input type="checkbox"/> Household expenses are too high
<input type="checkbox"/> Difficulty paying bills on time	<input type="checkbox"/> Financial needs of family members
<input type="checkbox"/> Underemployment / not enough hours at work	<input type="checkbox"/> Unemployment
<input type="checkbox"/> None of the above.	<input type="checkbox"/> Other

4. Do any of the following other concerns make it hard for you to achieve your financial goals?

<input type="checkbox"/> Learning disability	<input type="checkbox"/> Need for more skills, education, or training
<input type="checkbox"/> Safety concerns and/or domestic violence	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Lack of reliable or affordable transportation	<input type="checkbox"/> Illness
<input type="checkbox"/> CORI/ Criminal Record	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Bad landlord reference or housing history	<input type="checkbox"/> Lack of reliable or affordable childcare
<input type="checkbox"/> Limited English proficiency	<input type="checkbox"/> None of the above.
<input type="checkbox"/> Other	

5. Do you have any other concerns you would like your coach to know? Your coach may be able to help you find and access resources to resolve these concerns. _____

Part II: Financial Practices

Our goal at Compass is to help you build savings and achieve your financial goals. This next set of questions will give your coach a better understanding of your financial practices and the tools you use to save.

1. When you work, how are you paid? If you are paid by more than one employer, please select **all** that apply.

Direct Deposit Check Cash Debit Card I am currently unemployed

If you selected "I am currently unemployed" please skip to question 4 below.

2. If you are paid by Direct Deposit, is some or all of your paycheck(s) automatically deposited into a:

Checking account Savings account Both - some to checking account and some to savings account

3. If you are paid by check, cash, or debit card, is there anything that makes it difficult for you to directly deposit your paycheck into a bank account?

If you are paid by check, cash, debt card, or are currently unemployed, or automatically deposit your paycheck into a checking account, please answer question 4.

4. Do you have a regular method of saving?

Yes No

4a. If you answered "Yes," how do you save regularly?

Automatic transfer into a savings account

Manual transfer into a savings account (using a teller, ATM, or online banking tool to complete a transfer)

Other (specify)

4b. If you answered "Manual transfer into a savings account" or "Other," Is there anything that makes it difficult for you to enroll in automatic transfer? _____

5. **In the last year**, have you used any of the following services? Please select **all** that apply.

<input type="checkbox"/> Check cashing stores	<input type="checkbox"/> Refund Anticipation Loans (paying to receive your tax refund faster)
<input type="checkbox"/> Cash advances on your credit card	<input type="checkbox"/> Rent-to-own purchases (e.g.: Rent-A-Center)
<input type="checkbox"/> Pawnshop	<input type="checkbox"/> Auto Title Loans (taking a loan out against your car title)
<input type="checkbox"/> Prepaid debit cards (e.g. RushCard)	<input type="checkbox"/> Pay day loans (paying to receive your paycheck faster)
<input type="checkbox"/> None: I have not used any of these services in the last year.	

6. How do you **usually** pay rent? Please select **all** that apply.

Cash

Debit card

Personal check (hand-written)

Online bill pay

Money order

<input type="checkbox"/> Credit card
<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> I do not pay rent.

7. How do you usually pay utilities? Please select all that apply.

<input type="checkbox"/> Cash
<input type="checkbox"/> Debit card
<input type="checkbox"/> Personal check (hand-written)
<input type="checkbox"/> Online bill pay
<input type="checkbox"/> Money order
<input type="checkbox"/> Credit Card
<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> I do not pay utilities.

8. In the last month, did you do any of the following? (Part 1 or 2) Please select all that apply.

<input type="checkbox"/> I paid all of my bills on time.
<input type="checkbox"/> I established financial goals.
<input type="checkbox"/> I saved regularly to achieve my goals.
<input type="checkbox"/> I kept track of my spending and income.
<input type="checkbox"/> None of the above.

9. In the last month, did you do any of the following? (Part 2 of 2) Please select all that apply.

<input type="checkbox"/> I paid overdraft fees on my bank account.
<input type="checkbox"/> I paid other fees on my bank account (monthly account fees, ATM fees, etc.).
<input type="checkbox"/> I asked family or friends to help pay a bill or lend me money.
<input type="checkbox"/> I delayed paying a bill and paid late fees.
<input type="checkbox"/> I charged basic expenses on my credit card.
<input type="checkbox"/> None of the above.

Part III: Financial Well Being

This next set of questions will give your coach a better understanding of how you feel about your financial situation in order to help you during your appointment.

1. Indicate how strongly you agree or disagree with each statement. Please base your response on how you feel today. Please answer on a scale from 1 to 4, where 1="Strongly Disagree" and 4="Strongly Agree." Select N/A (Not Applicable) if this question does not apply to you.

	Strongly Disagree		Strongly Agree		
	1	2	3	4	n/a
It is hard for my family and me to live on our present income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel frustrated because I cannot afford the education or training I need to get ahead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about disappointing my children because I cannot give them things they want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I worry about losing my housing assistance if I make more money at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about losing my housing assistance if I have savings in the bank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **Indicate how strongly you agree or disagree with each statement. Please base your response on how you feel today.** Please answer on a scale from 1 to 4, where 1="Strongly Disagree" and 4="Strongly Agree." Select N/A (Not Applicable) if this question does not apply to you.

	Strongly Disagree		Strongly Agree		n/a
	1	2	3	4	
When my children are grown, their financial situation will be better than ours is today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can teach my children about budgeting and saving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the future, I will be able to support my family financially without housing assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Indicate how strongly you agree or disagree with each statement. Please base your response on how you feel today.** Please answer on a scale from 1 to 4, where 1="Strongly Disagree" and 4="Strongly Agree."

	Strongly Disagree		Strongly Agree	
	1	2	3	4
My financial situation will be better one year from now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can think of many ways to get the things in life that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even when others get discouraged, I know I can find a way to solve the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I energetically pursue my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to change how I budget, save, or manage my credit and debt in <u>the next month</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of ways around any problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My past experiences have prepared me well for my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I meet the goals that I set for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seriously intend to change how I budget, save, or manage my credit and debt in <u>the next six months</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>