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## Participant Perspective Survey

Participant ID \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Welcome! Congratulations on your commitment to “Building Your Financial House.” We are glad to have you as part of this program, where you can build up your money knowledge and strengthening your money skills. We hope you will find it *a wise investment* of your time!

We would like you to know that Building Your Financial House is all about ***YOU***, your dreams, and your challenges. To help us get to know you better and make sure we cover issues that are important to you, please complete the following **confidential** questionnaire.

- 1. What feelings and emotions do you have when you think about money?**
  
  
  
  
  
  
  
  
  
  
- 2. What knowledge and skills do you feel you have with money?**
  
  
  
  
  
  
  
  
  
  
- 3. What are your biggest challenges with money right now?**
  
  
  
  
  
  
  
  
  
  
- 4. What motivated you to sign up for the Building Your Financial House program?**
  
  
  
  
  
  
  
  
  
  
- 5. What do you hope to learn or get out of the program?**

# Participant Baseline

Sex: ____ Age: ____ Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Do you have any children? Yes <input type="checkbox"/> No <input type="checkbox"/>	Race/Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ (please specify)	Highest Education Attained <input type="checkbox"/> High school/GED <input type="checkbox"/> Some college <input type="checkbox"/> Apprenticeship/trade <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____ (please specify)	Military Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army/Air National Guard Did you see combat? Yes   No Length of service: ____ years
<b>Employment</b>			
Employed: Yes   No    Status: Full   Part-time Current (or most recent) position: _____		# of males: ____   Ages: ____ # of females: ____   Ages: ____	
If unemployed: <input type="checkbox"/> Looking for work <input type="checkbox"/> Dependent caregiver <input type="checkbox"/> Due to disability <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ (please specify)		Current Gross Monthly WAGES: <input type="checkbox"/> Less than \$1,000 <input type="checkbox"/> \$1,000 - \$2,000 <input type="checkbox"/> \$2,000 - \$3,000 <input type="checkbox"/> \$3,000 - \$4,000 <input type="checkbox"/> \$4,000 - \$5,000 <input type="checkbox"/> Greater than \$5,000	
		Total Income: (from all sources) <input type="checkbox"/> Less than \$1,000 <input type="checkbox"/> \$1,000 - \$2,000 <input type="checkbox"/> \$2,000 - \$3,000 <input type="checkbox"/> \$3,000 - \$4,000 <input type="checkbox"/> \$4,000 - \$5,000 <input type="checkbox"/> Greater than \$5,000	
<b>Financial Condition</b>		<b>Financial Practices</b>	
Do you currently have: (check all that apply) <input type="checkbox"/> Written financial goal <input type="checkbox"/> Record keeping system <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Certificate of deposit <input type="checkbox"/> Money market account <input type="checkbox"/> Emergency savings <input type="checkbox"/> Retirement savings <input type="checkbox"/> Other investments <input type="checkbox"/> Updated resume <input type="checkbox"/> Medical directive <input type="checkbox"/> Will Active insurance policies: _____ (please specify all types in place)		Prior to Incarceration, I: (check all that apply) <input type="checkbox"/> Used a written budget <input type="checkbox"/> Received public assistance <input type="checkbox"/> Paid bills late <input type="checkbox"/> Missed bills altogether <input type="checkbox"/> Checked pay statement <input type="checkbox"/> Reviewed tax withholding <input type="checkbox"/> Saved money on a regular basis <input type="checkbox"/> Missed work because of money issues <input type="checkbox"/> Owned an automobile <input type="checkbox"/> Owned a home <input type="checkbox"/> Reviewed insurance policies <input type="checkbox"/> Filed (non-health) insurance claim <input type="checkbox"/> Reviewed credit report(s) <input type="checkbox"/> Paid off debt <input type="checkbox"/> Applied and denied credit <input type="checkbox"/> Lost car to repossession <input type="checkbox"/> Lost home to foreclosure <input type="checkbox"/> Settled debt for less than owed <input type="checkbox"/> Enrolled in a debt management program (DMP) <input type="checkbox"/> Filed for bankruptcy	
Debt: <input type="checkbox"/> Court costs, fines, and restitution <input type="checkbox"/> Credit card <input type="checkbox"/> Student loan <input type="checkbox"/> Auto loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Other _____ (please specify)			
Have you EVER used: (check all that apply) <input type="checkbox"/> Rent-to-own <input type="checkbox"/> Check casher <input type="checkbox"/> Refund anticipation product (loan, check, other) <input type="checkbox"/> Pawn shop <input type="checkbox"/> Payday loan <input type="checkbox"/> Buy Here, Pay Here			