



An official U.S. Government

# Making Ends Meet Survey Follow-up

## Want to take the survey online?

### Mobile

Text your unique survey PIN number to 202-883-3381 to receive a link to directly connect to your survey or;

### Web

Go to **[www.CFPBMakingEndsMeet.com](http://www.CFPBMakingEndsMeet.com)** and enter your unique survey PIN number and 5-digit zip code.

### Español

Vaya a **[www.CFPBMakingEndsMeet.com](http://www.CFPBMakingEndsMeet.com)** e ingrese su número PIN único y su código postal de 5 dígitos.

**Questions?** If you have any technical difficulties, including problems with the website or any questions about the survey,

please call 1-855-246-9457 M-F 8:00 a.m. – 8:00 p.m. CST. For TTY assistance, dial 711.

For more information about the CFPB, visit [www.consumerfinance.gov](http://www.consumerfinance.gov).



## Making Ends Meet Follow-up

### Why are we doing another follow-up?

For many people, the last year has been financially difficult. We would like to understand your experiences in this volatile time. This survey will help us understand your situation and how it may have changed in the last year or so.

### What is the CFPB?

The Consumer Financial Protection Bureau (CFPB) is sponsoring this survey. The CFPB is a Federal agency created in 2010 to make mortgage, credit card, automobile, and other consumer loans work better and ensure that these markets are fair, transparent, and competitive.

### How long will it take?

We expect the survey will take about 15 minutes, but the time may vary based on your experiences.

### Who should complete this survey?

It is important that this survey is only completed by the person named on the enclosed letter.

### Who will see my responses, and how will my responses be used?

Your responses will be used by researchers at the CFPB and others to understand consumers' experiences. Your responses will be kept private. Participation in the survey will not affect your credit or credit score.

#### Privacy Act Statement 5 U.S.C. 552a(e)(3)

The Consumer Financial Protection Bureau (Bureau) uses an outside firm to obtain the names and addresses of a national list of consumers to contact you for the purpose of participating in this survey. The information you provide through your responses will assist the Bureau in understanding people's experiences when money gets tight.

The Bureau will only receive de-identified information. Only your de-identified information will be combined with other data that the Bureau has collected in a way that that you cannot be identified.

Information collected on behalf of the Bureau will be treated in accordance with the System of Records Notice ("SORN"), CFPB.022, Market and Consumer Research Records,  
<https://www.federalregister.gov/articles/2012/11/14/2012-27582/privacy-act-of-1974-as-amended>.

Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN. Direct identifying information will be kept private except as required by law. The Bureau may make an anonymous version of the survey data publicly available.

We

used

to identify you on the survey or in your answers.

## A. Your General Financial Situation and Experiences

### 1. How well do these statements describe you or your situation?

	This statement describes my situation . . .				
	Completely	Very well	Somewhat	Very little	Not at all
<b>I know how to make complex financial decisions.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I am just getting by financially.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I am concerned that the money I have or will save won't last.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Because of my money situation, I feel like I will never have the things I want in life.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. How often do these statements apply to you?

	This statement applies to me . . .				
	Always	Often	Sometimes	Rarely	Never
<b>I have money left over at the end of the month.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>My finances control my life.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. In the last 12 months since January 2020, how have your *normal household expenses* like food, clothing, rent, or other bills that you pay regularly changed?

- Gone up
- About the same
- Gone down

### 4. Thinking of your household's income from all sources (wages, tips, interest, child support, alimony, investment or rental income, retirement, Social Security, and government benefits such as unemployment insurance), how has your household's income changed in the last 12 months?

- Gone up
- Stayed about the same

□ Gone down

## B. Household Finances

5. What is your *current* work status? Please mark all that apply including for your spouse or partner if you have one.

	You	Spouse/ Partner
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>
Work full time	<input type="checkbox"/>	<input type="checkbox"/>
Working part time	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily laid off or on leave	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Not working for pay (homemaker, student, disabled, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

6. Are you actively looking for a job (including looking even if you are currently working)?

- Yes
- No

7. Which best describes your household's income from month to month?

- Income is about the same each month
- Income varies somewhat from month to month
- Income varies a lot from month to month

8. In the past 12 months, has the amount of money your household has in checking and savings gone up, stayed about the same, or gone down?

- Gone up
- About the same
- Gone down

9. About how much do you think you and your household need in savings for emergencies and other unexpected things that may come up?

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10. Which statements comes closest to describing your household's *current* monthly non-retirement saving habits?

- We are not saving
- We are saving when possible

- We are saving regularly

11. In the past 12 months, has your household borrowed money from or permanently withdrawn money from any of its retirement savings accounts?

- No, we did not have an account during this period
- No, we had an account but did not borrow or permanently withdraw money
- Yes, we borrowed money
- Yes, we permanently withdrew money
- Yes, both

12. About how much money does your household *currently* have set aside that could be used for unexpected expenses or emergencies?

- Less than \$500
- \$500 to \$999
- \$1,000 to \$2,999
- \$3,000 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$19,999
- \$20,000 or more

## C. Household Events

13. In the past 12 months, has your household experienced a significant unexpected expense from any of the following?

	Yes	No
A major medical or dental expense	<input type="checkbox"/>	<input type="checkbox"/>
Giving a gift or loan to a family member or friend outside your household	<input type="checkbox"/>	<input type="checkbox"/>
A major vehicle repair or replacement	<input type="checkbox"/>	<input type="checkbox"/>
A major house or appliance repair	<input type="checkbox"/>	<input type="checkbox"/>
A computer or mobile phone repair or replacement	<input type="checkbox"/>	<input type="checkbox"/>
Legal expenses, taxes, or fines	<input type="checkbox"/>	<input type="checkbox"/>
Increase in child care or dependent care expenses	<input type="checkbox"/>	<input type="checkbox"/>
Funeral or burial expenses	<input type="checkbox"/>	<input type="checkbox"/>
Some other major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>

**14. In the past 12 months, has your household experienced a significant drop in income from any of the following?**

	Yes	No
Period of unemployment or furlough	<input type="checkbox"/>	<input type="checkbox"/>
Reduction in work hours	<input type="checkbox"/>	<input type="checkbox"/>
Changed to a lower-paying job	<input type="checkbox"/>	<input type="checkbox"/>
Loss of government benefits	<input type="checkbox"/>	<input type="checkbox"/>
Worked less because of illness or injury	<input type="checkbox"/>	<input type="checkbox"/>
Worked less to care for others who were sick or injured	<input type="checkbox"/>	<input type="checkbox"/>
Worked less or stopped working to take care of children	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Could not work because someone in your household was in jail	<input type="checkbox"/>	<input type="checkbox"/>
Other significant drop in income	<input type="checkbox"/>	<input type="checkbox"/>

**15. In the past 12 months, have any of the following happened to your household?**

	Yes	No
Someone in your household got married	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household got divorced or separated	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household died, including a parent	<input type="checkbox"/>	<input type="checkbox"/>
Someone was born, adopted, or moved into your household	<input type="checkbox"/>	<input type="checkbox"/>
Someone left your household	<input type="checkbox"/>	<input type="checkbox"/>
Natural disaster affected your home, employer, or business	<input type="checkbox"/>	<input type="checkbox"/>
You moved to a new residence	<input type="checkbox"/>	<input type="checkbox"/>
Your children's school or daycare was closed because of actions to limit coronavirus	<input type="checkbox"/>	<input type="checkbox"/>
You could not buy enough of a necessity because it was unavailable in stores	<input type="checkbox"/>	<input type="checkbox"/>

## D. Experiences with Credit

**16. Do you currently have a credit card?**

- Yes
- No

**17. Did you have an unpaid balance on any of your cards after making your last payment?**

- Yes
- No

**18. Did you usually have an unpaid balance on your cards before January 2020?**

- Yes
- No

**19. In the past 12 months, have you unexpectedly had a credit card canceled or the limit reduced?**

- Yes
- No

**20. In the past 12 months, have you or others in your household had an overdraft on a checking or savings account or had a payment turned down because the account balance was less than the charge?**

- No
- Yes, had an overdraft
- Yes, payment turned down

**21. Have you taken out a payday loan in the last 12 months? (A payday loan is a loan that you must repay, make a payment on, or rollover on your next payday.)**

- Yes
- No

**22. Have you rolled over a payday loan in the last 12 months?**

- Yes
- No

**23. Have you taken out a pawn shop loan in the last 12 months?**

- Yes
- No

**24. Have you taken out an auto-title loan in the last 12 months? (An auto-title loan uses the**

car's value to borrow money for a short period of time.)

- Yes
- No

## E. Running low on money

25. At any time in the past 12 months, have you or your household had difficulty paying for a bill or expense?

- Yes
- No → Skip to section **F** on page 4

26. How often did you have trouble in the last 12 months?

- Only once in the last 12 months
- 2 times
- 3 or 4 times
- 5 to 12 times
- More than 12 times

27. When was the most recent time you or your household had trouble paying a bill or expense?

- 1-3 months ago
- 4-6 months ago
- 7-9 months ago
- 10-12 months ago

28. Which of the following did you do when you had difficulty paying that expense? Please mark all that apply.

	Yes	No
Used non-retirement savings or investments	<input type="checkbox"/>	<input type="checkbox"/>
Used retirement savings	<input type="checkbox"/>	<input type="checkbox"/>
Sold or pawned something	<input type="checkbox"/>	<input type="checkbox"/>
Postponed or could not pay a bill or expense	<input type="checkbox"/>	<input type="checkbox"/>
Cut back on non-essential spending	<input type="checkbox"/>	<input type="checkbox"/>
Used a credit card and paid it off over time	<input type="checkbox"/>	<input type="checkbox"/>
Borrowed money from friends or family	<input type="checkbox"/>	<input type="checkbox"/>
Took out a payday or auto-title loan	<input type="checkbox"/>	<input type="checkbox"/>
Took out another type of loan	<input type="checkbox"/>	<input type="checkbox"/>
Increased income, for example, by working overtime or taking an extra job	<input type="checkbox"/>	<input type="checkbox"/>

Other

29. Paying for one major expense may make it harder to pay other bills or expenses. When you had difficulty paying for a bill or expense, what did you have difficulty paying for? Please mark all that apply.

- A medical expense
- A car or vehicle repair
- A home repair
- Food
- Mortgage or rent
- Utilities
- Other regular household expenses
- Another major expense
- Other

## F. Effects of the Pandemic

30. Have you received unemployment insurance payments since March 2020?

- Yes
- No

31. How long did you wait between when you became unemployed or furloughed and when you first received funds?

- A week or less
- 1-2 weeks
- 2-3 weeks
- 4 or more weeks

32. Did the unemployment insurance include an extra \$600 weekly for pandemic relief?

- Yes
- No

33. Did you receive a stimulus payment, also called an Economic Impact Payment (\$1,200 for most people) in the first months of the pandemic?

- Yes
- No

34. When did you receive the payment?

- April, 2020
- May, 2020
- June, 2020
- July 2020 or later
- I don't remember

**35. Since the pandemic started, around March 2020, my household saves ....**

- More
- About the same
- Less

**36. Since the pandemic started, my household spends ....**

- More
- About the same
- Less

**37. Since the pandemic started, the debt my household owes has ....**

- Increased
- Stayed about the same
- Decreased

**38. Did you receive flexibility or assistance from any of the following coronavirus-specific programs or promotions?**

	Yes	No
Private student loan deferment	<input type="checkbox"/>	<input type="checkbox"/>
Federal student loan deferment	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage payment deferment	<input type="checkbox"/>	<input type="checkbox"/>
Credit card payment deferment	<input type="checkbox"/>	<input type="checkbox"/>
Rent payment deferment or flexibility	<input type="checkbox"/>	<input type="checkbox"/>
Auto loan deferment	<input type="checkbox"/>	<input type="checkbox"/>
Insurance premium rebate	<input type="checkbox"/>	<input type="checkbox"/>
Eviction protection	<input type="checkbox"/>	<input type="checkbox"/>

**39. Did you contact or try to contact a lender or loan servicer about deferment or other assistance?**

- Yes
- No

**40. Did you reach your lender or servicer?**

- Yes
- No

**41. Were you offered any form of assistance?**

- Yes
- No

**42. Did you defer, delay, or not pay any of the following bills since March 2020? Please mark all that apply.**

- Utility
- Rent
- Mortgage
- Credit card
- Cell phone
- Cable or internet
- Medical bills

**43. Do you currently have health insurance?**

- Yes
- No

**44. Does everyone else in your household have health insurance?**

- Yes
- No

**45. Have you or anyone in your household delayed or skipped medical treatment or a medical procedure since March 2020 during the pandemic?**

- Yes
- No

**46. Did you delay or skip the medical treatment because...**

- You were concerned about coronavirus exposure
- Your state or city delayed all non-essential medical treatment
- Your medical provider closed or had limited service
- You were concerned about the cost or couldn't afford it
- Some other reason



**47. In the last 7 days, which of these statements best describes the food eaten in your household? Select only one answer.**

Enough of the kinds of food (I/we) wanted to eat

- Enough, but not always the kinds of food (I/we) wanted to eat
- Sometimes not enough to eat
- Often not enough to eat

We have provided the space below if you wish to share additional comments or further explain any of your responses. *Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

## Thank you for completing our survey!

Please use the enclosed business reply envelope to return your completed questionnaire to:

### **Consumer Financial Protection Bureau**

1600 Research Blvd., RC B16  
Rockville, MD 20850

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