**CFPB National Banking Survey**

Contents

[Survey introduction 2](#_Toc142561622)

[Qualifying question 4](#_Toc142561623)

[General banking 5](#_Toc142561624)

[Assets, credit and loans 7](#_Toc142561625)

[Access channels 8](#_Toc142561626)

[Ease of use 10](#_Toc142561627)

[Costs of banking 12](#_Toc142561628)

[Financial caregiving 13](#_Toc142561629)

[Fraud and scams 16](#_Toc142561630)

[Educational opportunities 18](#_Toc142561631)

[Personal financial situation 19](#_Toc142561632)

[Existing NORC Amerispeak demographics 21](#_Toc142561633)

[NORC Demographics 21](#_Toc142561634)

[NORC Health 22](#_Toc142561635)

[Additional 22](#_Toc142561636)

## Survey introduction

ENGLISH

**Thank you for your help with this important national survey!**

This survey will help us understand your experiences with banking and your banking preferences. It includes questions about banking, account access, debt, fees, financial caregiving, fraud and scams, educational opportunities, and your financial situation. Your responses will help us design new policies to help and protect consumers. Your answers are confidential. Please do not identify yourself in any way in your responses. Some optional questions at the end of the survey will ask for your name and contact information if you are interested in being contacted for a follow-up interview. Your participation is voluntary and you may withdraw at any time.

The survey will take about 15 minutes to complete. At any time, if you exit before submitting, you can log back in to complete the survey from where you left off.

**Informed Consent**

**What is the purpose of the CFPB National Banking Survey?**

The purpose of this study is to examine consumers’ experiences with banking and consumers’ banking preferences. As part of this study, you will be asked to answer a short online survey asking you about your banking experiences and preferences. We expect the survey will take about 15 minutes to complete. The data collected may be used for future research.

**What is the CFPB?**

The Consumer Financial Protection Bureau (CFPB) is a federal agency created in 2010. One mission of the CFPB is to empower consumers to take control over their financial lives. This study will help the CFPB better understand consumers’ experiences with banking and their banking preferences.

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

Your responses, along with those of approximately 2,000 other respondents, will be used by the study team and other researchers to understand consumers’ experiences with banking and banking preferences. The study team includes staff at ICF, NORC, and the CFPB. The CFPB may also make an anonymous version of the survey data publicly available. These publicly available files will not contain any information that will personally identify you.

**Who will have access to information that identifies me?**

No one outside of ICF and NORC will be provided information that identifies you personally. Any personally-identifiable information that exists is available only to ICF and NORC. You will be asked no direct identifying information in the survey.

**Risks**

The risks to you of participating in this study are minimal. This study involves you answering questions about your banking experiences and preferences. We recognize that you might be uncomfortable answering some questions about finances in general.

**Benefits**

There are no anticipated direct benefits to you. However, by sharing your thoughts and ideas, you will help us better understand how to improve banking for consumers in America like you.

**Right to Refuse or Withdraw**

You may choose not to participate in the survey at any time. You may choose not to answer a question for whatever reason by skipping the question and/or selecting a ‘refuse to answer’ option. Participation is completely voluntary.

**Paperwork Reduction Act**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.  The OMB control number for this collection is 3170-00XX. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention:  PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB\_PRA@cfpb.gov.

**Privacy Act Statement:**

National Opinion Research Center (NORC) is assisting the survey sponsor, the Consumer Financial Protection Bureau (CFPB), in collecting survey data to understand consumers’ experiences and preferences with banking to improve resources to help and protect consumers.

NORC will link your survey responses with demographic information that you have submitted for NORC panel participation. However, your demographic information will not be used to re-identify you. The CFPB will obtain, and access, de-identified results and aggregated analyses of the survey results. You may provide your name and contact information at the end of this survey if you are interested in participating in a follow-up interview but submitting your personally identifiable information (PII) is optional.

Information collected will be treated in accordance with the System of Records Notice (SORN), [CFPB.021 – CFPB Consumer Education and Engagement Records](https://www.federalregister.gov/articles/2012/10/03/2012-24311/privacy-act-of-1974-as-amended) . Although the CFPB 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 only be used to facilitate follow-up interviews and will be kept private except as required by law.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation is voluntary, and you may withdraw participation at any time.

**Contact Information**

If you have any questions about the study, you may contact [insert NORC contact here].

If you are not satisfied with the response of the research team, have more questions, or want to talk with someone about your rights as a research participant, you may contact Christine Walrath, IRB Chair at ICF International at irb@icf.com.

If you consent to the survey, you may use the link below to begin. Selecting the link indicates that you have read the above and agree to take part in this research.

**Do you agree to the terms described above?**

**1. Yes [CONTINUE]**

**2. No [TERMINATE]**

**TERMINATE IF REFUSED**

## Qualifying question

ASK ALL

**BANK1** Do you have one or more checking, savings, or money market accounts at a bank or credit union in the United States? These questions will only apply to U.S. banks.

1. Yes
2. No

**IF BANK1=1 CONTINUE SURVEY**

**IF BANK1=2 END SURVEY**

**IF BANK1=2**

**Terminate.** Thank you for your interest, but we are only surveying individuals with a checking, savings, or money market account at a U.S. bank or credit union.

## General banking

IF BANK1=1

**INTRO.** The following questions are about the bank or credit union where you have your primary checking, savings, or money market account. We ask the name of your primary bank or credit union so we can analyze trends in different locations and with different sizes and types of financial institutions.

ASK ALL

**BANK.** What is the name of your primary bank or credit union? *Your primary bank or credit union means the checking, savings, or money market account you use for the majority of your day-to-day bank transactions*.

[Bank/credit union name field]

ASK ALL

**TYPE.** What type is your primary financial institution?

1. Credit union
2. Bank
3. Online-only bank
4. I’m not sure

ASK ALL

**LONG.** How long have you held an account with your primary bank or credit union?

1. Less than 1 year
2. 1-10 years
3. 11-30 years
4. More than 30 years

ASK ALL

**TRUST1.** How much do you agree or disagree with the following statement? My primary bank or credit union is trustworthy.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

ASK ALL

**TRUST2**. How much do you agree or disagree with the following statement? My primary bank or credit union keeps my money safe.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

ASK ALL

**TRUST3**. How much do you agree or disagree with the following statement? My primary bank or credit union attempts to give me a fair resolution when there is a problem.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

ASK ALL

**INFLAT**. How much do you agree or disagree with the following statement? My primary bank or credit union provides Certificates of Deposit or checking/savings accounts with good interest rates.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

ASK ALL

**CHANGE**. How easy or difficult would it be to change your primary account to another bank or credit union?

1. Very easy
2. Somewhat easy
3. Neither easy nor difficult
4. Somewhat difficult
5. Very difficult

ASK ALL

MUL=8

**FEAT1.** Which of the following services and account features do you currently use through your primary bank or credit union, if any? Please select all that apply.

1. Text messages or “push notification” alerts for notification of suspicious account activity
2. Text messages or “push notification” alerts for withdrawals or transactions over a certain dollar amount
3. Bill pay reminders
4. Online or automatic bill pay
5. Help with estate planning, such as wills, trusts, and end-of-life planning
6. Overdraft protection
7. Credit repair or credit counseling
8. Tax preparation
9. None of the above [EXCLUSIVE]

ASK ALL**FEAT2**. Of the following types of services that could be provided by your primary bank or credit union, please select one that you currently do not use, but would like to use.

1. (DISPLAY IF FEAT1 NE 1) Text messages or “push notification” alerts for notification of suspicious account activity
2. (DISPLAY IF FEAT1 NE 2) Text messages or “push notification” alerts for withdrawals or transactions over a certain dollar amount
3. (DISPLAY IF FEAT1 NE 3) Bill pay reminders
4. (DISPLAY IF FEAT1 NE 4) Online or automatic bill pay
5. (DISPLAY IF FEAT1 NE 5) Help with estate planning, such as wills, trusts, and end-of-life planning
6. (DISPLAY IF FEAT1 NE 6) Overdraft protection
7. (DISPLAY IF FEAT1 NE 7) Credit repair or credit counseling
8. (DISPLAY IF FEAT1 NE 8) Tax preparation
9. Other service not listed (please specify): [TEXT BOX]
10. I do not want any other services from my primary bank or credit union. [EXCLUSIVE]

## Assets, credit and loans

**ASK ALL**

**INTRO4.** The next set of questions will ask about credit and loans, and any problems with these services that you might have experienced recently.

ASK ALL

MUL=7

**ASSETS**. Thinking again of the bank or credit union where you have your primary checking, savings, or money market account, which of the following accounts or assets do you have? Please select all that apply.

* 1. Checking account
	2. Savings account
	3. Money Market account
	4. Certificate of Deposit (CD)
	5. Individual Retirement Account (IRA)
	6. Brokerage account
	7. Other (please specify): [TEXT BOX]

ASK ALL

**DEBT1**. Thinking again of the bank or credit union where you have your primary checking, savings, or money market account, do you have any credit cards, mortgages, loans, or other debt with that same bank or credit union?

1. Yes
2. No

IF DEBT1=1

MUL=7

**DEBT2** Which of the following do you have with your primary bank or credit union? Please select all that apply.

1. Credit card
2. Auto loan
3. Mortgage
4. Home equity loan or home equity line of credit (HELOC)
5. Personal loan
6. Student loan
7. Other (please specify): [TEXT BOX]

IF DEBT1=1

**PROB1.** **In the past year**, did you ever miss a payment or make a late payment on any of these loans?

* 1. Yes
	2. No

IF PROB1=1

**PROB2.** Did your primary bank or credit union waive part of the payment, waive late fees, or provide an extension for payments when your payments were missed or late?

1. Yes, they waived part of the payment
2. Yes, they waived one or more late fees
3. Yes, they extended the payment due date to give me more time
4. No
5. I don’t know

## Access channels

**ASK ALL**

**INTRO3.** This set of questions will ask about how you communicate with your primary bank or credit union and how you prefer to use their products and services.

ASK ALL

MUL=6

**COMM**. How would you prefer to receive communications from your primary bank or credit union if they discovered possible fraud in your account? Please select all that apply.

1. Phone call
2. Email
3. Text message
4. Alert or “push notification” from a mobile banking app
5. A mailed letter or notice
6. Some other way (please specify): [TEXT BOX]

IF TYPE=1,2,4

**WIN.** **In the past month**, did you speak to a bank teller by using a drive-through window at your primary bank or credit union?

1. Yes
2. No

ASK ALL

**ATM.** **In the past month**, did you use an ATM?

1. Yes
2. No

IF TYPE=1,2,4

**BRANCH.** **In the past month**, did you go in person into a branch of your primary bank or credit union at any location?

1. Yes
2. No

ASK ALL

**MOBILE.** **In the past month**, did you use your primary bank or credit union’s mobile banking application **on a smart phone or tablet**?

1. Yes
2. No

ASK ALL

**WEB.** **In the past month**, did you use your primary bank or credit union’s website **on a laptop or desktop computer**?

1. Yes
2. No

IF MOBILE=2 AND WEB=2

**BARRIER1.** Why didn’t you use any online services **in the past month**? Please select all that apply.

1. I don’t have a smart phone or tablet
2. I don’t have a computer
3. I don’t have internet access at home
4. I don’t have an online account
5. I am more comfortable communicating with my primary bank or credit union in-person or by telephone
6. I am concerned about the security of my financial information online
7. I did not need to use it in the past month
8. Some other reason (please specify): [TEXT BOX]

ASK ALL

**PHONE1.** **In the past month**, did you contact your primary bank or credit union by phone? Please select all that apply.

1. Yes, I called to speak to a representative
2. Yes, I called to use an automated system (for example, to check my account balance)
3. No [EXCLUSIVE]

IF PHONE1=1

**PHONE2. In the past month**, what was the **longest** hold time that you experienced when you contacted your primary bank or credit union by phone?

1. 5 minutes or less
2. 6-15 minutes
3. 16-30 minutes
4. More than 30 minutes

ASK ALL

**TRAIN**. Have you **ever** needed help from your primary bank or credit union with using online or mobile banking?

1. Yes
2. No

IF TRAIN1=1

**TRAIN2.** Did you receive help from your primary bank or credit union with using online or mobile banking?

1. Yes
2. No

## Ease of use

**ASK ALL**

**INTRO5.** This next set of questions will ask about ways your primary bank or credit union could make their services easier to use. Again, think of the bank or credit union where you have your primary checking, savings, or money market account.

ASK ALL

**ACC1**. How much do you agree or disagree with the following statement? My primary bank or credit union provides tools and services that make it easy for me to manage my financial business.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

ASK ALLMUL=6

**ACC2.** Which of the following services from your primary bank or credit union do you currently use, if any? Please select all that apply.

1. Ability to print out paper account statements
2. An ATM video chat function to speak to a teller if you need help
3. Drive-through ATMs where you can access the ATM from the passenger side of the vehicle
4. Online chat function for customer service where you can type into a chat box and get automated responses in real time
5. Person-to-person payment service through your bank or credit union (such as Zelle)
6. Some other service (please specify): [TEXT BOX]
7. None of the above [EXCLUSIVE]

ASK ALL

**ACC3**. Of the following services that your primary bank or credit union might provide, please select one that you currently do not use, but would like to use.

1. (DISPLAY IF ACC2 NE 1) Ability to print out paper account statements
2. (DISPLAY IF ACC2 NE 2) ATMs with a video chat function to speak to a teller if you need help
3. (DISPLAY IF ACC2 NE 3) Drive-through ATMs where you can access the ATM from the passenger side of the vehicle
4. (DISPLAY IF ACC2 NE 4) Online chat function for customer service where you can type into a chat box and get automated responses in real time
5. (DISPLAY IF ACC2 NE 5) Person-to-person payment service through your bank or credit union (such as Zelle)
6. None of the above [EXCLUSIVE]

ASK ALL

MUL=5

**ACC4.** Which of the following services from your primary bank or credit union do you currently use for **mobile or online banking**? Please select all that apply.

1. Ability to increase the font size or display size to make it easier to read
2. Ability to have a program read the webpage text out loud to you
3. Videos that explain how to use the online or mobile banking system
4. Text that explains how to use the online or mobile banking system
5. Some other service (please specify): [TEXT BOX]
6. None of the above [EXCLUSIVE]
7. I do not use mobile or online banking [EXCLUSIVE]

ASK ALL

**ACC5**. Of the following services that your primary bank or credit union might provide for **mobile or online banking**, please select one that you currently do not use, but would like to use.

1. (DISPLAY IF ACC4 NE 1) Ability to increase the font size or display size to make it easier to read
2. (DISPLAY IF ACC4 NE 2) Ability to have a program read the webpage text out loud to you
3. (DISPLAY IF ACC4 NE 3) Videos that explain how to use the online or mobile banking system
4. (DISPLAY IF ACC4 NE 4) Text that explains how to use the online or mobile banking system
5. None of the above [EXCLUSIVE]

IF TYPE=1,2,4

**PHY.** How important is it to you that there are physical branches of your primary bank or credit union close enough for you to visit in person?

1. Very important
2. Somewhat important
3. Neither important nor unimportant
4. Not too important
5. Not at all important

IF TYPE=1,2,4

**TRAVEL.** If you wanted to travel to a physical branch of your primary bank or credit union, what is the primary way that you would get there?

1. Walking
2. Public transportation
3. Drive my own vehicle
4. Taxi or ride share (Uber, Lyft, paratransit or other transportation program, etc.)
5. Get a ride from a friend or another person
6. Some other way (please specify): [TEXT BOX]

IF TYPE=1,2,4

**TRAVEL1.** About how long would it take you to travel to the closest physical branch of your primary bank or credit union, using your primary way to get there from your home?

1. 0-10 minutes
2. 11-30 minutes
3. More than 30 minutes
4. I don’t know

IF TYPE=1,2,4

MUL=9

**LOCAT.** Is the physical branch of your primary bank or credit union that you most frequently use located **next to** or **inside** any of the following places? Please select all that apply.

1. My building or residential complex
2. My place of employment
3. Grocery store
4. Large retail store
5. Doctor’s office, hospital, or medical center
6. Public library
7. Post office
8. Police department, Sheriff’s office, or fire department
9. Other (please specify): [TEXT BOX]
10. I never or rarely visit physical branches [EXCLUSIVE]
11. None of these [EXCLUSIVE]

IF TYPE=1,2,4

MUL=9

**BRANCH2.** If your primary bank or credit union had branches available in the following places, which would you use, if any? Please select all that apply.

1. (DISPLAY IF LOCAT NE 1) My building or residential complex
2. (DISPLAY IF LOCAT NE 2) My place of employment
3. (DISPLAY IF LOCAT NE 3) Grocery store
4. (DISPLAY IF LOCAT NE 4) Large retail store
5. (DISPLAY IF LOCAT NE 5) Doctor’s office, hospital, or medical center
6. (DISPLAY IF LOCAT NE 6) Public library
7. (DISPLAY IF LOCAT NE 7) Post office
8. (DISPLAY IF LOCAT NE 8) Police department, Sheriff’s office, or fire department
9. Other (please specify): [TEXT BOX]
10. None of these [EXCLUSIVE]

## Costs of banking

**ASK ALL**

**INTRO6**. Banks and credit unions sometimes charge account holders for specific services, such as a monthly account fee or a fee for a cashier’s check. This next set of questions will ask you about fees that your primary bank or credit union might charge you.

ASK ALL

**FEE1**. How familiar are you with the different types of fees that you can be charged at your primary bank or credit union?

1. Very familiar
2. Somewhat familiar
3. Neither familiar nor unfamiliar
4. Somewhat unfamiliar
5. Very unfamiliar

ASK ALL

MUL=6

**FEE2**. How did you learn about the fees you might be charged on your primary bank or credit union account? Please select all that apply.

1. Bank or credit union staff explained them to me when I opened my account
2. By reading my account terms and conditions
3. I asked my bank or credit union
4. By doing my own research
5. I learned after the bank or credit union charged me the fees
6. Some other way (please specify): [TEXT BOX]

ASK ALL

**FEE3**. How much do you agree or disagree with the following statement? My primary bank or credit union charges reasonable fees.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

ASK ALL

**OVER.** *“Overdraft” means there wasn't enough money in your account to cover a transaction, but the bank allowed the transaction to go through anyway, putting your account into the negative.*

How often are you charged a fee when you have an overdraft?

Never

Sometimes

Always

I have never had an overdraft on my account

I don’t know

## Financial caregiving

**ASK ALL**

**INTRO7**. Now we are going to ask some questions about your specific situation, such as whether any people help you with your financial tasks, or whether you help anyone else with their own financial tasks.

ASK ALL

**HELP**. Are you currently receiving any help from another person with conducting any financial tasks, such as paying bills, communicating with your bank or credit union, or reviewing your monthly statements?

1. Yes
2. No

ASK ALL

**POA1**. *A Power of Attorney is a legal document where you can give someone else the legal authority to make decisions about your money or property. A Power of Attorney may state that it still applies in the future, if you can no longer manage your own finances someday.*

Have you designated someone as your financial agent under a Power of Attorney?

1. Yes
2. No
3. I don’t know

IF POA1=1

**POA2.** Do you have a Power of Attorney on file with your primary bank or credit union, or have you ever tried to put a Power of Attorney on file with your primary bank or credit union?

1. Yes
2. No
3. I don’t know

IF POA2=1

**POA3.** How easy or difficult was it to put your Power of Attorney on file with your primary bank or credit union?

1. Very easy
2. Somewhat easy
3. Neither difficult nor easy
4. Somewhat difficult
5. Very difficult

ASK ALL

**INTRO8.** Some banks and credit unions ask their customers to provide the name of a person who they can contact if they can’t reach you, if they are concerned something is wrong, or if they need to confirm your current contact information. This person is oftenknown as your Trusted Contact. The Trusted Contact cannot access your account or use any of your money.

ASK ALL

**CONT**. Before today, had you ever heard of the term “Trusted Contact” or “Trusted Contact Person” in relation to a financial account?

1. Yes
2. No

ASK ALL

**CONT2**. Does your primary bank or credit union allow you to choose a Trusted Contact (or emergency financial contact) that staff can alert if they have concerns?

1. Yes
2. No
3. I don’t know

IF CONT2=1

**CONT3.** Do you have a Trusted Contact (or emergency financial contact) on file with your primary bank or credit union?

1. Yes
2. No
3. I don’t know

IF CONT3=2

MUL=5

**NOCONT.** Why didn’t you name a Trusted Contact? Please select all that apply.

1. I didn’t understand what it meant
2. I don’t have anyone I feel comfortable naming
3. I don’t want anyone knowing my financial business
4. I didn’t have time or didn’t get around to it
5. I don’t think it’s necessary for me
6. Other (please specify): [text box]

ASK ALL

**INTRO9.** Banks and credit unions can offer services to help people monitor or manage their loved ones’ accounts.

ASK ALL

MUL=5

**ALERT.** If your primary bank or credit union offers the following services, which ones do you currently use?

1. The option for you to receive fraud alerts, low balance alerts, overdraft fee alerts, or alerts about charges over a certain dollar amount
2. The option to send fraud alerts, low balance alerts, overdraft fee alerts, alerts about charges over a certain dollar amount, or other types of alerts to someone of your choice
3. View-only access, to allow someone of your choice to see your transactions and account balances without allowing them access to your money
4. The option to give someone of your choice limited access to your account to help you pay your bills and manage your money, without allowing them to use the money for themselves (sometimes called a convenience account)
5. Some other service (please specify): [TEXT BOX]
6. None of the above [EXCLUSIVE]

ASK ALL

**CG**. Do you currently help anyone else with their financial tasks, such as paying bills, communicating with their bank or credit union, or reviewing their monthly statements?

1. Yes
2. No

## Fraud and scams

**ASK ALL**

**INTRO10.** Many people experience fraud or scams involving their financial accounts. This next group of questions will ask about your experiences with fraud or scams.

ASK ALL

**FRAUD.** How well do you feel your primary bank or credit union protects your account from fraud and scams?

1. Very well
2. Somewhat well
3. Neither poorly nor well
4. Somewhat poorly
5. Very poorly

ASK ALL

**FRAUD1. In the past year**, how many times have you experienced fraud or scams that involved or threatened to involve your primary checking, savings, or money market account (NOT a credit card)?

Never

One time

Two or three times

More than three times

IF FRAUD1=2,3,4

MUL=12

**SCAM.** Of the following list, which options best describe the type(s) of fraud or scam that affected your primary checking, savings, or money market account (NOT a credit card)? Please check all that apply.

1. Theft, misuse, or financial exploitation by a known or trusted person
2. Imposter scams (includes romance scams, tech support scams, government or business impersonator scams, and family impersonator scams)
3. Phishing scams (where scammers steal your password or other personal information)
4. Investment scams (includes cryptocurrency investments)
5. Prize, sweepstakes, or lottery scams
6. Business or job opportunity scams
7. Online shopping scams
8. Home repair scams (includes disaster repair scams)
9. Health insurance, Medicare, or Medicaid scams
10. Travel, vacation, or timeshare scams
11. Fake charity scams
12. Some other type of fraud or scam (please specify): [TEXT BOX]

IF FRAUD1=2,3,4

**FRAUD2.** Did you lose any money to the fraud or scam that you experienced most recently?

1. I lost money, but all of it was recovered or refunded
2. I lost money, and some of it was recovered or refunded
3. I lost money, and none of it was recovered or refunded
4. No money was ever transferred out of or taken from my account
5. I don’t know

IF FRAUD1=2,3,4

MUL=8

**FRAUD3.** What service or product from your bank or credit union was involved in the most recent fraud or scam involving money from your checking, savings, or money market account (NOT a credit card)? Please select all that apply.

1. Debit card
2. Peer to Peer payment service (such as Zelle)
3. Bank wire transfer or payment
4. Personal check
5. Cashier’s check or money order
6. Cash withdrawal (from an ATM or a branch)
7. Loan
8. Other service or product (please specify): [TEXT BOX]

IF FRAUD1=2,3,4

MUL=6

**FRAUD4.** Did you report the fraud or scam that you experienced most recently to any of the following? Please select all that apply.

1. Your primary bank or credit union
2. One or more credit bureaus (Equifax, Experian, TransUnion)
3. Local law enforcement (such as a police department or Sheriff’s office)
4. A federal agency (such as the Federal Trade Commission (FTC), the Consumer Financial Protection Bureau (CFPB), or the Federal Bureau of Investigations (FBI))
5. The Better Business Bureau
6. Some other entity (please specify): [TEXT BOX]
7. I did not report the fraud or scam [EXCLUSIVE]

IF FRAUD1=2,3,4

MUL=8

**FRAUD5.** When you experienced the most recent fraud or scam, what did your primary bank or credit union do? Please select all that apply.

1. Identified the fraud or scam and told me about it
2. Communicated about the fraud or scam to a credit bureau on my behalf (Equifax, Experian, TransUnion)
3. Reported it to the police or another law enforcement agency
4. Placed a temporary hold on the transaction
5. Returned the money to my account after it happened
6. Helped me recover some or all of the stolen money
7. Asked me to fill out a form or affidavit to show I didn’t make the fraudulent transaction
8. Other (please specify): [TEXT BOX]
9. None of the above [EXCLUSIVE]

ASK ALL

MUL=7

**FRAUD7.** If your primary bank or credit union suspected you were experiencing a fraud or a scam, which of the following would you want your bank or credit union to do? Please check all that apply.

1. Place a temporary hold on any suspicious transactions
2. Place a temporary hold on my account
3. Alert me
4. Alert my Trusted Contact person/emergency financial contact
5. Alert the credit bureaus on my behalf (Equifax, Experian, TransUnion)
6. Report it to the police or another law enforcement agency on my behalf
7. Other (please specify): [TEXT BOX]
8. Not take any action [EXCLUSIVE]

ASK IF FRAUD4=1

**FRAUD6**. When you reported the fraud or scam that you experienced most recently to your primary bank or credit union, did the response from your bank or credit union make you feel as if you were to blame or responsible in some way?

1. Yes
2. No
3. I don’t know

ASK ALL

**FRAUD8. In the past year**, how many times has your primary bank or credit union placed a fraud alert, stopped a transaction, contacted you, or taken other action for something they suspected was fraud or a scam that turned out not to be fraud or a scam? Please think about your primary checking, savings, or money market account (NOT a credit card).

Never

One time

Two or three times

More than three times

## Educational opportunities

**INTRO11.** This set of questions will ask about trainings and educational opportunities you might find helpful.

ASK ALL

MUL=7

**EDU1.** Which of the following topics would you be interested in learning more about? Please select all that apply.

1. How to manage debt
2. How to avoid fraud and scams
3. How to help manage a loved one’s money (financial caregiving)
4. How to use a computer
5. How to use a smartphone
6. How to use online or mobile banking
7. Some other topic (please specify): [TEXT BOX]
8. None of the above [EXCLUSIVE]

IF EDU1=1,2,3,4,5,6,7

MUL=6

**EDU2.** Which of the following sources would you trust to provide free training or information on the topics you chose? Please select all that apply.

1. Your place of employment
2. Your primary bank or credit union
3. A nonprofit organization, like United Way or AARP
4. A religious organization, like a church, mosque, or synagogue
5. A state or local government agency, like your attorney general’s office
6. A federal agency, like the the Federal Deposit Insurance Corporation (FDIC) or Federal Trade Commission (FTC)
7. None of the above [EXCLUSIVE]

## Personal financial situation

ASK ALL

**SKILL.** How well does this statement describe you or your situation? – I know how to make complex financial decisions.

 1 Does not describe me at all

 2 Describes me very little

 3 Describes me somewhat

 4 Describes me very well

 5 Describes me completely

ASK ALL

**FWB1.** How well does this statement describe you or your situation? – Because of my money situation, I feel like I will never have the things I want in life.

 1 Does not describe me at all

 2 Describes me very little

 3 Describes me somewhat

 4 Describes me very well

 5 Describes me completely

ASK ALL

**FWB2.** How well does this statement describe you or your situation? - I am just getting by financially.

 1 Does not describe me at all

 2 Describes me very little

 3 Describes me somewhat

 4 Describes me very well

 5 Describes me completely

ASK ALL

**FWB3.** How well does this statement describe you or your situation? - I am concerned that the money I have or will save won't last.

 1 Does not describe me at all

 2 Describes me very little

 3 Describes me somewhat

 4 Describes me very well

 5 Describes me completely

ASK ALL

**FWB4.** How often does this statement apply to you? - I have money left over at the end of the month.

 1 Never

 2 Rarely

 3 Sometimes

 4 Often

 5 Always

ASK ALL

**FWB5.** How often does this statement apply to you? - My finances control my life.

 1 Never

 2 Rarely

 3 Sometimes

 4 Often

 5 Always

ASK ALL

**MEDDEBT.** **In the past year**, did you or anyone in your household have problems paying or an inability to pay any medical bills? This includes bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

1. Yes
2. No
3. Don’t know
4. Prefer not to say

ASK ALL

**CREDREC.** How would you rate your current credit record?

1. Very bad
2. Bad
3. About average
4. Good
5. Very good
6. Don’t know
7. Prefer not to say

ASK ALL

MUL=11

**SHOCK1**. Have you experienced any of the following events or changes in the past 5 years? Please select all that apply.

1. Death of a spouse or partner
2. Moved to another home
3. Financial losses or damage to my home due to a natural disaster
4. Spent more than 30 days in a rehabilitation facility or skilled nursing home
5. Onset of a hearing, vision, or mobility-related disability
6. Onset of memory problems or a cognitive disability
7. Needed someone else’s help to handle my day-to-day tasks
8. Became a caregiver for someone else
9. Became fully retired
10. Became partially retired
11. Reduction in work hours
12. Reduction in household income

ASK ALL

**DEVICE1.** How often do you use a laptop, desktop computer, or personal computer?

1. Very frequently
2. Occasionally
3. Rarely
4. Very rarely
5. Never

ASK ALL

**DEVICE1.** How often do you use a smartphone or mobile phone?

1. Very frequently
2. Occasionally
3. Rarely
4. Very rarely
5. Never

ASK ALL

**DEVICE3.** How often do you use a tablet?

1. Very frequently
2. Occasionally
3. Rarely
4. Very rarely
5. Never

[DISP]

RECONTACT\_INTRO.

We are looking for people interested in a follow-up interview on this topic. The interview will last about 45 to 60 minutes and will take place using Zoom. People who schedule and complete a follow-up interview will get $50 as a thank you for their time.

[IF PANEL\_TYPE<20]

[SP]

RECONTACT\_YN.

Are you willing to be contacted for a follow-up interview on this topic?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF RECONTACT\_YN=1]

[SP]

CNS2.

[CAWI] Please provide your first name, phone number, email and the best time to reach you.

RESPONSE OPTIONS:

Name: [TEXTBOX]

Phone number (10 digits): [xxxxxxxxxx]

Email: [EMAL FORMAT]

Best time to reach you [MP]

RESPONSE OPTIONS:

1. Morning
2. Afternoon
3. Evening
4. Anytime

[IF RECONTACT\_YN=1]

[SP]

RECONTACT\_METHOD.

If you are selected, someone will contact you to schedule the interview.

[SPACE]

How would you like to be contacted to schedule the interview, if selected?

RESPONSE OPTIONS:

1. Email
2. Phone
3. Either email or phone

## Existing NORC Amerispeak demographics

### NORC Demographics

*The following variables will be appended to the answers provided in the survey. The information for these variables is from existing data collected by the AmeriSpeak panel for all panelists.*

* DOB for age
* Internet access type (broadband, cell, etc.)
* Education level
* Veteran
* Employment status
* Full/part time employment
* Ethnicity with Hispanic/Latino subcategories
* Race with AAPI subcategories and Black subcategories
* Speak language other than English at home
* Spoken/written English proficiency
* Gender
* Sexual orientation
* Marital status
* National origin
* Citizenship
* Disability
* Owner/renter
* Other persons in home
* Income

### NORC Health

* Q1 Overall self reported health status
* Q6-Q9, Q26-Q27 Census disability questions
* Q10 Help with daily tasks

### Additional

* County FIPS
* Zip code