

Baseline Interview: Financial Distress/Financial Well-Being Scale

Record ID. _____

Baseline Interview: Financial Distress & Wellbeing

(Please repeat the reminder below if it has not been provided during this interview session.)

Reminder about resources to help you cope with distress.

When you enrolled in this study, you were provided with a list of resources to help you cope with negative feelings and reactions to these interviews. These resources can also help you with other problems in your life not related to the study.
If you do not remember receiving this information, we will provide it to you immediately following this interview.

Interview prompt:

"Now I'll ask you a few more questions about your financial history."

What do you feel is the level of your financial distress today?

1-2 Overwhelming Stress

4-5 High Stress

6-7 Low Stress

9-10 No Stress at All

Overwhelming Stress

Medium Stress

No Stress at All

(Place a mark on the scale above)

On the stair steps below, indicate how satisfied you are with your present financial situation. The "1" at the bottom of the steps represents complete dissatisfaction. The "10" at the top of the stair represents complete satisfaction. The more dissatisfied you are, the lower the number you should choose. The more satisfied you are, the higher the number you should circle.

Dissatisfied

Satisfied

(Place a mark on the scale above)

How do you feel about your current financial situation?

1-2 Feel Overwhelmed

4-5 Sometimes Feel Worried

6-7 Not Worried

9-10 Feel Comfortable

Feel Overwhelmed Ambivalent Feel Comfortable

(Place a mark on the scale above)

How often do you worry about being able to meet normal monthly living expenses?

1-2 Worry All the Time

4-5 Sometimes Worry

7-8 Rarely Worry

9-10 Never Worry

Worry All the Time Worry as Much as Not Never Worry

(Place a mark on the scale above)

How confident are you that you could find the money to pay for a financial emergency that costs about \$1,000?

1-2 No Confidence

4-5 Little Confidence

7-8 Some Confidence

9-10 High Confidence

No Confidence Medium Confidence High Confidence

(Place a mark on the scale above)

How often does this happen to you? You want to go out to eat, go to a movie or do something else and don't because you can't afford to?

1-2 All the Time

4-5 Sometimes

7-8 Rarely

9-10 Never

All the Time As Often as Not Never

(Place a mark on the scale above)

How frequently do you find yourself just getting by financially and living paycheck to paycheck?

1-2 All the Time

4-5 Sometimes

7-8 Rarely

9-10 Never

All the TimeAs Often as NotNever

(Place a mark on the scale above)

How stressed do you feel about your personal finances in general?

1-2 Overwhelming Stress

4-5 High Stress

7-8 Low Stress

9-10 No Stress at All

Overwhelming StressMedium StressNo Stress at All

(Place a mark on the scale above)

Do you have any debt?

☐ Yes

☐ No

☐ Unsure

How much debt, in dollars?

What is your approximate monthly income?

We will now ask you about your sources of income and the approximate monthly amount you receive from each source.

What is your most important source of monthly income?

How much income do you receive each month from this source?

Do you receive monthly income from a second source?

☐ Yes

☐ No

What is your second source of monthly income?

How much income do you receive each month from this second source?

Do you receive monthly income from a third source?

☐ Yes

☐ No

What is your third source of monthly income?

How much income do you receive each month from this third source?

Do you receive monthly income from a fourth source?

☐ Yes
☐ No

What is your fourth source of monthly income?

How much income do you receive each month from this fourth source?

Do you receive monthly income from a fifth source?

☐ Yes
☐ No

What is your fifth source of monthly income?

How much income do you receive each month from this fifth source?

Do you receive monthly income from a sixth source?

☐ Yes
☐ No

What is your sixth source of monthly income?

How much income do you receive each month from this sixth source?

Do you receive monthly income from a seventh source?

☐ Yes
☐ No

What is your seventh source of monthly income?

How much income do you receive each month from this seventh source?

Do you receive monthly income from an eighth source?

☐ Yes
☐ No

What is your eighth source of monthly income?

How much income do you receive each month from this eighth source?
