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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)

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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)

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

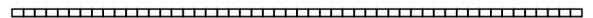
1-2 No Confidence

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)

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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 Time As Often as Not Never



(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 Stress Medium Stress No 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

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What is your third source of monthly income?

\_\_\_\_\_

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

\_\_\_\_\_

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Do you receive monthly income from a fourth source?

- Yes
- No

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What is your fourth source of monthly income?

\_\_\_\_\_

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

\_\_\_\_\_

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Do you receive monthly income from a fifth source?

- Yes
- No

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What is your fifth source of monthly income?

\_\_\_\_\_

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

\_\_\_\_\_

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Do you receive monthly income from a sixth source?

- Yes
- No

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What is your sixth source of monthly income?

\_\_\_\_\_

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

\_\_\_\_\_

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Do you receive monthly income from a seventh source?

- Yes
- No

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What is your seventh source of monthly income?

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

\_\_\_\_\_

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Do you receive monthly income from an eighth source?

- Yes
- No

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What is your eighth source of monthly income?

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

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