



Healthy Finance Programs

Completion of this form is voluntary. Responses remain confidential and will be used only in summary form.

No. of sessions: _____ Contact hours: _____ ID#: _____

Program Type: Money Management Credit & Debt Homeownership Other: _____

Program Name: _____ Date: _____ Location: _____

Think about your financial knowledge / behaviors both **BEFORE** and **AFTER** participating in this program. Read each statement in the center column. Then, circle the number in the **BEFORE** section (on the left) that corresponds to what you knew or what you did **BEFORE** participating in this program. Next, circle the number in the **AFTER** section (on the right) that corresponds to what you know or will do now **AFTER** participating in this program. You should circle ONE NUMBER (or NA) for each **BEFORE** statement and ONE NUMBER for each **AFTER** statement, where 1 = Rarely and 4 = Almost Always. **There are no wrong answers.**

BEFORE participating in this program, I USED TO...						AFTER participating in this program, I WILL NOW...				
Rarely	Sometimes	Usually	Almost Always	Not Applicable		Rarely	Sometimes	Usually	Almost Always	Not Applicable
1	2	3	4	NA	...discuss money matters with co-spenders.	1	2	3	4	NA
1	2	3	4	NA	...use written goals to guide my financial decisions.	1	2	3	4	NA
1	2	3	4	NA	...know my net worth.	1	2	3	4	NA
1	2	3	4	NA	...find my financial records quickly when I need them.	1	2	3	4	NA
1	2	3	4	NA	...pay my bills on time.	1	2	3	4	NA
1	2	3	4	NA	...set aside money for occasional expenses.	1	2	3	4	NA
1	2	3	4	NA	...set aside money for emergencies.	1	2	3	4	NA

Please leave a comment about the program:

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Please circle the number that best describes your agreement with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I learned new information from this program.	1	2	3	4
I plan to use the information I learned in this program.	1	2	3	4
I am confident I can make changes recommended in this program.	1	2	3	4
I plan to make a change within 1 month. <i>Please describe the changes you plan to make (if any) within the next month.</i>	1	2	3	4
I plan to make a change within 6 months. <i>Please describe the changes you plan to make (if any) within the next 6 months.</i>	1	2	3	4

The following statements are about the instructor. The instructor:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was well prepared.	1	2	3	4	5
2. Was interested in helping me.	1	2	3	4	5
3. Showed respect for all persons attending the program.	1	2	3	4	5
4. Stimulated me in wanting to learn.	1	2	3	4	5
5. Answered questions clearly.	1	2	3	4	5
6. Related program content to real-life situations.	1	2	3	4	5
7. Gave clear explanations.	1	2	3	4	5
8. Held my attention.	1	2	3	4	5
9. Presented information that will help me.	1	2	3	4	5

Circle one response for each of the following questions:

I am: Male Female

My age is:

under 20 20-29 30-39
40-49 50-59 60 or over

My employment status is:

Working Full-Time Unemployed
Working Part-Time Retired
Other: _____

I am:

Asian
Black or African American
Hispanic or Latino
Multi-Racial
Native American or Alaskan Native
Pacific Islander
White or Caucasian
Other: _____

Please write additional comments about the instructor or the instruction: