

## SESSION 1 - Questionnaire

Name:

Workshop Location:

Date:

To help us offer you the best support during Made of Money, please answer the questions below. We won't share your details with anyone in the group, and will use them to make sure we cover things that are relevant to you.

### 1. Please circle ALL words that best describe how your financial situation is making you feel at the moment...

Fed up	Confident	Anxious
Great	Scared	Under pressure
Secure	Calm	Other—please tell us:

### 2. What are your current financial concerns? (please tick all that apply)

<input type="checkbox"/> Paying energy bills	<input type="checkbox"/> Making rent or mortgage payments
<input type="checkbox"/> Paying debts that you owe	<input type="checkbox"/> Being able to save some money
<input type="checkbox"/> Buying day to day essentials, such as food	<input type="checkbox"/> Budgeting properly
<input type="checkbox"/> Being able to afford the occasional treat	<input type="checkbox"/> Sorting out issues with the bank or other lenders
<input type="checkbox"/> Needing to borrow money	<input type="checkbox"/> Opening a savings account
<input type="checkbox"/> Buying things for the children	<input type="checkbox"/> Opening or changing a bank account
<input type="checkbox"/> Getting some support or advice on money problems that you are experiencing	<input type="checkbox"/> Other (please tell us what):

### 3. What else is having an impact on your finances at the moment? (please tick all that apply)

<input type="checkbox"/> Health concerns	<input type="checkbox"/> Loss of employment or earnings
<input type="checkbox"/> Relationship problems	<input type="checkbox"/> Loss or reduction of benefits
<input type="checkbox"/> Lack of a bank account or other financial product	<input type="checkbox"/> Housing issues
<input type="checkbox"/> Job hunting	<input type="checkbox"/> Access to training or education

### 4. What do you want to achieve by coming to Made of Money workshops? (please tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Increased confidence in money management        | <input type="checkbox"/> To meet others                    |
| <input type="checkbox"/> To be able to save some money                   | <input type="checkbox"/> To be able to plan for the future |
| <input type="checkbox"/> To deal with debts                              | <input type="checkbox"/> To develop a budget               |
| <input type="checkbox"/> To improve communication with friends/family    | <input type="checkbox"/> To feel better about my finances  |
| <input type="checkbox"/> To improve communication with banks / creditors | <input type="checkbox"/> Improve my English                |
| <input type="checkbox"/> Other (please tell us what)                     |  |

### 5. Do you have any debts that are worrying you? Yes No

If yes, please let us know which. (please tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Gas / electricity / water debts       | <input type="checkbox"/> Overpayment of benefits           |
| <input type="checkbox"/> Credit card / loans / catalogue debts | <input type="checkbox"/> Friends / family                  |
| <input type="checkbox"/> Rent arrears                          | <input type="checkbox"/> Money shops                       |
| <input type="checkbox"/> Mortgage arrears                      | <input type="checkbox"/> Loan shark / Illegal Money Lender |
| <input type="checkbox"/> Council tax arrears                   | <input type="checkbox"/> Other (please tell us what):      |

### 6. Who manages the money in your family? (please tick one)

- |   |  |
|---|--|
| <input type="checkbox"/> Me                                     | <input type="checkbox"/> Me- I'm a single parent   |
| <input type="checkbox"/> My partner                             | <input type="checkbox"/> My partner and I together |
| <input type="checkbox"/> Other- please give more details: _____ |  |

Are you happy with this setup?  Yes  No

If no, what would you like it to be?

### 7. Is there anything else we can help you with?

(if we can't help we will do our best to find someone who can!)

Yes  No

If yes, please give us a bit of information

***Thank you for taking the time to fill this in!***