



Financial Literacy Program

Demographics and Pre-assessment

Participant number: _____

ABOUT YOU...

1. Gender (Please check one)

- Male
- Female
- Other

2. Age (Please check one)

- Under 21
- 21 to 30
- 31 to 40
- 41 to 50
- 51 to 60
- Over 60

3. What is your first language (Please check one)

- French is my first language
- English is my first language
- My first language is another language
Please tell us what that language is:

4. Place of birth (Please check one)

- I was born in Canada (If yes, go to question 7)
- I was born outside of Canada
Specify where: _____

5. If you were born outside of Canada, how long has it been since you first arrived here?
(Please check one)

- Less than 5 years
- 5 to 10 years
- Over ten years

6. If you were born outside of Canada, what is your immigration status? (Please check one)

- Citizen
- Landed immigrant
- Convention refugee or refugee claimant
- Undocumented
- Other _____

7. Are you a status or non-status Aboriginal person? (Please check one)

- Yes - If yes, go to -----> If yes, I am:
- No
- Status First Nations
- Non-status First Nations
- Inuit
- Métis
- Other _____

8. Education (Please check the <u>one</u> that shows the <u>highest level</u> you have finished)	
<input type="checkbox"/> Elementary school (not completed) <input type="checkbox"/> High school (not completed) <input type="checkbox"/> High school diploma <input type="checkbox"/> CEGEP diploma (Québec)	<input type="checkbox"/> College (not completed) <input type="checkbox"/> College diploma <input type="checkbox"/> University (not completed) <input type="checkbox"/> University degree
9. Are any of your children (under age 25) living with you now (either shared or full-time custody)? (Please check <u>one</u>)	
<input type="checkbox"/> I have no children (under 25). <input type="checkbox"/> Yes, I have children (under 25) living with me. Please tell us how many _____ <input type="checkbox"/> No, my children (under 25) are not living with me.	

THINKING ABOUT MONEY ...

10. Tell us how you feel about managing your money...					
<i>Circle a number to show how often you agree with the following:</i>	Never	Rarely	Sometimes	Usually	Always
I worry about how much debt I have	1	2	3	4	5
I feel comfortable getting help with my money (examples: finding resources online, seeing a credit counsellor, help with my taxes or talking to someone at the bank)	1	2	3	4	5
I worry about being able to pay my bills each month	1	2	3	4	5
I feel that I will improve my financial situation	1	2	3	4	5



11. What do you currently do to manage your money?					
Please circle the number that best explains how often you do the following:	Never	Rarely	Sometimes	Usually	Always
	Pay my bills on time	1	2	3	4
Make sure that my spending isn't more than my income each month	1	2	3	4	5
Keep track of my spending and income	1	2	3	4	5
Save money	1	2	3	4	5
Compare prices when shopping	1	2	3	4	5
Pay my debt when I owe money	1	2	3	4	5
Learn about money topics that might affect me	1	2	3	4	5
Get help with my money (examples: filing taxes, financial advisor, credit help, credit counseling or using online tools and resources)	1	2	3	4	5
12. Do you budget your money? (Please check <u>one</u>)					
<input type="checkbox"/> Yes (go to question 13) ----> <input type="checkbox"/> No (go to question 14) ↓					
13a. If yes, how do you budget your money? (Please check <u>one</u>)					
<input type="checkbox"/> I write out a budget <input type="checkbox"/> I keep a budget in my head <input type="checkbox"/> Other: please tell us _____					
13b. If yes...How often do you follow your budget?					
Please circle the number that best explains how often you do the following:	Never	Rarely	Sometimes	Usually	Always
	I follow my budget	1	2	3	4
14. If no... why don't you budget your money? (Please check <u>one</u>)					
<input type="checkbox"/> I don't know how <input type="checkbox"/> I don't believe in budgeting <input type="checkbox"/> I did it before and it didn't work <input type="checkbox"/> It is just not that important to me right now <input type="checkbox"/> Other: please tell us _____					

YOUR MONEY ...

15. What financial services do you currently use? (Please check all the services that you use)

- Bank
- Credit union or caisse populaire
- Cheque cashing and payday loan services (e.g. Money Mart)
- I don't use any financial services
- Other: please tell us _____

16. If you DON'T use a credit union or a bank, please tell us why? (Please check all that apply)

- I don't have any income
- I can't easily get to a credit union or bank
- I don't have the required documents to open an account
- I prefer not to use a bank or credit union
- Other: please tell us _____

17. Do you have a goal for saving money?

- Yes
- No

18. If yes, what are you planning to save for? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> My education | <input type="checkbox"/> A trip |
| <input type="checkbox"/> My child's education | <input type="checkbox"/> An emergency |
| <input type="checkbox"/> First and last month's rent | <input type="checkbox"/> Home ownership |
| <input type="checkbox"/> Paying back money I owe | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Something big – like a car or appliance | <input type="checkbox"/> To finance a business |
| <input type="checkbox"/> Paying back taxes owed | <input type="checkbox"/> Other |
| | Please tell us _____ |



19. Do you have any savings set aside?

Yes
 No (go to question 22)

20. Did you save and put aside any of your money in the past month? (Please check one)

Yes
 No

21. How much money do you estimate that you have saved right now? (including accounts, retirement savings and investments – not including assets like a house or car) (Please check one)

<input type="checkbox"/> None	<input type="checkbox"/> \$2,000 to \$4,999
<input type="checkbox"/> Under \$100	<input type="checkbox"/> \$5,000 to \$9,999
<input type="checkbox"/> \$100 to \$249	<input type="checkbox"/> \$10,000 to \$19,999
<input type="checkbox"/> \$250 to \$499	<input type="checkbox"/> \$20,000 to \$29,999
<input type="checkbox"/> \$500 to \$999	<input type="checkbox"/> \$30,000 to \$39,999
<input type="checkbox"/> \$1,000 to \$1,999	<input type="checkbox"/> \$40,000 and over

22. Do you have a long-term plan for your money (e.g. for retirement)?

Yes
 No

23. Where does your personal income come from now? (Please check all sources that apply)

<input type="checkbox"/> No income	<input type="checkbox"/> Spousal and/or child support payments
<input type="checkbox"/> Job - Full time	<input type="checkbox"/> Government benefits (examples: Child Benefits, HST rebate)
<input type="checkbox"/> Job - Part time/temporary	<input type="checkbox"/> Government disability benefits
<input type="checkbox"/> Self-employment	<input type="checkbox"/> Private disability pension
<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> Workers compensation (workers injured on the job)
<input type="checkbox"/> Social Assistance/Welfare	<input type="checkbox"/> Government retirement income/pension
<input type="checkbox"/> Family members send me money	<input type="checkbox"/> Private retirement income/pension
	<input type="checkbox"/> Paid long-term leave from my job
	<input type="checkbox"/> Other
	Please tell us _____

24. How much money did you take in from all sources last year – pre-taxes? (Please check one)

<input type="checkbox"/> None	<input type="checkbox"/> \$40,000 to \$49,999
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$50,000 to \$59,999
<input type="checkbox"/> \$10,000 to \$19,999	<input type="checkbox"/> \$60,000 to \$69,999
<input type="checkbox"/> \$20,000 to \$29,999	<input type="checkbox"/> \$70,000 to \$79,999
<input type="checkbox"/> \$30,000 to \$39,999	<input type="checkbox"/> \$80,000 and over

25. Are you the only one contributing income to your household right now?

Yes
 No

26. Over the last year, have you been late by 2 months or more on a bill or other payment? (examples: cell phone, rent or utilities)

Yes
 No
 I don't know

27. Right now, what kind of debts do you have? (A debt is money that you have owed for more than two months, not including mortgages) (Please check <u>all</u> that you need to pay)	
<input type="checkbox"/> I have no debts <input type="checkbox"/> Credit card (including unpaid balance) <input type="checkbox"/> Cell phone <input type="checkbox"/> Student loans <input type="checkbox"/> Car or other large purchase <input type="checkbox"/> Utilities (phone, hydro, cable) <input type="checkbox"/> Rent	<input type="checkbox"/> Bank loan – <u>not</u> mortgage debt (examples: line of credit, bank account overdraft) <input type="checkbox"/> Child support <input type="checkbox"/> Family/friends <input type="checkbox"/> For my business <input type="checkbox"/> Taxes <input type="checkbox"/> Other Please tell us _____
28. What is your estimated personal debt level now (<u>NOT</u> including a mortgage)? (Please check <u>one</u>)	
<input type="checkbox"/> None <input type="checkbox"/> Less than \$2,500 <input type="checkbox"/> \$2,500 to \$4,999 <input type="checkbox"/> \$5,000 to \$9,999 <input type="checkbox"/> \$10,000 to \$14,999 <input type="checkbox"/> \$15,000 to \$19,999 <input type="checkbox"/> \$20,000 to \$24,999 <input type="checkbox"/> \$25,000 to \$29,999	<input type="checkbox"/> \$30,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$39,999 <input type="checkbox"/> \$40,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$59,999 <input type="checkbox"/> \$60,000 to \$69,999 <input type="checkbox"/> \$70,000 to \$79,999 <input type="checkbox"/> Over \$80,000
29. Do you have a mortgage?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Have you checked your credit history or credit rating in the past 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
31. Did you file your income tax forms last year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

Thank you!