

## Financial Survey

Please take a moment to complete this survey about your personal finances. Results from the survey will help improve this program and provide better services in the future. Completing this survey is voluntary and we thank you for your time!

**1. Over the last 3 months, have you followed a personal budget, spending plan, or financial plan?**

Yes   No   Don't know  
     

**2. Do you currently have at least one financial goal?**

Yes  
 No → Go to Question 3

**2a. What is your main financial goal?**

**3. How confident are you in your ability to achieve a financial goal you set for yourself today?**

Not at all confident   Less than confident   Somewhat confident   Relatively confident   Very confident  
           

**4. In the last 3 months, did you use an automatic deposit or transfer to put money away for a future use such as saving for retirement or education?**

Yes   No   Don't know  
     

**5. Have you set aside emergency or rainy day funds that would cover your expenses for 3 months, in case of sickness, job loss, economic downturn, or other emergencies?**

Yes   No   Don't know  
     

**6. Over the past 3 months, would you say your household's spending was less than, more than, or about equal to your income? Please do not include large purchases such as a house or car.**

Less than   More than   Equal to   Don't know  
        

**7. In the last 3 months, have you paid a late fee on a loan or bill?**

Yes   No   Don't know  
     

**8. How would you rate your current credit record?**

Very bad   Bad   About average   Good   Very good   Don't know  
              

Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OR**

Name and Mailing Address: \_\_\_\_\_

## Financial Capability Scale (FCS)

The FCS sums to a 0-8 score for each client. To create an FCS score, simply add up the client's score for each question using the numbers below. Question 6 is "reverse coded" so yes=0 and no=1. Optional questions A1 and A2 are not part of the score.

1. Do you **currently** have a personal budget, spending plan, or financial plan?

Yes (1)

No (0)

2. How **confident** are you in your ability to achieve a financial goal you set for yourself today?

Not at all confident (0)

Somewhat confident (1)

Very confident (2)

3. If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how **confident** are you that your family could come up with money to make ends meet within a month?

Not at all confident (0)

Somewhat confident (1)

Very confident (2)

4. Do you **currently** have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?

Yes (1)

No (0)

5. Over the past month, would you say your family's spending on living expenses was less than its total income?

Yes (1)

No (0)

6. In the last 2 months, have you been charged a late fee on a loan or bill?

Yes (0)

No (1)

Optional questions (not part of FCS score)

A1. How would you rate your current credit record?

Very bad

Bad

About average

Good

Very good

A2. Do you currently have at least one financial goal?

Yes

No

Center for  
Financial Security 

UNIVERSITY OF WISCONSIN-MADISON

Source: Collins, J. Michael, and Collin O'Rourke. (2013) Financial Capability Scale (FCS), University of Wisconsin Madison, Center for Financial Security. doi: 10.5281/zenodo.57102  
For more information, please visit <http://fyi.extension.wisc.edu/financialcoaching/asures>