



Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>				
2. I am just getting by financially	<input type="checkbox"/>				
3. I am concerned that the money I have or will save won't last	<input type="checkbox"/>				

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
4. I have money left over at the end of the month	<input type="checkbox"/>				
5. My finances control my life	<input type="checkbox"/>				

Part 3: Tell us about yourself.

6. How old are you? 18-61 62+
7. How did you take the questionnaire? I read the questions Someone read the questions to me