



An official U.S. Government agency

Making Ends Meet Survey Follow-Up

To take the survey online

Mobile

Text your unique survey PIN number to 202-883-3381 to receive a link to directly connect to your survey, or scan the QR code to the right.

Web

Go to **www.CFPBMakingEndsMeet.com** and enter your unique survey PIN number and 5-digit zip code.

Español

Vaya a **www.CFPBMakingEndsMeet.com** e ingrese su número PIN único y su código postal de 5 dígitos.



Questions? If you have any technical difficulties, including problems with the website or any questions about the survey, please call 1-855-246-9457 M-F 8:00 a.m. – 8:00 p.m. CST. For TTY assistance, dial 711.

For more information about the CFPB, visit www.consumerfinance.gov.

Making Ends Meet Survey Follow-Up



Why should I do this?

This follow-up survey will help us understand your situation and how it may have changed during these uncertain times. Because people's experiences can vary widely, please fill out the survey even if you have not had financial difficulties. Learning about people's views and experiences is particularly important in developing policies to help consumers.



Who should complete this?

It is important that this survey is only completed by the person named on the enclosed letter. The survey will take between 10-20 minutes to complete. Your participation is voluntary. Please do not identify yourself in any way in your response.



How will responses be used?

Your responses will be used by researchers at the CFPB and others to understand consumers' experiences. Your responses will be kept private. Participation in the survey will not affect your credit or credit score.



What is the CFPB?

The Consumer Financial Protection Bureau (CFPB) is sponsoring this survey. The CFPB is a federal agency created in 2010 to make mortgage, credit card, automobile, and other consumer loans work better and ensure that these markets are fair, transparent, and competitive.

Privacy Act Statement: 5 U.S.C. 552a(e)(3)

The Consumer Financial Protection Bureau (Bureau) uses an outside firm to obtain the names and addresses of a national list of consumers to contact you for the purpose of participating in this survey. The information you provide through your responses will assist the Bureau in understanding people's experiences when money gets tight.

The Bureau will only receive de-identified information. Only your de-identified information will be combined with other data that the Bureau has collected in a way that you cannot be identified.

Information collected on behalf of the Bureau will be treated in accordance with the System of Records Notice ("SORN"), CFPB.022, Market and Consumer Research Records, <https://www.federalregister.gov/articles/2012/11/14/2012-27582/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN. Direct identifying information will be kept private except as required by law. The Bureau may make an anonymous version of the survey data publicly available.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this study is voluntary. You may withdraw participation at any time.

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0066. It expires on 3/31/2023. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA_Comments@cfpb.gov.

A. Your general financial situation

1. How well do these statements describe you or your situation?

	This statement describes my situation . . .				
	Completely	Very well	Somewhat	Very little	Not at all
I am comfortable using English to perform financial transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my money situation, I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How often do these statements apply to you?

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

B. Your work, expenses, and income

3. What is your current work status? Please mark all that apply including for your spouse or partner if you have one.

	You	Spouse/ Partner
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>
Work full time	<input type="checkbox"/>	<input type="checkbox"/>
Work part time	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily laid off or on leave	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Not working for pay (homemaker, student, disabled, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you own your own business?

- ☐ Yes
☐ No

5. About how much does your household spend on your mortgage (including property taxes and homeowners insurance) or rent each month?

\$.00

6. In the last 12 months since January 2022, how have your normal household expenses like food, clothing, rent, or other bills that you pay regularly changed?

- ☐ Gone up
☐ About the same
☐ Gone down

7. In the last 12 months, has the amount of money your household has in checking and savings gone up, stayed about the same, or gone down?

- ☐ Gone up
☐ About the same
☐ Gone down

8. What was your household's annual gross income (before taxes) in 2022 from all sources (wages, tips, child support, alimony, investment or rental income, retirement, Social Security, unemployment insurance and government benefits such as rental assistance)?

- ☐ \$20,000 or less
☐ \$20,001 to \$35,000
☐ \$35,001 to \$50,000
☐ \$50,001 to \$65,000
☐ \$65,001 to \$80,000
☐ \$80,001 to \$100,000
☐ \$100,001 to \$125,000
☐ \$125,001 to \$175,000
☐ \$175,001 to \$250,000
☐ \$250,001 or more

9. In the past year, did your household receive benefits from any of the following government programs?

	Yes	No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP, food stamps, or WIC)	<input type="checkbox"/>	<input type="checkbox"/>
Earned Income Tax Credit (EITC)	<input type="checkbox"/>	<input type="checkbox"/>
Housing or rental assistance (such as Section 8 housing vouchers or public housing placement)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
Low-Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>

10. Which best describes your household's income from month to month?

- ☐ Income is about the same each month
☐ Income varies somewhat from month to month
☐ Income varies a lot from month to month

11. If your household lost its main source of income, about how long could you cover expenses by, for example, borrowing, using savings, selling assets, or seeking help from family or friends?

- ☐ Less than two weeks
☐ About one month
☐ About two months
☐ Three to six months
☐ More than six months

C. Difficulty paying bills or expenses

12. At any time in the past 12 months have you or your household had difficulty paying for a bill or expense?

- ☐ Yes
☐ No

13. How often did you have trouble in the last 12 months?

- ☐ Only once in the last 12 months
☐ 2 times
☐ 3 or 4 times
☐ 5 to 12 times
☐ More than 12 times

14. Thinking back to the most recent time you had difficulty, which of the following did you have difficulty paying for? *Paying for one major expense may make it harder to pay other bills or expenses, so please mark yes for everything you had difficulty paying for.*

	Yes	No
A medical expense	<input type="checkbox"/>	<input type="checkbox"/>
A car or vehicle repair	<input type="checkbox"/>	<input type="checkbox"/>
A home repair	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage or rent	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>
Taxes, fees, or legal bills	<input type="checkbox"/>	<input type="checkbox"/>
Death or funeral costs	<input type="checkbox"/>	<input type="checkbox"/>
Student loan, school, or tuition costs	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>
Other regular household expenses	<input type="checkbox"/>	<input type="checkbox"/>
Some other expense	<input type="checkbox"/>	<input type="checkbox"/>

D. Experiences with credit

15. Have you applied for any type of credit or loan in the past year?

- ☐ Yes
☐ No

16. In the past year, were you turned down for a loan or not given as much credit as you applied for?

- ☐ Yes ☐ No

17. In the past year, did you think of applying for credit or a loan but changed your mind because you thought you might be turned down?

- ☐ Yes
☐ No



18. In the past 12 months, how many overdraft fees have you or others in your household been charged? *An overdraft fee occurs when your account balance is less than a payment, but your bank covers the transaction and charges you a fee.*

- ☐ None in the past 12 months
☐ 1-3 fees
☐ 4-10 fees
☐ More than 10 fees

19. The last time this happened, were you surprised or did you expect to overdraft your account when you made the transaction?

- ☐ Surprised
☐ I thought it was possible
☐ Expected to overdraft

20. In the past 12 months, how many insufficient funds fees have you or others in your household been charged? *An insufficient funds fee occurs when your account balance is less than a payment, and your bank denies the payment and charges you a fee.*

- ☐ None in the past 12 months
☐ 1-3 fees
☐ More than 3 fees

21. The last time this happened, were you surprised or did you expect to be charged a fee when you made the payment?

- ☐ Surprised
☐ I thought it was possible
☐ Expected to be charged a fee

22. Have you taken out a payday loan in the past 12 months or continued to owe money on a previous payday loan? *A payday loan is a loan that you must repay, make a payment on, or rollover on your next payday.*

- ☐ Yes
☐ No

23. Have you taken out a pawn shop loan in the past 12 months?

- ☐ Yes
☐ No

24. Have you taken out an auto title loan in the past 12 months? *An auto title loan uses the car's value to borrow money for a short period of time.*

- ☐ Yes
☐ No

25. Do you currently have a credit card?

- ☐ Yes
☐ No

26. Did you have an unpaid balance on any of your cards after making your last payment?

- ☐ Yes
☐ No

27. In the past 12 months, have you incurred a late fee on any of your credit cards?

- ☐ Yes
☐ No

28. In the past year, how many times have you purchased something using a "buy now, pay later" option, in which you did not pay for the full price at the time of purchase, but rather paid in four interest-free installments? *Some retailers offer these payment plans through companies such as Affirm, Afterpay, and Klarna.*

- ☐ Never in the past year
☐ 1-2 times
☐ 3-6 times
☐ More than 6 times

E. Household events

29. In the past 12 months, have any of the following happened to your household?

	Yes	No
Someone in your household got married	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household divorced or separated	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household had a major illness or injury	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household died	<input type="checkbox"/>	<input type="checkbox"/>
Someone was born, adopted, or moved into your household	<input type="checkbox"/>	<input type="checkbox"/>
Someone left your household	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household retired	<input type="checkbox"/>	<input type="checkbox"/>
Natural disaster affected your home, employer, or business	<input type="checkbox"/>	<input type="checkbox"/>
You moved to a new residence	<input type="checkbox"/>	<input type="checkbox"/>
A car was repossessed	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household was arrested, charged with a crime, or held in jail or prison	<input type="checkbox"/>	<input type="checkbox"/>
You started a new business	<input type="checkbox"/>	<input type="checkbox"/>
You closed a business you owned	<input type="checkbox"/>	<input type="checkbox"/>

30. In the past 12 months, has your household experienced a significant unexpected expense from any of the following?

	No	Yes	If yes, about how much was the cost?
A major out-of-pocket medical or dental expense	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
An unplanned gift or loan to a family member or friend outside your household	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
A major vehicle repair or replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
A major house or appliance repair	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
A computer or mobile phone repair or replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Legal expenses, taxes, or fines	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Increase in childcare or dependent care expenses	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Moving costs	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Some other major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00

31. In the past 12 months, has your household experienced a significant drop in income from any of the following?

	No	Yes	If yes, about how much income did you lose because of this circumstance over the past 12 months?
Period of unemployment or furlough	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Reduction in work hours	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Reduction in wages at your job	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Changed to a lower-paying job	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Loss of government benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Worked less because of illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Worked less to care for others who were sick or injured	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Worked less or stopped working to take care of children	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Lost rental income from a property you own	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Loss of revenue from a business you own	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Loss of income due to a natural disaster	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00
Other significant drop in income	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ .00

F. Medical expenses and debt**32. Do you have health insurance (through an employer, purchased independently, or from a government program like Medicare or Medicaid)?**

- ☐ Yes
☐ No

33. Does everyone else in your household have health insurance?

- ☐ Yes
☐ No

34. Do you or your household have any medical or dental bills that are past due or that you are unable to pay?

- ☐ Yes
☐ No

35. Do you or your household have any medical or dental bills that you are paying off over time directly to the provider?

- ☐ Yes
☐ No



36. Do you or your household owe money because you took out a loan or used a credit card to pay medical or dental bills?

- ☐ Yes
☐ No

37. Do you owe this money . . . ?

	Yes	No
On a credit card that you have not paid the full balance for?	<input type="checkbox"/>	<input type="checkbox"/>
To a bank or other lender?	<input type="checkbox"/>	<input type="checkbox"/>
To a friend or family member?	<input type="checkbox"/>	<input type="checkbox"/>

38. Have you ever been sued to collect past-due medical debt?

- ☐ Yes, and the lawsuit is ongoing
☐ Yes, and the lawsuit has concluded
☐ No

39. Do you have a credit card that only lets you pay for medical or dental expenses with it? Please do not include debit cards for prepaid accounts like a Health Savings Account (HSA) or Flexible Spending Account (FSA).

- ☐ Yes
☐ No

40. Did you get the card from a medical or dental provider?

- ☐ Yes
☐ No

41. In the past year, have you been contacted by a medical or dental provider informing you that they plan to send your bill to a debt collection agency?

- ☐ Yes
☐ No

42. In the past year, have you been contacted by someone other than your medical or dental provider to collect a past-due bill?

- ☐ Yes
☐ No → Skip to **Question 49** on the next page

43. In the past year, how many different bills has someone other than your medical or dental provider tried to collect from you?

- ☐ 1 bill
☐ 2-4 bills
☐ 5 or more bills

44. In the past year, were you contacted about one or more bills for any of the following? Please mark all that apply.

- ☐ Doctor visit
☐ Hospitalization or outpatient surgery
☐ Emergency care
☐ Lab fees or diagnostic tests
☐ Ambulance services
☐ Dental care
☐ Mental health services
☐ Another service (please specify):

45. The most recent time you were contacted, about how much was the bill?

\$ _____ .00

46. The most recent time you were contacted, did you dispute the bill?

- ☐ Yes
☐ No

47. The most recent time you were contacted, did you think you owed the full amount of the bill?

- ☐ Yes
☐ No

48. If not, why not? Did you think that . . . ?

	Yes	No
My insurance should have paid	<input type="checkbox"/>	<input type="checkbox"/>
I'd already paid the bill	<input type="checkbox"/>	<input type="checkbox"/>
The amount was wrong	<input type="checkbox"/>	<input type="checkbox"/>
The bill was for somebody else, or for services I didn't receive	<input type="checkbox"/>	<input type="checkbox"/>
I qualified for financial assistance from the hospital	<input type="checkbox"/>	<input type="checkbox"/>
For some other reason	<input type="checkbox"/>	<input type="checkbox"/>

Skip to **Question 49** on the next page

49. In the past 12 months, have you or anyone in your household been asked to pay out of pocket for one or more medical or dental expenses?

☐ Yes

☐ No → Skip to the end of the survey

→ 50. About how much was your household asked to pay out of pocket for medical and dental expenses in the past 12 months in total? Please include only the amount you or your household were asked to pay out of pocket without reimbursement, not the total cost of your care.

\$.00

51. If any of this amount was from a hospital, did the hospital give you information on its financial assistance program?

☐ None of the amount was from a hospital

☐ Yes

☐ No

→ 52. Did you believe you were eligible for financial assistance from the hospital?

☐ Yes } Continue to **Question 53**
☐ No } on the next column

→ 53. Did you expect your health insurance (if you had any) would pay for any of this amount?

☐ Yes, the full amount

☐ Yes, half or more

☐ Yes, some but less than half

☐ No

☐ I did not have health insurance

54. Did you dispute any part of the amount?

☐ Yes, the full amount

☐ Yes, some of it

☐ No

55. Have you or your household paid any of the amount you were asked to pay?

☐ Yes, the full amount

☐ Yes, some of it

☐ No → Skip to the end of the survey

→ 56. How did you pay? Mark "Yes" for all that apply and "No" for any that do not apply.

	Yes	No
By using savings	<input type="checkbox"/>	<input type="checkbox"/>
By borrowing (such as using a credit card that you did not pay in full)	<input type="checkbox"/>	<input type="checkbox"/>
With a credit card that I got through the provider	<input type="checkbox"/>	<input type="checkbox"/>
With financial assistance from the hospital	<input type="checkbox"/>	<input type="checkbox"/>
With help from family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Some other way	<input type="checkbox"/>	<input type="checkbox"/>

We have provided the space below if you wish to share additional comments or further explain any of your responses. Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.

Thank you for completing our survey!

Please use the enclosed business reply envelope to return your completed questionnaire to:

Consumer Financial Protection Bureau

1600 Research Blvd., RC B16

Rockville, MD 20850

32198

