



Consumer Financial
Protection Bureau



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 about 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 (CFPB) 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 CFPB in understanding people's experiences when money gets tight.

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

Information collected on behalf of the CFPB will be treated in accordance with the System of Records Notice ("SORN"), CFPB.022, Market and Consumer Research Records. Although the CFPB 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 CFPB 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 3170-0080. It expires on 12/31/2027. 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 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 feel like 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

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. 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

6. What was your household's annual gross income (before taxes) in 2024 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

7. 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

8. 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"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Low-Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

9. Thinking about your non-retirement accounts and any cash savings, about how much money does your household currently have that could be used for unexpected expenses or emergencies?

\$.00

10. In the past 12 months, did you open a new checking or savings account?

- ☐ Yes, a new checking account
☐ Yes, a new savings account
☐ Yes, both a new savings and a new checking account
☐ No

11. Without looking it up, what is your approximate credit score? It is okay if you have to guess.

Enter a number ranging from 300 to 850.

My credit score is:

C. Scams and fraud

12. In the past year, have you lost money to any of the following types of fraud or scams? Include any instances where the money was eventually recovered or refunded.

	Yes	No
Theft, misuse, or financial exploitation by a known or trusted person	<input type="checkbox"/>	<input type="checkbox"/>
Credit or debit card fraud or unauthorized use	<input type="checkbox"/>	<input type="checkbox"/>
Imposter scams (where scammers impersonate tech support, government, businesses, charities, or family members)	<input type="checkbox"/>	<input type="checkbox"/>
Phishing scams (where scammers steal your password or other personal information)	<input type="checkbox"/>	<input type="checkbox"/>
Investment scams (including fake cryptocurrency investments)	<input type="checkbox"/>	<input type="checkbox"/>
Prize, sweepstakes, or lottery scams	<input type="checkbox"/>	<input type="checkbox"/>
Fake job opportunity or business opportunity	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping scams	<input type="checkbox"/>	<input type="checkbox"/>
Identity theft	<input type="checkbox"/>	<input type="checkbox"/>
Social media scams	<input type="checkbox"/>	<input type="checkbox"/>
Some other type of fraud or scam (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

13. In the past year, how many times have you lost money to a fraud or scam?

- ☐ Never
☐ One time
☐ Two or three times
☐ More than three times

D. Household events

14. 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"/>	\$ <input type="text"/> .00
An unplanned gift or loan to a family member or friend outside your household	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00
A major vehicle repair or replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00
A major house or appliance repair	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00
A computer or mobile phone repair or replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00
Legal expenses, taxes, or fines	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00
Increase in childcare or dependent care expenses	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00
Moving costs	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00
Some other major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> .00



15. 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
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

16. 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"/>

E. Medical insurance and debt

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

☐ Yes
☐ No

18. 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

19. In the past year, how often has someone other than your medical or dental provider tried to collect a past-due medical or dental bill from you?

☐ More than once per week
☐ Weekly
☐ A few times per month
☐ Monthly
☐ Once every few months
☐ Only once

20. In the past month, about how much in past-due medical or dental bills has someone other than your medical or dental provider tried to collect from you?

\$ _____ .00

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

☐ Yes ☐ No

Skip to **Question 22** on the next page

22. Do you have health insurance (through an employer, purchased independently, or from a government program like Medicare or Medicaid)?
☐ Yes ☐ No
23. Does everyone else in your household have health insurance?
☐ Yes ☐ No
24. Do you or your household have any medical or dental bills that are past due or that you are unable to pay?
☐ Yes ☐ No
25. Do you or your household have any medical or dental bills that you are paying off over time directly to the provider?
☐ Yes ☐ No
26. 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

F. Experiences with Credit

27. In the past year, have you paid a company or service to try to help repair your credit or improve your credit score?
☐ Yes ☐ No
28. Do you currently have a credit card?
☐ Yes ☐ No
29. In the past 12 months, have you incurred a late fee on any of your credit cards?
☐ Yes ☐ No
30. Did you have an unpaid balance on any of your cards after making your last payment?
☐ Yes ☐ No
31. Have you used earned wage access in the past 12 months? *Earned wage access allows workers access to a portion of their paycheck before payday. It is also called on-demand pay, instant pay, or a paycheck advance.*
☐ Yes, with a service or app connected to my employer
☐ Yes, with an app not connected to my employer
☐ No
32. 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
33. 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

34. Have you taken out a pawn shop loan in the past 12 months?
☐ Yes ☐ No
35. 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
36. 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
37. 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 or fewer 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
38. What sources of information do you use to make decisions about borrowing, credit, savings, or investments? *Please mark all that apply.*
☐ Family or friends
☐ Financial planner, advisor, or broker
☐ Internet, web service, or application
☐ Banker, lawyer, or accountant
☐ Books, magazines, newspapers, or mail
☐ Podcasts, radio, or television
☐ Conferences, workshops, or other events
☐ Social media (TikTok, YouTube, Reddit, etc.)
39. Have you applied for any type of credit or loan in the past year?
☐ Yes ☐ No
40. In the past year, were you turned down for a loan or not given as much credit as you applied for?
☐ Yes ☐ No
41. 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

G. Difficulty paying bills or expenses

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

☐ Yes ☐ No → Skip to **Question 50** on the next page

43. When was the most recent time that you or your household had difficulty paying a bill or expense?

- ☐ In the last month
- ☐ 1-3 months ago
- ☐ 4-6 months ago
- ☐ 7-12 months ago

44. 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"/>

45. Thinking back to the most recent time you had difficulty, was there an event or expense that caused this difficulty?

☐ Yes ☐ No

46. What was that event or expense? *Please mark all that apply.*

- ☐ Medical expenses or fees
- ☐ Loss of income from illness
- ☐ Loss of job
- ☐ Other loss of income
- ☐ Home repair
- ☐ Auto repair
- ☐ Taxes or fees
- ☐ Legal bills
- ☐ Death or funeral costs
- ☐ Helping children, parents, or other family members
- ☐ Student loan, school, or tuition costs
- ☐ Moving costs
- ☐ Fraud or theft
- ☐ Gambling losses
- ☐ Other (please specify): _____

Skip to **Question 47** on the next column

47. Which of the following did you do when you had difficulty paying the most recent bill or expense?

Please mark all that apply.

- ☐ Did not pay for all of this expense
- ☐ Negotiated a lower or delayed payment for this expense
- ☐ Used non-retirement savings or investments
- ☐ Used retirement savings
- ☐ Sold or pawned something
- ☐ Cut back on other expenses
- ☐ Paid another bill late or skipped a payment
- ☐ Increased income, for example, by working overtime or taking an extra job
- ☐ Donated plasma or blood for money
- ☐ Used a credit card and paid it off over time
- ☐ Borrowed money from friends or family
- ☐ Took out or used a home equity line of credit
- ☐ Took out a loan from a bank, credit union, or other financial institution
- ☐ Took out a cash advance from your employer
- ☐ Took out a payday or auto title loan
- ☐ Other

48. Thinking back to the most recent time you had difficulty, did you miss a payment for any of the following? *Please mark all that apply.*

- ☐ Mortgage
- ☐ Credit card bill
- ☐ Student loan
- ☐ Auto loan
- ☐ Payday, auto title, or pawn loan
- ☐ Personal loan from a bank or other financial services provider
- ☐ Loan from a family member, friend, or acquaintance
- ☐ Buy-now-pay-later payments
- ☐ Cash advance from your employer
- ☐ Other (please specify): _____

49. 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

H. Perspectives

50. Suppose you won a prize and could decide when you would get the amount. Would you rather get:

- ☐ \$1000 in one month or
- ☐ \$1050 in six months

51. Suppose you won a prize and could decide when you would get the amount. Would you rather get:

- ☐ \$1000 in one month or
- ☐ \$1100 in six months

52. Suppose you won a prize and could decide when you would get the amount. Would you rather get:

- ☐ \$1000 in one month or
- ☐ \$1150 in six months

I. Homeownership

53. Do you or someone in your household own your current residence?

- ☐ Yes
- ☐ No → Skip to **Section J** on the next column

If you or someone in your household owns your current residence, respond to **Questions 54 and 55**.

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

\$.00

55. Has your household had a homeowners insurance policy cancelled in the past 12 months?

- ☐ Yes, the insurance company cancelled it
- ☐ Yes, we cancelled it ourselves
- ☐ No

Continue to the end of the survey

J. Rentals and other housing

If nobody in your household owns your current residence, respond to **Questions 56-57**, and **Questions 58-60** if applicable.

56. In the past year, have you . . .

	Yes	No
Been threatened with eviction?	<input type="checkbox"/>	<input type="checkbox"/>
Been given an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>
Moved because of rent increases?	<input type="checkbox"/>	<input type="checkbox"/>
Moved because your lease was not renewed?	<input type="checkbox"/>	<input type="checkbox"/>
Experienced a rent increase that strained your budget?	<input type="checkbox"/>	<input type="checkbox"/>

57. Do you rent your current residence?

- ☐ Yes
- ☐ No → Skip to the end of the survey

58. About how much does your household spend on rent each month?

\$.00

59. In the past year, how often did you not pay or were late with the rent payment?

- ☐ Never → Skip to the end of the survey
- ☐ 1 time
- ☐ 2-3 times
- ☐ More than 3 times

60. Are you current on your rent payments?

- ☐ Yes
- ☐ No

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