



Consumer Financial
Protection Bureau



An official U.S. Government agency

Making Ends Meet Survey

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



Why should I do this?

This survey will help us understand your situation 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 around 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 3170-0080. It expires on 11/30/2026. 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 know how to make complex financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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. In the past 12 months, how often did you typically work from home?

- ☐ Never in the past 12 months
☐ Occasionally
☐ 1-2 days per week
☐ 3-4 days per week
☐ 5 or more days per week

5. Do you own your own business?

- ☐ Yes
☐ No

6. Is this business your primary income source?

- ☐ Yes
☐ No

7. Do you have a separate line of credit or credit card for the business?

- ☐ Yes
☐ No

Skip to **Question 8** on the next page



C. Your household and its finances

8. Do you have a spouse or partner whom you share finances with?

☐ Yes ☐ No

9. Do you have any children, parents, relatives, or other dependents whom you share your finances with or who are financially dependent on you?

☐ Yes ☐ No

The next questions are about your household. By household, we mean you and anyone whom you share your finances with.

*If you answered Yes to **Question 8**, **Question 9**, or both, answer the following questions for both you and the people you share your finances with.*

10. What was your household's annual gross income (before taxes) in 2023 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

11. 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

12. In the past 12 months, how often has your household received financial assistance from family or friends who are not in your household?

- ☐ Never
☐ Once
☐ 2-4 times
☐ 5 or more times

13. In the past 12 months, how often has your household provided financial assistance to family or friends who are not in your household?

- ☐ Never
☐ Once
☐ 2-4 times
☐ 5 or more times

14. 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"/>

15. Do you or anyone in your household currently have a checking or savings account? Please include any accounts you can access to pay for things, such as money market or prepaid accounts.

☐ Yes
☐ No

16. Altogether, about how much money does your household have right now in all of its checking and savings accounts?

- ☐ \$0
☐ Less than \$100
☐ \$101 to \$500
☐ \$501 to \$1,000
☐ \$1,001 to \$5,000
☐ \$5,001 to \$10,000
☐ \$10,001 to \$20,000
☐ \$20,001 or more

17. 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

18. In the past 12 months, have you or anyone in your household used any of the following payment or money transfer methods, even once?

	Yes	No
Checks	<input type="checkbox"/>	<input type="checkbox"/>
Prepaid cards	<input type="checkbox"/>	<input type="checkbox"/>
Remittances (international money transfer)	<input type="checkbox"/>	<input type="checkbox"/>
Virtual currencies (such as bitcoin or Ethereum)	<input type="checkbox"/>	<input type="checkbox"/>
Check cashing services	<input type="checkbox"/>	<input type="checkbox"/>



19. Does anyone in your household have any stocks, bonds, or mutual funds outside of retirement accounts?

- ☐ Yes
☐ No

20. Whether or not your household is currently saving for retirement, does anyone in your household have an IRA, 401(k) account, pension plan, or other retirement account?

- ☐ Yes
☐ No

21. 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

22. In the past 12 months, 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

D. Housing

23. Did you consider flood or fire risk when you last decided where to live?

- ☐ Yes ☐ No

24. Do you or anyone in your household rent out a property you own for income?

- ☐ Yes ☐ No

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

- ☐ Yes
☐ No

If you or someone in your household owns your current residence, respond to **Questions 26-29**, and **Questions 30-31** if applicable.

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

\$ _____ .00

27. 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

28. Have you or someone in your household shopped around for homeowners insurance in the past 12 months?

- ☐ Yes
☐ No

29. Does your household currently have homeowners insurance?

- ☐ Yes
☐ No → Skip to **Question 37** on the next page

30. Has the cost of your homeowners insurance increased in the past 12 months?

- ☐ Yes
☐ No → Skip to **Question 37** on the next page

31. About how much was the increase?

\$ _____ .00 per month

Continue to **Question 37** on the next page

If nobody in your household owns your current residence, respond to **Questions 32-33**, and **Questions 34-36** if applicable.

32. 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"/>

33. Do you rent your current residence?

- ☐ Yes
☐ No → Skip to **Question 37** on the next page

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

\$ _____ .00

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

- ☐ Never → Skip to **Question 37** on the next page
☐ 1 time
☐ 2-3 times
☐ More than 3 times

36. Are you current on your rent payments?

- ☐ Yes
☐ No



E. Household events

37. 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

38. 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



39. 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"/>

F. Difficulty paying bills or expenses

40. Do you expect to have difficulty paying for a bill or expense in the next 12 months?

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

42. 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

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

Skip to **Question 46** on the next page

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. 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 payday or auto title loan
☐ Other



G. Medical insurance and debt

46. Do you have health insurance (through an employer, purchased independently, or from a government program like Medicare or Medicaid)?

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

50. 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

51. 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

52. 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

53. 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

54. 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

Skip to **Question 55** on the next column

55. 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

56. 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

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

\$ _____ .00

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

- ☐ Yes
☐ No

H. Experiences with Credit

59. 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:

--	--	--

60. When was the last time you checked your credit score or credit report?

- ☐ Never
☐ At least one year ago
☐ Within the last year

61. How do you think your credit score has changed over the last year?

- ☐ Gone up
☐ Stayed about the same
☐ Gone down

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

64. 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



65. Have you taken out a pawn shop loan in the past 12 months?
☐ Yes ☐ No
66. 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
67. 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
68. Have you rolled over a payday loan in the last 12 months?
☐ Yes ☐ No
69. 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
70. Do you currently have any student loans? *Include any loans that you took out for someone else's education in addition to any loans you have taken out for your own education.*
☐ Yes ☐ No → Skip to **Question 74** on the next column
71. About how much are you paying on all of your student loans each month?
 \$ _____ .00
72. What type of student loans do you have?
☐ Private student loans only
☐ Federal student loans only
☐ Both private and federal student loans
73. Have you started making payments on your federal student loans after the pandemic pause for federal student loan repayment?
☐ Yes, before October 2023
☐ Yes, in October 2023
☐ Yes, in November or December 2023
☐ Yes, in January 2024 or later
☐ I haven't started making payments yet
- Skip to **Question 74** on the next column

74. Do you have an auto loan?
☐ Yes ☐ No
75. Did you get the auto loan through the dealer or by going to a lender yourself?
☐ Through the dealer
☐ By going to a lender myself
☐ Don't know
76. In the past year, did a credit card company unexpectedly cancel your credit card or reduce your credit card limit?
☐ Yes ☐ No
77. Do you currently have a credit card?
☐ Yes ☐ No → Skip to **Question 85** on the next page
78. In the past 12 months, have you incurred a late fee on any of your credit cards?
☐ Yes ☐ No
79. Did you have an unpaid balance on any of your cards after making your last payment?
☐ Yes ☐ No
80. Do you think you will pay the full balance in the next year?
☐ Yes ☐ No
81. Do you have autopay set up for the credit card you use most regularly? *Autopay has an amount automatically deducted from your bank account to pay your credit card bill.*
☐ Yes ☐ No
82. How is your autopay set up?
☐ To pay the minimum payment
☐ To pay the full statement balance
☐ To pay some other amount
83. The last time your credit card limit was increased, did you ask for the increase, or did your credit card company give it to you without asking you?
☐ My limit has never increased
☐ I asked for it
☐ The company gave it without asking me
84. How do you feel about this limit increase?
☐ Very positive
☐ Positive
☐ Neutral
☐ Negative
☐ Very negative
- Skip to **Question 85** on the next page

85. 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

86. 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

I. You and your household

87. Would you say your health in general is...?

- ☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

88. What is your current marital status?

- ☐ Married
☐ Never married, living with a partner
☐ Never married, not living with a partner
☐ Separated
☐ Divorced
☐ Widowed

89. Besides you and your spouse/partner, how many other adults over 18 live in your household?

- ☐ No others
☐ 1 other
☐ 2 or more

90. How many children live in your household?

- ☐ No children
☐ 1
☐ 2 or more

91. Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes
☐ No

92. What is your race? *Please mark all that apply.*

- ☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander

93. Were you born in the United States?

- ☐ Yes
☐ No

94. What is your highest level of education?

- ☐ Less than a high school degree
☐ High school degree
☐ Technical or vocational degree
☐ Some college, but no degree
☐ Two-year college degree
☐ Four-year college degree
☐ Postgraduate degree (for example, MA, PhD, JD, MBA, MD)

95. Are you currently attending school?

- ☐ Yes, full time
☐ Yes, part time
☐ No

96. Did either of your parents complete a four-year college degree?

- ☐ Yes
☐ No

97. What is your current military status?

	You	Spouse/ Partner
No military service	<input type="checkbox"/>	<input type="checkbox"/>
On active duty	<input type="checkbox"/>	<input type="checkbox"/>
Reserve or National Guard	<input type="checkbox"/>	<input type="checkbox"/>
Veteran or retired	<input type="checkbox"/>	<input type="checkbox"/>

98. What is your gender? *Please mark all that apply.*

- ☐ Male
☐ Female
☐ Non-binary
☐ Prefer not to answer

99. Do you consider yourself to be?

- ☐ Straight or heterosexual
☐ Gay, lesbian, or homosexual
☐ Bisexual
☐ Other or don't know
☐ Prefer not to answer



J. Perspectives

100. For the following hypothetical situations, please indicate how likely you would be to exhibit the described behavior.

	Very likely	Likely	Unsure	Unlikely	Very unlikely
If my credit card bill arrives at the end of the month, I would pay it in full instead of only paying some of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my paycheck arrived next month, I would deposit some of it in a savings account instead of depositing everything in my checking account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I had bills to pay today, I would pay them immediately instead of letting them pile up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101. 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

102. 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

103. 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

104. Which of the following statements is correct?

- ☐ Once one invests in a mutual fund, one cannot withdraw the money in the first year
☐ Mutual funds can invest in several assets, for example, invest in both stocks and bonds
☐ Mutual funds pay a guaranteed rate of return which depends on their past performance
☐ None of the above
☐ Don't know

105. Which of the following statements is correct?
If somebody buys a bond of firm B:

- ☐ He owns a part of firm B
☐ He has lent money to firm B
☐ He is liable for firm B's debts
☐ None of the above
☐ Don't know

106. Considering a long time period (for example, 10 or 20 years), which asset described below normally gives the highest return?

- ☐ Savings account
☐ Stocks
☐ Bonds
☐ Don't know

107. If the chance of getting a disease is 20 out of 100, this would be the same as having a ____% chance of getting the disease.

_____ %

108. In the ACME PUBLISHING SWEEPSTAKES, the chance of winning a car is 1 in 1,000. What percent of tickets to ACME PUBLISHING SWEEPSTAKES win a car?

_____ %

109. If person A's risk of getting a disease is 1% in 10 years, and person B's risk is double that of A's, what is B's risk?

_____ %



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

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.

