

Spending Plans

Survey for after the workshop



Date: _____ Organization: _____

Help us make our program better. Your answers on this survey will help us understand where we're making a difference and how we can do better. Answer only the questions you're comfortable with. We'll keep your answers private.

Name or nickname: _____

1. What are the most important or useful things that you learned from this workshop?

2. How can we make this workshop better?

3. Would you recommend this workshop to others?

Yes No Maybe Don't know



4. Circle a number to let us know how much you agree with the following statements:

Completely Disagree ←————→ Completely Agree

a. I feel confident managing my money	1	2	3	4	5
b. I feel that I can improve my financial situation	1	2	3	4	5
c. Because of this workshop, I am more aware of my income and spending	1	2	3	4	5
d. Because of this workshop, I learned about budgeting	1	2	3	4	5
e. Because of this workshop, I plan to make or stick to a spending plan	1	2	3	4	5
f. Because of this workshop, I learned that people shouldn't be embarrassed or ashamed if they struggle to manage their money	1	2	3	4	5
g. Because of this workshop, I know where I can learn more about managing my spending	1	2	3	4	5
h. Because of this workshop, I feel more confident managing my money	1	2	3	4	5

Thank you for taking the time to fill out this survey!