

Ways to Save

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 learned new things about how to save money	1	2	3	4	5
d. Because of this workshop, I plan to increase my savings	1	2	3	4	5
e. Because of this workshop, I plan to open some sort of savings account	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 saving money	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!