Financial Management Evaluation Follow Up

Three Months Later Survey - by phone (or mail, if necessary)

This survey is designed to be used three months after the workshop series has been completed. The questions are designed to be used in a phone survey format. If a phone survey is not practical, then the questions can be used in a written survey and mailed to workshop participants.

Script for call:

Hello, (name of participant). This is (your name) with the Cooperative Extension Service. You attended a workshop series (name of program) three months ago. At that time you said you could help us by answering some questions about the program and how it helped you.

I'm calling today hoping that you'll answer some questions. It will only take a few minutes. Will you help by answering these questions? (Wait for response). Thank you.

After	completing the program
1.	Did you develop a household budget that you did not have before the program?
	Yes No (go to question 3)
	Already had one (go to question 3)
2.	Do you follow the household budget?
	Yes (Always Often Sometimes Rarely Never) No
3.	Did you develop a spending plan that you did not have before the program?
	Yes No (go to question 5)
	Already had one (go to question 5)
4.	Do you keep a written record of expenses?
	Yes (Always Often Sometimes Rarely Never) No
5.	Did you develop a savings plan that you did not have before the program?
	Yes No (go to question 7)
	Already had one (go to question 7)
6.	Have you increased your monthly savings?
	Yes (at least \$10 per mo\$11 - 49 per mo \$50 - 99 per mo\$100 or more
	No
7.	Did you open a savings account that you did not have before the program?
	Yes No (go to question 9)
	Already had one (go to question 9)

8.	How much have you saved so far? \$
9.	Did you review one or more insurance policies that you did not review before the program? Yes No (go to question 11)
10.	Did you make any changes in your insurance? Change insurance companies to save on premium while maintaining coverage
\$	Change insurance companies to save on premium while maintaining coverage
Ψ	how much saved
	Canceled policies no longer needed
	Added policies needed
	Other:
11.	Do you pay bills on time that you did not pay on time before the program? Yes (Always Often Sometimes Rarely Never) No Already paid all bills on time
12.	Did you write or have a will written that you did not have before the program? Yes (go to question 14) No (go to question 13) Already had one (go to question 13)
13.	Did you update a will since you participated in the program? Yes No
14.	Did you prepare a net worth statement that you did not have before the program? Yes No
15.	Did you develop a household inventory that you did not have before the program? Yes No
16.	Have you been able to lower the amount of debt you owe using any of the tips you learned in the program?
	Yes No
17.	Have you been able to reduce impulse spending using any of the tips you learned in the program?
	Yes No
18.	Have you been able to improve your credit rating (score) using any of the tips you learned in the program?
	Yes No
19. Develop Florida.	Is there anything else that you want us to know about how the training has effected your life? (Write narrative statement and thank them for their time) ped by Drs. Jo Turner and Lisa Guion, Department of Family, Youth and Community Sciences, University of