

Northern Indiana BankOn Alliance Financial Workshop Survey

We're conducting research on the effectiveness of the programs we offer.

We'd love to hear from you about the impact of the approaches and suggestions for ways to improve our offerings. We must collect this information to continue to receive funding for this service. The survey should take approximately 10 minutes, and your responses are completely anonymous.



United Way of Porter County

All questions are optional except for the question related to what county you live in. If you have any questions about the survey, please email the United Way of Porter County at info@unitedwaypc.org. We really appreciate your input!

1. Date: _____
2. Course Instructor: _____
3. Where was this class taken: _____

Demographics

4. Please describe your ethnicity:
 - Asian/Pacific Islander
 - Black or African-American
 - Caucasian/White
 - Hispanic or Latino
 - Middle Eastern
 - Native American/Alaska Native
 - Other _____
5. Age:
 - 0-5 years old
 - 6-12 years old
 - 13-18 years old
 - 19-29 years old
 - 30-59 years old
 - 60-69 years old
 - 70-79 years old
 - 80 years or older
6. Household Income:
 - \$0- \$21,408.42
 - \$21,408.43- \$48,655.50
 - \$48,655.51- \$64,874
 - \$64,874.01 and above
 - Unknown Household Income
7. Number of individuals in your household – _____
8. *County in which you live in:
 - Porter
 - Lake
 - La Porte
 - Other: _____

ZIP code for where you live: _____

9. What topic(s) did today's workshop cover: (Select all that apply)
 - Spending-Saving Money
 - Banking Services
 - Credit Check
 - Financial Recovery
 - Saving, Investing, Retiring
 - Business Planning
 - Other _____

10. Because of this class, I plan to do these things different in the future: (Select all that apply)

<input type="checkbox"/> Assess my current financial situation	<input type="checkbox"/> Build 6-month saving cushion	<input type="checkbox"/> Use a debit card
<input type="checkbox"/> Set financial goals	<input type="checkbox"/> Check/monitor my credit report	<input type="checkbox"/> Use online banking services
<input type="checkbox"/> Track expenses better	<input type="checkbox"/> Check/monitor my credit score	<input type="checkbox"/> Create a business plan
<input type="checkbox"/> Create a spending-saving plan	<input type="checkbox"/> Spend on needs before wants	<input type="checkbox"/> Implement my business plan
<input type="checkbox"/> Reduce current debt	<input type="checkbox"/> Utilize credit counseling services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Save money by avoiding debt	<input type="checkbox"/> Open a checking or saving account	
	<input type="checkbox"/> Use direct deposit	
	<input type="checkbox"/> Get a bank loan	

11. Have you attended other financial education classes provided by this service?

YES NO

12. If yes, how many? _____

13. Which of these best describes your use of this service over the last six months.

- One-time visit
- Multiple visits per month
- Once a month

14. Because of this program, I am thinking differently about how I manage my money.

Strongly Disagree Disagree Neutral Agree Strongly Agree

15. As a direct result of this program I have improved my finances by doing the following.
(Please check all that apply)

- Tracking Expenses
- Reduced Expenses
- Created a budget
- Checked my credit report
- Improved my credit score
- Opened a bank account
- Increased my savings
- Applied for a loan or credit card
- Other: _____

16. How is your life different now because of this service?

17. I would recommend this program to others. YES NO

a. If no, please explain why.

18. I give permission to United Way to utilize this statement for program data and promotional materials.

YES NO

b. If yes, please provide us with your email address so that we may contact you in the future. _____

19. Other Comments (strengths, improvement areas, suggestions for improvements):



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