



FSGV First Financial Coaching - Session-Survey

The purpose of this survey is to learn more about you and learn how to better serve you. You can choose to take this survey or not take this survey.

Thank you.

...

* Required

1. Date of Session *

Please input date in format of M/d/yyyy



2. Client initials *

Enter your answer

3. Name of the Coach *

Enter your answer

4. City of residents *

Enter your answer

5. How did you hear about our program?

- Other Service Provider
- Social Media
- FSGV Website
- Word of Mouth

6. What is the highest household education level?

- Some High school; no diploma
- High school diploma or equivalent
- Some post-secondary courses
- Trade/Vocational certificate/diploma
- Undergrad degree
- Graduate degree

7. What year were you born?

8. How would you describe your ethnicity? (Please check ONE that best fits)

(We have included some examples for each category)

- Indigenous
- Canadian/American
- British Isles
- West Asian
- East & Southeast Asian
- Middle Eastern
-

Latin Central, S American

European

Carribean

Oceania

African

9. How do you describe yourself?

Female

Male

Transgender

Two-spirit

Prefer not to answer

10. How would you describe your family? (please check ONE that best fits)

Individual (single, widowed, separated, divorced)

Couple (married, common-law, same sex, remarried)

Individual with children

Couple with children

11. How many children under 18 live with you?

1

2

3

4

5

6 or more

Prefer not to say

12. Were you born in Canada? Yes or no

Enter your answer

13. What year did you arrive in Canada?

Enter your answer

14. Is English your first language?

Yes

No

15. What Language do you speak?

Enter your answer

16. Are you an individual that is living with a disability?

Yes

No

Don't know

Prefer not to answer

17. What are your sources of income? Please check all that apply.

Employment (full-time)

Employment (Part-time)

- Casual Labour
- Self-employed
- Income support/Social Assistance
- Provincial disability support program
- Employment insurance (EI)
- Pension/CPP
- Youth Agreement
- Guaranteed income Supplement (GIS)
- Resettlement assistance program (RAP)
- Partner/Spouse
- Old age security (OAS)
- Investment Income
- No income
- Prefer not to answer

18. What is your household income each month (after taxes)?

The value must be a number

19. How much are your housing costs each month?

Housing costs could include rent, utilities, municipal services, mortgage payments, property taxes and condo fees

The value must be a number

20. Do you have a written household budget or financial plan? *

- Yes
- No
- I don't know

Prefer not to say

21. How often do you stay within your budget? *

Always

Usually

Sometimes

Never

I don't have a budget

I don't know

Prefer not to say

22. How often do you usually check the balances on any bank accounts you have? *

Daily

Weekly

Every two weeks

Monthly

Yearly

Never

I don't have a bank account

I don't know

Prefer not to say

23. I keep a close watch on my finances. *

Agree

Disagree

I don't know

Prefer not to say

24. I know where to go to get more help with my situation, if needed (e.g. Food banks, addiction supports, government benefits). *

- Agree
- Disagree
- I don't know
- Prefer not to say

25. How would you rate yourself on keeping track of money? *

- Very good
- Good
- Fairly good
- Not very good
- I don't know
- Prefer not to say

26. When you think about saving money for the future, which of these timeframes is most important to you? *

- Next 5 years or longer
- Next 1-4 years
- Next few weeks or month
- I don't know
- Prefer not to say

27. How often do you feel that you will improve your financial situation? *

- Always

- Usually
- Sometimes
- Never
- I don't know

28. How confident are you in your ability to meet a financial goal you set for yourself today? *

- Very confident
- Somewhat confident
- Not at all confident
- I don't know
- Prefer not to say

29. What do you feel is your level of financial stress today? *

- No stress at all
- Some stress
- Average stress
- Above average stress
- Overwhelming stress
- I don't know
- Prefer not to say

30. Of all the changes you experienced from being in this program, what was the most significant or important change of all for you? *

Enter your answer

31. Can we call you to follow-up with you about your progress of meeting your financial goals to save or pay down debt? *

Yes

No

Submit

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