



**Personal Financial Management Course  
Post-Program Questionnaire #2**

In an effort to continually improve CCCS programs; please complete this form following the workshop. Thank you, your participation is greatly appreciated.

Date \_\_\_\_\_ Your Name \_\_\_\_\_ Instructor: \_\_\_\_\_

**Do you agree with the following statements? Please circle Yes, No, or Somewhat.**

- |   |                   |
|---|-------------------|
| 1. I know what to expect following Bankruptcy.                            | Yes / No/Somewhat |
| 2. I know how to decide between ‘Needs” and “Wants”.                      | Yes / No/Somewhat |
| 3. I know the importance of saving and how to develop a budget.           | Yes / No/Somewhat |
| 4. I know how to calculate my net worth and the three types of expenses.  | Yes / No/Somewhat |
| 5. I know how to set and abide by financial goals.                        | Yes / No/Somewhat |
| 6. I know the warning signs of too much debt.                             | Yes / No/Somewhat |
| 7. I know how to get a copy of my credit report and credit score.         | Yes / No/Somewhat |
| 8. I know how to rebuild my credit.                                       | Yes / No/Somewhat |
| 9. I know how to identify predatory lenders and protect against ID theft. | Yes / No/Somewhat |
| 10. I know how to decide how much insurance is enough.                    | Yes / No/Somewhat |
| 11. I know where to go for additional information and help.               | Yes / No/Somewhat |

Record the Key word in the box below. Please note there may be more spaces than needed for the key word.

The key word given on \_\_\_\_\_ is:  
 \_\_\_\_\_  
 Date of class  
 \_\_\_\_\_



CORPORATE HEADQUARTERS

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