

Money Habits Assessment

Read each line below and circle the response that sounds like you.

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| 1. I have a spending plan or budget. | Yes | No |
| 2. I track my spending every month. | Yes | No |
| 3. I pay my bills on time or before the due date. | Yes | No |
| 4. I have money in a bank or credit union. | Yes | No |
| 5. I pay my credit card balance in full every month. | Yes | No |
| 6. I know the total amount of any debts I have. | Yes | No |
| 7. I have seen my credit report. | Yes | No |
| 8. I put money in savings every month. | Yes | No |
| 9. I could pay for an unexpected expense today if had to. | Yes | No |
| 10. I know how to budget | Yes | No |