

Financial

Option 1: FINANCE domain level

Rate each of the following aspects of your financial situation when you first came to [name of service]?						
My capacity to cover a financial emergency	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My capacity to meet basic expenses	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My financial management skills	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My access to financial advice, products and supports	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
The amount of money I have for more than basic needs	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My capacity to set and pursue long-term financial goals	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My level of financial worry	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
Rate each of the following aspects of your financial situation currently?						
My capacity to cover a financial emergency	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My capacity to meet basic expenses	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My financial management skills	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My access to financial advice, products and supports	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
The amount of money I have for more than basic needs	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My capacity to set and pursue long-term financial goals	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
My level of financial worry	<input type="checkbox"/> Was very poor	<input type="checkbox"/> Was poor	<input type="checkbox"/> Was adequate	<input type="checkbox"/> Was good	<input type="checkbox"/> Was very good	<input type="checkbox"/> Not relevant
Think about the services and supports you have received from [name of service]						
What impact has the [name of service] had on your financial situation?	<input type="checkbox"/> Very negative	<input type="checkbox"/> A negative	<input type="checkbox"/> No impact	<input type="checkbox"/> Positive impact	<input type="checkbox"/> Very positive	<input type="checkbox"/> Not relevant