

Financial wellness assessment

This assessment is designed to gauge financial wellness and serve as a tool in the financial coaching process. Its purpose is to encourage open conversation about money and provide a framework for setting personal financial coaching goals.

The basics

1. Basic inventory

	Yes	No
Do you know your monthly income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know your monthly fixed expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know your net worth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you monitor your cash flow?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know your current level of indebtedness, including both credit card and student loan debt?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know your credit score?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have short-, mid-, and long-range financial goals?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a budget?	<input type="checkbox"/>	<input type="checkbox"/>

Spending and possessions

2. Financial situation

	Strongly disagree	Strongly agree
I am comfortable with my current financial situation.	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable with my level of education debt.	<input type="checkbox"/>	<input type="checkbox"/>

3. Budgeting practices

	Never	Rarely	Sometimes	Often	Always
Do you follow a budget of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan ahead for large expenses like vacation or holiday spending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you make decisions in advance about giving, saving and spending money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your behavior reflect these decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Everence®

4. How often do you purchase something just to lift your spirits, even though you don't really need it?

Never	Rarely	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Spending habits

	Yes	No
Do you make a concerted effort to live within your means?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently behind in paying any of your bills?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently carry a balance on a credit card?	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, have you only paid the minimum due on a credit card?	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, have you paid a late fee on a credit card or an overdraft fee on your checking account?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have more than three active credit/debit cards?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think at least weekly about your next large discretionary purchase?	<input type="checkbox"/>	<input type="checkbox"/>
Is your rent payment/mortgage payment more than 30 percent of your household income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own or lease a vehicle whose total sticker price exceeds 50 percent of your annual income?	<input type="checkbox"/>	<input type="checkbox"/>

6. Attitudes about money

	Never	Rarely	Sometimes	Often
How often do you lose sleep worrying about money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does money cause tension in your relationship with another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you consider how your financial actions and decisions impact others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you talk about money with another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. To what extent do you agree with the following statements?

	Strongly disagree	Strongly agree
I know the difference between needs and wants, and my spending practices reflect this difference.	<input type="checkbox"/>	<input type="checkbox"/>
My giving and spending patterns reflect my deeply held values concerning my relationship with my family, my community, the world and God.	<input type="checkbox"/>	<input type="checkbox"/>
I structure my financial life to create resilience. My financial life is sustainable into the future even if unforeseen circumstances bring changes that I did not expect.	<input type="checkbox"/>	<input type="checkbox"/>

Giving and saving

8. Personal giving practices

	Yes	No
Do you pray about your decision to give?	<input type="checkbox"/>	<input type="checkbox"/>
Do you talk about your giving with others?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly give away a percentage of your income that you plan in advance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give spontaneously?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tithe?	<input type="checkbox"/>	<input type="checkbox"/>
If no, have you considered growing your level of giving until you tithe (10 percent)?	<input type="checkbox"/>	<input type="checkbox"/>

9. Which best describes your approach to giving?

- First priority above all other expenditures
- After all other bills are paid
- Only if there is something left over

10. Saving habits

	Yes	No
Do you have a savings account?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an emergency fund or savings earmarked for meeting emergency financial needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently saving for any large expenses such as a home, car or vacation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you saving for retirement?	<input type="checkbox"/>	<input type="checkbox"/>
Have you set any short-, mid-, or long-range savings goals?	<input type="checkbox"/>	<input type="checkbox"/>

Faith and finances

11. How much would you say your faith affects your use of money?

- Not at all
- Only a little
- Somewhat
- Quite a bit
- A great deal

Couples and families

If you are single, you have completed the assessment! If you have a spouse but no children, please complete ONLY the Couples section. If you have a spouse and children, please complete ONLY the Family Section.

Couples section

12. How often do you discuss money with your spouse?

- Daily
- Weekly
- Quarterly
- Annually
- Never

13. Financial situation

	Strongly disagree	Strongly agree
I am comfortable discussing money with my spouse.	<input type="checkbox"/>	<input type="checkbox"/>
My spouse and I agree on our financial goals and work together to shape our joint financial life.	<input type="checkbox"/>	<input type="checkbox"/>
My spouse and I discuss and plan our giving together.	<input type="checkbox"/>	<input type="checkbox"/>

Family section

14. How often do you discuss money with your spouse AND children?

- Daily
- Weekly
- Quarterly
- Annually
- Never

15. Family situation

	Strongly disagree	Strongly agree
I am comfortable discussing money with my spouse and children.	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable discussing money with my children.	<input type="checkbox"/>	<input type="checkbox"/>
My family and I agree on our financial goals and work together to shape our joint financial life.	<input type="checkbox"/>	<input type="checkbox"/>
My family and I discuss and plan our giving together.	<input type="checkbox"/>	<input type="checkbox"/>