

Financial Capability Scale for Young Adults (FCS-Y)

1. Do you **currently** have a personal budget, spending plan, or financial plan?

- Yes
- No

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

- Not at all confident
- Somewhat confident
- Very confident

3. If you had an unexpected expense, how **confident** are you that you could come up with money to make ends meet within a few weeks from any source?

- Not at all confident
- Somewhat confident
- Very confident

4. Do you **regularly** put money aside for a future use, such as paying bills, emergency savings, or a long-term financial goal?

- Yes
- No

5. Over the **past month**, would you say your spending on living expenses was **less than** your total income or other resources?

- Yes
- No

6. In the **last 2 months**, have you been charged a late fee on a bill?

- Yes
- No