**Financial Capability Scale (FCS)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **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 or someone in your family lost a job, got sick or had another emergency, how confident are you that your family could come up with money to make ends meet within a month?** |
|  |  |  |  |  |
|  |  |  |  | Not at all confident |
|  |  |  |  | Somewhat confident |
|  |  |  |  | Very confident |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **4.** |  | **Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?** |
|  |  |  |  |  |
|  |  |  |  | Yes |
|  |  |  |  | No |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **5.** |  | **Over the past month, would you say your family’s spending on living expenses was less than its total income?** |
|  |  |  |  |  |
|  |  |  |  | Yes |
|  |  |  |  | No |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **6.** |  | **In the last 2 months, have you been charged a late fee on a loan or bill?** |
|  |  |  |  |  |
|  |  |  |  | Yes |
|  |  |  |  | No |
|  |  |  |  |  |



Source: Collins, J. Michael, and Collin O’Rourke. (2013) Financial Capability Scale (FCS), University of Wisconsin Madison, Center for Financial Security. doi: 10.5281/zenodo.57102

For more information, please visit [http://fyi.uwex.edu/financialcoaching/measures](http://fyi.uwex.edu/financialcoaching/measures/)

**Optional questions (not part of FCS score)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **A1.** |  | **How would you rate your current credit record?**  |
|  |  |  |  |  |
|  |  |  |  | Very bad |
|  |  |  |  | Bad |
|  |  |  |  | About average |
|  |  |  |  | Good |
|  |  |  |  | Very good |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **A2.** |  | **Do you currently have at least one financial goal?**  |
|  |  |  |  |  |
|  |  |  |  | Yes |
|  |  |  |  | No |
|  |  |  |  |  |