



**Consumer Credit Counseling
Service of the Savannah Area, Inc.**

**Financial Counseling
Client Pre-Counseling Session Survey**

At CCCS of the Savannah Area, Inc., we attempt to assist clients by providing quality service. In an effort to continually improve our service(s), CCCS requests that you take time to complete this form prior to your counseling session. Knowing your level of knowledge and understanding regarding money and financial management will enable us to better serve you.

Your name _____

Please rate your current level of knowledge and understanding regarding money, credit and financial management, using the following responses.

4 (always) - 3 (often) - 2 (sometimes) - 1 (never)

- 1. I _____ plan my monthly spending based on (net) take-home income.**
- 2. I _____ evaluate my total monthly living expenses.**
- 3. I am _____ aware of how much total debt I owe.**
- 4. I _____ set and abide by financial goals.**
- 5. I _____ set and abide by a monthly budget (or financial plan).**
- 6. When shopping, I _____ prioritize spending based on needs verses wants.**
- 7. Monthly I _____ allocate money towards savings/emergency reserves.**

Thank you for your cooperation. We hope your experience with our agency has been positive.

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