

## Financial Wellness Survey

Use this sample survey to assess the financial wellness of your organization’s employees and identify where additional support, resources, or benefits may be helpful. To encourage honest and meaningful feedback, reassure employees that their responses will remain confidential, and consider allowing employees to participate anonymously.

	YES	NO
1. Do you feel confident you will be able to retire when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you believe you are on track to save enough for financial independence and a comfortable retirement?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you believe you will have an adequate amount saved for retirement?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently participating in the organization’s 401(k) or retirement fund?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have an emergency fund that can cover a \$1,000 unexpected expense?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is financial stress affecting your job or relationships?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you happy with your current financial situation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you want to improve your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>

*(continued on next page)*

## BENCHMARK 3: Collecting Meaningful Data to Evolve a Wellness Strategy



(continued from previous page)

	YES	NO
9. Do you believe you have the tools and resources to make informed financial decisions?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your financial situation heighten your typical stress levels?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you able to better enjoy life because of the way you manage money?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you concerned that the money you have saved won't last?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you struggle to pay your monthly bills?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have money left over at the end of the month?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a monthly budget that you stick to?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you lose sleep over finances?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you believe your financial situation affects your job performance?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you feel your employer cares about your financial well-being?	<input type="checkbox"/>	<input type="checkbox"/>

