**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 |
|  |  |  |  |  |



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