

Date of workshop(s): _____
 Workshop site and location: _____
 Name of instructor(s): _____

CreditSmart® Workshop Participant Evaluation Survey

In order to ensure that the CreditSmart® Consumer Credit Education Workshop is successful in meeting your credit management needs and in providing quality information, please complete the following survey. All responses are anonymous.

1. Overall, how satisfied are you with the CreditSmart Consumer Credit Education Workshop?

Extremely satisfied Somewhat satisfied Not at all satisfied

2. How did you first learn about the CreditSmart Consumer Credit Education Workshop?

Brochure Poster Print ad Radio Postcard A lending officer
 Other: _____

3. What were your reasons for attending CreditSmart Consumer Credit Education Workshop?

Purchase a home Better understand my credit More effectively manage my finances
 Other: _____

4. Please check the box next to the response that most closely reflects your views.

	Excellent	Very Good	Good	Fair	Poor
a. The overall level of knowledge of the workshop instructor.	<input type="checkbox"/>				
b. The ability of the instructor to present the information in a useful manner.	<input type="checkbox"/>				
c. The content of the workshop's visual aids.	<input type="checkbox"/>				
d. The information contained in the participant's workbook.	<input type="checkbox"/>				
e. The amount of time allowed for the workshop session(s).	<input type="checkbox"/>				

5. As a result of this workshop, how likely are you to:

	Already have	Very likely	Somewhat likely	Not at all likely
a. Recommend this workshop to your friends or family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Purchase a home in the next year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Open a checking and/or savings account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sign up for direct deposit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Establish an emergency fund.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Take steps to establish credit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Create a spending and/or savings plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Obtain a copy of your credit report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Seek additional counseling (homeownership, credit, financial).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Take steps to improve your credit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What comments or suggestions do you have about how the CreditSmart workshop could be improved?

The following is for classification purposes **ONLY**. This information is voluntary and **ANONYMOUS**.

1. Gender: Male Female 2. What is your age? 18-24 25-34 35-44 45-54 55+
3. How would you describe your marital status? Single Married Separated/Divorced Widowed
4. How many children live in your household? 0 1-2 3-4 5 or more
5. Which of the following do you most closely identify? Hispanic/ Latino Caucasian/ Non-Hispanic African-American
 Asian/ Pacific Other: _____
6. What is your total household income? Less than \$30,000 \$30,001-\$59,999 \$60,000-\$74,999 \$75,000 or more

Thank You

Please return the form to your instructor or Freddie Mac, c/o Marketing Research 8200 Jones Branch Drive, McLean, VA 22102