

## Salvos NILS Outcomes Measurement – Baseline

SAMIS Code \_\_\_\_\_

Date \_\_\_\_\_

This survey asks you some questions about your current situation, including information about your finances, wellbeing and support. The questions are being asked to help us better understand your situation to provide the best help for you.

The survey can be completed with or without help. We can assist you to complete it within an appointment. You will discuss this information to identify your personal goals. You will be invited to complete a survey again approximately 3 months after you receive your loan outcome and when you have completed your loan repayment. This will help to identify new goals and help you and your caseworker understand what has changed for you over time.

Completing the surveys is voluntary, and the information you share will be kept confidential. All the feedback collected will be used to advocate for community members like yourself and ensure that we are providing the best possible service.

**1. We seek to learn about your finance-related experiences to help us understand how we can assist accordingly. Please select responses that best describes your situation for each question.**

| Economic resources  | 1  | 2   | 3  | 4  |
|---|--|---|--|--|
| a) What is your current level of savings?   | No or negligible savings   | Limited savings (1-2 months' income)                | Moderate savings (3 months' income)  | Significant savings/asset accumulation                 |
| b) In the last 12 months, how difficult was it for you to meet your necessary cost of living expenses (e.g., housing, electricity, water, healthcare, food, clothing or transport)? | Great difficulty meeting living expenses   | Some difficulty meeting living expenses             | Easy to meet living expenses   | Very easy to meet living expenses                      |
| Financial resources   | 1  | 2   | 3  | 4  |
| c) Over the past 12 months, if you needed credit/loans, which of the following did you use or would you have been able to access?   | No access to credit or only use fringe lending (e.g., payday lenders, quick cash options or cash converters)   | Uses informal credit or partly using fringe lending | Only use mainstream credit   | Only use mainstream credit and used for asset building |
| d) What has been your level of insurance over the past 12 months?   | No access to any form of insurance cover   | Under insured                                       | Basic insurance cover  | Significant insurance cover                            |
| e) If yes - which type do you have? (Select all that apply or leave blank if you have none)   | <input type="checkbox"/> Car<br><input type="checkbox"/> Home contents<br><input type="checkbox"/> Home insurance<br><input type="checkbox"/> Health<br><input type="checkbox"/> Income protection |   | <input type="checkbox"/> Life<br><input type="checkbox"/> Total Permanent Disability<br><input type="checkbox"/> Other. If other, please specify:<br><input type="checkbox"/> Don't know |  |

| Financial knowledge and behaviour   | 1                                     | 2  | 3   | 4   |
|---|---------------------------------------|--|---|---|
| f) How much understanding do you have about financial services and products (e.g., banking, insurance, credit cards)?   | I don't understand them at all        | I have a basic understanding               | I have a good understanding   | I have a very good understanding                  |
| g) How confident do you feel about using financial services?  | No confidence                         | Limited confidence                         | Reasonably confident  | Very confident                                    |
| h) How confident do you feel about using online/digital banking services?   | No confidence                         | Limited confidence                         | Reasonably confident  | Very confident                                    |
| i) When would you seek financial advice and/or information?   | Would never consider financial advice | Would consider in some circumstances       | Currently seeking financial advice                                      | Has received financial advice                     |
| Social capital  | 1                                     | 2  | 3   | 4   |
| j) Over the past 12 months, how would you describe your level of contact with social connections? (i.e., family, friends, work colleagues, neighbours or clubs) | Isolated or alone most of the time    | Occasional contact with social connections | Regular contact, mostly with people who know me a little or pretty well | Regular contact with people who know me very well |
| k) How likely are you to get financial support from your social connections in a time of need? (e.g. family, friends, work colleagues, neighbours or clubs)     | Very unlikely                         | Fairly unlikely                            | Fairly likely   | Very likely                                       |

2. These next questions are about your overall wellbeing. We understand that money and debt can have an impact on your quality of life and personal wellbeing, and so these questions are being asked to understand the areas that are going well for you and areas where you might like support.

| How satisfied are you with...?     | No satisfaction at all |                       |                       |                       |                       |                       |                       |                       |                       |                       | Completely satisfied  |
|------------------------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                    | 0                      | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| a) Your life as a whole?           | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Your standard of living?        | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Your health?                    | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) What you are achieving in life? | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Your personal relationships?    | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) How safe you feel?              | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Feeling part of your community? | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) Your future security?           | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) Your spirituality or religion?  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. These next questions are about your mental wellbeing. We understand that money and debt can also have an impact on your mental health and stress levels, and so these questions are being asked to understand the current impact on you and if we can help with support in this area.

| During the past 30 days, about how often did you feel... | None of the time      | A little of the time  | Some of the time      | Most of the time      | All of the time       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 1                     | 2                     | 3                     | 4                     | 5                     |
| a) Nervous?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Hopeless?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Restless or fidgety?                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) So depressed that nothing could cheer you up?         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) That everything was an effort?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Worthless?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thank you for completing this survey! 😊