

Name: _____

Date: _____

Self Questionnaire

This questionnaire is part of a money assessment you are doing.

Please take the time to complete this questionnaire.

Do you shop by yourself?

A lot

Sometimes

A little bit

Never

What items do you like to buy when you shop?

Who do you mainly go shopping with?

Do you need help to go shopping?

Yes / No / Sometimes

What help do you need when you shop?

Who or what makes you feel happy when shopping?

How do you pay?

Cash Yes / No

EFTPOS Yes / No

Credit card Yes / No

Internet Yes / No

Cheque Yes / No

Store card Yes / No

Lay-by Yes / No