

“Night of the Living Debt” Evaluation

Class Location: _____

Date: _____

1) On a scale of 1 to 10, please rate how much you enjoyed this program.

Not at all Loved it
 1 2 3 4 5 6 7 8 9 10

2) What would you change about this program if you could?

3) Directions: On the left, please place a check in the column that best describes you *before* taking this class. On the right, please place a check in the column that best describes you *after* attending this class.

Before the class

After the class

Disagree	Not sure	Agree		Disagree	Not sure	Agree
			My Knowledge			
			I know that the best way to build credit is by wisely using a credit card and paying off the balance regularly.			
			I know that payday loans and other subprime loans will damage my credit even when I pay them off regularly.			
			I know that missing even one payment on a bill can damage my credit score significantly.			
			My behaviors			
			When I’m an adult, I plan to use credit cards wisely and pay them off every month so that I can build and keep good credit.			
			When I’m an adult, I plan to avoid payday loans and other subprime lenders because they are expensive and damage my credit even when paid off regularly.			
			When I’m an adult, I plan to make every single bill payment on time so I can avoid large drops in my credit score.			

4) What personal behaviors do you think you will change because of this workshop?



5) Do you plan to share or tell anyone about what you learned from this program? Who? What will you share?

6) Do you think this program will end up saving you any money in your future? If so, about how much?

\$0 About \$5 About \$20 About \$100 About \$500 About \$1000

Other:

7) Please share any other thoughts about the workshop here:

8) We'd like to follow-up in three weeks with a 2-minute survey about the program. You'll also receive some additional tips and links to other games you can play.

Yes. I would like to receive this survey and game links by:

Text _____
 Email _____
 Facebook ID _____
 Other _____

No. I do not want to participate in the 3-week follow-up survey.

9) Demographic Information (Voluntary):

Directions: Please circle the answer that describes you.

Gender: Female Male

Age range: 10 or younger 11-13 14-15 16-18 19 or older

Ethnicity: African-American Asian Caucasian Hispanic Native American

Eskimo/Pacific Islander Other

State: Choose the state where this program was taught.

Alaska Washington Oregon Idaho Montana

Other: (write out)

****Instructor:** Please send completed evaluations to Luke Erickson, 1904 E. Chicago St., Suite AB, Caldwell, ID, 83605, or erickson@uidaho.edu