“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 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Loved it |

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.

<table>
<thead>
<tr>
<th>Before the class</th>
<th>After the class</th>
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<tbody>
<tr>
<td>Disagree</td>
<td>Not sure</td>
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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