



# Financial Fitness Self-Assessment

Date: \_\_\_\_\_

My Financial Goals are: \_\_\_\_\_  
 \_\_\_\_\_

My Financial Priorities: \_\_\_\_\_  
 \_\_\_\_\_

How well does each statement apply to you?

	Completely		Somewhat		Not at all
	1	2	3	4	5
I am able to pay my bills and loan payments on time every month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My spending is controlled and reflects my goals and values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an emergency fund that I contribute to on a regular and automated basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am saving for retirement on a regular and automated basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been saving up for my dream/goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my credit score and how to improve it or keep it strong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My debt is manageable, intentional and connected to my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have adequate insurance for my life situation (life, health, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand my taxes and I am up to date on all of them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to sound and ethical financial services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My biggest concerns: \_\_\_\_\_  
 \_\_\_\_\_

I will learn more about:  
 \_\_\_\_\_ by \_\_\_\_\_  
 \_\_\_\_\_ by \_\_\_\_\_  
 \_\_\_\_\_ by \_\_\_\_\_

My action items:  
 \_\_\_\_\_ by \_\_\_\_\_  
 \_\_\_\_\_ by \_\_\_\_\_  
 \_\_\_\_\_ by \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_