

SAVE XMAS

How do you save for Christmas?

Please fill in **Part A at the start** of your session, then **Part B at the end** of your session. Thank you.

Part A – How do you save for Christmas?

1. Have you heard of these ways of saving for Christmas?

Yes No

(Please tick yes or no)

- | | | |
|--|--------------------------|--------------------------|
| a. Christmas hamper and voucher schemes (such as Park, Variety & Family) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Schemes run by supermarkets and local shops | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Credit union savings accounts | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bank and building society savings accounts | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you used these ways of saving for Christmas?

Yes No

(Please tick yes or no)

- | | | |
|--|--------------------------|--------------------------|
| a. Christmas hamper and voucher schemes (such as Park, Variety & Family) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Schemes run by supermarkets and local shops | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Credit union savings accounts | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bank and building society savings accounts | <input type="checkbox"/> | <input type="checkbox"/> |

3. How much do you think you know about different ways of saving for Christmas?

(Please tick one box only)

- Very little Some things A lot

4. Do you know where to go to find out more on saving for Christmas?

- Yes No

Please turnover and complete Part B at the end of your session

Part B – What did you think of this session?

5. How was this session?

Very useful Useful Not useful

6. How useful were the leaflet(s) and DVD in explaining different savings options?

Very useful Useful Not useful Leaflet not used DVD not used

7. Do you know more now about different ways to save?

Yes No Don't know

8. Do you know where to go to find out more on saving for Christmas?

Yes No

If yes, where would you go?

9. Will you make any changes to how you save after today?

Yes No

If yes, what changes will you make?

10. Are you male or female?

Male Female

11. How old are you?

Under 30 Between 30–50 Over 50

12. Can we contact you again?

If you are happy to be contacted, please fill in your name and address.

Name _____

Address _____

Post Code _____ Telephone No _____

Thank you for completing this questionnaire. Please now hand it back to the person running your group. All responses will be treated in strict confidence.