

Debt advice and Counselling

It is very important that the Researcher with you does not see the answers to the questions on this page. Please answer as best you can, then remove this page from the booklet. Please then place the completed page in the envelope provided by the Researcher, seal the envelope and pass it to the Researcher.

Did you have debt/money advice or counselling in the last 4 months?

Yes

No

If yes:

| Who was the advice or counselling session with? | Number of sessions | Average length of a session (minutes) | Who advised you to get it? |
|---|----------------------|---------------------------------------|--|
| | <input type="text"/> | <input type="text"/> | Friends <input type="checkbox"/> Family <input type="checkbox"/> GP <input type="checkbox"/> Other <input type="text"/> |
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