

Pre-Focus Group Participant Profile

This profile is designed to gather some initial information about you and your business and its growth. It will be used to help the focus group moderator get to know the mix of group members.



Your responses to these questions are confidential and will only be reported in aggregate. They will only be used for this study and will not be connected with your name in any way without your expressed permission.

The estimated burden for completing this form is three minutes. You are not required to respond to this request for information unless it displays a currently valid OMB control number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

First Name: _____

First Initial of Last Name: _____

1. Please briefly describe the nature of your business:

7. Including this one, how many businesses have you owned?

2. How did you launch your business? (circle one)
Startup
Acquisition
Other: _____

8. How many individuals does your business employ?

Full time: _____ Part time: _____

3. What year was your business started?

9. In the past five years, how many full-time-equivalent employees has your business added?

4. For how many years have you owned your business?

10. Roughly, what were the gross receipts of your business last year (2012)?

5. How much capital did you need to start your business? \$ _____

6. What were your sources of capital?

(over) →

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11. How long after launch did your business become profitable? (circle one)

One year or less

2-3 years

More than 3 years

Not profitable

12. Do you have a business co-owner/ partner?

Yes No

13. In what year were you born?

14. What is your highest level of education? (circle one)

Less than high school

High school/GED

Some college

2-year college degree

4-year college degree

Master's degree

Doctoral degree

Professional degree (e.g., JD, etc.)

15. What is your race? (Select one or more)

American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

16. Are you of Hispanic or Latino, ethnicity?

Yes No

Please hand your completed form to the focus group assistant. Thank you!

NWBC-0002

For administrative purposes only:

Focus group date: [fill]

Focus group location: [fill]