

2017 Small Business Administration (SBA)
Customer Satisfaction Questionnaire (v5)

Teal text is editor comments

Introduction

Thank you in advance for taking the time to provide us with your feedback. The U.S. Small Business Administration is interested in learning more about the needs of current and aspiring small business owners. This survey will ask for input on the resources you have used to start and manage your small business and your satisfaction with those resources.

This survey is being administered by CFI Group, an independent third-party research group. It is voluntary and will take approximately 10 to 15 minutes to complete. Any information you provide will be strictly confidential. Neither names nor email addresses will be associated with any answer you provide.

This survey is authorized by the U.S. Office of Management and Budget Control No. 1090-0007, which expires on May 31, 2018..

Screener

S1. Are you, have you ever been or are you considering becoming a small business owner or managing a small business? (If no, thank and end).

S1b. (If yes to S1) Are you or will you be a CEO, COO, CFO, or hold a decision making role in the business.

Yes

No

S2. In what stage of entrepreneurship do you currently consider yourself?

- a. INTENDING TO START OR TAKE OVER A BUSINESS within the next 1-2 years (i.e., has actively taken one or more steps to start a business such as investigated how to start, sought counseling, or is planning to take over the management of an existing small business, etc.)
- b. A START UP (i.e., has been in business for up to 12 months, is likely registered, owner may have other sources of employment, business may bring in limited or no revenue)
- c. "YOUNG" SMALL BUSINESS/SURVIVAL STAGE (i.e., has been in operation at least a year, likely at least 1-3 years, may have employees other than self, likely has acquired debt or equity capital to sustain itself, has a continuous revenue stream)
- d. "MATURE" SMALL BUSINESS (i.e., has been in operation at least a few years, is self-sustaining/has a constant revenue stream, employs at least one other employee, and owner has no other employment)

- e. FORMER SMALL BUSINESS (i.e., use to own a small business but closed or sold the business within the last 5 years)
- f. NONE OF THE ABOVE (Thank and end.)

Organizations/ Resources Used

Q1. Please indicate which of the following SBA offices or programs you have interacted with during the past 12 months to obtain information and/or resources to support your small business needs. (Select all that apply)

SBA

1. SCORE
2. Small Business Development Center (SBDC)
3. Women's Business Center (WBC)
4. Veteran's Business Outreach Center (VBOC)
5. SBA.gov website
6. SBA District Office
7. Small Business Investment Company (SBIC) program
8. SBA Disaster Loan
9. Small Business Innovation Research (SBIR) or Small Business Technology Transfer (STTR) programs
10. None
11. Other (Please specify)

Q2. Please indicate which of the following Local, State or Federal entities you have interacted with during the past 12 months to obtain information and/or resources to support your small business needs. (Select all that apply)

Other Local, State, or Federal Agency

1. Department of Commerce
2. Minority Business Development Agency (MBDA) Business Center
3. Export Centers (US Export Assistance Centers, International Trade Centers, World Trade Centers, etc.)
4. Procurement Technical Assistance Center (PTAC)
5. Office of Small & Disadvantaged Business Utilization (OSDBU)
6. Manufacturing Extension Partnership (MEP)
7. Federal Emergency Management Agency (FEMA)
8. Local and/or State Economic Development Organization (i.e., nonprofit)
9. Local and/or State Economic Development Government Agency
10. Other federal agency (IRS, US Patent and Trademark Office, Federal Trade Commission, International Trade Administration, etc.)
11. None

12. Other (Please specify)

Q3. Please indicate which of the following Private Sector entities you have interacted with during the past 12 months to obtain information and/or resources to support your small business needs. (Select all that apply)

Private Sector Orgs

1. Venture Capital Firms
2. Traditional lender (Bank, credit union, community lenders or nonprofits, etc.)
3. Crowdfunding websites (Kickstarter, Kiva, etc)
4. Angel investors
5. Business incubator or accelerator
6. Business Associations
7. Local Chambers of Commerce
8. Other (please specify)
9. None

THE ITEMS SELECTED in Q1-3 will then be then be asked questions Q4A AND Q4B

Q4a. What type of assistance did you receive from _____ (item selected in Q1-3) ?

1. Start-up Assistance (How do I start a small business?)
2. Business Plan Financing/Capital (such as applying for a loan, building equity capital)
3. Managing a Business Human Resources/ Managing Employees
4. Customer Relations
5. Business Accounting/ Budget Cash Flow Management
6. Tax Planning
7. Marketing/Sales (promotion, market research, pricing, etc.)
8. Government Contracting (including certifications)
9. Franchising Buy/Sell Business
10. Technology/Computers eCommerce (using the Internet to do business)
11. Legal Issues (such as, Should I incorporate?)
12. International Trade/Exporting
13. Assistance Disaster Recovery Loans
14. Other

Q4b. What specific service or guidance did _____ (item selected in Q1-3) provide?

1. Business plan development
2. Registering my business,
3. Obtaining business licenses
4. Mentoring

5. Networking opportunity
6. Training,
7. Legal advice or services
8. Accounting or financial planning services
9. Funding to expand inventory
10. Funding to purchase equipment
11. Funding to expand my business or purchase a new location
12. How to build equity capital
13. Hiring strategies
14. Payroll/benefits questions
15. Marketing/promotion
16. Market research
17. How to get certified to compete for government contracts
18. How to find government contracting opportunities,
19. Bidding strategies
20. Basic government contracting questions
21. How to buy/sell a business
22. Financial recovery assistance after a declared disaster
23. Other (specify)

Q4a and Q4b will be repeated for each selection made in Q1-3

Importance and Satisfaction with Products/Services

Q5. Below are the products/services you indicated you have received in the past 12 months, please select the top 3 products/services that you found to be the most valuable to you as a business executive in order of importance, with 1 being the most important.

(The individual combination of items selected in Q1 & Q4a only will be shown)

For example :

- Start-up Assistance – SCORE
- Start-up Assistnace – Women’s Business Center (WBC)
- Funding to purchase equipment – SBA Disaster Loan
- Funding to purchase equipment – Traditional Lender

Q6. Using a scale from 1 to 10, where 1 is Poor and 10 is Excellent, please rate the following for each of the top three products/services you received.

Service #1 (from Q5)	Cost or price of the product/service
Service #2 (from Q5)	How well the product/service met your needs
Service #3 (from Q5)	Ease of obtaining
	Customer service associated with the product/service
	The amount of paperwork -required
	The amount of regulations I have to comply with

SBA Services

Q7. Based on your response to a previous question, we learned there are a number of resources available to you through the SBA that you are not currently using. For each of those listed below, please indicate why have you have chosen not to take advantage of them. (Pipe from options not selected in Q1 in a matrix)

Service #1 from Q1 not chosen	1. No need
Service #2 from Q1 not chosen	2. Wasn't aware the service was available through SBA
Service # etc from Q1 not chosen	3. Obtained elsewhere

Q8. What five words come to mind when you think about the Small Business Administration? (OPEN END)

ACSI Benchmark Questions

ASK ONLY OF THOSE WHO HAVE PREVIOUSLY INDICATED THEY USED ANY SERVICE PROVIDED BY SBA

Below are the SBA programs/services you indicated you have previously used.

(Services selected from Q1 will be piped in as a list here. If no service is used, skip this section and ask the questions in the Perception section below).

Answer the following questions in reference to the services listed above

Q9. Using a scale from 1 to 10, where 1 means very dissatisfied and 10 means very satisfied, how satisfied are you with the products/services provided by Small Business Administration (SBA)?

Q10. To what extent have SBA products/services fallen short of or exceeded your expectations? Please use a scale from 1 to 10, where 1 means falls short of your expectations and 10 means exceeds your expectations.

Q11. Now imagine your idea of an ideal organization that provides products and services to help small businesses. How well do you think the SBA compares with that ideal? Please use a scale from 1 to 10, where 1 means not very close to the ideal and 10 means very close to the ideal.

Perception

(Ask of those who have not interacted with SBA).

Q12. Based on everything you have read, heard or seen about the Small Business Administration, using a scale from 1 to 10 where 1 means your perception is very unfavorable and 10 means your perception is very favorable, please indicate how you would characterize your perception of the SBA.

Q12a . Using a scale from 1 to 10, where 1 means not at all and 10 means very closely, how closely do you associate the following terms with the SBA?

1. Quality
2. Responsiveness
3. Innovation
4. Trust
5. Credibility

Outcomes

Q13. How likely are you to return to the SBA for additional assistance in the future? Please use a scale from 1 to 10, where 1 means not very likely and 10 means very likely.

Q14. If asked, how likely would you be to recommend the SBA to other small business owners or those who aspire to own a small business? Please use a scale from 1 to 10, where 1 means not very likely and 10 means very likely.

Q15. How effective do you believe the SBA is in meeting the needs of small businesses? Please use a scale from 1 to 10, where 1 means not at all effective and 10 means very effective.

Small Business Needs

Q16. Please describe any product or service offerings that you need to help your small business succeed that are not available to you today? (OPEN END)

Q17. When seeking support to help your small business succeed, what organizations do you prefer to work with? Why? (OPEN END)

Firmographics

- Q18. Would you classify your business as any of the following?
(select all that apply)
1. Service-Disabled Veteran-Owned
 2. Veteran-Owned
 3. Women-Owned
 4. Minority-Owned
 5. HUBZone
 6. None of the above ([skip Q21b](#))

You indicated that you consider your business as the following:
[Pipe selections from Q21.](#)

Q18b. Are you certified to participate in government contracting? (based on answers from question above)
Codes to be provided

- Q19. Which of the following best describes the type of your business?
1. Limited Liability Company (LLC)
 2. Corporation (Inc.)
 3. Partnership
 4. Nonprofit
 5. Sole Proprietorship
 6. S-Corporation
 7. Doing Business As (DBA)
 8. Other (specify)

- Q20. What is the primary industry for your business:
1. Professional
 2. Scientific & Technical Services
 3. Mining
 4. Manufacturing
 5. Real Estate
 6. Rental & Leasing Management of Companies & Enterprises
 7. Utilities
 8. Finance & Insurance
 9. Health Care & Social Assistance
 10. Agriculture,

11. Forestry,
12. Fishing & Hunting Information
13. Wholesale Trade Accommodation & Food Services
14. Administrative & Support
15. Construction
16. Public Administration
17. Arts,
18. Entertainment & Recreation
19. Waste Management & Remediation Services
20. Retail Trade
21. Educational Services
22. Transportation & Warehousing
23. Other Services (except Public Administration)

Q21. What would you describe as your primary business goal within the next 3-5 years?

- a. Start a business.
- b. Grow my business.
- c. Business survival/stay afloat/stabilize.
- d. Maintain current business size/revenue.
- e. Close or sale of current business.

Q22. When did you start or acquire your business?

Less than 1 year ago

1-2 years

3-5 years

5-10 years

10-20 years

More than 20 years ago

Not Applicable- haven't start the business yet

Q23.

How many people does your business employ?

[Number entry](#)

Q24

Do you sell your products or provide services: (Choose all

that apply)

1. Locally
2. Regionally
3. Nationally
4. Internationally

Q25. How broadly do you expect to provide your services or sell your products five years from now?

1. Locally
2. Regionally

3. Nationally
4. Internationally

Q26. Which of the following best describes the location of the main operations of your business?

1. Rural
2. Suburban
3. Urban

Q27. What is the zip code of the main location of your business' operations?

[Number entry](#)

Closing

On behalf of the SBA, I would like to thank you for your time and participation in this important study. Your time is greatly appreciated and your feedback will serve to help the SBA improve the service it provides.