**OMB Control: XXXX-XXXX**

**Thank you for taking time to participate in this survey.** National Women’s Business Council (NWBC) is the sponsor of this online survey regarding your experiences as a woman business owner. The NWBC is a non-partisan federal advisory council created to serve as an independent source of advice and counsel to the President, Congress, and the U.S. Small Business Administration on economic issues of importance to women business owners. The results of the survey will help NWBC better understand needs and perceptions of women business owners, and the context in which the NWBC can better provide you with relevant programs and resources.

The survey will take approximately 20 minutes to complete. All the information you provide will be kept private to the extent provided by law. No individual responses will be shared with NWBC or Small Business Administration. All findings will be presented as an aggregate across many respondents. Your participation in this survey is voluntary and a reply is not required. You may skip any question you do not wish to answer.

**Survey Prototype**

Female Incubator Graduate

*[Note] Text written within brackets, italicized, and on a gray background is intended as editorial text to describe interactive elements of the survey (i.e. value entry fields, pulldown menus, branching points, etc.) or placeholders to be replaced by the content described.*

Section 1: Demographic Questions

1.1 How old are you currently?

 *[Numerical age]*

1.2 What is your ethnicity? *(Please select one or more categories)*

1. Hispanic or Latino
2. Not Hispanic or Latino

1.3 What is your race? *(Please select one or more categories)*

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

1.4 In what state do you currently reside?

 *[pulldown menu]*

1.5 What is your current marital status?

1. Now married
2. Cohabitating but not married
3. Widowed
4. Divorced
5. Separated
6. Never Married

1.6 Do you have dependent children?

1. No
2. Yes

Section 2: Entrepreneurial Experience

2.1 In what year did you start your company?

 *[year]*

2.2 Is your business still currently operating?

1. No
2. Yes

|  |  |
| --- | --- |
| **If 2.2 = “No”** | **If 2.2 = “Yes”** |
|  |  |
| 2.3 Did that business employ more than two people (including yourself)?1. No
2. Yes
 | 2.3 Does that business employ more than two people (including yourself)?1. No
2. Yes
 |
| 2.4 Did you start your business along with a partner or co-owner?1. No
2. Yes

|  |  |
| --- | --- |
| **If 2.4 = “No”** | **If 2.4 = “Yes”** |
| *[skip]* | 2.4A What was the ownership of your business?1. Women-owned (e.g. Women own 51 percent or more of the equity, interest, or stock of the business)
2. Men-owned (e.g. Men own 51 percent or more of the equity, interest, or stock of the business)
3. Equally men-/women-owned (Men own 50 percent and women own 50 percent of the equity, interest, or stock of the business)

2.4B How many people co-founded the business, yourself included?*[number]* |

 | 2.4 Did you start your business along with a partner or co-owner?1. No
2. Yes

|  |  |
| --- | --- |
| **If 2.4 = “No”** | **If 2.4 = “Yes”** |
| *[skip]* | 2.4A What is the ownership of your business?1. Women-owned (e.g. Women own 51 percent or more of the equity, interest, or stock of the business)
2. Men-owned (e.g. Men own 51 percent or more of the equity, interest, or stock of the business)
3. Equally men-/women-owned (Men own 50 percent and women own 50 percent of the equity, interest, or stock of the business)

2.4B How many people co-founded the business, yourself included?*[number]* |

 |
| 2.5 What was the five digit zip code of the area where your last business was located?*[zip code]* | 2.5 What is the five digit zip code of the area where your business is located?*[zip code]* |
| 2.6Was your business based out of your home?1. No
2. Yes
 | 2.6 Is your business based out of your home?1. No
2. Yes
 |
| 2.7 Which of the following categories best describes the industry that your most recent business was a part of?1. Agriculture, Forestry, Fishing and Hunting
2. Mining, Quarrying, and Oil and Gas Extraction
3. Utilities
4. Construction
5. Manufacturing
6. Wholesale Trade
7. Retail Trade
8. Transportation and Warehousing
9. Information
10. Finance and Insurance
11. Real Estate and Rental Leasing
12. Professional, Scientific, and Technical Services
13. Management of Companies and Enterprises
14. Administrative and Support and Waste Management
15. Educational Services
16. Health Care and Social Assistance
17. Arts, Entertainment, and Recreation
18. Accommodation and Food Services
19. Other Services (except Public Administration)
20. Public Administration
 | 2.7 Which of the following categories best describes the industry that your current business is a part of?1. Agriculture, Forestry, Fishing and Hunting
2. Mining, Quarrying, and Oil and Gas Extraction
3. Utilities
4. Construction
5. Manufacturing
6. Wholesale Trade
7. Retail Trade
8. Transportation and Warehousing
9. Information
10. Finance and Insurance
11. Real Estate and Rental Leasing
12. Professional, Scientific, and Technical Services
13. Management of Companies and Enterprises
14. Administrative and Support and Waste Management
15. Educational Services
16. Health Care and Social Assistance
17. Arts, Entertainment, and Recreation
18. Accommodation and Food Services
19. Other Services (except Public Administration)
20. Public Administration
 |
| 2.7A *[display definition of small business based on definition for industry selected in 2.7]* Based on the above definition, does your business qualify as a small business?1. No
2. Yes
 | 2.7A *[display definition of small business based on definition for industry selected in 2.7]* Based on the above definition, does your business qualify as a small business?1. No
2. Yes
 |
| 2.8 Have you ever received counseling, training, technical assistance and/or grant funding from any of the following programs or organizations? *(Select one or more options from the following list.)*1. Small Business Development Center (SBDC)
2. Women's Business Development Center (WBDC)
3. Minority Business Development Center (MBDC)
4. Small Business Innovative Research/ Small Business Technology Transfer (SBIR/STTR)
5. Service Corps of Retired Executives (SCORE)
 | 2.8 Have you ever received counseling, training, technical assistance and/or grant funding from any of the following programs or organizations? *(Select one or more options from the following list.)*1. Small Business Development Center (SBDC)
2. Women's Business Development Center (WBDC)
3. Minority Business Development Center (MBDC)
4. Small Business Innovative Research/ Small Business Technology Transfer (SBIR/STTR)
5. Service Corps of Retired Executives (SCORE)
 |
| 2.9 Have you ever participated in a program that could be described as a business incubator or business accelerator?1. No
2. Yes
 | 2.9 Have you ever participated in a program that could be described as a business incubator or business accelerator?1. No
2. Yes
 |

Section 3: Strategic Choice

*For the next set of questions, choose the answer that best characterizes your level of concern about the following considerations.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.1 To what extent were you concerned about how to balance your personal and professional lives. | Not concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Strongly concerned |
| 3.2 To what extent were you concerned about your knowledge of business operations and best practices. | Not concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Strongly concerned |
| 3.3 To what extent were you concerned about incurring debt. | Not concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Strongly concerned |
| 3.4 To what extent were you concerned about securing investment capital. | Not concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Strongly concerned |
| 3.5 To what extent were you concerned about how to quickly grow or scale-up your firm in the future. | Not concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Strongly concerned |
| 3.6 To what extent were you concerned about where to obtain business assistance in the local community. | Not concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Strongly concerned |

*For the next set of questions, how would you assess each factor as a motivation for starting your business?*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.7 The desire to build wealth. | Not a motivation | Weak motivation | Moderate motivation | Strong motivation | Primary motivation |
| 3.8 The wish to capitalize on a business idea you developed. | Not a motivation | Weak motivation | Moderate motivation | Strong motivation | Primary motivation |
| 3.9 The wish to capitalize on a patented invention. | Not a motivation | Weak motivation | Moderate motivation | Strong motivation | Primary motivation |
| 3.10 The appeal of a startup business culture. | Not a motivation | Weak motivation | Moderate motivation | Strong motivation | Primary motivation |
| 3.11 The long-standing desire to own your own company. | Not a motivation | Weak motivation | Moderate motivation | Strong motivation | Primary motivation |
| 3.12 Working for someone else did not appeal to you. | Not a motivation | Weak motivation | Moderate motivation | Strong motivation | Primary motivation |

*For the next set of questions, choose the answer that best characterizes the importance of the following when starting your business.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.13 Family as a source of capital and/or support. | Unimportant | Little importance | Moderately important | Important | Very important |
| 3.14 External advisors for support. | Unimportant | Little importance | Moderately important | Important | Very important |
| 3.15 Suitability/fit of the business incubator or accelerator program to your business. | Unimportant | Little importance | Moderately important | Important | Very important |
| 3.16 Percentage of women-owned businesses in business incubator or accelerator programs. | Unimportant | Little importance | Moderately important | Important | Very important |
| 3.17 Discrimination by male colleagues, competitors, and advisors. | Unimportant | Little importance | Moderately important | Important | Very important |

Section 4: Human Capital

4.1 What is the highest degree or level of school you have completed?

1. Some high school
2. High school diploma or equivalent
3. Some college
4. Associate's degree (i.e. A.A. or A.S)
5. Bachelor's degree (i.e. B.A. or B.S.)
6. Master's degree (i.e. M.A., M.S., M.B.A., or M.Ed.)
7. Professional degree (i.e. J.D., M.D., O.D., D.D.S., D.V.M., etc.)
8. Doctorate degree (i.e. Ph.D. or Ed.D)

|  |  |
| --- | --- |
| **If 4.1 = 1, 2, 3, 4, or 5** | **If 4.1 = 6, 7, or 8** |
| *[skip]* | 4.1A Do you hold a Master's in Business Administration (MBA)?1. No
2. Yes
 |

|  |  |
| --- | --- |
| **If 4.1 = 1, 2, 3, or 4** | **If 4.1 = 5, 6, 7, or 8** |
| *[skip]* | 4.1B Do you hold a degree in a field related to science, technology, engineering, or mathematics (a.k.a. STEM)?1. No
2. Yes
 |

4.2 Have you ever filed for a patent for an invention you discovered?

1. No
2. Yes, but my patent application(s) were rejected.
3. Yes, and at least one of my patent applications was either granted or is still pending.

4.3 Have you ever filed for a trademark you helped to create?

1. No
2. Yes, but my trademark application(s) were rejected.
3. Yes, and at least one of my trademark applications was either granted or is still pending.

4.4 Did you work in the same industry as your most recent business before deciding to start the business?

1. No
2. Yes

|  |  |
| --- | --- |
| **If 4.4 = “No”** | **If 4.4 = “Yes”** |
| *[skip]* | 4.4A How many years did you work in that industry before starting your own company? *(Please round down to the nearest year)*1. 0 years
2. 1 year
3. 2 years
4. 3 to 5 years
5. 6 to 10 years
6. 11 to 20 years
7. More than 20 years
 |

4.5 Before starting your most recent business, did you have prior experience working at a startup company?

1. No
2. Yes

4.6 Before starting your most recent business, did you have prior experience working as part of the executive management team of another company?

1. No
2. Yes

Section 5: Social Capital

5.1 How many national business networks, associations, or organizations do you belong to?

1. 0
2. 1
3. 2
4. 3
5. 4 or more

5.2 How many non-national (i.e. local or regional) business networks, associations, or organizations do you belong to?

1. 0
2. 1
3. 2
4. 3
5. 4 or more

5.3 How many non-business-related networks, associations, or organizations do you belong to?

1. 0
2. 1
3. 2
4. 3
5. 4 or more

5.4 When starting your company, were any of the following groups instrumental to acquiring personnel, expertise, and/or capital? *(Please select one or more answers from the list.)*

1. Family
2. Friends
3. A college, university, or alumni association
4. A business-related network, association, or organization
5. The local government
6. The federal government
7. None of the above

5.5 Among the people you consider to be personal friends, how many male business owners do you know?

1. 0
2. 1
3. 2
4. 3
5. 4 to 6
6. 7 to 9
7. 10 to 19
8. 20 or more

5.6 Among the people you consider to be personal friends, how many female business owners do you know?

1. 0
2. 1
3. 2
4. 3
5. 4 to 6
6. 7 to 9
7. 10 to 19
8. 20 or more

Section 6: Financial Capital

6.1 How much capital was invested in your business in the first year? *(Please round your answer to the nearest $1,000)*

 $*[number]*,000

6.2 Of the options in the following list, which forms of capital did your business use in its first year?

1. Owner Equity (i.e. equity invested by the owner(s) of the firm)
2. Insider Equity (i.e. equity invested by spouses or parents of the owner)
3. External Equity (i.e. equity invested by venture capitalists, angel investors, other businesses, the government, or other individuals)
4. Owner Debt (i.e. a loan made by the owner or the use of personal credit to finance business operations)
5. Insider Debt (i.e. personal or business credit used for business operations provided by family or employees of the owner)
6. External Debt (i.e. business credit cards, bank loans, government loans, and other business-related financial instruments)

6.3 How would you describe your personal credit score?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

6.4 Have you ever applied for a bank loan either for or unrelated to your business?

1. No
2. Yes

|  |  |
| --- | --- |
| **If 6.4 = “No”** | **If 6.4 = “Yes”** |
| *[skip]* | 6.4A Have you ever had an application for a bank loan be rejected?1. No
2. Yes
 |

6.5 Have you ever received capital from an angel investor?

1. No
2. Yes

6.6 Have you ever received capital from a venture capital firm?

1. No
2. Yes

Section 7: Incubator and Accelerator Experience

*For the next set of questions, choose the answer that best characterizes the importance of each consideration for your decision to apply to a business incubator or accelerator program.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7.1 Learn how to grow your company quickly. | Unimportant | Little importance | Moderately important | Important | Very important |
| 7.2 Protect and/or develop my intellectual property. | Unimportant | Little importance | Moderately important | Important | Very important |
| 7.3 Attract and secure more outside capital investment. | Unimportant | Little importance | Moderately important | Important | Very important |
| 7.4 Improve your business management and/or administrative skills. | Unimportant | Little importance | Moderately important | Important | Very important |
| 7.5 Interact and gain experience from other entrepreneurs. | Unimportant | Little importance | Moderately important | Important | Very important |
| 7.6 Gain access to workspace or equipment. | Unimportant | Little importance | Moderately important | Important | Very important |

7.7 Among the considerations you rated in the previous question, can you please pick the three you consider to be MOST important to your decision to apply to a business incubator or accelerator program.  Please enter 1 next to one which was most important, 2 to one which was second most important and 3 to the one that was third most important.

* Learn how to grow your company quickly. *[number 1 – 3]*
* Protect and/or develop my intellectual property. *[number 1 – 3]*
* Attract and secure more outside capital investment. *[number 1 – 3]*
* Improve your business management and/or administrative skills. *[number 1 – 3]*
* Interact and gain experience from other entrepreneurs.  *[number 1 – 3]*
* Gain access to workspace or equipment. *[number 1 – 3]*

7.8 Did the incubator or accelerator program you participated in have a specific focus on women entrepreneurs?

1. No
2. Yes

7.9 What was the name of the incubator or accelerator program you participated in?

 *[text entry field]*

7.10 How long was the duration of your program? *(Please round your answer to the nearest week.)*

 *[number]* weeks

7.11 Which, if any, of the following business services did your incubator or accelerator program include? *(Check all that apply.)*

1. Business plan writing and business basics
2. Access to capital
3. Marketing assistance
4. Mentoring boards for clients with area business service providers
5. Ties to higher education institutions
6. Accounting and financial management services
7. Networking with other entrepreneurs, particularly other clients
8. Networking with the area business community
9. Assistance in developing presentation skills
10. Assistance in developing business etiquette
11. Legal assistance with intellectual property protection
12. Legal assistance with incorporation or other business structures
13. Legal assistance with import/export requirements
14. General legal services
15. Technology commercialization assistance
16. Access to specialized equipment and/or laboratories at reduced rates
17. Intellectual property management assistance

7.12 In your best estimate, how many other companies participated with you in the program that you participated in?

1. *[number]* companies
2. I don’t know

7.13 In your best estimate, of the other companies in the program that you participated in, how many had at least one female owner or partner?

1. *[number]* companies
2. I don’t know

7.14 Did the incubator or accelerator program you participated in acquire an equity stake in your company?

1. No
2. Yes

*For the next two questions, choose the answer that best characterizes your reaction to each statement.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7.15 The managers of my incubator or accelerator program were easy to communicate with. | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 7.16 As a woman, I personally felt comfortable and accepted as part of my incubator or accelerator program. | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

7.17 Do you continue to remain in contact with the organization that conducted your incubator or accelerator program?

1. No
2. Yes

7.18 Do you continue to remain in contact with any of the other participants in your incubator or accelerator program?

1. No
2. Yes

*For the next set of questions, please rate the impact of participation in a business incubator or accelerator for each outcome on a scale of 1 to 5.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7.19 Greater confidence in dealing with business concerns. | 1 | 2 | 3 | 4 | 5 |
| 7.20 Secure more investment capital. | 1 | 2 | 3 | 4 | 5 |
| 7.21 Greater awareness of where to find solutions and support for business problems. | 1 | 2 | 3 | 4 | 5 |
| 7.22 More connections to entrepreneurs like yourself. | 1 | 2 | 3 | 4 | 5 |
| 7.23 More connections to investors and investment opportunities. | 1 | 2 | 3 | 4 | 5 |

7.24 Is your company still in business?

1. No
2. Yes

|  |  |
| --- | --- |
| **If 7.24 = “No”** | **If 7.24 = “Yes”** |
| 7.24A Approximately how many months after completing your program did your company dissolve?*[number]* months | *[skip]* |

7.25 Since participating in the incubator or accelerator program, has your company gained or lost employees?

1. Gained employees
2. Lost employees
3. Stayed the same size

|  |  |  |
| --- | --- | --- |
| **If 7.25 = “Gained employees”** | **If 7.25 = “Lost employees”** | **If 7.25 = “Stayed the same size”** |
| 7.25A Approximately how many employees did your company gain since participating in the incubator or accelerator program?*[number]* employees | 7.25A Approximately how many employees did your company lose since participating in the incubator or accelerator program?*[number]* employees | *[skip]* |

7.26 Since participating in the incubator or accelerator program, has your company’s revenue increased or decreased?

1. Increased
2. Decreased
3. Stayed the same

|  |  |  |
| --- | --- | --- |
| **If 7.26 = “Increased”** | **If 7.26 = “Decreased”** | **If 7.27 = “Stayed the same”** |
| 7.26A Approximately how much has your company’s revenue grown by since participating in the incubator or accelerator program? *(Please round your answer to the nearest thousand.)*$*[number]*,000 | 7.26A Approximately how much has your company’s revenue shrunk by since participating in the incubator or accelerator program? *(Please round your answer to the nearest thousand.)*$*[number]*,000 | *[skip]* |

7.27 Has it been over 12 months since you graduated from your incubator or accelerator program?

1. No
2. Yes

|  |  |
| --- | --- |
| **If 7.27 = “No”** | **If 7.27 = “Yes”** |
| *[skip]* | 7.27A In the first 12 months after graduating from your program, has your company gained or lost employees?1. Gained employees
2. Lost employees
3. Stayed the same size

|  |  |  |
| --- | --- | --- |
| **If 7.27A = “Gained employees”** | **If 7.27A = “Lost employees”** | **If 7.27A = “Stayed the same size”** |
| 7.27B Approximately how many employees did your company gain in the first 12 months since participating in the incubator or accelerator program?*[number]* employees | 7.27B Approximately how many employees did your company lose in the first 12 months since participating in the incubator or accelerator program?*[number]* employees | *[skip]* |

7.27C In the first 12 months after graduating from your program, did you hit all your employee growth targets?1. No
2. Yes

7.27D In the first 12 months after graduating from your program, has your company’s revenue increased or decreased?1. Increased
2. Decreased
3. Stayed the same

|  |  |  |
| --- | --- | --- |
| **If 7.27D = “Increased”** | **If 7.27A = “Decreased”** | **If 7.27A = “Stayed the same”** |
| 7.27E Approximately how much has your company’s revenue grown by in the first 12 months since participating in the incubator or accelerator program? *(Please round your answer to the nearest thousand.)*$*[number]*,000 | 7.27E Approximately how much has your company’s revenue grown by in the first 12 months since participating in the incubator or accelerator program? *(Please round your answer to the nearest thousand.)*$*[number]*,000 | *[skip]* |

7.27F In the first 12 months after graduating from your program, did you achieve your revenue targets?1. No
2. Yes
 |