

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, pull-down 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?

[pull-down menu]

1.5 What is your current marital status?

1. Now married
2. Cohabiting 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"	
<p>2.3 Did that business employ more than two people (including yourself)?</p> <ol style="list-style-type: none"> 1. No 2. Yes 		<p>2.3 Does that business employ more than two people (including yourself)?</p> <ol style="list-style-type: none"> 1. No 2. Yes 	
<p>2.4 Did you start your business along with a partner or co-owner?</p> <ol style="list-style-type: none"> 1. No 2. Yes 		<p>2.4 Did you start your business along with a partner or co-owner?</p> <ol style="list-style-type: none"> 1. No 2. Yes 	
If 2.4 = "No"	If 2.4 = "Yes"	If 2.4 = "No"	If 2.4 = "Yes"
[skip]	<p>2.4A What was the ownership of your business?</p> <ol style="list-style-type: none"> 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- 	[skip]	<p>2.4A What is the ownership of your business?</p> <ol style="list-style-type: none"> 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-

	<p>owned (Men own 50 percent and women own 50 percent of the equity, interest, or stock of the business)</p> <p>2.4B How many people co-founded the business, yourself included?</p> <p>[number]</p>		<p>owned (Men own 50 percent and women own 50 percent of the equity, interest, or stock of the business)</p> <p>2.4B How many people co-founded the business, yourself included?</p> <p>[number]</p>
<p>2.5 What was the five digit zip code of the area where your last business was located?</p> <p>[zip code]</p>	<p>2.5 What is the five digit zip code of the area where your business is located?</p> <p>[zip code]</p>		
<p>2.6 Was your business based out of your home?</p> <ol style="list-style-type: none"> 1. No 2. Yes 	<p>2.6 Is your business based out of your home?</p> <ol style="list-style-type: none"> 1. No 2. Yes 		
<p>2.7 Which of the following categories best describes the industry that your most recent business was a part of?</p> <ol style="list-style-type: none"> 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 	<p>2.7 Which of the following categories best describes the industry that your current business is a part of?</p> <ol style="list-style-type: none"> 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 		
<p>2.7A <i>[display definition of small business based on definition for industry selected in 2.7]</i> Based on the above definition, does your business qualify as a small business?</p> <ol style="list-style-type: none"> 1. No 2. Yes 	<p>2.7A <i>[display definition of small business based on definition for industry selected in 2.7]</i> Based on the above definition, does your business qualify as a small business?</p> <ol style="list-style-type: none"> 1. No 2. Yes 		
<p>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.)</p>	<p>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.)</p>		

<ol style="list-style-type: none"> 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) 6. 	<ol style="list-style-type: none"> 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) 6.
<p>2.9 Have you ever participated in a program that could be described as a business incubator or business accelerator?</p> <ol style="list-style-type: none"> 1. No 2. Yes 	<p>2.9 Have you ever participated in a program that could be described as a business incubator or business accelerator?</p> <ol style="list-style-type: none"> 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.

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

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
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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	Unimportant	Little importance	Moderately important	Important	Very important

businesses in
business incubator
or accelerator
programs.

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
<i>[skip]</i>	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
<i>[skip]</i>	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"
<i>[skip]</i>	<p>4.4A How many years did you work in that industry before starting your own company? <i>(Please round down to the nearest year)</i></p> <ol style="list-style-type: none">1. 0 years2. 1 year3. 2 years4. 3 to 5 years5. 6 to 10 years6. 11 to 20 years7. 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
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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"
<i>[skip]</i>	6.4A Have you ever had an application for a bank loan be rejected? <ol style="list-style-type: none">1. No2. 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
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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
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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
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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
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7.20 Secure more investment capital.

1	2	3	4	5
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7.21 Greater awareness of where to find solutions and support for business problems.

1	2	3	4	5
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7.22 More connections to entrepreneurs like yourself.

1	2	3	4	5
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7.23 More connections to investors and investment opportunities.

1	2	3	4	5
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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"

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"
<p>7.27B Approximately how many employees did your company gain in the first 12 months since participating in the incubator or accelerator program? <input type="text" value="[number]"/> employees</p>	<p>7.27B Approximately how many employees did your company lose in the first 12 months since participating in the incubator or accelerator program? <input type="text" value="[number]"/> employees</p>	<p><input type="text" value="[skip]"/></p>

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"
<p>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? <i>(Please round your answer to the nearest thousand.)</i> <input type="text" value="[number]"/>,000</p>	<p>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? <i>(Please round your answer to the nearest thousand.)</i> <input type="text" value="[number]"/>,000</p>	<p><input type="text" value="[skip]"/></p>

7.27F In the first 12 months after graduating from your program, did you achieve your revenue targets?

1. No
2. Yes