


**Supporting Statement for Collecting Data on Women's Business Center Program Participants  
(OMB Control Number: XXX)**

**Appendix I. Web-based Survey Screenshot**

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**ASSISTANCE RECEIVED**

1. When did you first receive business assistance or training from?  
(Type in year or move the slider.)

2005 

2. Please estimate how many total hours of business assistance and training you received during 2012

0  
 1-2 hours  
 3-5 hours  
 6-8 hours  
 9-10 hours  
 More than 10 hours

3. During 2012, what type of business assistance and training did you receive from (select all that apply)?

Classroom training  
 Online training  
 One-on-one counseling  
 Referral/connection to affiliate for mentoring, coaching, consultation, etc.  
 Other, (please specify)

4. Did you receive business assistance or training from other organizations during 2012 (select all that apply)?

Small Business Development Center  
 SCORE  
 Other, (please specify)

5. Have you received business assistance or training from another organization since 2012?

Yes  
 No

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**ASSISTANCE IMPACT**

6. As a result of the assistance or training you received from , have you changed any of your business decisions, practices or strategies?

- Yes
- No

7. To what extent do you agree or disagree with the following statements?

*My experience with helped me to:*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>No opinion</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Increase my confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access a trusted advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start/increase my savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase my self-sufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase my household income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider growing my business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. To what extent do you agree or disagree with the following statements? - *If you have not yet started a business, please skip to question 9.*

*The assistance I received from helped me to:*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>No opinion</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Start my business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase my sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain financing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase my profit margin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hire new staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Overall, how helpful were the services you received from ?

- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

10. Would you recommend to a friend or business associate?

- Yes
- No

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**GETTING STARTED**

11. When you sought assistance from in 2012, were you:\*

\*Response is required.

- Just considering a business idea
- In the process of starting a business
- Already in business

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**GETTING STARTED**

12. When did you start or acquire your business?

(Type in year or move the slider.)

2005



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**GETTING STARTED**

13. Did you start or acquire a business since 2012?\*

\*Response is required

- Yes
- No

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**GETTING STARTED**

14. Are you currently operating this business?\*

\*Response is required

- Yes
- No

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**GETTING STARTED**

15. What is the primary reason you are no longer operating this business?

- Business was not financially viable
- Personal circumstances (e.g. prefer a wage job, illness, moved)
- Business was sold
- Other (please specify)

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**GETTING STARTED**

16. Which of the following best describes the industry or sector in which your business operates?

- Personal service (e.g. salon, computer repair, wedding planning)
- Professional service (e.g. accounting, medical, management consulting)
- Construction (e.g. plumbing, electrician, construction)
- Retail trade (e.g. clothing, florist, convenience store, car dealer)
- Hospitality, art, entertainment (e.g. food, lodging, event promotion, performing arts)
- Social assistance (e.g. day care, youth services, community food services)
- Educational service (e.g. school, trade program, test preparation service)
- Manufacturing (e.g. food, furniture, clothing)
- Other (please specify)

17. What is the geographic location of your business?

- Rural area
- Urban area
- Suburban area

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**BUSINESS STATISTICS**

18. Were you operating your business during any part of 2012 or 2013?\*

\*Response is required

- I was operating my business for all or parts of BOTH 2012 and 2013
- I was operating my business for all or parts of 2012 only
- I was operating my business for all or parts of 2013 only

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**BUSINESS STATISTICS**

19. Including yourself and other owners, how many people did you employ at the end of each of the calendar years below?

(Please complete only for the years you operated; leave others blank.)

	2013	2012
Number of full-time paid employees (35 hours or more per week)	<input type="text"/>	<input type="text"/>
Number of part-time paid employees (fewer than 35 hours per week)	<input type="text"/>	<input type="text"/>
Number of independent contractors (including full- and/or part-time)	<input type="text"/>	<input type="text"/>

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**BUSINESS STATISTICS**

20. What was the approximate gross sales revenue of your business during each of the calendar years below? *(Please complete only for the years you operated; leave others blank.)*

All data will be held in strict confidence and reported only in the aggregate without identifying any individual respondent.

	2013	2012
Revenue (\$)	<input type="text"/>	<input type="text"/>

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**BUSINESS STATISTICS**

21. If you applied for financing for your business in 2012 or 2013, what was the primary reason?\*

\*Response is required

- I did not apply for new financing
- To start or acquire my business
- To accommodate growth in my business
- To manage working capital
- To make a capital investment
- Other

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**BUSINESS STATISTICS**

22. Did you obtain new financing for your business in 2012 or 2013?\*

\*Response is required

- Yes
- No

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**BUSINESS STATISTICS**

23. Estimate the total amount of new financing your business obtained from the following sources in 2012 and 2013.

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- Loan from a commercial bank or credit union
- Loan from a non-bank, community lender
- Loan from friends or family
- Loan from
- Other debt acquired or investor equity raised

24. Please estimate the percentage of total financing that was a Small Business Administration guaranteed loan. (%)

(Type in percentage or move the slider.)

0%  100%



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**BACKGROUND INFORMATION**

25. Please indicate your gender:

- Female
- Male

26. Please indicate your military service:

- None
- Veteran
- Service Disabled Veteran
- Active Duty
- National Guard or Reservist

27. Do you consider yourself a person with a disability?

- No
- Yes

28. Please indicate your race or origin (*select one or more*):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian of Other Pacific Islander
- White

29. Please indicate your current age:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

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30. At the time that you first sought services from , what was your employment status?

- Self-employed
- Employed full-time for another company
- Employed part-time for another company
- Unemployed
- Other

31. At the time that you first sought services from , how many adults and children were living in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- More than 6

32. At the time that you first sought services from , what was your approximate total household income?

- Less than \$11,000
- \$11,000 - \$19,000
- \$19,001 - \$31,000
- \$31,001 - \$50,000
- Over \$50,000

33. Is there anything else you would like to share about yourself, your business, your experience with , or ways to improve the program?