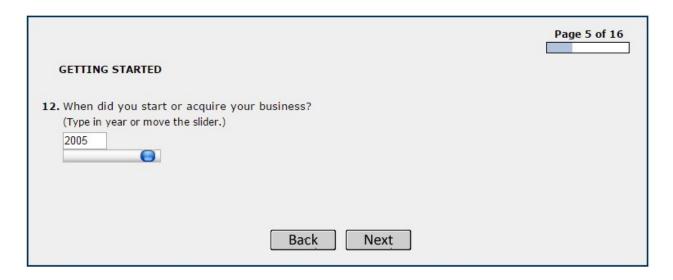
Appendix I. Web-based Survey Screenshot

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	ASSISTANCE RECEIVED
1.	When did you first receive business assistance or training from? (Type in year or move the slider.)
2.	Please estimate how many total hours of business assistance and training you received during 2012 0 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
	Back Next

ASSISTANCE IMPACT					Page 3 of 16
 As a result of the ass decisions, practices of Yes No 		ng you received	from , have you	changed any of yo	our business
. To what extent do yo			owing statement		Strongly
	Agree	Agree	opinion	Disagree	Disagree
Increase my confidence	0	0	0	0	0
Access a trusted advisor	0	0	0	0	0
Start/increase my savings	0	0	0	0	0
Increase my self-sufficiency	0	0	0	0	0
Increase my household income	0	0	0	0	0
Consider growing my business	0	0	0	0	0

	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
Start my business	0	0	0	0	0
Increase my sales	0	0	0	0	0
Obtain financing	0	0	0	0	0
Increase my profit margin	0	0	0	•	0
Hire new staff	0	0	0	0	0
Other	0	0	0	0	0
Overall, how helpt	ful were the servi	ces you received	d from ?		
Very helpful Somewhat help Slightly helpful Not at all helpf					
. Would you recom	mend to a friend (or business asso	ciate?		
O Yes					
110					







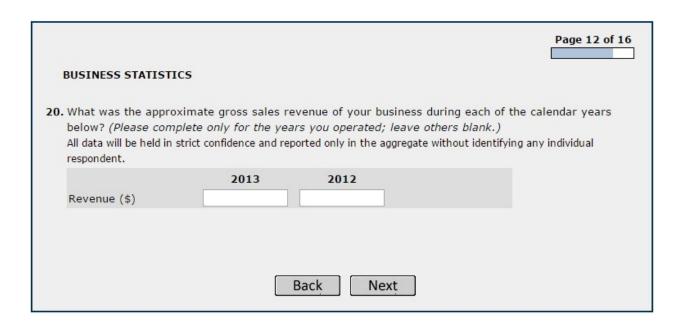


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GETTING STARTED	
15. What is the primary reason you are no longer operating this business?	
 Business was not financially viable Personal circumstances (e.g. prefer a wage job, illness, moved) Business was sold 	
Other (please specify)	
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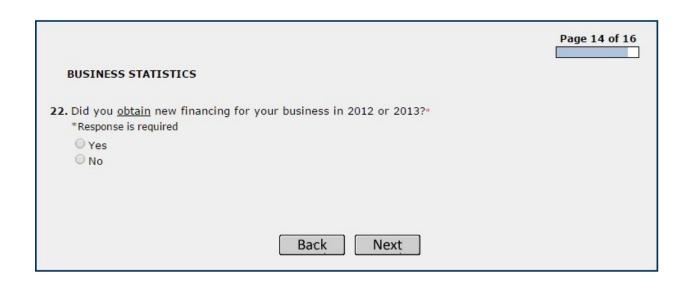
GETTING STARTED	Page 9 of 16
16. Which of the following best describes the industry or sector in which your business operat Personal service (e.g. salon, computer repair, wedding planning) Professional service (e.g. accounting, medical, management consulting) Construction (e.g. plumbing, electrician, 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)	es?
17. What is the geographic location of your business? Rural area Urban area Suburban area Back Next	

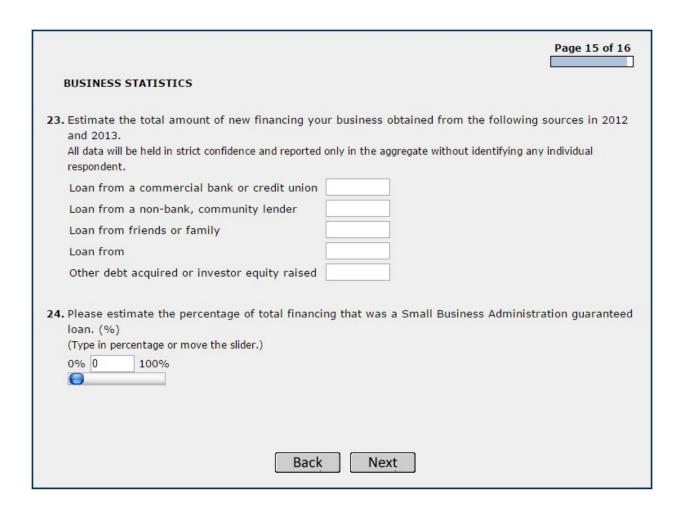
BUSINESS STATISTICS	Page 10 of 16
18. Were you operating your business during any part of 2012 or 2013?* *Response is required	
 I was operating my business for all or parts of BOTH 2012 and 2013 I was operating my business for all or parts of 2012 only I was operating my business for all or parts of 2013 only 	
Back Next	

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BUSINESS STATISTICS		
19. Including yourself and other owners, how calendar years below? (Please complete only for the years you operate)		d of each of the
2013	2012	
Number of full-time paid employees (35 hours or more per week)		
Number of part-time paid employees (fewer than 35 hours per week)		
Number of independent contractors (including full- and/or part-time)		
	Back Next	



	Page 13 of 16
BUSINESS STATISTICS	
21. If you applied for financing for your business in 2012 or 2013, what was the primary *Response is required	reason?*
 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 	
Back Next	





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BACKGROUND INFORMATION	
25. Please indicate your gender:	
○ Female	
○ Male	
26. Please indicate your military service:	
None	
O 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:	
0 18-24	
© 25-34	
© 35-44	
O 45-54	
© 55-64	
© 65-74	
○ 75+	

you first sought services from , what was your employment status?
d -time for another company t-time for another company
you first sought services from , how many adults and children were living in your
you first sought services from , what was your approximate total household income?
,000
0,000
1,000
0,000
g else you would like to share about yourself, your business, your experience with , o the program?