Below is the WBC Survey Instrument – This survey will be conducted through a web based system.

#### **ASSISTANCE RECEIVED**

1.	When did you first receive business assistance or training from [WBC name]?
	(yyyy)
2.	During 2012, what type of business assistance and training did you receive from [WBC name]? (select all that apply)  □ Classroom training □ Online training □ One-on-one counseling □ Referral/connection to WBC affiliate for mentoring, coaching, consultation, etc. □ Other (please specify)
3.	Please estimate how many total hours of business assistance and training you received during 2012.
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 [WBC name] or another organization since 2012? $\hfill\Box$ Yes $\hfill\Box$ No

### **ASSISTANCE IMPACT**

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

□ Yes □ No					
7. To what extent do you agree	or disagree	with the fo	ollowing statemer	nts?	
	Strongly				Strongly
	Agree	Agree	No opinion	Disagree	Disagree
My experience with [WBC name] helped me to:					
Increase my confidence	5	4	3	2	1
Access a trusted advisor	5	4	3	2	1
Start/increase my savings	5	4	3	2	1
Increase my self-sufficiency	5	4	3	2	1
Increase my household income	5	4	3	2	1
Consider growing my business	5	4	3	2	1
The assistance I received from [WBC name] helped me	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
to:	_	4	2	2	4
Start my business	5	4	3	2	1
Increase my sales	5	4	3	2	1
Obtain financing	5	4	3	2	1
Increase my profit margin	5	4	3	2	1
Hire new staff	5	4	3	2	1
Other (specify)	5	4	3	2	1
9. Overall, how helpful were the □ Very helpful □ Somewhat helpful □ Slightly helpful □ Not at all helpful  10. Would you recommend [WB6]	J				
□ Yes □ No					

# GETTING STARTED<sup>1</sup>

11.	When you sought assistance from [WBC name] in 2012, were you:  ☐ Just considering a business idea − SKIP next ☐ In the process of starting a business − SKIP next ☐ Already in business − GO TO next
12.	When did you start or acquire your business? SKIP next
	(yyyy)
13.	Did you start or acquire your business during or since 2012?  ☐ Yes − GO TO next  ☐ No − SKIP next and next section
14.	Are you currently operating this business?  □ Yes – SKIP next □ No – GO TO next
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)
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 operations?  □ Rural area  □ Urban area  □ Suburban area

# **BUSINESS STATISTICS**

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

<sup>&</sup>lt;sup>1</sup> Skip patterns are indicated by capital letters (i.e. GO TO; SKIP).

	<ul> <li>□ I was operating my business for all or parts of BOTH 2012 and 2013</li> <li>□ I was operating my business for all or parts of 2012 only</li> <li>□ I was operating my business for all or parts of 2013 only</li> </ul>
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.) IF Q11 was CHOICE a or b and Q13 was CHOICE no, SKIP TO Q21
	2013  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)
	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)
20.	What was the approximate gross sales revenue of your business during each of the calendar years below? ( <i>Please complete only for the years you operated; leave others blank.</i> )
	All data will be held in strict confidence and reported only in the aggregate without identifying any individual respondent.
	2013: \$ 2012: \$
21.	If you <u>applied</u> for financing for your business in 2012 or 2013, what was the primary reason?  ☐ I did not apply for new financing – SKIP TO next section  ☐ To start or acquire my business – GO TO next  ☐ To accommodate growth in my business – GO TO next  ☐ To manage working capital, support cash flow – GO TO next  ☐ To make a capital investment – GO TO next  ☐ Other – GO TO next
22.	Did you <u>obtain</u> new financing for your business in 2012 or 2013?  ☐ Yes − GO TO next  ☐ No − SKIP next
23.	Estimate the total amount of new financing your business obtained from the following sources in 2012 and 2013?  All data will be held in strict confidence and reported only in the aggregate without identifying any individual respondent.
	Loan from a commercial bank or credit union – GO TO next \$00

	Loan from a non-bank, community lender— SKIP next \$
24.	Please estimate the percentage of total financing that was a Small Business Administration guaranteed loan.
	%
Ва	CKGROUND 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
	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 ☐ Other race (please specify)
	Please indicate your current age:  □ 18 – 24  □ 25 – 34  □ 35 – 44  □ 45 – 54  □ 55 – 64  □ 65 – 74

30	At the time that you first sought services from [insert WBC name], what was you employment status?  □ Self-employed  □ Employed full-time for another company  □ Employed part-time for another company  □ Unemployed  □ Other	ır
31	At the time that you first sought services from [insert WBC name], how many adults an children were living in your household?  □ 1 □ 2 □ 3 □ 4 □ 5 □ 6	d
32	☐ More than 6  At the time that you first sought services from [insert WBC name], what was you approximate total household income?  ☐ Less than \$11,000  ☐ \$11,000 - \$19,000  ☐ \$19,001 - \$31,000  ☐ \$31,001 - \$50,000  ☐ Over \$50,000	ır

#### **WRAP-UP**

- 33. Is there anything else you would like to share about yourself, your business, your experience with [insert WBC name], or ways to improve the program?
- 34. If you would like to participate in the raffle for a chance to win 1 of 500 coupons for Ben and Jerry's Ice Cream, please provide your address so that it can be mailed to you in the event that you are selected.