

**Appendix C-1 Client Outcome Survey Instrument**

**Page 1**

**Client Outcome Survey (Cohort 1 and 2)  
Veterans Business Outreach Centers**

**Welcome!**

Thank you for your willingness to participate in this survey. Your participation is very important to the U.S. Small Business Administration (SBA). The information collected in this survey will be used by SBA to evaluate the performance of the Veterans Business Outreach Center (VBOC) program, improve it, and assess its impact on VBOC clients' business goals. The SBA's Office of Veterans Business Development (OVBD) has contracted Optimal Solutions Group, LLC (Optimal), to conduct a fair and independent evaluation of the program and to administer this survey. Topics in the survey include information about you (the client), your business or business idea, your business needs and goals, the services you received from a VBOC, and your successes and challenges while accessing a VBOC. Your participation in this survey is extremely valuable, because the information you provide will help SBA achieve its goals.

As required by the Paperwork Reduction Act, SBA (OVBD) may not conduct this survey unless it has been approved by the Office of Management and Budget (OMB). SBA has obtained that approval under OMB control #3245-xxxx.

The survey will take approximately 25 minutes to complete. You can stop the survey and start a new session by clicking the link again. Your previous answers will be saved, allowing you to resume the survey where you stopped. You are not required to answer each question, although we would greatly appreciate your answering all of them. Please complete the survey by December 4, 2015. Optimal will send you periodic reminders and can be reached by phone for technical support at 301-306-1170.

Thank you!

**Survey Consent Form for Clients**

The U.S. Small Business Administration's (SBA's) Office of Veterans Business Development (OVBD) has contracted Optimal Solutions Group, LLC (Optimal), to conduct a fair and independent performance evaluation of OVBD. Optimal has designed this survey to learn about clients (i.e., people who have received a service from a Veterans Business Outreach Center, or VBOC) and their experience with VBOCs. Topics in the survey include information about you (the client), your business or business idea, your business needs and goals, the services you received from a VBOC, and your successes and challenges while accessing a VBOC. The primary purpose of this client data-collection effort is to find ways to improve the program and establish a framework for future impact evaluations of the VBOC program.

Confidentiality and Usage

Optimal, an independent contractor, will securely store, tabulate, and analyze survey responses. Any information provided in this survey will be kept strictly confidential by Optimal. In the context of this survey, confidentiality is defined to mean that no respondent will be identified or named in any publicly available report or other such publication without his or her prior, explicit approval. In any public report, such phrases as “a VBOC client” will be used to report information provided by a particular respondent. However, the survey results, along with personally identifiable information (PII), will be provided to SBA headquarters for the purpose of implementing a future impact evaluation of the VBOC program. SBA will protect any information provided to the extent permitted by the law, including Privacy Act, 5 U.S.C. 552a and the Freedom of Information Act, 5 U.S.C. 552. The VBOC where you received business assistance will only be provided aggregate data and will not be given access to your individual responses.

Storage and Access

The results from the survey will be stored on a secure server accessible only to the Optimal research team. The survey data will be retained for no fewer than 3 years after the completion of the surveys.

Please type your full name below. Typing your name will be considered equivalent to an electronic signature and grant the Optimal research team permission to conduct the survey as described for the above-referenced study. The research team will not use the information provided for any reason other than those stated in this consent form without your permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Instructions**

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

The questions below pertain to the last 12 months.

For open-ended questions, if you are presented with a question you do NOT know the answer to, enter “Not Known” into the text box. If you are presented with a question that you would prefer NOT to answer, enter “PNA” into the text box. For example:

How large is the universe?

Not Known

For ranking questions, please rank each item according to your preference, using each number only once. Do not rank options that are not applicable to you. For example:

What is your favorite beverage?

Coffee                    1

Tea

Water                    4

Soda                     3

Juice                     2

Do not know

Prefer not to answer

If you would prefer not to answer the question or do not know the answer, place a 1 next to the appropriate answer. For example:

What is your favorite beverage?

Coffee

Tea

Water

Soda

Juice

Do not know

Prefer not to answer   1

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**GENERAL CLIENT BACKGROUND**

**Business characteristics of a client**

- 3) What is your current business status?
  - a. Currently in business → populate page 7-9
  - b. In the process of starting a business → skip page 7-9
  - c. Only considering an idea for a new business → skip page 7-9
  - d. Not applicable → skip page 7-9
  - e. Prefer not to answer → skip page 7-9
  
- 4) In what industry would you classify your business or business idea (select one)?
  - a. Personal service (for example: salon, computer repair, or wedding planning, etc.)
  - b. Professional service (for example: accounting, medical, or management consulting, etc.)
  - c. Skilled trade (for example: plumbing, electrician, or construction, etc.)
  - d. Retail sales (for example: clothing, florist, convenience store, or car dealer, etc.)

**(OMB Control Number: 3245 - XXXX)**

- e. Hospitality, art, entertainment (for example: food, lodging, event promotion, or performing arts, etc.)
- f. Social assistance (for example: day car, youth services, or community food services, etc.)
- g. Educational service (for example: school, trade program, or test preparation service, etc.)
- h. Manufacturing (for example: food, furniture, or clothing, etc.)
- i. Other (Please specify)
- j. < Text box here >
- k. Not applicable
- l. Prefer not to answer

- 5) What best describes the stage(s) of your business? Select all that apply.
- a. You have an interest in starting a business.
  - b. You have an idea about a product/service to sell and who to sell it to (have identified a market for your product/service).
  - c. You have a business plan or tried to repair your credit in case you need financing.
  - d. You enacted a business plan (for example: you have invested your own or a family member's money into the business plan, or you have applied for financing).
  - e. You received funds from a financial institution or sold a least one good/service to a non-family member.
  - f. You received revenue from the sale of goods/services for less than 3 years.
  - g. You had 20% growth in sales of a good/service in 2 years.
  - h. You generated revenue from the sale of a good/service for more than 3 years.
  - i. Other (Please explain)
  - j. < Text box here >
  - k. Prefer not to answer

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- 6) Have you completed the following start-up activities? Select the appropriate box.

	Completed	In progress	Have not started the activity
Developed a scalable product, service, or target market			
Opened a bank account for the start-up			
Established a phone book or internet listing			
Devote full-time to the start-up			

(OMB Control Number: 3245 - XXXX)

Hire an employee			
Purchased materials, supplies, inventory, or components			
Purchased or leased a capital asset			
Began to promote a good or service			
Received income from sales of goods or services			
Established supplier credit			
Initial positive monthly cash flow			
Initiated a business plan			
Developed financial projections			
Sought external funding for the start-up			
Invested own money in the start-up			
Defining market for product or service			
Development of model or prototype of service or product			
Initiated patent, copyright, or trademark protection			
Filed initial federal tax return			
Paid initial federal Social Security payment			
Paid initial state unemployment insurance payment			

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- 7) If you applied for financing for your business in calendar years 20xx, what was the primary reason?
  - a. To start or acquire my business

- b. To expand my business by establishing a new location
  - c. To provide working capital or support cash flow
  - d. For a capital investment
  - e. Other (Please specify)  
<text box>
  - f. Did not apply for financing → go to 11
  - g. Prefer not to answer → go to 11
- 8) Did you obtain new financing for your business in calendar year 2014 and/or calendar year 2015?
- a. Yes → go to 9
  - b. No → go to 11
  - c. Not applicable → go to 11
  - d. Prefer not to answer → go to 11

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- 9) Estimate the total amount of new financing your business obtained from the following sources in calendar year 20xx?

Loan from a commercial bank or credit union	\$____,____.00
Loan from friends or family	\$____,____.00
Line of credit	\$____,____.00
Other debt acquired or investor equity raised (Please specify)	\$____,____.00
<input type="checkbox"/> Prefer not to answer	

- 10) Please specify if you chose “Other debt acquired or investor equity raised” in the previous question.  
<text box>

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- 11) When was your business started or acquired? Please write the year that your business started or was acquired in the space below.

\_\_\_\_\_ year

- 12) Do you conduct business sales online?

- a. Yes
- b. No
- c. Prefer not to answer

- 13) Are you a home-based business?

- a. Yes
- b. No
- c. Prefer not to answer

- 14) Does your business have: (Select all that apply)
- a. Service-disabled, veteran-owned small business certification
  - b. HUBZone certification
  - c. 8(a) certification
  - d. Woman-owned business certification
  - e. Do not know
  - f. Other (Please write)  
< Text box here >
  - g. Prefer not to answer

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- 15) Including yourself and other owners, how many people did you employ at the end of the calendar years (January-December) below? *(Please complete only for the years you operated; leave others blank.)*

**2014**

Number of full-time paid employees (30 hours or more per week) \_\_\_\_\_  
Number of part-time paid employees (fewer than 30 hours per week) \_\_\_\_\_  
Number of independent contractors (including full- or part-time) \_\_\_\_\_

**2015**

Number of full-time paid employees (30 hours or more per week) \_\_\_\_\_  
Number of part-time paid employees (fewer than 30 hours per week) \_\_\_\_\_  
Number of independent contractors (including full- or part-time) \_\_\_\_\_

- 16) How many employees were veterans, members of the National Guard, or members of the Reserves at the end of the calendar years below? *(Please complete only for the years you operated; leave others blank.)*

**2014**

Number of full-time paid employees (30 hours or more per week) \_\_\_\_\_  
Number of part-time paid employees (fewer than 30 hours per week) \_\_\_\_\_  
Number of independent contractors (including full- or part-time) \_\_\_\_\_

**2015**

Number of full-time paid employees (30 hours or more per week) \_\_\_\_\_  
Number of part-time paid employees (fewer than 30 hours per week) \_\_\_\_\_  
Number of independent contractors (including full- or part-time) \_\_\_\_\_

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

**2014:** \$ \_\_\_\_\_

2015: \$ \_\_\_\_\_

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18) What is the legal entity of your business?

- a. Sole Proprietorship
- b. General Partnership
- c. Limited Partnership
- d. Limited Liability Partnership
- e. "C" Corporation
- f. "S" Corporation
- g. Limited Liability Company
- h. Other (Please explain)  
< Text box here >
- i. Prefer not to answer

19) What is the name of your business?

<text box here>

20) What is your business tax identification number?

21) Approximately what percentage of your business is owned by a woman? Please write the percentage in the space below.

\_\_\_\_\_ %

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**Business goals and challenges of a client**

22) Please rank the reasons why you want to start a business? A "1" indicates the most important reasons, and higher numbers indicate less important reasons.

- a. Autonomy (for example: freedom to adapt work activities to personal needs, flexibility in personal and/or family life, and/or being one's own boss)
- b. Wealth (for example: importance of a larger personal income, financial security, and/or greater wealth)
- c. Achievement (for example: importance of higher status, recognition, development of new business ideas, fulfilling a personal vision, and/or ability to influence an organization)
- d. Respect (for example: importance of following the family tradition, following the example of admired persons, respect from friends, and/or a business for one's children)
- e. Other (Please explain)  
< Text box here >
- f. Prefer not to answer

23) Please specify if you chose "Other" in the previous question.



<text box>

24) Before you received VBOC services (for example: counseling or training), what were your overall business goals? Please explain.

< Text box here >

25) Before you received VBOC services, what challenges were you facing that prevented you from achieving your business goals? Please explain.

< Text box here >

26) Before you received VBOC services, what non-VBOC organizations or resources did you use to help you achieve your business goals and needs? (Select all that apply)

- a. Small Business Administration (SBA) district office
- b. Lender
- c. SBA website
- d. U.S. Export Assistance Center (USEAC)
- e. Small Business Development Centers (SBDC)
- f. SCORE Association
- g. Women's Business Centers (WBC)
- h. Local economic development office
- i. Chamber of Commerce
- j. Procurement Technical Assistance Center (PTAC)
- k. Veterans Affairs (e.g. Vocational Rehabilitation and Employment (VR&E) Track 3 (Self-Employment) or Office of Small and Disadvantaged Business Utilization (OSDBU))
- l. Boots to Business 2-day course
- m. Boots to Business 8-week online course
- n. Other (Please specify)  
< Text box here >
- o. Do not know
- p. None
- q. Prefer not to answer

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## VBOC ASSISTANCE

### Learning about VBOCs

27) How did you hear about the VBOC program? Please select all that apply.

- a. Through a friend or family member
- b. Through a military information session
- c. Through a government organization
- d. Through a nonprofit organization
- e. Through a business organization
- f. By searching the Internet
- g. Other (Please explain)

< Text box here >

h. Prefer not to answer

28) Please explain why you visited a VBOC instead of (or in addition to) visiting another business-oriented service provider?

< Text box here >

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**VBOC assessment and services offered**

29) Select all of the Veterans Business Outreach Centers (VBOCs) that you have received services from:

- a. Guam Veterans Business Outreach Center – Tamuning, Guam
- b. Hampton Roads Veteran Business Outreach Center – Norfolk, VA
- c. Louisiana Veterans Business Outreach Center – Jennings, LA
- d. New Jersey Veterans Business Outreach Center – Newark, NJ
- e. New Mexico Veterans Business Outreach Center – Albuquerque, NM
- f. Northeast Veterans Business Outreach Center – Lawrence, MA
- g. New York State Veteran’s Business Outreach Center – Albany, NY
- h. Rocky Boys Veteran’s Association – Box Elder, MT
- i. Seattle Business Assistance Center – Seattle, WA
- j. University of Texas–Pan American – Edinburg, TX
- k. University of West Florida in Pensacola – Lynn Haven, FL
- l. VetBiz Central, Inc. – Flint, MI
- m. Veterans Advocacy Foundation, Inc. – St. Louis, MO
- n. Veterans Business Outreach Center – Fayetteville, NC
- o. Veterans Business Outreach Center IX – Sacramento, CA
- p. Prefer not to answer

30) How did the staff at the VBOC you last visited assess your specific needs and goals before offering particular services to you? What kinds of questions did they ask and information did they want from you before offering advice? Please explain.

< Text box here >

31) To what extent do you agree that the VBOC you visited (on your most recent visit) offered you a range of services relevant to your particular needs and goals?

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree
- f. Prefer not to answer

- 32) Did VBOC staff (on your most recent visit) tell you about other resources (for example: online or organizations in the community) that might assist your business needs and goals during your most recent visit?
- Yes → go to 33
  - No → go to 34
  - Do not know → go to 34
  - Prefer not to answer → go to 34

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- 33) Please list the other resources that VBOC staff has recommended to assist you in your business needs and goals.  
<text box>

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**VBOC services received**

All questions in the table refer to services received in 2014/15:

- 34) **Counseling service** is defined as assistance specific to the needs of a business or individual. Please rank the methods of delivery for **counseling services** according to your preference. A rank of 1 indicates your preferred method.
- Did not receive counseling services
  - One-on-one in-person
  - In a group in-person
  - Online (by email, Skype/webinar, or website)
  - Phone
  - Other (Please explain)
    - < Text box here >
  - Prefer not to answer
- 35) Please specify if you chose “Other” in the previous question.  
<text box>
- 36) **Training service** is an activity or event that delivers a structured program of knowledge on a business-related subject, for at least an hour and attended by two or more clients. Please rank the methods of delivery for **training services** according to your preference. A rank of 1 indicates your preferred method.
- Did not receive training services
  - In a group in-person
  - Online (by email, Skype/webinar, or website)
  - Phone
  - Other (Please explain)  
< Text box here >
  - Prefer not to answer

37) Please specify if you chose "Other" in the previous question.

<text box>

38) Please rank the methods of delivery for **other services** (conference, networking, bootcamp, Boots to Business etc.) by preference. A rank of 1 indicates your preferred method.

- a. Did not receive other services
- b. One-on-one in-person
- c. In a group in-person
- d. Online (by email, Skype/webinar, or website)
- e. Phone
- f. Other (Please explain)
  - a. < Text box here >
- g. Prefer not to answer

39) Please specify if you chose "Other" in the previous question.

<text box>

40) If you visited a VBOC in-person, what was the main reason? Please select all that apply.

- a. Have not visited a VBOC in person
- b. VBOC location was convenient
- c. VBOC hours of operation were convenient
- d. Heard that a VBOC specializes in providing certain services
- e. Heard that a VBOC is useful or effective
- f. Feel more comfortable with face-to-face interactions
- g. Other (Please explain)
  - < Text box here >
- h. Prefer not to answer

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41) To what extent do you agree or disagree with the following statements?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does not apply	Prefer not Answer
<b>The assistance I received from [VBOC name] helped me to:</b>							
Determine the feasibility of my business idea	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Develop a business plan	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Obtain financing	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Start my new business	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Increase my sales	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>

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Increase my profit margin	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Hire new staff	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify_____)	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>

42) Overall, to what extent do you agree that the services that you were provided by a VBOC helped or will help you overcome your challenges and fulfill your business goals?

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree
- f. Prefer not to answer

43) Please explain why you feel that a VBOC helped you or did not help you overcome your challenges and fulfill your business goals.

< Text box here >

44) Please explain any business needs of yours that remain unfilled today.

< Text box here >

45) During or after the time that you received VBOC services, what non-VBOC organizations or resources did you use to help you achieve your business goals and needs? (Select all that apply)

- a. Small Business Administration (SBA) district office
- b. Lender
- c. SBA website
- d. U.S. Export Assistance Center (USEAC)
- e. Small Business Development Center (SBDC)
- f. SCORE Association
- g. Women's Business Center (WBC)
- h. Local economic development office
- i. Chamber of Commerce
- j. Procurement Technical Assistance Center (PTAC)
- k. Veterans Affairs (e.g. Vocational Rehabilitation and Employment (VR&E) Track 3 (Self-Employment) or Office of Small and Disadvantaged Business Utilization (OSDBU))
- l. Boots to Business 2-day course
- m. Boots to Business 8-week online course
- n. Other (Please specify)  
< Text box here >
- o. Did not use any non-VBOC organizations or resources
- p. Do not know
- q. Prefer not to answer

- 46) If you used non-VBOC organizations or resources during or after the time you received VBOC services, did a VBOC refer you to any of them?
- a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer

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**CLIENT SATISFACTION WITH VBOC ASSISTANCE**

- 47) How satisfied are you with the way in which the VBOC assessed your specific needs and goals?
- a. Very satisfied
  - b. Satisfied
  - c. Undecided
  - d. Unsatisfied
  - e. Very unsatisfied
  - f. Prefer not to answer
- 48) Overall, how satisfied are you with the VBOC counseling sessions received?
- a. Very satisfied
  - b. Satisfied
  - c. Indifferent
  - d. Unsatisfied
  - e. Very unsatisfied
  - f. Not applicable / did not receive counseling services
  - g. Prefer not to answer
- 49) Overall, how satisfied are you with the VBOC training sessions received?
- a. Very satisfied
  - b. Satisfied
  - c. Indifferent
  - d. Unsatisfied
  - e. Very unsatisfied
  - f. Not applicable / did not receive training services
  - g. Prefer not to answer
- 50) Overall, how satisfied are you with any other services (conference, network, bootcamp, etc.) that you received from a VBOC?
- a. Very satisfied
  - b. Satisfied
  - c. Indifferent
  - d. Unsatisfied

- e. Very unsatisfied
- f. Not applicable / did not receive other services
- g. Prefer not to answer

51) If you have received assistance from a VBOC at two different points in time, to what extent do you think VBOC assistance has improved overtime?

- a. Significantly improved
- b. Improved
- c. Undecided
- d. Not improved
- e. Significantly not improved
- f. Not applicable
- g. Prefer not to answer

52) Would you consider using the resources at a VBOC in the future?

- a. Yes
- b. No
- c. Do not know
- d. Prefer not to answer

53) Are there any barriers (for example: center hours, service topics, or type of services offered, etc.) that would keep you from using a VBOC in the future?

- a. Yes
- b. No
- c. Do not know
- d. Prefer not to answer

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54) Overall, do you feel that the VBOC staff were knowledgeable and respectful of military culture?

- a. Yes
- b. No
- c. Do not know
- d. Prefer not to answer

55) Please explain what could have made your VBOC experience and the assistance you received better?

- < Text box here >  
 Prefer not to answer

56) Would you recommend the VBOC program to another veteran or veteran spouse?

- a. Yes
- b. No
- c. Prefer not to answer

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**General client demographics**

*Please answer these questions about yourself. Questions will follow concerning one or more co-owners of your company.*

- 57) What is your veteran or military-connected status?
- a. Active duty
  - b. Veteran (active duty, military or National Guard or Reserve component)
  - c. Service-disabled veteran
  - d. Activated National Guard or Reservist
  - e. Military spouse or partner
  - f. Non-veteran (not a veteran or military spouse/partner)
  - g. Not applicable
  - h. Prefer not to answer

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- 58) If you are a veteran **in an active duty component**, what were your years of service?

<text box>

- 59) If you are a veteran **in a National Guard or Reserve component**, what were your years of service?

<text box>

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- 60) Please indicate your current age:

- a. 18-24
- b. 25-34
- c. 35-44
- d. 45-54
- e. 55-64
- f. 65-74
- g. 75+
- h. Prefer not to answer

- 61) What is your gender?

- a. Female
- b. Male
- c. Prefer not to answer

- 62) What is your ethnicity?

- a. Hispanic or Latino



- b. Not Hispanic or Latino
- c. Prefer not to answer

63) What is your race? Select all that apply.

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Other (Please specify)  
<text box>
- g. Prefer not to answer

64) What is your highest level of educational attainment?

- a. High school (grades 9-12, but no degree)
- b. High school graduate (or equivalent)
- c. Some college (1-4 years, but no degree)
- d. Associates degree (for example: including occupational or academic degrees)
- e. Bachelor's degree (for example: B.A., B.S., A.B., etc.)
- f. Master's degree (for example: M.A., M.S., M.Eng., M.S.W., etc.)
- g. Professional school degree (for example: M.D., D.D.C., J.D., etc.)
- h. Doctoral degree (for example: Ph.D., Ed.D., etc.)
- i. Other (Please state)  
< Text box here >
- j. Prefer not to answer

65) What is your current employment status? (Select all that apply)

- a. Employed full-time (30 or more hours per week)
- b. Employed part-time (less than 30 hours per week)
- c. Self-employed
- d. In school or a training program
- e. Active duty military
- f. Unemployed (or not employed but actively looking for work)
- g. Not actively looking for work
- h. Retired
- i. Prefer not to answer

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66) If you are employed (or retired), what is (was) your occupation? Please write your occupation.

<text box>

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67) In which state do you live? Please select your state from the list.  
< List of states here >  
 Prefer not to answer

68) In which city do you live? Please write the city in the space below.  
< Text box here >

69) Do you co-own this company with another person(s)?  
a. Yes  
b. No  
c. Prefer not to answer

70) How many co-owners do you have?  
i. 1  
ii. 2  
iii. 3  
iv. 4 or more

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71) How many of your co-owners are classified by the following veteran or military-connected status? Type in the number of co-owners for each status.

Active duty	
Veteran (active duty, military or National Guard or Reserve component)	
Service-disabled veteran	
Activated National Guard or Reservist	
Military spouse or partner	
Non-veteran (not a veteran or military spouse/partner)	

72) Do you have any additional comments about the VBOC services you have received?  
< Text box here >