

**Appendix A1. WBC Client Outcome Survey- English**



***Women's Business Center Client  
Outcome Survey***

English Version

*April 2019*

Sponsored by:

U.S. Small Business Administration

## INTRODUCTION

We appreciate you taking a few minutes to answer some brief questions about the assistance you received from the [WBC Name] during calendar year 2017. This survey is intended to solely focus on your experience in 2017, not 2018. This is to allow lag time needed to measure the impact on your business outcomes.

The Small Business Administration has contracted with a private research firm, 2M Research (2M), to develop and administer this survey. All responses to these questions are voluntary. The data will be held in strict confidence and reported only in the aggregate without identifying any individual respondent. Individual data will be maintained by 2M and SBA. It will not be released to the [WBC name], to other government agencies, or to other private firms.

If you have any questions about this study or would like to complete the survey over the phone, please contact the study team by email at [womensbusiness@2mresearch.com](mailto:womensbusiness@2mresearch.com) or by phone at 1-800-XXX-XXXX (toll-free) from 9:00 a.m. to 4:00 p.m. CST Monday through Friday. If you call outside of this time, please leave a message and we will return your call the following business day.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Small Business Administration, Director, Records Management Division, 409 3rd St., S.W., Washington, DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Building, Room 10202, Washington, DC 20503

## INSTRUCTIONS

You may move forward through the questions by clicking on the **“Next”** button on the bottom right of the screen, and you may always go back and change an answer by clicking on the **“Back”** button on the bottom left. Your answers will automatically save as you click forward to move on to the next question. Hovering your cursor over highlighted text will show more information about the term.

If you would like to exit the survey, click on the **“X”** on the top right and come back a later time. The survey can be accessed at a later time by clicking on the survey link that was provided to you in the email notifying you of the survey.

When you reach the end of the survey, click **“Submit.”**

**ASSISTANCE RECEIVED**

1. When did you first contact the [WBC name]?

\_\_\_\_\_ [year drop down selection]

2. What type of business assistance or training did you receive through the [WBC name] during 2017?

*Select all that apply*

- Classroom training
- Online training
- One-on-one counseling
- Referral or connection to an affiliate of the [WBC name] for consultation, coaching, etc.
- None
- Other [ANSWER Q2a]

2a. Please describe the other type of business assistance or training you received through the [WBC name].

3. Please estimate how many total hours of business assistance and training you received during 2017.

- Less than 1 hour
- 1–2 hours
- 3–5 hours
- 6–8 hours
- 9–10 hours
- More than 10 hours

4. Did you receive business assistance or training through other organizations during 2017?

*Select all that apply*

- Yes, a Small Business Development Center
- Yes, a SCORE chapter
- Yes, Other [ANSWER Q4a]
- No
- Do not know

4a. Please provide the name(s) of the other organization(s) you received business assistance or training through during 2017.

5. Have you received business assistance or training through the [WBC name] or another organization since 2017?
- Yes
  - No
  - Do not know

**ASSISTANCE IMPACT**

6. As a result of the assistance or training you received through the [WBC name], have you changed any of your business decisions, practices, or strategies?
- Yes
  - No
  - Do not know

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

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
<b>My experience with the [WBC name] helped me to:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Increase my confidence						<input type="checkbox"/>
Access a trusted advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase my self-sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start/increase my savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider growing my business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase my household income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. To what extent do you agree or disagree with the following statements? *If you have not yet started or had sought assistance to close or sell your business, please skip to question 9.*

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
<b>The assistance I received from the [WBC name] helped me to:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Start my business						<input type="checkbox"/>
Increase my sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase my profit margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hire new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, if any [ANSWER 8a]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8a. Please Specify Other

9. Overall, how helpful were the services you received through the [WBC name]?

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

10. Would you recommend the [WBC name] to a friend or business associate?

- Yes
- No

**GETTING STARTED**

11. When you sought assistance from the [WBC name] in 2017, were you:  
*Hover over options for more information.*

- Just considering a business idea [GO TO Q14]
- In the process of starting or acquiring a business [GO TO Q14]
- Already in business

12. When did you start or acquire your business?

\_\_\_\_\_ [year drop down selection]

13. In the year selected above, what month did you start your business?

\_\_\_\_\_ [month drop down selection] [GO TO Q16]

Do not know [GO TO Q16]

14. Did you start or acquire your business during or since 2017?

Yes [GO TO Q16]

No

15. If you are no longer actively engaged in starting this business, what is the primary reason?

Personal circumstances (e.g., health reasons, no longer interested) [GO TO Q23]

Lack of time [GO TO Q23]

Inadequate business assistance or training from the [WBC name] [GO TO Q23]

Insufficient start-up capital [GO TO Q23]

Business (idea) was not financially viable [GO TO Q23]

Other [ANSWER Q15a]

I am still actively engaged in starting this business [GO TO Q23]

15a. Please describe the other primary reason. [GO TO Q23]

16. Are you currently operating this business?

Yes [GO TO Q18]

No

17. 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 [ANSWER Q17a]

17a. Please Specify Other

18. Which of the following best describes the industry or sector of your business?



- Personal service (e.g., salon, computer repair, wedding planning)
- Professional service (e.g., accounting, management consulting, technology)
- Educational service (e.g., school, trade program, test preparation service)
- Social assistance and healthcare (e.g., day care, youth services, community food services, health services)
- Construction (e.g., plumbing, electrician, construction)
- Retail trade (e.g., clothing, florist, convenience store, car dealer)
- Hospitality, art, entertainment (e.g., restaurant, lodging, event promotion, performing arts)
- Manufacturing (e.g., food, furniture, clothing)
- Other [ANSWER Q18a]

18a. How would you best describe your industry or sector?

19. Which of the following best describes the primary geographic location of your business?
- Rural area
  - Urban area
  - Suburban area

#### **BUSINESS STATISTICS**

20. Were you operating your business during any part of 2017 or 2018?
- I was operating my business for all or parts of BOTH 2017 and 2018.
  - I was operating my business for all or parts of 2017 only.
  - I was operating my business for all or parts of 2018 only.
  - I was not operating my business during any part of 2017 of 2018.
21. What was the approximate gross sales revenue of the business during each of the calendar years below? Please complete only for the years you operated; leave others blank.

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**2017:** \$ \_\_\_\_\_  
**2018:** \$ \_\_\_\_\_

22. At the end of the following calendar year(s) how many paid employees (including paid owners) did the business have?

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

	Number of full-time paid employees (35 hours or more per week)	Number of part-time employees (fewer than 35 hours per week)	Number of independent contractors (including full- and/or part-time)
2017	<input type="text"/>	<input type="text"/>	<input type="text"/>
2018	<input type="text"/>	<input type="text"/>	<input type="text"/>

23. If you applied for new debt or equity financing (e.g., a loan) for your business in 2017 or 2018, what was the primary reason?

- To start or acquire my business
- To accommodate growth in my business
- To support cash flow
- To replace a capital asset
- Other [ANSWER Q23a]
- I did not apply for new financing [GO TO Q26]

23a. Please describe the other primary reason you applied for financing for your business in 2017 or 2018.

24. Did you obtain new debt or equity financing for your business in 2017 or 2018?

- Yes
- No [GO TO Q26]

25. Estimate the total amount of new debt or equity financing your business obtained from the following sources in 2017 and 2018.

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Small Business Administration (SBA) guaranteed loan (e.g., 7(a), disaster)	\$____,____.00
Non-SBA loan from the [WBC name] partner organization	\$____,____.00
Non-SBA loan from a <u>commercial</u> bank or credit union	\$____,____.00
Non-SBA loan from a <u>community</u> lender or non-bank	\$____,____.00
Non-SBA loan from an <u>online</u> lender (e.g., Lending Club)	\$____,____.00
Non-SBA loan from <u>friends or family</u>	\$____,____.00
<u>Other</u> debt acquired or investor equity raised [ANSWER Q25a]	\$____,____.00

25a. If other new debt was acquired or investor equity was raised, please describe.

#### BACKGROUND INFORMATION

26. Please indicate your gender:

- Female
- Male

27. Which best describes your military experience:

- No military, Reserve, or National Guard experience
- Veteran
- Service Disabled Veteran
- Active Military
- National Guard or Reservist
- Retired or not currently active military, Reserve, or National Guard

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

- Yes
- No

29. Please indicate your race or origin:

*Select all that apply*

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

30. Please indicate your current age:

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

31. At the time that you first sought services from the [WBC name], what was your employment status?

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

32. At the time that you first sought services from the [WBC name], how many adults and children were living in your household?

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

33. At the time that you first sought services from the [WBC name], what was your approximate total household income?

- Less than \$12,000
- \$12,000–\$16,000
- \$16,001–\$20,000
- \$20,001–\$24,000
- \$24,001–\$50,000
- More than \$50,000

**WRAP-UP**

34. Is there anything else you would like to share about yourself, your business, your experience with the [WBC name], or ways to improve the program?

**Thank you for participating in the survey. Please click “Submit.”**