



## BOOTS TO BUSINESS ENTREPRENEURSHIP SURVEY

**USE OF INFORMATION** This survey is to be completed by individuals who have participated in the Boots to Business courses offered by the Small Business Administration (SBA).

This survey is being conducted to gather information from military service members, veterans, and families about their experiences after attending an SBA Boots to Business entrepreneurship program. SBA is collecting information to improve its program offerings and understand entrepreneurship experiences and long-term outcomes. We are collecting information from you now, one year post-class, and we will contact you again in four years for another follow-up. **Your feedback is extremely valuable**, and the survey should only take approximately 10 minutes.

**CONFIDENTIALITY** Your responses are voluntary, and you may exit the survey at any time. **All responses will be kept confidential.** Information will be compiled together and analyzed as a group and will not be directly identifiable to you.

**CONTACT** If you have questions or concerns about the survey or your rights as a participant, please contact the Boots to Business team at (844) 610-VET1 or [boots-to-business@sba.gov](mailto:boots-to-business@sba.gov).

**Please Note:** All information provided is protected to the extent permitted by law, including the Privacy Act of 1974, 5 U.S.C. 552a and the Freedom of Information Act (FOIA), 5 U.S.C. 552. SBA maintains your personal information in the agency's Privacy Act Systems of Records, SBA 5 -- "Business and Entrepreneurial Initiatives for Small Businesses." This system of record notice (SORN) identifies why and to whom SBA will routinely disclose the information you provide.

Under the Paperwork Reduction Act, you are not required to respond to any collection of information (i.e., this survey) unless it displays a currently valid OMB Control Number. This collection has been assigned OMB Control Number 3245-0390. The estimated time for completing this survey is 10 minutes per response. Comments on the estimated time, including suggestions for reducing the time, should be sent to: U.S. Small Business Administration, 409 3<sup>rd</sup> Street SW, Washington, D.C. 20416 and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

**Thank you in advance for your participation!**

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### **AUTHORIZATION**

Please select "I Agree" below if:

- You have read and understand the above information
- You voluntarily agree to participate
- You are at least 18 years of age

☐ I Agree

☐ I Do Not Agree → **Exit Survey**



Please answer the following questions. Your feedback is extremely valuable and helps us understand the impact of the Boots to Business program!

1. Do you believe the Boots to Business/Reboot training program provided you a proper overview of the necessary skills required to start a business?

- ☐ Yes  
☐ No  
☐ Unsure  
☐ Choose not to answer

2. To what extent do you **agree** or **disagree** with each of the following statements about Boots to Business or Reboot?

	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree	Not Applicable
The training program increased my knowledge and understanding of small business ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training program increased my knowledge of federal contracting opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training program increased my interest in small business ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training program increased my confidence in starting a small business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training program increased my motivation for starting a small business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. As a result of taking Boots to Business or Reboot, you (Select all that apply):

- ☐ A. Decided entrepreneurship is not the right path for you at this time → **Skip to #13**  
☐ B. Launched a new business  
☐ C. Continued to grow a business you had prior to taking the course  
☐ D. Enrolled in an online follow-on course through the Institute for Veterans & Military Families (IVMF) and/or Mississippi State University (MSU)

*Note: These courses include Business Fundamentals, Market Research, and Revenue Readiness*

- ☐ E. Sought counseling and/or mentorship from an SBA District Office  
☐ F. Sought guidance from an SBA Resource Partner

*Note: SBA Resource Partners include SCORE, Veterans Business Outreach Centers (VBOC), Small Business Development Centers (SBDC), and Women's Business Centers (WBC)*

- ☐ G. Applied for small business funding through an SBA Capital Access program  
☐ H. Pursued higher education in business administration/entrepreneurship  
☐ I. None of the above  
☐ J. Choose not to answer



**SKIP LOGIC: If #3 = B**

4. Approximately how long after taking Boots to Business or Reboot did you start your business?
- ☐ 0-6 months
  - ☐ 6-12 months
  - ☐ 1-2 years
  - ☐ 2-3 years
  - ☐ 3+ years
  - ☐ Choose not to answer

**SKIP LOGIC: If #3 = B or C**

5. What was your path to business ownership? (Select one)
- ☐ New business creation
  - ☐ Purchased an existing business
  - ☐ Employee-to-ownership
  - ☐ Family business
  - ☐ Purchased a franchise
  - ☐ None of the above
  - ☐ Choose not to answer

**SKIP LOGIC: If #3 = B or C**

6. Is your business currently in operation?
- ☐ Yes
  - ☐ No → **Go to #13**
  - ☐ Choose not to answer

**SKIP LOGIC: If #3 = B or C**

7. How many employees work for your business? (Including yourself as an employee)
- ☐ 1
  - ☐ 2-10
  - ☐ 11-50
  - ☐ 51+
  - ☐ Choose not to answer

**SKIP LOGIC: If #3 = B or C**

8. How many veterans and/or military spouses work for your business? (Do not include yourself)
- \_\_\_\_\_
- ☐ Unsure
  - ☐ Choose not to answer

**SKIP LOGIC: If #3 = B or C**

9. Does your business pursue government contracting opportunities?
- ☐ Yes
  - ☐ No → **Skip to #13**
  - ☐ Choose not to answer



**SKIP LOGIC: If #3 = B or C and #9 = Yes**

10. Is your business officially designated in any of the following? (Select all that apply)

- ☐ HUBZone Program
- ☐ 8(a) Business Development
- ☐ Mentor-Protégé Program
- ☐ Women-Owned Business
- ☐ Veteran-Owned Business
- ☐ Service-Disabled Veteran-Owned Business
- ☐ Small Disadvantaged Business
- ☐ Alaskan-Owned Corporation
- ☐ Native Hawaiian-Owned Corporation
- ☐ None of the above
- ☐ Choose not to answer

**SKIP LOGIC: If #3 = D, E, F, G, H, I, or J**

11. Do you eventually plan to start a business?

- ☐ Yes
- ☐ No → **Skip to #13**
- ☐ Choose not to answer

**SKIP LOGIC: If #3 = D, E, F, G, H, I, or J and #11 = Yes**

12. When do you plan to start a business?

- ☐ Within the next 6 months
- ☐ Within 6-12 months
- ☐ Within 1-2 years
- ☐ In 2+ years
- ☐ Unsure
- ☐ Choose not to answer

13. Do you have any additional feedback about your experience in Boots to Business/Reboot?

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14. Which service branch are you affiliated with? (Select one)

- ☐ Air Force
- ☐ Army
- ☐ Coast Guard
- ☐ Marine Corps
- ☐ Navy
- ☐ Choose not to answer

15. What is your current service status? (Select one)

- ☐ Active Duty
- ☐ Reserve
- ☐ National Guard
- ☐ Separated
- ☐ Retired
- ☐ Spouse of Member/Veteran → **Skip to 17**
- ☐ Choose not to answer

**SKIP LOGIC: If #15 = Spouse, skip to #17**

16. Rank:

- ☐ E1-E5
- ☐ E6-E9
- ☐ W1-W5
- ☐ O1-O3
- ☐ O4-O6
- ☐ Choose not to answer

17. Sex:

- ☐ Male
- ☐ Female
- ☐ Choose not to answer

18. Race and Ethnicity:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Choose not to answer



19. Age:

- ☐ 18-20
- ☐ 21-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60 or older
- ☐ Choose not to answer

#### AUTO-POPULATED FIELDS

The following fields will be automatically populated into the database once the survey is completed:

- Participant ID (Each participant will be assigned a Participant ID in the CRM. The Participant ID will be tied to the survey for accountability of completion, as well as pairing baseline survey to five-year survey.)
- Most recent course completed (Boots to Business or Reboot).
- State or territory in which Boots to Business or Reboot course was completed.
- Installation at which the course was completed.