

B.1.9 Prior Business Ownership

Not including this business, what is the status of the previous business *Owner 1* started most recently?

- ☐ This is the owner's first business
- ☐ Business is still operating, and *Owner 1* still owns it
- ☐ Business is no longer in operation
- ☐ Business was purchased by another company
- ☐ Business was purchased by another individual
- ☐ Other (specify) ↴

B.1.12 Age

What was the age of *Owner 1* as of December 31, 2021?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 45 - 54 |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 55 - 64 |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 65 or over |

B.1.1 Sex

What is the sex of *Owner 1*?

☐

Male

☐

Female

OWNER GENDER IDENTITY

What is Owner X's gender? *Select all that apply.*

- ☐ Woman
- ☐ Man
- ☐ Transgender
- ☐ Nonbinary
- ☐ They use a different term: (specify) _____
- ☐ Don't Know

OWNER SEXUAL ORIENTATION

Which of the following does Owner X consider themselves to be? *Select all that apply.*

- ☐ Straight or heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ They use a different term: (specify) _____
- ☐ Don't Know

B.1.14 U.S. Citizenship

Is *Owner 1* a citizen of the United States?

☐

Yes

☐

No

B.1.15 Owner Disability

Does *Owner 1* have a physical or mental impairment that substantially limits one or more of his/her major life activities? For this survey, major life activities can include both those in everyday and professional life.

☐

Yes

☐

No

☐

Don't know

B.1.5 Military Service Disability

Is *Owner 1* disabled as the result of illness or injury incurred or aggravated during military service?

☐

Yes

☐

No

B.1.16 Reasons for Owning the Business

How important to *Owner 1* is each of the following reasons for owning this business?

Select one for each row.

| | Very Important | Somewhat Important | Not Important |
|---|--------------------------|--------------------------|--------------------------|
| Wanted to be my own boss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance work and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunity for greater income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Best avenue for my ideas / goods / services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to find employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working for someone else didn't appeal to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Always wanted to start my own business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An entrepreneurial friend or family member was a role model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wanted to carry on the family business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wanted to help and/or become more involved in my community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) ↴ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |