Small Business Overview Survey

Name: __________________________________________

Business Name: _________________________________

Phone Number: __________________ Fax Number: __________________

Mailing Address: _____________________________________________________________

Website: __________________ Email: __________________

Note: This survey is designed to help you gain clarity and understanding about where you are today in your business, and your goals, priorities, and ownership/business management style, as well as more specific questions relating to your business. Please be as open and honest as you can. If you would like support to grow your business, contact Kathy Caprino to request a 15-minute free Strategy Call to explore her marketing coaching programs and services.

Your Business

1. What type of business are you in?
   □ Professional Service □ Manufacturing □ Retail □ Wholesaler/Distributor
   □ Other __________________________

2. Please list the specific types of products and/or services you provide for your customers.

3. Are there other service areas you excel in, that you’re not currently marketing or delivering? What are they?

4. How long have you been in business?

5. How did you acquire this business?
   □ Started □ Bought existing □ Franchised □ Inherited
   □ Other __________________________

6. What is the legal structure of your business?
   □ Sole Proprietorship □ Partnership □ S-Corporation
   □ C-Corporation □ Limited Liability Company
   □ Other __________________________

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7. Who, other than yourself, is involved in the decision making of your business?

8. Do you have a business plan?

☐ Yes  ☐ No

If yes, how often do you compare and measure your progress to the plan?

☐ Monthly  ☐ Quarterly  ☐ Annually  ☐ Never

☐ Other ________________________________

Your Marketing

1. How do you describe your business/service to others – what is your 30-second “elevator pitch?”

2. Why would a customer buy from you and not your competition? What makes you stand out from the competition?

3. What emotional benefit and emotional outcome do you offer your clients that your competition doesn’t?

4. What is your biggest marketing challenge?

5. Do you have a marketing plan?

☐ Yes  ☐ No

6. How do you generate leads for your business? Please provide estimated percentages on the following:

- Yellow Pages _____%  Radio _____%  Daily Newspaper _____%
- Local Paper _____%  Television _____%  Telemarketing _____%
- Direct Mail _____%  Catalogs _____%  Face to face calling _____%
- Referrals _____%  Flyers _____%  Magazine Ads _____%
- Walk-Ins _____%  Social Media _____%  Online Avenues (blog, ads, etc.) _____%

☐ Other ______

7. What is your annual marketing budget?

8. What is your conversion rate (i.e., what % of leads actually buy from you)?

9. Is your conversion rate estimated or measured?
10. How do you determine your sales price for your products and services?

11. When was the last time you increased your prices? Why?

12. How do your prices compare to your competition?

13. How does your product/service compare to your competition?

14. What are the marketing strategies you use to expand your community, visibility, and your influence? (newsletter, blog, social media, speaking, etc.)

Your Customers

1. Do you keep a computer database of your customers/clients?  
   - Yes  
   - No

2. Please describe your top market groups. Use as much demographic data as you know (e.g. consumers - gender, age, income, etc. Businesses - industry, size, location, etc.)

3. Who is your IDEAL client or customer – who do you LOVE to work with/serve, and who loves working with/being served by you. Describe them below.
   
   **Demographics** (age, income, business, interests, etc.):

   **Geographics** (where they live – city, state, country):

   **Psychographics** (interests, lifestyle, personality traits, cultural background, etc.)

4. What problems or challenges (in general) do your products/services help solve for your clients/customers?

5. How many customers/clients do you have (that you would you classify as being “active”?)

6. What is your typical customer/client’s average dollar sale?

7. What is the average number of times/year a customer/client buys your product(s) or service(s)?

8. Which of the following do you use to keep in contact with your customers? What percent of your customers receive:

   - Letter _____%  
   - Newsletters _____%  
   - Event Invitations _____%  
   - Invoices _____%  
   - Phone Calls _____%  
   - Thank you cards _____%
Your Goals

1. What revenues and profits has your business generated in the past 3 years and what do you project for the current year? If you do not have 3 years history, just include the years you do have.

   Projected 2012: Revenue _____ Profit _____
   2013: Revenue _____ Profit _____
   2014: Revenue _____ Profit _____
   2015: Revenue _____ Profit _____

2. What percent growth do you expect to see in the next 12 months?

3. How do you see this growth being achieved?

4. If you had one wish for your marketing in the next 30 days, what would that be?

5. I have the following documents in writing: (Please check all that apply)

   - Mission Statement
   - Vision Statement
   - Culture Statement
   - Organization Chart
   - Unique Selling Proposition (USP)
   - Business Goals
   - Personal Goals

6. Where do you want your business to be in three years?

   Total Annual Revenue:

   Your net income:

   Number of clients/customers:

   Types of services/products offered:

   # of Staff:

   #/Types of Partners:

   Other milestones/achievements:

   Do you want to sell your business eventually?
You as a Business Owner

1. What percent of your time, on average do you devote to the following activities:

   ____ % Strategic Planning  
   ____ % Business Development and Marketing  
   ____ % Day to day operational or tactical requirements  
   ____ % Trouble-shooting and fighting fires  
   ____ % Other ________________________________

2. Do you have an exit strategy?  Yes  No  
   If yes, when do you plan to exit your business and how?

3. Please describe your strengths as a business owner.

4. What do you struggle with most, in achieving a profitable and enjoyable business? (Check all that apply)

   _ Not Enough Time  
   _ Generating Income  
   _ Managing my finances and money  
   _ Attracting New Clients and business  
   _ Pricing and Service Packaging  
   _ Traditional Marketing (copy, brochures, flyers, ads, etc.)  
   _ Online marketing (social media, online ads, etc.)  
   _ Publicity and PR  
   _ Web presence  
   _ Public Speaking  
   _ Managing staff  
   _ Determining my competitive advantage  
   _ Running the administrative functions of my business  
   _ Managing my business effectively  
   _ Building great partnerships and affiliations  
   _ Planning and envisioning where I want to go with my business  
   _ Work/Life Balance  
   _ Getting Support from Family, Friends  
   _ Receiving the training/education I need to stay current  
   _ Other______________________________

5. According to the book *E-Myth Revisited* by Michael Gerber (a must-read for all entrepreneurs!), there are three dimensions or roles that must be successfully executed for any business to be successful:
**Technician** – one who performs the actual work  
**Manager** – one who manages the processes, staff, and endeavors  
**Visionary** – one who leads, envisions and strategizes for the company

Which one role are you most comfortable performing?

Who is performing the other roles, if anyone?

6. Please describe the areas where you need improvement as a marketer and business owner.

7. What are the biggest frustrations you have with your business?

8. What parts of your business do you enjoy MOST or find the most rewarding?

9. What parts of your business do you enjoy LEAST or find the least rewarding?

10. How many hours per week do you currently work on average?__________
    How do you feel about this?

**Your Life Outside of Work**

1. What are your outside interests/hobbies? How do you currently spend time outside of your business?

2. If you had enough time and financial resources to do anything you choose, how would you spend your time outside of your business?

**Your Team**

1. How many employees, on average, have you employed in the past 3 years?
   
   _____ Currently _____ 1 Year ago _____ 2 Years ago

2. Please describe your “ideal” employee.
3. What is your average employee turnover percentage?

4. What compelling reason does a prospective employee have for joining your team? Why would they want to work for you as opposed to one of your competitors?

5. What team or staff challenges are you currently facing on a regular basis?

6. If you could make any changes to your team, what would they be and why?

**Coachability**

1. How coachable are you, in general?
   - [ ] Very
   - [ ] Somewhat
   - [ ] Not At All

2. In what ways do you hope a marketing coach, and Kathy Caprino, in particular, might help you?

3. If there were one thing you could change about your business in the next 90 days, what would it be and why?

4. Is there any additional information you feel would be valuable for our discussion?

**Kudos for taking this first step!** Beginning this process of breakthrough to abundant success will be well worth the effort, as you will soon see! Thank you for investing in yourself and your business! - Kathy Caprino

It’s very important to understand your current situation thoroughly in order to focus on the areas of greatest need and importance to you. If you have any specific questions on your business and the best next steps to build more success and profitability, contact Kathy to request a 15-minute Strategy call.

**Confidentiality Note:**
The information contained in this questionnaire is confidential information intended only for the use of Kathy Caprino and her client providing this information.