

Business Background Questionnaire

Client Details

Business Name: _____ Business Phone: _____
Client Name: _____ Mobile Number: _____
Email Address: _____ Fax Number: _____
Mailing Address: _____ City, State, Zip: _____
Date: _____ Website: _____

Please complete and return this questionnaire as soon as possible by emailing back to my office. This questionnaire is designed to accomplish 2 things: 1) to help me determine if there is a good fit between you and your business goals and my coaching services and 2) to help make our initial coaching session as productive as possible. The questionnaire includes general questions about your goals and ownership/leadership style as well as more specific questions relating to your business. It is important for you to be as honest and accurate as you can.

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. How long have you been in business?

4. How did you acquire this business?

- Started Bought existing Franchised Inherited
 Other _____

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

7. Please describe your main challenges. What holds you back? Be specific.

8. How many hours per week do you currently work on average? _____

How do you feel about this?

Your Marketing

1. Why would a customer buy from you and not your competition? What makes you unique?

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

Internet Search	___%	Radio	___%	Client Referrals	___%
Local Paper	___%	Online Ads	___%	Telemarketing	___%
Direct Mail	___%	Catalogues	___%	Face to face calling	___%
Partners	___%	Flyers	___%	Magazine Ads	___%
Walk-Ins	___%	Other	___%		

3. What is your conversion rate (ie, what % of leads actually buy from you)? _____

4. Is your conversion rate estimated or measured? Estimated Measured

Your Sales 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. Note: This is completely confidential and will not be shared with anyone.

Projected	2016:	Revenue _____	Profit _____
	2015:	Revenue _____	Profit _____
	2014:	Revenue _____	Profit _____
	20__ (Best year):	Revenue _____	Profit _____

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

3. How do you see this growth being achieved?

Yourself 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 _____

On a scale of 1 to 10, please rate your skills (S) and interests (I) in the following key areas with 1 being the least possible and 10 being the highest.

AREA	SKILL	INTEREST
Leadership		
Marketing		
Sales		
Finance		
Operations		
Strategic Planning		
Goal Setting		
Customer Service		
Decision Making		
Employee Development		

2. Please describe your strengths as a business owner.

3. Please describe the areas where you need improvement as a business owner.

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

5. What are your hobbies? How do you currently spend time outside of your business?

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

7. Which statement best describes you? Check one...

- I'm an action oriented person who is most comfortable when in charge.
- I'm a 'people' person who values friendships in my work relationships and likes to build consensus.
- I'm calm and cool under pressure and like to make logical rather than emotional decisions.
- I like to study lots of information before making decisions.

Your Team

1. How many employees, on average, have you employed in the past 3 years?

Currently 1 Year ago 2 Years ago

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

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

Coachability

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

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

Congratulations and thanks for your time...

Thank you for taking the time to complete this questionnaire. It's very important for both of us to fully understand your current situation – that way we can focus on the areas of greatest need and importance to you. If you have any specific questions on any area of the questionnaire, please don't hesitate to contact me at 336-310-0773.

Confidentiality Note:

The information contained in this questionnaire is confidential information intended only for the use of **ActionCOACH** and the person completing this questionnaire. If the receiver of this questionnaire is not the intended recipient, the receiver is hereby notified that any dissemination, distribution, copy or publication of the questionnaire is strictly prohibited.