

Business Census Survey Questions

Contact Verification

- 1 Currently, how many employees do you have?
- 2 How many do you expect to have this time next year?
- 3 May I have your name?
- 4 May I have your title?
- 5 Web Address
- 6 Email collection
- 7 Fax collection

Core Questions

- 8 *How long has your company been in business?*
- Less than 1 year
 - 1 to less than 2 years
 - 2 to less than 3 years
 - 3 to less than 5 years
 - 5 to less than 10 years
 - 10 or more years
 - Don't know/Refused
- 9 *In the next 12 months, is your business considering relocating or expanding your facilities? (able to select one or both)*
- Expanding
 - Relocating
 - Neither
 - Don't know/Refused
- 9A.1** *If Expanding, Will this expansion be...*
- Expansion within your current facility
 - Local but in additional facilities
 - Regional but in additional facilities
 - Out of state
 - Don't know/refused
- 9B.1** *If Relocating, Will this relocation be...*
- Local
 - Within the state of [State]
 - Out of State
 - International
 - Don't know/Refused

9B.2 If relocation, *What is the primary reason for relocating? (choose all that apply)*

- Labor Concerns
- Inadequate Facilities
- Operating/occupancy cost
- Proximity to suppliers/markets served
- Need for improved business climate
- Quality of life concerns
- Transportation/communications concerns
- Regulations
- Other
- Don't know/Refused

10 *Do you consider any of the following to be barriers to the growth of your business? (choose all that apply)*

- Availability of Capital or Credit
- Local Transportation system
- Availability of suitable facilities or room to expand
- Availability of suppliers
- Availability of Qualified Labor
- Taxes and Regulations
- Other
- Don't know/Refused
- None

10.1

If more than one selected above, *Which of those you just mentioned do you consider the most critical barrier to growth?*

10.2 If they name a specific barrier to 10.1 above, *Would you say this barrier is primarily due to the region in which you are located?*

10.2

If 'Availability of Qualified Labor' is selected above, *Which of the following best describes your labor concerns?*

- Availability of skilled labor
- Availability of unskilled labor
- Access to training programs
- Labor costs
- Other
- Don't know/Refused

11 *What benefits do you provide your employees?*

- Medical

- Dental
- Pension
- 401K / SAR/SEP (not asked of Churches)
- Life Insurance
- Stock options
- Cafeteria Plan (Cafeteria Plan allows employee to decide what benefits)
- Other
- None
- Don't Know

11A *Which of the following choices best describes your level of satisfaction with your [benefit plan]?*

- Completely Satisfied
- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Completely Dissatisfied

11B *If a rating of less than 'Very Satisfied' is given for Pension, 401K / SAR/SEP, or medical, For [plan] what is the primary deficiency of your current benefits provider?*

- Customer service
- Cost of services
- Fund Performance (not asked for 'Medical')
- Account manager relationship
- Other
- Don't know

12 *Have you had a change in ownership or executive management in the last 60 days?*

- Yes
- No
- Don't know

13 *How would you describe the level of difficulty you experience in hiring critical occupations?*

- Some difficulty
- Great difficulty
- No difficulty
- Don't know/Refused

13A If 'great difficulty', *Which of the following groups is the most common source of your hiring difficulty?*

- Information technology workers
- Administrative workers
- Sales and marketing workers
- Management workers
- Skilled Line or production workers
- Unskilled workers
- Line or operations supervisors or managers
- Other
- Don't know

14 *Would you describe the impact of the current local economy on your business as?*

- Positive
- Negative
- Neutral
- Don't know/Refused

15 *Are any of your revenues generated by International customers?*

- Yes
- No

15A If yes to 15 above, *What proportion of your revenues are from international customers?*

- [%]
- Don't know/unsure

16 *Was your company profitable last year?*

- Yes
- No
- Non-Profit
- Don't know/Refused

17 Comparing to last year, will this year's revenues be...

- Same
- Greater
- Less
- Don't know/Refused

18 *For this location, approximately, what were your gross sales last year?*

- Less than one million
- One to less than two million
- Two to less than five million
- Five to less than ten million
- Ten to less than fifty million
- 50 million or more
- Non-Profit
- Don't Know/Refused

19 *Does your company lease or own your facility*

- Lease
- Own
- Both
- Don't know

20 *Is the controlling interest for this company located outside of the United States?*

21 *If No to question 20, Is the stock for this company available to the general public?*

Banking

B1 *Which of the following Financial services do you use?*

- Checking Account
- Savings or Investment Account
- Cash Management or Lockbox Services
- Credit Card Processing Services
- Corporate Credit Cards
- Electronic Banking
- Payroll Services
- Lines of Credit
- Equipment Leasing or Financing
- Trade Financing
- Real Estate Loans
- Foreign Exchange
- Other
- Don't know/Refused
- None

B1.A. For the first service provided, ask: " *Who provides this service?*"

B1.B Followed by, " *Are all of your Financial services provided by this company?*"

If yes, don't ask any more "who provides" questions. If no, ask each provided service for source.

B1.C *Which one of these services do you consider the most critical for success?*

- Pick list of previously selected services
- Don't know/Refused

B1.D *Which of the following choices best describes your level of satisfaction with your [SERVICE]?*

- Completely Satisfied
- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Completely Dissatisfied

If a rating of less than 'Very Satisfied' is given for any service, ask:

B1.E *What is the primary deficiency of services provide by your principal financial services provider?* (asked only once and only if any of the scores were below 'Very Satisfied')

- Account Manager Relationship
- Customer Service
- Convenience or location
- Cost of Service
- Quality of products or services
- Amount of credit available
- Other
- Don't know/Refused
- None

If Question **B1** is answered 'Real Estate Loans,' 'Lines of Credit,' or 'Trade Financing':

B1.E *Is your credit and loans with your bank more or less than a million dollars?*

- More
- Less
- Don't Know/Refused

B1.F If more than one provider is selected in B1, ask "*Which one is your Primary Financial Institution?*" (bank)

B1.G *Is this company your primary financial institution mainly because of...*

- Account Manager Relationship
- Customer Service
- Cost of Service
- Location or convenience
- Quality of products or services
- Amount of credit available
- Other
- None

B2 *How long have you been with your Primary Financial Institution?*

- Less than one year
- One to less than two years
- Two to five years
- More than 5 years
- Don't Know / Refused

Insurance Services

F1 *What forms of business insurance coverage does your company have?*

- Workman's Compensation
- Auto
- Employee Liability (not asked of Churches)
- Errors and Omissions (not asked of Churches)
- Business Property and Liability
- Product Liability (not asked of Churches)
- Other
- None
- Don't Know/Refused

F1.A For the first service provided, Ask " *Who provides this service?* "

F1.B Followed by, *Are all your Business Insurance services provided by this company?* If yes, don't ask any more "who provides" questions. If no, ask each provided service for source.

F1.C *Which of the following choices best describes your level of satisfaction with your [SERVICE]?*

- Completely Satisfied
- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Completely Dissatisfied

If a rating of less than 'Very Satisfied' is given for any service, ask:

F1.D *For [READ SERVICE] what is the primary deficiency of your current business insurance provider?*

- Account Manager Relationship
- Customer Service
- Convenience or location
- Cost of Services
- Claims Process
- Other
- None
- Don't know/Refused

F2 *Have you had any claims against any of your business insurance in the last 18 Months?*

- Yes
- No
- Don't know

F2.A *If Yes, Which of the following choices best describes your level of satisfaction with your [SERVICE]?*

- Completely Satisfied
- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Completely Dissatisfied

F2.B *If less than 'Very satisfied', What was the primary deficiency regarding your claim's settlement?*

- Time to settle
- Excessive paperwork
- Unsatisfactory outcome
- Caused coverage price to increase
- Other
- None
- Don't know/Refused

F3 *Are you anticipating an increase or decrease in your business insurance premiums?*

- Increase
- Decrease
- No Change
- Don't Know/Refused

F4 *When was your last comprehensive risk review?*

- Less 6 Months ago
- With the last 6 months to 12 months
- More than a year ago
- Don't Know
- Never

F5. If more than one provider is selected in F1, ask "*Which one is your Primary Insurance Provider?*"

F6 *How long have you been with your primary broker?*

- Less than one year
- One to less than two years
- Two to five years
- More than 5 years
- Don't Know / Refused

Customer Follow-up Questions [sample]

C1 *How much of your business is military defense or homeland defense work?*

- None
- Less than 25%
- 25 to 50%
- 50 to 75%
- 75 to 100%
- Don't know/Refused

C 2 *Are you presently a paying member of the following business advocate organizations?*

| | | | |
|--|-----|----|------------|
| Downtown Partnership | YES | NO | DON'T KNOW |
| Economic Development Corporation | YES | NO | DON'T KNOW |
| Better Business Bureau | YES | NO | DON'T KNOW |
| San Diego Regional Chamber of Commerce | YES | NO | DON'T KNOW |
| Other Local Chamber _____ | YES | NO | DON'T KNOW |
| None of the above | | | |
| Don't know/Refused | | | |

C3 *Which of the business advocacy organizations just mentioned would you say is the most influential in the region?*

- Downtown Partnership
- Economic Development Corporation
- Better Business Bureau
- San Diego Regional Chamber of Commerce
- Other Local Chamber _____
- Don't know/Refused
- None

C4 *How familiar are you with the San Diego Regional Chamber of Commerce?*

- Very Familiar
- Somewhat Familiar
- Have heard of, but not very familiar
- Not aware of its existence