

# BUSINESS ASSESSMENT QUESTIONNAIRE

This questionnaire is intended to help you assess the current status of your business. Every business owner will benefit from this exercise because it will allow him/her to identify strengths and weaknesses and, thereby, act as an aid in decision-making. If you feel uncomfortable sharing some of the information with Ad-Hoc Business Resources, LLC, leave those questions blank, but be sure to keep a completed copy, with totally honest answers, in your files. Update it regularly (review it at least every 6 months – more often if market factors change significantly).

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**COMPANY STATISTICS: (Check all that apply)**

Business Start Date: \_\_\_\_\_ Has business operated continuously since then?  Yes  No  
 Started from scratch  Purchase from another  Inherited  Other \_\_\_\_\_  
 Franchise  Branch  Spin-off of Larger Firm  Employee Acquired Entity  Other \_\_\_\_\_  
 Home-based  Leased Facility  Owned Facility  Shared Office Space  
 Business is Operated:  Full Time  Part-time  12 Months/year  \_\_\_\_\_ Months/year  
 R&D  Service  Manufacturing  Distributor  Consultant  Other \_\_\_\_\_

Your Legal Structure:  Sole Proprietorship  Partnership  LLC  LLP  S Corp  C Corp

Total # of Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Skilled: \_\_\_\_\_ Unskilled: \_\_\_\_\_

Current Level of Your Product/Service Quality:  High  Medium  Low  
 Current Level of Your Customer Satisfaction:  High  Medium  Low  
 Current Level of Your Employee Turnover:  High  Medium  Low  N/A

	Steady	Growing	Declining	Don't Know	Can't Find Info
Are Your Sales	_____	_____	_____	_____	_____
Are Your Profits	_____	_____	_____	_____	_____
Are Your Receivables	_____	_____	_____	_____	_____
Are Your Payables	_____	_____	_____	_____	_____
Is Your Inventory	_____	_____	_____	_____	_____
Is Your Customer Count	_____	_____	_____	_____	_____
Is/are Your Market(s)	_____	_____	_____	_____	_____
Is Your Industry	_____	_____	_____	_____	_____
Is Your Competition	_____	_____	_____	_____	_____
Is Your # of Repeat Customers	_____	_____	_____	_____	_____
Are Your Customer Complaints	_____	_____	_____	_____	_____

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Do you have a written business plan? [ ] Yes [ ] No ..... Is it current? [ ] Yes [ ] No  
 Do you have written cash flow projections? [ ] Yes [ ] No ..... Are they current? [ ] Yes [ ] No  
 Do you have a written marketing strategy? [ ] Yes [ ] No ..... Is it current? [ ] Yes [ ] No  
 Do you calculate your business ratios? [ ] Yes [ ] No ..... How often? \_\_\_\_\_  
 Have you audited your efficiency? [ ] Yes [ ] No ..... Date last audited: \_\_\_\_\_  
 Do you use: A Business Coach/Consultant [ ] Yes [ ] No  
 Public Business Counseling [ ] Yes [ ] No  
 An Attorney [ ] Yes [ ] No  
 CPA [ ] Yes [ ] No  
 Do you have an "Exit Strategy" for your business? [ ] Yes [ ] No  
 Do you keep current information on your competitors? [ ] Yes [ ] No  
 Where do you find this information? \_\_\_\_\_  
 Do you apply effective "time management" techniques to your business operations? [ ] Yes [ ] No

Your credit rating (score) is: [ ] Excellent [ ] Good [ ] Fair [ ] Poor  
 Do you have a [ ] commercial or [ ] SBA loan for your business? [ ] Yes [ ] No [ ] In Process  
 Do you use credit cards to fund your business? [ ] Yes [ ] No What % \_\_\_\_\_  
 Have you borrowed money from family and friends to run your business? [ ] Yes [ ] No  
 Have you used equity investors to fund your business (Angel or VC) [ ] Yes [ ] No \_\_\_\_\_  
 Do you currently qualify for business loans? [ ] Yes [ ] No  
 Do you carry a line-of-credit for your business? [ ] Yes [ ] No  
 Have you been turned down for a loan or line-of-credit? [ ] Yes [ ] No  
 Do you have sufficient funds to operate your business? [ ] Yes [ ] No  
 Are you running out of funds to operate your business? [ ] Yes [ ] No

Are you: [ ] Comfortable [ ] Confused [ ] Overwhelmed with the responsibility of running a business?  
 Have you ever failed at, or closed, a business you owned? [ ] Yes [ ] No  
 Have you ever sold a business you owned? [ ] Yes [ ] No  
 Do you attend business courses, training, seminars, etc? [ ] Often [ ] Seldom [ ] Never  
 Do you want to expand or diversify your business? [ ] Yes [ ] No  
 Are you attempting to save your business from failure? [ ] Yes [ ] No  
 Do you want to sell your business? [ ] Yes [ ] No  
 If so, is it ready for sale? [ ] Yes [ ] No

**Business Skills Assessment:** (Honestly evaluate your skills in the areas listed below with a checkmark)

Skill / Knowledge Area	Strong	Adequate	Weak	Very Weak
Finance / Banking Procedures	[ ]	[ ]	[ ]	[ ]
Accounting / Bookkeeping	[ ]	[ ]	[ ]	[ ]
Cash Flow Management	[ ]	[ ]	[ ]	[ ]
Credit and Collections	[ ]	[ ]	[ ]	[ ]
Management Ability	[ ]	[ ]	[ ]	[ ]
Inventory Control	[ ]	[ ]	[ ]	[ ]
Business Planning	[ ]	[ ]	[ ]	[ ]
Industry Knowledge / Experience	[ ]	[ ]	[ ]	[ ]
Personal Organization	[ ]	[ ]	[ ]	[ ]
Ability / Willingness to Obtain Assistance	[ ]	[ ]	[ ]	[ ]
Market Analysis / Market Planning	[ ]	[ ]	[ ]	[ ]
Analysis of Your Competition	[ ]	[ ]	[ ]	[ ]
Advertising / Public Relations	[ ]	[ ]	[ ]	[ ]
Pricing and Distribution	[ ]	[ ]	[ ]	[ ]
Sales Procedures and Systems	[ ]	[ ]	[ ]	[ ]
Customer Service Procedures	[ ]	[ ]	[ ]	[ ]
Business Legal Issues	[ ]	[ ]	[ ]	[ ]
Tax Compliance	[ ]	[ ]	[ ]	[ ]
Licensing and Regulations	[ ]	[ ]	[ ]	[ ]

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## **BUSINESS ASSESSMENT QUESTIONNAIRE**

**Describe Your Business:** (Your 2-minute elevator speech - - - include target markets, product / service benefits, etc.)

**List Your Competitive Advantages:**

**If applicable, List Your Strengths in:** Engineering, Research and Development, Production, and/or Quality Control.

**Does Your Company Engage in:**  Exporting  e-Commerce  Government Contracting  Military Contracting

Explain:

**Your Quality Certifications:**  ISO  AS-9100  Others: \_\_\_\_\_

In Process \_\_\_\_\_

**List Your Key Concerns About Your Business:**

**List Your Key Concerns About Your Market / Industry:**