

Business Background Questionnaire

Client Details:

Business Name: _____ Office Phone: _____

Client Name: _____ Mobile Phone: _____

Email Address: _____

Mailing Address: _____

Date: _____

Please complete and return this questionnaire as soon as possible by emailing it back to me. 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. This 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 _____

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

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

7. 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:

_____ Radio	_____ Direct Mail	_____ Magazine Advertising
_____ Daily Newspaper	_____ Catalogues	_____ Walk-Ins
_____ Local Paper	_____ Face to face calling	_____ Other
_____ Television	_____ Referrals	
_____ Telemarketing	_____ Flyers	

3. What is your conversion rate (i.e., 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 to anyone.

Projected: _____ Revenue: _____ Profit: _____

_____ Revenue: _____ Profit: _____

_____ 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 and Tactical Requirements

_____ Trouble-shooting and Fighting Fires

_____ Other: _____

2. Please describe your strengths as a business owner: _____

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

- 4. 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.**

Leadership	S_____	I _____
Marketing	S_____	I _____
Sales	S_____	I _____
Finance	S_____	I _____
Operations	S_____	I _____
Strategic Planning	S_____	I _____
Goal Setting	S_____	I _____
Customer Service	S_____	I _____
Decision Making	S_____	I _____
Employee Development	S_____	I _____

- 5. What are the biggest frustrations you have with your own business?** _____

- 6. What are your hobbies? How do you currently spend time outside of your business?**

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

- 8. Which statement best describes you? Tick/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?

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:

**Please fax back before our
appointment to: OR email it to me at:**

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.