

CASE ID: B-|_|_|_|_|

Ethnic Entrepreneurship in Chicago: I

Center for the Study of Urban Inequality
University of Chicago

READ TO RESPONDENTS:

This is a study about success and difficulties of small business owners. It is aimed at identifying those elements that allow small business owners to succeed, as well as those obstacles that prevent them from getting ahead. Your responses will contribute to identify issues that concern business owners. You have been randomly selected to participate in the study. While your participation is voluntary, it is vital to the success of the study. If we should come to any question you do not want to answer, let me know and we will go on to the next question. Feel free to consult any person or records at any time during this interview. You will receive a cash payment of \$25 for your participation in this project. The survey takes about an hour and a half to complete and most people find it pretty interesting.

All the information you give will be held in confidence and will be used for research purposes only. Results of the study will be made public only in summary or statistical form, so that individuals or businesses who participate cannot be identified.

INTERVIEW DATE: |_|_|_|_| |_|_|_|_| 1994
 MONTH DAY

START TIME: |_|_|_|_| |_|_|_|_| AM/PM
 HOUR MINUTES

Contact number:
Coordinating Survey Field Office (312) 702-0785

Section A. Household and Respondent Characteristics

Before we start the interview, I need to list the people who live in your household, and obtain some basic information about each one.

1. First, may I have the names of all the persons who live in your household? Let's start with yourself. IF NECESSARY, READ: A first name or initials are fine. ENTER NAMES IN COLUMN 1 OF THE GRID BELOW.

	(1) NAME	(2) RELATION- SHIP TO R	(3) SEX	(4) AGE	(5) PLACE OF BIRTH	(6) ETHNI- CITY	(7) EMPLOY- MENT
A.	RESP.:	SELF					
B.							
C.							
D.							
E.							
F.							
G.							
H.							
I.							
J.							
K.							

Have I missed anyone, such as new babies or small children, roomers or boarders, or other relatives staying in your household? ENTER ADDITIONAL NAMES IN THE GRID.

Are there any other persons who usually stay there but who are away now on vacation or a business trip, at school, or in the

hospital? ENTER ADDITIONAL NAMES IN HHE GRID.

BOX A-1	ASK QS. 2 THROUGH 7 FOR FIRST NAME LISTED IN THE HOUSEHOLD ENUMERATION ABOVE. ASK A QUESTION FOR EACH MEMBER BEFORE PROCEEDING TO NEXT QUESTION.
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2.FOR ALL EXCEPT R.: How is (NAME) related to you? ENTER IN COLUMN 2 ON HHE GRID.

3.[Are you/Is (NAME)] male or female? ENTER IN COLUMN 3 ON HHE GRID.

4.How old [were you/was (NAME)] at (your/his/her) last birthday? ENTER IN COLUMN 4 ON HHE GRID.

5.In what city and state [were you/was (NAME)] born? IF FOREIGN-BORN, RECORD COUNTRY AS WELL. ENTER IN
COLUMN 5 ON HHE GRID.

6.Which of the categories on this card best describes [your/(NAME)'s] ethnic background? CODE ONE ONLY.

HAND CARD A-1	White or caucasian WRITE 01 ON GRID
	Black or African-American WRITE 02 ON GRID
	Asian or Pacific Islander WRITE 03 ON GRID
	Native American or Alaskan native WRITE 04 ON GRID
	Hispanic/Latino/Chicano WRITE 05 ON GRID
	Other (SPECIFY ON GRID) WRITE 06 ON GRID

7.What is [your/(NAME)'s] current employment status? CODE ONE ONLY.

HAND CARD A-2	A wage or salary worker WRITE 01 ON GRID
	Self-employed or Business Owner..... WRITE 02 ON GRID
	Unemployed WRITE 03 ON GRID
	Unpaid Family Worker WRITE 04 ON GRID
	Retired WRITE 05 ON GRID
	Disabled WRITE 06 ON GRID
	Keeping house WRITE 07 ON GRID
	In school WRITE 08 ON GRID
	Other (SPECIFY ON GRID) WRITE 09 ON GRID

BOX A-2	REPEAT QS. 2 TO 7 FOR NEXT PERSON ON HHE UNTIL YOU HAVE ASKED THEM FOR ALL. THEN CONTINUE BELOW.
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Now I have a few more specific questions about yourself.

8.Are you currently married, living in a marriage-like relationship, widowed, divorced, separated, or have you never been married? CODE ONE ONLY.

Married1

Marriage-like relationship.....	2
Widowed.....	3
Divorced	4
Separated.....	5
Never married	6

9.What is the highest grade or year of regular school that you have completed and gotten credit for? CODE ONE ONLY.

1ST GRADE	01
2ND GRADE	02
3RD GRADE	03
4TH GRADE	04
5TH GRADE	05
6TH GRADE	06
7TH GRADE	07
8TH GRADE	08
9TH GRADE	09
10TH GRADE	10
11TH GRADE	11
12TH GRADE	12
1ST YEAR OF COLLEGE.....	13
2ND YEAR OF COLLEGE.....	14
3RD YEAR OF COLLEGE.....	15
4TH YEAR OF COLLEGE	16
1ST YEAR BEYOND COLLEGE	17
2ND YEAR BEYOND COLLEGE	18
3RD YEAR BEYOND COLLEGE	19
4TH YEAR BEYOND COLLEGE	20

10.What is the name of the highest degree that you have received? CODE ONE ONLY.

HAND CARD A-3	No degree received	00	SKIP TO Q.11
	High school diploma (or equivalent)	01	ASK A
	Associate/Junior College (AA)	02	ASK A
	Licenciatura/"Bachelor of Arts" (BA)	03	ASK A
	Master's Degree (MA,MBA,MS,MSW)	04	ASK A
	Doctoral Degree (Ph.D)	05	ASK A
	Professional Degree (MD, LLD, DDS)	06	ASK A
	Other (SPECIFY).....	07	ASK A

A.In what country did you receive that degree?

COUNTRY: _____|_|_|

11. In what religion were you raised?

Protestant	01	ASK A
Roman Catholic	02	SKIP TO Q.12
Greek or Russian Orthodox	03	SKIP TO Q.12
Jewish	04	SKIP TO Q.12
Muslim.....	05	SKIP TO Q.12
Hindu	06	SKIP TO Q.12
Not raised in any religion/ atheist/agnostic	07	SKIP TO Q.12
Other (SPECIFY).....	08	SKIP TO Q.12

A. What specific denomination is that, if any?

Baptist.....	01
Methodist.....	02
Lutheran.....	03
Presbyterian	04
Episcopalian.....	05
United Church of Christ (UCC).....	06
African Methodist Episcopal	07

12. Is your current religious preference the same?

Yes	1	SKIP TO Q.14
No	2	ASK 13

13. What is your current religious preference?

Protestant	01	ASK A
Roman Catholic	02	SKIP TO Q.14
Greek or Russian Orthodox	03	SKIP TO Q.14
Jewish	04	SKIP TO Q.14
Muslim.....	05	SKIP TO Q.14
Hindu	06	SKIP TO Q.14
Not raised in any religion/ atheist/agnostic	07	SKIP TO Q.14
Other (SPECIFY).....	08	SKIP TO Q.14

A.What specific denomination is that, if any?

Baptist..... 01
Methodist..... 02
Lutheran..... 03
Presbyterian 04
Episcopalian..... 05
United Church of Christ (UCC)..... 06
African Methodist Episcopal 07

14.What is your native language?

English..... 01 SKIP TO Q.15
Other (SPECIFY) 02 ASK A

□□□

A.How well do you feel you speak English? Are you... CODE ONE ONLY.

Very proficient..... 1
Moderately proficient 2
Not proficient..... 3

BOX A-3	DOES THE RESPONDENT SPEAK WITH A... HEAVY ACCENT.....1 MODERATE ACCENT.....2 IMPERCEPTIBLE ACCENT.....3
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15.What language do you usually speak at home? CODE ONE ONLY.

English 1 SKIP TO BOX A-4
English and something else..... 2 ASK A
Something else 3 ASK A

A.What language is that? RECORD VERBATIM.

LANGUAGE: _____ □□□

BOX	SEE R.'s PLACE OF BIRTH ON P.1. IF R. WAS BORN IN THE U.S., SKIP TO Q.17. OTHERWISE ASK Q.16.
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16.In what year did you first come to the United States to live?

19 | | |

BOX	SKIP TO Q.18
-----	--------------

A-5	
-----	--

17. From what countries or parts of the world did your ancestors come? IF NECESSARY, PROBE FOR AREA SMALLER THAN CONTINENT. RECORD UP TO THREE RESPONSES.

1ST MENTION: _____|_|_|

2ND MENTION: _____|_|_|

3RD MENTION: _____|_|_|

18. Since when have you lived in the Chicago area?

SINCE: 19|_|_|

ALL MY LIFE..... 96

19. What is the name of the community or neighborhood in which you live?

COMMUNITY OR NEIGHBORHOOD: _____|_|_|

20. How long have you lived in (READ NAME OF COMMUNITY OR NEIGHBORHOOD FROM Q.19)?

SINCE: 19|_|_|

ALL MY LIFE..... 96

21. Other than the business that we will be talking about, do you have any other ways of making money, such as other businesses, jobs, investments, or something else?

Yes 1 ASK A
No 2 SKIP TO Q.22

A. What are they? PROBE: IF R. NAMES BUSINESS OR PENSION, ASK WHAT TYPE. IF R. NAMES GENERIC INVESTMENT, ASK IF STOCKS, BONDS, OR OTHER.

_____|_|_|

22. Altogether, counting all your work activities, how many hours do you work, per week, on the average?

HOURS PER WEEK

23. Why did you decide to go into business for yourself?

Now let me ask you about your father.

24. What was your father's **main** occupation when you were growing up at home? What exactly were his duties? PROBE FOR DETAIL.

BOX A-6	IF FATHER WAS DISABLED, CHRONICALLY UNEMPLOYED, OR HAD NO OCCUPATION SKIP TO SECTION B. OTHERWISE, ASK A.
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A. Was your father...

HAND CARD A-4	A wage or salary worker	01
	Self-employed	02
	A business Owner	03
	An unpaid family worker	04
	Other (SPECIFY)	05
	_____	<input type="text"/> <input type="text"/> <input type="text"/>

Section B. Entrepreneurial Disposition

Now, I have a few questions about how people think about some common problems.

25. How willing would you be to risk your house and all your possessions in borrowing money to start another business? Would you be... CODE ONE ONLY.

- Not at all willing 1
- Not very willing 2
- Neither willing nor unwilling..... 3
- Somewhat willing 4
- Very willing 5

26. How well does this statement fit you?: "I like challenges. Some of the best times in my life are when my heart beats faster and I am fighting to reach a difficult goal". . . . CODE ONE ONLY.

- It fits me exactly 1
- It fits me quite well 2
- It fits me somewhat..... 3
- It fits me very little..... 4
- It does not fit me at all 5

27. Suppose \$20,000 were suddenly to fall into your lap. For which **one** of the things on this card would you use **most** of the money? CODE ONE ONLY. . . .

- HAND
CARD
B-1

- Buy a new car 01
 - Apply it towards a new house..... 02
 - Buy land..... 03
 - Put it in the bank..... 04
 - Take a long vacation..... 05
 - Donate to my church or favorite charity 06
 - Share it with my friends..... 07
 - Pay off debts 08
 - Invest in a new or existing business..... 09
 - Blow it 10
 - Other (SPECIFY) 11
 - _____

28. Some people who own a business spend most of their time thinking of ways to make it better. Other people who own a business feel it's more like a job and should be kept in its place. On this scale from 1 to 5, with 1 being to keep it in its place and 5 being to think about it all the time, please tell me which number fits you?

CARD B-2	Think about	1	2	3	4	5
	Keep business in its place					

BOX B-1	DID RESPONDENT...
	GIVE ANSWER RIGHT AWAY? .....1
	TAKE TIME TO ANSWER? .....2

Section C. Business History

1. Before we get started with questions about your business, could you briefly tell me the history of your own business activity in general and of the current business in particular. FOLLOW INSTRUCTIONS IN THE GUIDE.

Section D. Labor Activity before the Current Business

1. Have you ever owned any companies --either in the U.S. or elsewhere-- **before** your current business?

Yes 1 ASK A
 No 2 SKIP TO Q.6

A. How many companies were those?

|_|_|_| # OF BUSINESSES

	OLDEST OF 3 BUSINESSES	2ND OLDEST BUSINESS	3RD OLDEST BUSINESS
2. Please tell me about the (last three/three/two) company/ies you owned before the current business. What were their names? (Please start with the oldest business.)	_____	_____	_____
3. What products or services does or did the business provide?	_____ _____ |_|_|_|	_____ _____ |_|_|_|	_____ _____ |_|_|_|
4. Where is or was the business located?	STR.: _____ || STR.: _____ CITY: _____ |||| STATE: _____ || COUNTRY: _____ ||	STR.: _____ || STR.: _____ CITY: _____ |||| STATE: _____ || COUNTRY: _____ ||	STR.: _____ || STR.: _____ CITY: _____ |||| STATE: _____ || COUNTRY: _____ ||
5. What happened to the business?	R sold it.....1 R closed it.....2 R still running it...3 Other (SPEC.)....4	R sold it.....1 R closed it.....2 R still running it...3 Other (SPEC.)....4	R sold it.....1 R closed it.....2 R still running it...3 Other (SPEC.)....4
A. IS THERE AN- OTHER BUSI- NESS TO ASK ABOUT?	_____ YES...1 BACK TO Q.3 NO....2 GO TO Q.6	_____ YES...1 BACK TO Q.3 NO....2 GO TO Q.6	_____ NO....2 GO TO Q.6

6. Now think about the time right before you started, bought or became a partner in the current business. What were your activities at the time? CODE ALL THAT APPLY.

HAND CARD D-1	Self-employed in another business	01
	In school	02
	Worked for someone else in similar business	03
	Worked for someone else in other business	04
	Worked for someone else or relative in current business	05
	Other (SPECIFY) 06	

_____ | | |

BOX D-1	IF 03, 04, OR 05 IS CODED AT Q.6, ASK Q.7. OTHERWISE SKIP TO SECTION E, p.15
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7. What was your relationship to the owner of the business?

_____ | | |

8. What was the ethnic background of the owner? PROBE FOR NATIONAL ORIGIN.

_____ | | |

9. Where was the business located?

CITY: _____ | | | |

STATE: | | | | | | | |

COUNTRY: _____ | | | |

BOX D-2	IF BUSINESS LOCATION WAS CHICAGO, ASK Q.10. OTHERWISE, SKIP TO Q.11.
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10. What was the nearest major intersection?

CORNER OF: _____

AND

_____ | | |

A. What was the zip code there?

| | | | | | | |

11. What was your job title in that business?

_____ | | | |

12. In that job, about how many other people did you supervise who reported directly to you?

|_|_|_|

NONE..... 000

13. How long did you stay in that job?

|_|_| AND |_|_|
YEARS MONTHS

14. In that job, did you acquire any of the skills you currently use in your business?

Yes 1 ASK A

No 2 SKIP TO SEC. E

I already had the skills 3 SKIP TO SEC. E

A. What are some of those skills you acquired at that job?

_____ |_|_|

_____ |_|_|

_____ |_|_|

Section E. Current Business: Location and Startup

Now I would like to ask you about your current business. (IF MORE THAN ONE CURRENT BUSINESS, READ: By "current business" I mean the most important or main business you currently own.)

1.What is the name of this business?

2.In what month and year did you start or acquire this business?

____|____| 19 ____|____|
MONTH

3.How did you first acquire this business? Was it... CODE ONE ONLY.

Bought or invested in..... 01 ASK A
Started by you 02 SKIP TO Q.4
Inherited 03 SKIP TO SEC. F
Given to you 04 SKIP TO Q.4
or Something else (SPECIFY)..... 05 SKIP TO Q.4
_____|____|

A.How did you acquire or take over the business?

_____|____|

B.How did you learn that this business was available?

_____|____|

4.Is this business a franchise?

Yes 1

No 2

5.How many locations, besides this one, does this business have?

____|____|

IF 0 LOCATIONS SKIP TO Q.7

6. Where are they located? IN CHICAGO, PROBE FOR NEAREST MAJOR INTERSECTION.
ELSEWHERE, RECORD CITY AND STATE.

A. _____ |__| |__| |__| |__|
B. _____ |__| |__| |__| |__|
C. _____ |__| |__| |__| |__|

7. How did you choose the location for this business?

_____ |__|

8. What products or services does your business provide?

_____ |__|
_____ |__|
|__|

9. Are these the products and services this business has always provided?

Yes 1 SKIP TO Q.11

No 2 ASK Q.10

10. What services or products did this business use to provide?

_____ |__|
_____ |__|
|__|

11. Is your principal product or service oriented toward a specific ethnic group?

Yes 1 ASK A

No 2 SKIP TO Q.12

A. For which ethnic group are your products or services oriented?

_____ |__|

12. Now I would like to ask you about the start-up capital you and your partners needed to begin this business.
About how much money did you need for... ASK FOR A-G.

A. Rent \$ _____

B. Equipment \$ _____

C. Wages \$ _____

D. Inventory \$ _____

E. Other (SPECIFY) \$ _____

F. Other (SPECIFY) \$ _____

G. Other (SPECIFY) \$ _____

TOTAL \$ _____

CARRY OVER
TOTAL TO
PAG.16

13. The figures you just gave me add up to (READ TOTAL FROM Q.12). Is that about right?

Yes 1

No 2

14. How much of your start-up capital did you obtain from each of the following sources?

HAND
CARD
E-1

A. Loans

A1. Bank loan \$ _____

A2. Private lenders \$ _____

A3. Mortgage \$ _____

A4. Government program (SPECIFY: _____) \$ _____

A5. Borrowed from immediate family
(spouse, son, daughter, parents) \$ _____

A6. Borrowed from other relatives
(cousin, aunt, uncle) \$ _____

A7. Borrowed from friends or business
associates (informally) \$ _____

A8. Supplier's credit \$ _____

A9. Ethnic associations (SPECIFY: _____) \$ _____

A10. Other private sources (foundations) \$ _____

B. Gifts

B1. Gift from immediate family
(spouse, son, daughter, parents) \$ _____

B2. Gift from other relatives \$ _____

B3. Gift from friends \$ _____

C. Partners' Contribution \$ _____

D. Personal Resources

D1. Personal savings \$ _____

D2. Credit cards \$ _____

E. Otros

E1. Investment from venture company \$ _____

E2. "Factoring company" \$ _____

E3. Other \$ _____
TOTAL:\$ _____

TOTAL FROM OTHER SIDE

BOX E-1	CHECK TOTAL AT Q.12 AND AT Q.14. IF DIFFERENCE IS MORE THAN 10%, REVIEW BOTH QUESTIONS WITH RESPONDENT AND CORRECT.
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BOX 1	IF NO LOANS WERE REQUESTED, ASK Q.15 OTHERWISE SKIP TO Q.15C .
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15.Did you **try** to get a loan or some type of financial assistance, when you started your **current** business?
Yes 1 ASK A

No 2 SKIP TO Q.40, P.23

A.What was the result of the request?

Granted1 ASK B
Turned down..... 2 SKIP TO Q.32, P.22
Other (SPECIFY)..... 3 ASK B

B.What type of financial assistance did you get? Was it...

a loan..... 1 ASK C
a gift..... 2 SKIP TO Q.41, P.22
something else (SPECIFY)..... 3

C.Among the loans you received, you named (READ THREE LARGEST LOANS). Please give me a name or initial to refer to each of the three institutions or persons who provided you with most of the funds. RECORD NAME OF UP TO THREE LENDERS ON TOP LINE OF GRID ON P.19. THEN ASK Q.16 THROUGH Q.24A FOR EACH LENDER.

	LENDER #1	LENDER #2	LENDER #3
	NAME: _____	NAME: _____	NAME: _____
16. Why did you choose this source of funds?	_____ _____ _____ [] []	_____ _____ _____ [] []	_____ _____ _____ [] []
17. Where is (LENDER) located?	ST.: _____ [] [] ST.: _____	ST.: _____ [] [] ST.: _____	ST.: _____ [] [] ST.: _____
18. Was the person or institution you dealt with of your same ethnic group?	CITY: _____ [] [] [] STATE: _____ [] [] COUNTRY: _____ [] []	CITY: _____ [] [] [] STATE: _____ [] [] COUNTRY: _____ [] []	CITY: _____ [] [] [] STATE: _____ [] [] COUNTRY: _____ [] []
A. What is their ethnic background?	Yes.....1 SKIP TO Q.19 No.....2 ASK A	Yes.....1 SKIP TO Q.19 No.....2 ASK A	Yes.....1 SKIP TO Q.19 No.....2 ASK A
19. Was that person or institution related to you or your family?	_____ [] [] _____ [] []		_____ [] []
A. How is that person related to you?	Yes...1 ASK A No....2 SKIP	Yes...1 ASK A No....2 SKIP	Yes...1 ASK A No....2 SKIP
20. What was the rate of interest for your loan?	TO Q.20	TO Q.20	TO Q.20
A. Why was the loan free of interest?	_____ [] []	_____ [] []	_____ [] []
	_____ [] [] % IF 00 ASK A OTHERWISE SKIP TO Q.21	_____ [] [] % IF 00 ASK A OTHERWISE SKIP TO Q.21	_____ [] [] % IF 00 ASK A OTHERWISE SKIP TO Q.21
	_____ _____ [] [] _____ [] []	_____ _____ [] [] _____ [] []	_____ _____ [] [] _____ [] []
	GO TO Q.21	GO TO Q.21	GO TO Q.21

21. Was a specific amount of time agreed upon to repay the loan?	Yes.....1 ASK A No.....2 SKIP TO Q.22	Yes.....1 ASK A No.....2 SKIP TO Q.22	Yes.....1 ASK A No.....2 SKIP TO Q.22
A. What was the length of time?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS & MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS & MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS & MONTHS
22. Did you have to put something up against the loan or financial assistance?	Yes.....1 ASK A No.....2 SKIP TO Q.23	Yes.....1 ASK A No.....2 SKIP TO Q.23	Yes.....1 ASK A No.....2 SKIP TO Q.23
A. What was it?			
B. What was its value?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. What was the amount of the loan?	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP ROUND CENTS UP
24. Were there co-signers?			
A. How many co-signers did you have?	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP ROUND CENTS UP
25. IS THERE ANOTHER LENDER TO ASK ABOUT?	Yes.....1 ASK A No.....2 SKIP TO Q.25	Yes.....1 ASK A No.....2 SKIP TO Q.25	Yes.....1 ASK A No.....2 SKIP TO Q.25
	<input type="text"/> # OF COSIGNERS	<input type="text"/> # OF COSIGNERS	<input type="text"/> # OF COSIGNERS
	Yes.....1 BACK TO Q.16 No.....2 GO TO BOX E-3	Yes.....1 BACK TO Q.16 No.....2 GO TO BOX E-3	Yes.....1 BACK TO Q.16 No.....2 GO TO BOX E-3

BOX E-3	IF RESPONDENT HAD AT LEAST ONE CO-SIGNER, CONTINUE BELOW. OTHERWISE SKIP TO BOX E-4.
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For each co-signer, I will ask you a set of questions.

	CO-SIGNER # 1	CO-SIGNER # 2	CO-SIGNER # 3
26.First, please give me his/her first name or some other way in which I can refer to him/her?	_____	_____	_____
27.How is (CO-SIGNER) related to you?	_____ | | |	_____ | | |	_____ | | |
28.Is (CO-SIGNER) of your same ethnic group?	Yes.....1 SKIP TO Q.29 No.....2 ASK A	Yes.....1 SKIP TO Q.29 No.....2 ASK A	Yes.....1 SKIP TO Q.29 No.....2 ASK A
A.What is his/her ethnic background?	_____ | | |	_____ | | |	_____ | | |
29.Where is s/he located?	STR.: _____ | | | STR.: _____ CITY: _____ | | | | STATE: _____ | | | COUNTRY: _____ | | |	STR.: _____ | | | STR.: _____ CITY: _____ | | | | STATE: _____ | | | COUNTRY: _____ | | |	STR.: _____ | | | STR.: _____ CITY: _____ | | | | STATE: _____ | | | COUNTRY: _____ | | |
30.IS THERE ANOTHER CO-SIGNER TO ASK ABOUT?	Yes.....1 (Q.26) No.....2 (BOX E-4)	Yes.....1 (Q.26) No.....2 (BOX E-4)	No...2 (BOX E-4)

BOX E-4	CONTINUE ON THE NEXT PAGE. WHENEVER POSSIBLE, ASK ABOUT CONTACT PERSON RATHER THAN THE INSTITUTION.
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Now I would like to ask you about the persons or institutions from which you tried to get financing.

31. During your startup phase, did you try to get a loan or some other type of financial assistance, but were turned down?

Yes 1 ASK Q.32
No..... 2 SKIP TO Q.41

	NON-LENDER # 1	NON-LENDER # 2	NON-LENDER # 3
32. First, please give me the first name of each of those persons or institutions (or some other way in which I can refer to them).	_____	_____	_____
33. Why did you choose (PERSON OR INSTIT.)?	_____ _____	_____ _____	_____ _____
34. How is (PERSON/INST.) related to you?	_____	_____	_____
35. Is (PERSON/ INST.) of your same ethnic group?	Yes.....1 SKIP TO Q.36 No.....2 ASK A	Yes.....1 SKIP TO Q.36 No.....2 ASK A	Yes.....1 SKIP TO Q.36 No.....2 ASK A
A. What is his/her ethnic background?	_____	_____	_____
36. Where is s/he located?	STR.: _____ STR.: _____ CITY: _____ STATE: _____ COUNTRY: _____	STR.: _____ STR.: _____ CITY: _____ STATE: _____ COUNTRY: _____	STR.: _____ STR.: _____ CITY: _____ STATE: _____ COUNTRY: _____
37. What was the amount you tried to get?	\$|_____	\$|_____	\$|_____
38. Why was your request turned down?	ROUND CENTS UP	ROUND CENTS UP	ROUND CENTS UP
39. IS THERE ANOTHER NON-LENDER TO ASK ABOUT?	_____ _____ _____	_____ _____ _____	_____ _____ _____
	Yes.....1 BACK TO Q.33 No.....2 SKIP TO Q.41	Yes.....1 BACK TO Q.33 No.....2 SKIP TO Q.41	No.....2 SKIP TO Q.41

40. Why did you not ask for financial assistance?

_____	_ _
_____	_ _
_____	_ _

41. When you (started/bought) your business, what were the most serious difficulties you had to overcome?

_____	_ _
_____	_ _
_____	_ _

42. Thinking back to the time when you were trying to start your **current** business, did you encounter any type of financial barriers?

Yes 1 ASK A

No 2 SKIP TO SECTION F

A. Please tell me about the kind of financial barriers you encountered.

_____	_ _
_____	_ _
_____	_ _

Section F. Partners

Now I have a few questions about the startup group for your current business.

1. Did you have any partners or investors when you started the current business?

Yes 1 ASK A

No 2 SKIP TO Q.8

A. How many partners or investors did you have?

|_|_|_|

2. Please give me the names of your 4 **major** partners, or some other way to refer to them.

STARTUP PARTN.#1	STARTUP PARTN.#2	STARTUP PARTN.#3	STARTUP PARTNER # 4
-----------------------------	-----------------------------	-----------------------------	--------------------------------

_ _	_ _	_ _	_ _
-----	-----	-----	-----

3. How was (PARTNER) related to you?

_ _	_ _	_ _	_ _
-----	-----	-----	-----

A. FOR NON-FAMILY: How did you find him/her?

_ _	_ _	_ _	_ _
-----	-----	-----	-----

4. Is (PARTNER) of your same ethnic group?

Yes...1 (5)	Yes...1 (5)	Yes...1 (5)	Yes...1 (5)
No....2 (A)	No....2 (A)	No....2 (A)	No....2 (A)

A. What is his/her ethnic background?

_ _	_ _	_ _	_ _
-----	-----	-----	-----

5. What share of the business did (PARTN.) own?

_ _	_ _	_ _	_ _
SHARE	SHARE	SHARE	SHARE

6. Was (PARTNER) active in the business?

Yes.....1	Yes.....1	Yes.....1	Yes.....1
No.....2	No.....2	No.....2	No.....2

A. ANOTHER PARTNER TO ASK ABOUT?

Yes.....1 (Q.3)	Yes.....1 (Q.3)	Yes.....1 (Q.3)	
No.....2 (Q.7)	No.....2 (Q.7)	No.....2 (Q.7)	No.....2 (Q.7)

7. What percent of the business did you personally own when you began the business?

PERCENTAGE: |_|_|_|_| %

BOX F-1	SUM UP TOTAL OF SHARES IN Q.5 ABOVE AND PERCENTAGE OWNED IN Q.7. IF IT DOES NOT ADD TO 100%, MAKE THE RESPONDENT GO OVER IT AGAIN, UNLESS THERE ARE MORE THAN 4 PARTNERS.
------------	---

8.Do you currently have any partners or investors?

Yes 1 GO TO BOX F-3

No2 SKIP TO SECTION G, p.28

BOX F-2	TURN BACK TO PAGE 24. SHOW RESPONDENT LIST OF STARTUP PARTNERS AND READ QUESTION BELOW. IF NO PARTNERS AT STARTUP SKIP TO 9-B.
------------	--

9.Here (is/are) the partner(s) or investor(s) you had in the startup phase of your business. (Are/Is) (**all of**) your current partner(s) or investor(s) the same as those you had in that early phase?

Yes 1 SKIP TO Q.16

No2 ASK A

A.Why are they no longer with you?

_____ | | |

_____ | | |

B.How many partners or investors do you currently have?

| | |

	NEW PARTN.# 1	NEW PARTN.# 2	NEW PARTN.# 3	NEW PARTN.# 4
10. Who are your 4 major new partners or investors? Please give me names or some other way I can refer to them.	_____	_____	_____	_____
11. How is (PARTNER) related to you?	____|____|	____|____|	____|____|	____|____|
A. IF NON-FAMILY: How did you find him/her?	_____	_____	_____	_____
12. Is (PARTNER) of your same ethnic group?	____|____|	____|____|	____|____|	____|____|
A. What is his/her ethnic background?	Yes.....1 (13) No.....2 (A)	Yes.....1 (13) No.....2 (A)	Yes.....1 (13) No.....2 (A)	Yes.....1 (13) No.....2 (A)
13. What share of the business does (PARTNER) own?	____|____|	____|____|	____|____|	____|____|
14. Is (PARTNER) active in the business?	____|____| SHARE	____|____| SHARE	____|____| SHARE	____|____| SHARE
15. IS THERE ANOTHER NEW PARTNER TO ASK ABOUT?	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
	Yes.....1 (Q.11) No.....2 (Q.16)	Yes.....1 (Q.11) No.....2 (Q.16)	Yes.....1 (Q.11) No.....2 (Q.16)	No.....2 (Q.16)

16.What percent of the business do you yourself own now, under the current arrangement?

PERCENTAGE: |__| |__| |__| %

BOX F-4	SUM UP TOTAL OF SHARES IN Q.13 ABOVE AND PERCENTAGE OWNED IN Q.16. IF IT DOES NOT ADD TO 100%, MAKE THE RESPONDENT GO OVER IT AGAIN, UNLESS THERE ARE MORE THAN 4 NEW PARTNERS.
------------	---

17.Do you and your partner(s) or investors have some special way to divide the work?

Yes 1 ASK A

No2 SKIP TO SECTION G

A.How do you and your partner(s) or investor(s) divide the work? RECORD VERBATIM.

_____	_ _
_____	_ _
_____	_ _
_____	_ _

Section G. Use of Credit

BOX G-1	SEE Q.2 IN SECTION E, PAGE 15. IF BUSINESS WAS STARTED OR ACQUIRED LESS THAN TWO YEARS AGO, READ OPTION 1 BELOW. OTHERWISE READ OPTION 2.
------------	---

1. **OPTION 1:** Since you started your business...

OPTION 2: Within the last two years...

...have you **applied** for a loan for the business, even if you did not get it? Please do not include any startup loans you may have told me about already.

Yes 1 ASK Q.2

No2 SKIP TO SEC.H, p.31

	[] []	[] []	[] []	
2. To which institutions or persons did you apply?	_____	_____	_____	
	_____	_____	_____	
	_____ [] []	_____ [] []	_____ [] []	
3. Why did you choose (LENDER)?	STR.: _____ [] []	STR.: _____ [] []	STR.: _____ [] []	
	STR.: _____	STR.: _____	STR.: _____	
4. Where is (LENDER) located?	CITY: _____ [] [] [] []	CITY: _____ [] [] [] []	CITY: _____ [] [] [] []	
	STATE: _____ [] []	STATE: _____ [] []	STATE: _____ [] []	
	COUNTRY: _____ [] []	COUNTRY: _____ [] []	COUNTRY: _____ [] []	
5. Was the person or institution you dealt with of your ethnic group?	Yes.....1 SKIP TO 6 No.....2 ASK A	Yes.....1 (6) No.....2 (A)	Yes.....1 (6) No.....2 (A)	
A. What was his/her ethnic background?	_____ [] []	_____ [] []	_____ [] []	
6. How was that person related to you?	_____ [] []	_____ [] []	_____ [] []	
7. For what purposes did you apply for the loan?	_____ [] [] _____ [] [] _____ [] []	_____ [] [] _____ [] [] _____ [] []	_____ [] [] _____ [] [] _____ [] []	
	GO TO Q.8	GO TO Q.8	GO TO Q.8	

LENDER # 1

LENDER # 2

LENDER # 3

8. How much did you request?	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP
9. What was the result of the request?	Granted.....1 (Q.10) Turned down...2 (A) Other (SPEC)..3 (Q.14)	Granted.....1 (Q.10) Turned down...2 (A) Other (SPEC)..3 (Q.14)	Granted.....1 (Q.10) Turned down...2 (A) Other(SPEC)..3 (Q.14)
A. Why did they turn down your request?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. What was the rate of interest for your loan?	SKIP TO SECTION H <input type="text"/> <input type="text"/> % IF 00 ASK A OTHERWISE SKIP TO Q.11	SKIP TO SECTION H <input type="text"/> <input type="text"/> % IF 00 ASK A OTHERWISE SKIP TO Q.11	SKIP TO SECTION H <input type="text"/> <input type="text"/> % IF 00 ASK A OTHERWISE SKIP TO Q.11
A. Why was the loan free of interest?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Was a specific amount of time agreed upon to repay the loan?	Yes.....1 ASK A No.....2 SKIP TO Q.12	Yes.....1 ASK A No.....2 SKIP TO Q.12	Yes.....1 ASK A No.....2 SKIP TO Q.12
A. What was the length of time?	<input type="text"/> <input type="text"/> YEARS & MONTHS	<input type="text"/> <input type="text"/> YEARS & MONTHS	<input type="text"/> <input type="text"/> YEARS & MONTHS
A. What was it?	Yes.....1 ASK A No.....2 SKIP TO Q.13	Yes.....1 ASK A No.....2 SKIP TO Q.13	Yes.....1 ASK A No.....2 SKIP TO Q.13
B. What was its value?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13. Were there co-signers?	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP
A. How many co-signers did you have?	Yes.....1 ASK A No.....2 SKIP TO Q.14	Yes.....1 ASK A No.....2 SKIP TO Q.14	Yes.....1 ASK A No.....2 SKIP TO Q.14
14. IS THERE ANOTHER LENDER TO ASK ABOUT?	<input type="text"/> # OF COSIGNERS	<input type="text"/> # OF COSIGNERS	<input type="text"/> # OF COSIGNERS
	Yes.....1 (Q.3) No.....2 (BOX G-2)	Yes.....1 (Q.3) No.....2 (BOX G-2)	No.....2 (BOX G-2)

BOX G-2	CONTINUE BELOW, IF RESPONDENT HAD AT LEAST ONE CO-SIGNER. OTHERWISE SKIP TO SECTION H.
------------	--

For each co-signer, I will ask you a set of questions.

	CO-SIGNER # 1	CO-SIGNER # 2	CO-SIGNER # 3
15.First, please give me their first names or some other way in which I can refer to them?	_____	_____	_____
16.How is (CO-SIGNER) related to you?	_____	_____	_____
17.Is (CO-SIGNER) of your same ethnic group?	<div style="text-align: center;">[] []</div> Yes....1 SKIP TO Q.18 No.....2 ASK A	<div style="text-align: center;">[] []</div> Yes...1 SKIP TO 18 No....2 ASK A	<div style="text-align: center;">[] []</div> Yes....1 SKIP TO Q.18 No.....2 ASK A
A.What is his/her ethnic background?	_____	_____	_____
18.Where is s/he located?	STR.: _____ [] [] STR.: _____ CITY: _____ [] [] [] [] STATE: _____ [] [] COUNTRY: _____ [] []	STR.: _____ [] [] STR.: _____ CITY: _____ [] [] [] [] STATE: _____ [] [] COUNTRY: _____ [] []	STR.: _____ [] [] STR.: _____ CITY: _____ [] [] [] [] STATE: _____ [] [] COUNTRY: _____ [] []

Section H. Family Members' Labor Activity

1. During the first year of the **current** business did **you** or members of your **immediate family living in your household** have other ways of earning money outside of your business?

Yes 1 ASK Q.2

No2 SKIP TO BOX H-1

	NAME # 1	NAME # 2	NAME # 3	NAME # 4
2. Which members of the family were they? Please give me their first names.	SELF			
3. How is (NAME) related to you?	SELF |_|_|	|_|_|	|_|_|	|_|_|
4. How did (NAME) make money?	SELF |_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|

	NAME # 5	NAME # 6	NAME # 7	NAME # 8
2. Which members of the family were they? Please give me their first names.				
3. How is (NAME) related to you?	|_|_|	|_|_|	|_|_|	|_|_|
4. How did (NAME) make money?	|_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|

5. Do family members work in your business now?

Yes 1 SKIP TO Q.7

No.....2 ASK A

A.Why not?

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

6.About how many hours per week do you work in the business?

☐☐☐
HRS/WEEK

BOX	SKIP TO Q.13
-----	--------------

NAME NAME NAME NAME

7. Please give me the names of all family members who work in the business **now**.

RESP. _____

8. How is (NAME) related to you?

9. What are (NAME)'s duties in the business?

SELF _____

10. About how many hours per week does (NAME) work in the business?

11. Does (NAME) get paid for that work?

HRS/WEEK

12. IS THERE AN-OTHER FAMILY MEMBER TO ASK ABOUT?

Yes.....1 No.....2

Yes...1 (Q.8) No....2 (Q.13)

13. Do you have any foreign-born immediate relatives living outside the U.S.?

Yes 1 ASK A

No2 SKIP TO Q.14

A. Have any of them come from their home country and are working here in your business?

Yes.....1 ASK B
No2 SKIP TO Q.14

B. Who was that?

C.Do you plan to bring members of your family from their home country to work in your business?

Yes 1

No2

Other (SPECIFY)3

_____ | | |

14.In addition to those already mentioned, do you have any relatives or friends who help out in your business on a regular basis **without pay**?

Yes 1 ASK A

No2 SKIP TO SEC. I

A.How many people is that?

_____ | | |

B.On the average, how often do they come?

Every day.....01

A few times a week02

Once a week03

A few times a month.....04

Once a month.....05

Other (SPECIFY)06

_____ | | |

Section I. Employees

Now I'd like to ask you about your employees.

1. Do you currently have in your business any full-time, part-time, or temporary **non-family** employees?

Yes 1 ASK Q.A

No 2 SKIP TO SEC. J, p.38

A. Approximately how many full-time, part-time, or temporary **non-family** employees do you currently have in your business?

|_|_|_|

2. How many of your current employees are...

A. Full-time |_|_|_|

B. Part-time |_|_|_|

C. Temporary |_|_|_|

3. How many of your employees are...

A. Black |_|_|_|

B. White |_|_|_|

C. Mexican |_|_|_|

D. Puerto Rican |_|_|_|

E. Other Hispanic or Latino (SPECIFY __) |_|_|_|

F. Korean |_|_|_|

G. Chinese |_|_|_|

H. Philipino |_|_|_|

I. Other Asian (SPECIFY _____) |_|_|_|

J. Native American |_|_|_|

K. Polish |_|_|_|

L. Other Eastern European |_|_|_|

M. Other (SPECIFY _____) |_|_|_|

BOX I-1	CHECK Q.1A ABOVE. IF R. HAS AT LEAST 3 EMPLOYEES, GO TO BOX I-2. IF R. HAS LESS THAN 3 EMPLOYEES, SKIP TO Q.6.
------------	--

BOX I-2	IF AT LEAST HALF OF THE EMPLOYEES BELONG TO THE OWNER'S ETHNIC GROUP, GO TO Q.4.
------------	--

	<p>IF AT LEAST HALF OF THE EMPLOYEES BELONG TO A SINGLE ETHNIC GROUP THAT IS NOT THE SAME AS THE OWNER'S, SKIP TO Q.5.</p> <p>OTHERWISE, SKIP TO Q.6</p>
--	---

4. Which of the reasons on this card explain why most of your employees are (RESPONDENT's ETHNICITY)? CODE ALL THAT APPLY.

<p>HAND CARD I-1</p>	<p>They can be hired for less wages.....01</p> <p>They establish rapport with my clients.....02</p> <p>They bring job specific skills that I need.....03</p> <p>They are the main applicants .....04</p> <p>They are less expensive than non-minority workers .....05</p> <p>Other (SPECIFY) .....06</p> <p>_____</p>
------------------------------	---

<p>BOX I-3</p>	<p>SKIP TO Q.6</p>
--------------------	--------------------

5. Why are most of your employees (ETHNICITY FROM Q.3)? CODE ALL THAT APPLY.

_____ |__|

_____ |__|

_____ |__|

6. Do most of your employees live in the neighborhood where your business is located?

Yes 1 SKIP TO Q.7

No2 ASK A

A. In general, do they all live pretty much in the same area?

Yes 1 SKIP TO Q.7

No2 ASK B

B. Approximately where do they live? PROBE FOR NEAREST MAJOR INTERSECTION.

_____ |__|

_____ |__|

7.How do you usually recruit workers? CODE ALL THAT APPLY.

HAND CARD I-2	Recommendations from other workers.....	01
	Recommendations from relatives	02
	Recommendations from customers.....	03
	Recommendations from suppliers	04
	Ads.....	05
	Walk-ins off the street	06
	Public agencies	07
	Private agencies	08
	Other (SPECIFY)	09

8.Why do you recruit that way? ASK FOR THE TWO METHODS R. USES MOST FREQUENTLY.

_____	_ _
_____	_ _

9.How long does it take for your average employee to be ready to do the job him or herself?

- A. |_|_| DAYS
- B. |_|_| MONTHS
- C. |_|_| YEARS

BOX	CHECK Q.2, SECTION E., ON PAGE 15. IF BUSINESS WAS ACQUIRED TWO YEARS AGO OR EARLIER, ASK Q.10. OTHERWISE SKIP TO Q.11
-----	--

10.On the average how long does a worker remain employed here?

_ _	_ _
YEARS	AND MONTHS

11. Among workers who leave, if any, what is the major reason for leaving?

_____ | | |

12. As far as you know, have any former employees subsequently opened their own business?

Yes 1 ASK A

No2 SKIP TO SEC.J

A. What type of businesses did they open?

TYPE OF BUSINESS: _____ | | |

DON'T KNOW98

B. Did you assist them in any way?

Yes 1 ASK C

No2 SKIP TO SEC.J

C. How did you assist them?

_____ | | |
_____ | | |
_____ | | |

Section J. Use of Services

Many businesses make use of an array of services to carry out their affairs. We are now interested in knowing if you and your business employ, or depend upon, any of the following professional or business services.
ASK QS. BELOW FOCUSING ON CONTACT PERSON AT INSTITUTION.

	Accountant	Attorney	Insurance Agent	Janitorial Service	Other (SPECIFY) _____
1.Does your business use the services of a (SERVICE SUPPLIER)?					
ASK FOR EACH SERV. SUPP., THEN ASK Q.2. FOR "YES"s.	Yes....1 No.....2	Yes....1 No.....2	Yes....1 No.....2	Yes....1 No.....2	
2.Where is (SERVICE SUPPLIER) located?	ST.: ____ [] [] ST.: _____ CITY: ____ [] [] [] STATE: ____ [] [] COUNTRY: ____ [] []	ST.: ____ [] [] ST.: _____ CITY: ____ [] [] [] STATE: ____ [] [] COUNTRY: ____ [] []	ST.: ____ [] [] ST.: _____ CITY: ____ [] [] [] STATE: ____ [] [] COUNTRY: ____ [] []	ST.: ____ [] [] ST.: _____ CITY: ____ [] [] [] STATE: ____ [] [] COUNTRY: ____ [] []	ST.: ____ [] [] ST.: _____ CITY: ____ [] [] [] STATE: ____ [] [] COUNTRY: ____ [] []
3.Was the person from (SERVICE SUPPLIER) you dealt with of your ethnic group?					
A.What is his/her ethnic back-ground?	Yes....1 (Q.4) No.....2 (A)	Yes....1 (Q.4) No.....2 (A)	Yes....1 (Q.4) No.....2 (A)	Yes....1 (Q.4) No.....2 (A)	Yes....1 (Q.4) No.....2 (A)
4.How is that person related to you?	_____ [] []	_____ [] []	_____ [] []	_____ [] []	_____ [] []
A.IF NON-FAMILY: How did you find him/her?	_____ [] []	_____ [] []	_____ [] []	_____ [] []	_____ [] []
5.How long have you relied on the services of (SERVICE SUPPLIER)?	_____ [] []	_____ [] []	_____ [] []	_____ [] []	_____ [] []
	[] [] MOS.	[] [] MOS.	[] [] MOS.	[] [] MOS.	[] [] MOS.

||| YRS.

|||YRS.

GO TO NEXT GO TO

NEXT GO TO NEXT

SERV.SUPP.

SERV.SUPP.

||| YRS.

||| YRS.

||| YRS.

GO TO NEXT

GO TO BOX J-1

SERV.SUPP.

SERV.SUPP.

BOX J-1	<p>IF AT LEAST TWO SERVICE SUPPLIERS ARE OF THE SAME ETHNIC GROUP AS OWNER, CONTINUE BELOW.</p> <p>IF AT LEAST TWO SERVICE SUPPLIERS BELONG TO ONE SAME ETHNIC GROUP OTHER THAN THE OWNER'S, SKIP TO Q.6B.</p> <p>OTHERWISE, SKIP TO SECTION K</p>
------------	---

6. So you are using the services of some providers that are from your same ethnic background. In general, do you employ professional and business services of your own ethnic background?

Yes 1

No.....2

A. Why do you (not) employ professional and business services of [RESPONDENT'S ETHNICITY] origin?

BOX J-2	SKIP TO SECTION K, P.42
------------	-------------------------

B. Why do you employ professional and business services of (ETHNICITY IDENTIFIED IN Q.3A, p.39)?

C. Are there any (R'S ETHNIC GROUP) (accountants/attorneys/insurance companies) available?

Yes 1 ASK D

No.....2 SKIP TO SECTION K

D. What are the reasons why you do not use them?

Section K. Suppliers

Now I would like to ask you about your suppliers. ASK Q.1. RECORD UP TO THREE SUPPLIERS, THEN ASK Q.2 THROUGH 10 FOR EACH ONE. IF SUPPLIER IS LARGE FIRM, FOCUS ON CHARACTERISTICS OF CONTACT PERSON.

1. Who are your three major suppliers of goods? Please tell me their names.

ST.: _____	ST.: _____	ST.: _____
ST.: _____	ST.: _____	ST.: _____
CITY: _____	CITY: _____	CITY: _____
STATE: _____	STATE: _____	STATE: _____
COUNTRY: _____	COUNTRY: _____	COUNTRY: _____

2. Where is (SUPPLIER) located?

3. Was the person from (SUPPLIER) you dealt with of your ethnic group?

Yes.....1 SKIP TO Q.4	Yes.....1 SKIP TO Q.4	Yes.....1 SKIP TO Q.4
No.....2 ASK A	No.....2 ASK A	No.....2 ASK A

A. [IF NOT FAMILY]
What is his/her ethnic background?

_____	_____	_____
_ _	_ _	_ _

4. How is that person related to you?

_____	_____	_____
_ _	_ _	_ _

A. How did you find him/her?

_____	_____	_____
_ _	_ _	_ _

5. How long have you relied on the services of (SUPPLIER)?

|_|_| MOS.	|_|_| MOS.	|_|_| MOS.
|_|_| YRS.	|_|_| YRS.	|_|_| YRS.

6. Does (SUPPLIER) provide merchandise or equipment on credit?

Yes.....1 ASK A	Yes.....1 ASK A	Yes.....1 ASK A
No.....2 SKIP TO Q.9	No.....2 SKIP TO Q.9	No.....2 SKIP TO Q.9

A. How much do you presently owe (SUPPLIER)?

\$ _____	\$ _____	\$ _____
GO TO Q.7	GO TO Q.7	GO TO Q.7

SUPPLIER #1

SUPPLIER #2

SUPPLIER #3

7. Under which terms does (SUPPLIER) provide credit?
- | | | | | | |
|-------|----|-------|----|-------|----|
| _____ | __ | _____ | __ | _____ | __ |
| _____ | __ | _____ | __ | _____ | __ |
| _____ | __ | _____ | __ | _____ | __ |
- A. What is the interest rate?
- | | | | | | | | | |
|----|----|---|----|----|---|----|----|---|
| __ | __ | % | __ | __ | % | __ | __ | % |
|----|----|---|----|----|---|----|----|---|
- B. What is the term of the loan?
- | | | | | | | | | |
|----|----|------|----|----|------|----|----|------|
| \|__\| | \|__\| | DAYS | \|__\| | \|__\| | DAYS | \|__\| | \|__\| | DAYS |
| \|__\| | \|__\| | MOS. | \|__\| | \|__\| | MOS. | \|__\| | \|__\| | MOS. |
8. What are the terms if you exceed the time limit?
- | | | | | | |
|-------|----|-------|----|-------|----|
| _____ | __ | _____ | __ | _____ | __ |
| _____ | __ | _____ | __ | _____ | __ |
9. Does (SUPPLIER) loan you money not necessarily for supplies?
- | | | |
|-----------------------|-----------------------|-----------------------|
| Yes....1 ASK A | Yes.....1 ASK A | Yes.....1 ASK A |
| No.....2 SKIP TO Q.10 | No.....2 SKIP TO Q.10 | No.....2 SKIP TO Q.10 |
- A. How much money does (SUPPLIER) loan to you?
- | | | |
|----------|----------|----------|
| \$ _____ | \$ _____ | \$ _____ |
|----------|----------|----------|
- B. Under which terms does (SUPPLIER) provide credit?
- | | | | | | |
|-------|----|-------|----|-------|----|
| _____ | __ | _____ | __ | _____ | __ |
| _____ | __ | _____ | __ | _____ | __ |
| _____ | __ | _____ | __ | _____ | __ |
- C. What is the interest rate?
- | | | | | | | | | |
|----|----|---|----|----|---|----|----|---|
| __ | __ | % | __ | __ | % | __ | __ | % |
|----|----|---|----|----|---|----|----|---|
- D. What is the term of the loan?
- | | | | | | | | | |
|----|----|------|----|----|------|----|----|------|
| \|__\| | \|__\| | DAYS | \|__\| | \|__\| | DAYS | \|__\| | \|__\| | DAYS |
| \|__\| | \|__\| | MOS. | \|__\| | \|__\| | MOS. | \|__\| | \|__\| | MOS. |
- E. What are the terms if you exceed the time limit?
- | | | | | | |
|-------|----|-------|----|-------|----|
| _____ | __ | _____ | __ | _____ | __ |
| _____ | __ | _____ | __ | _____ | __ |
10. IS THERE ANOTHER SUPPLIER TO ASK ABOUT?
- | | | |
|--------------------|------------------|------------------|
| Yes....1 (Q.2) | Yes..1 (Q.2) | |
| No.....2 (BOX K-1) | No...2 (BOX K-1) | No...2 (BOX K-1) |

BOX K-1	<p>CHECK Q.3 ABOVE. IF AT LEAST TWO SUPPLIERS ARE OF THE SAME ETHNIC GROUP AS THE OWNER, ASK Q.11.</p> <p>IF AT LEAST TWO SUPPLIERS BELONG TO ONE SAME ETHNIC GROUP, OTHER THAN THE OWNER'S, SKIP TO Q.11B.</p>
---------	--

	OTHERWISE, SKIP TO SECTION L.
--	-------------------------------

11. I noticed (some/all) of your suppliers are (RESPONDENT'S ETHNICITY). In general, do you work with suppliers of your own ethnic group?

Yes 1 ASK A

No 2 SKIP TO SECTION L

A. Why do you work with suppliers of your own ethnic group?

_____ | | |

_____ | | |

BOX K-2	SKIP TO SECTION L
------------	-------------------

B. Why do you work with suppliers of (ETHNICITY FROM Q.3A ABOVE)?

_____ | | |

_____ | | |

_____ | | |

Section L. Creditors

1. At present, do you have any creditors or people to whom you owe money, other than your suppliers?

Yes 1 ASK Q.2

No.....2 SKIP TO SECTION M

2. Who are your three major creditors? Please give me their names or some other way I can refer to them. RECORD NAMES OF UP TO 3 CREDITORS. THEN ASK QS. 3-8 FOR EACH.

CREDITOR # 1

CREDITOR # 2

CREDITOR # 3

3. Is (CREDITOR) related to you?

Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A

No.....2 SKIP TO Q.4

No.....2 SKIP TO Q.4

No.....2 SKIP TO Q.4

A. How is (CREDITOR) related to you?

_____ ☐☐☐

_____ ☐☐☐

_____ ☐☐☐

4. Is (CREDITOR) of your same ethnic group?

Yes.....1 SKIP TO Q.5 Yes.....1 SKIP TO Q.5 Yes.....1 SKIP TO Q.5

No.....2 ASK A No.....2 ASK A No.....2 ASK A

A. What is his ethnic background?

_____ ☐☐☐

_____ ☐☐☐

_____ ☐☐☐

5. Where is s/he located?

ST.: _____ ☐☐
ST.: _____
CITY: _____ ☐☐☐
STATE: _____ ☐☐
COUNTRY: _____ ☐☐

ST.: _____ ☐☐
ST.: _____
CITY: _____ ☐☐☐
STATE: _____ ☐☐
COUNTRY: _____ ☐☐

ST.: _____ ☐☐
ST.: _____
CITY: _____ ☐☐☐
STATE: _____ ☐☐
COUNTRY: _____ ☐☐

6. How long have you relied on (CREDITOR)?

A. IS THERE ANOTHER CREDITOR TO ASK ABOUT?

☐☐☐☐
YEARS & MONTHS

☐☐☐☐
YEARS & MONTHS

☐☐☐☐
YEARS & MONTHS

Yes....1 (Q.3)
No.....2 (Q.7)

Yes..1 (Q.3)
No...2 (Q.7)

No...2 (Q.7)

7. Do any of these creditors play a role in your current business?

Yes 1 ASK Q.8

No2 SKIP TO SECTION M

8. Which of them play a role in the business? RECORD NAMES BELOW.

9. And what role does (CREDITOR) play? RECORD BELOW.

A. NAME: _____ ROLE: _____ | | | | |

B. NAME: _____ ROLE: _____ | | | | |

C. NAME: _____ ROLE: _____ | | | | |

Section M. Organizational Participation - Use of Institutional Services

1. Do you belong to any associations of business people such as chambers of commerce or trade associations for people in the same business as you?

Yes.....1 ASK Q.2
No2 SKIP TO Q.7

	ASSOC. #1	ASSOC. #2	ASSOC. #3
2. For each association you belong to I'll ask a set of questions. Can you tell me their names?	_____	_____	_____
RECORD UP TO 3 NAMES, THEN ASK QS. 3 TO 7 FOR EACH.	(NAME)	(NAME)	(NAME)
3. Where is (ASSOCIATION) located?	ST.: _____ ST.: _____ CITY: _____ STATE: _____ COUNTRY: _____	ST.: _____ ST.: _____ CITY: _____ STATE: _____ COUNTRY: _____	ST.: _____ ST.: _____ CITY: _____ STATE: _____ COUNTRY: _____
4. To what ethnic group do most of (ASSOCIATION)'s members belong to? PROBE FOR SPEC. ETHNIC GROUP.	_____	_____	_____
5. What type of programs or services does (ASSOCIATION) provide?	_____ _____ _____	_____ _____ _____	_____ _____ _____
6. Which of those did you use?	_____ _____ _____	_____ _____ _____	_____ _____ _____
A. IS THERE ANOTHER ASSOC. TO ASK ABOUT?	Yes.....1 (Q.3) No.....2 (Q.8)	Yes.....1 (Q.3) No.....2 (Q.8)	No.....2 (Q.8)

7. Is there any reason why you do not belong to associations of business people?

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

8. Do you know about any programs or services designed to help (new) business owners?

Yes 1 ASK A

No 2 SKIP TO SEC.N, p.48

A. What are they?

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

B. Did you use any of these programs or services?

Yes 1 ASK Q.9

No 2 SKIP TO Q.11

PROG/SERV #1	PROG/SERV #2	PROG/SERV #3
---------------------	---------------------	---------------------

9. Please tell me the name of the center, agency or institution whose programs or services you used. RECORD UP TO 3 NAMES, THEN ASK A-C.

_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
--------------------------------	--------------------------------	--------------------------------

A. Where is it located?

ST.: _____ <input type="checkbox"/>	ST.: _____ <input type="checkbox"/>	ST.: _____ <input type="checkbox"/>
ST.: _____	ST.: _____	ST.: _____
CITY: _____ <input type="checkbox"/>	CITY: _____ <input type="checkbox"/>	CITY: _____ <input type="checkbox"/>
STATE: _____ <input type="checkbox"/>	STATE: _____ <input type="checkbox"/>	STATE: _____ <input type="checkbox"/>
COUNTRY: _____ <input type="checkbox"/>	COUNTRY: _____ <input type="checkbox"/>	COUNTRY: _____ <input type="checkbox"/>

B. What did they do for you?

_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
--------------------------------	--------------------------------	--------------------------------

C. How would you rate this assistance? Would you say it was...

Extremely helpful ..1	..... 1	..... 1
Very helpful .....2	..... 2	..... 2
Somewhat helpful ..3	..... 3	..... 3
Neutral .....4	..... 4	..... 4
Somewhat harmful .5	..... 5	..... 5
Very harmful .....6	..... 6	..... 6
Extremely harmful .7	..... 7	..... 7

10. IS THERE AN-OTHER PROG/SERV. TO ASK ABOUT?

Yes.....1 (ASK 9A) Yes.....1 (ASK 9A)

No.....2 (SEC. N)

N

o

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2

(

S

E

C

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N

)

11. Why did you not use the services ?

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Section N. Social Networks in Doing Business

In this next set of questions, we want to know how business people get their information. For example, business people may talk to their spouses, loan officers, neighbors, lawyers, accountants, fellow church-members, and so forth, depending on what they want to know and whom they trust.

1. When you first started or got involved in your current business, what types of people did you talk to about starting this business? (PROBE: Did you talk to relatives or friends?)

We are interested in asking you about the three people with whom you had most contact in that regard.

	PERSON # 1	PERSON # 2	PERSON # 3
<p>2. Can you tell me their first name(s)? RECORD UP TO 3 NAMES, THEN ASK QS. 3-8 FOR EACH.</p>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<p>3. How is (PERSON) related to you?</p>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>
<p>4. IF NON-FAMILY: How did you find him/her?</p>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>
<p>5. Is (PERSON) of your same ethnic group?</p>	<p>Yes.....1 SKIP TO Q.6 No.....2 ASK A</p>	<p>Yes.....1 SKIP TO Q.6 No.....2 ASK A</p>	<p>Yes.....1 SKIP TO Q.6 No.....2 ASK A</p>
<p>A. What is his/her ethnic background?</p>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>
<p>6. Where is s/he located?</p>	<p>ST.: _____ | | ST.: _____ ST.: _____ CITY: _____ | | | | STATE: _____ | | COUNTRY: _____ | |</p>	<p>ST.: _____ | | ST.: _____ ST.: _____ CITY: _____ | | | | STATE: _____ | | COUNTRY: _____ | |</p>	<p>ST.: _____ | | ST.: _____ ST.: _____ CITY: _____ | | | | STATE: _____ | | COUNTRY: _____ | |</p>
<p>7. What did you talk about?</p>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>
<p>8. Where did you meet to talk?</p>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center;">| |</div>

**BACK TO Q.3 BACK
TO Q.3 GO TO
Q.9**

9. At the present, is there a group of business owners with whom you talk regularly about business issues?

Yes 1 ASK A

No 2 SKIP TO SECTION O

A. How many are they?

____|____|____|

B. How often do you talk with these people about business?

Every day 01

A few times a week 02

Once a week 03

A few times a month 04

Once a month 05

Other (SPECIFY) 06

10. Please tell me the names of the three you most frequently talk to. RECORD UP TO 3 NAMES, THEN ASK QS. 11-14 FOR EACH.

PERSON # 1

PERSON # 2

PERSON # 3

11. How is (NAME) related to you?

____|____|

____|____|

____|____|

A. IF NON-FAMILY:
How did you find him/her?

____|____|

____|____|

____|____|

12. Is (NAME) of your same ethnic group?

Yes 1 SKIP TO Q. 13
No 2 ASK A

Yes 1 SKIP TO Q. 13
No 2 ASK A

Yes 1 SKIP TO Q. 13
No 2 ASK A

A. What is his/her ethnic background?

____|____|

____|____|

____|____|

13. Where is s/he located?

ST.: _____

____|____|

ST.: _____

____|____|

ST.: _____

____|____|

ST.: _____

CITY: _____

____|____|

CITY: _____

____|____|

CITY: _____

____|____|

STATE: _____

____|____|

STATE: _____

____|____|

STATE: _____

____|____|

COUNTRY: _____

____|____|

COUNTRY: _____

____|____|

COUNTRY: _____

____|____|

14. What did you talk about?

____|____|

____|____|

____|____|

____|____|

____|____|

____|____|

15. Where did you meet to talk?

____|____|

____|____|

____|____|

____|____|

____|____|

____|____|

16. ANOTHER PERSON?

Yes... 1 (Q. 11)

Yes... 1 (Q. 11)

Section O. Clients

Let us talk about your clients and customers.

1. Who are your primary clients? . . .

Consumers..... 01
 Private businesses 02
 Government 03
 Not-for-profit organizations..... 04
 Other (SPECIFY) 05
 _____ | | |

2. What percent of your clients or customers is. . .

A. Black..... | | | %
 B. White | | | %
 C. Mexican | | | %
 D. Puerto Rican | | | %
 E. Other Hispanic or
 Latino (SPECIFY __) | | | %
 F. Korean | | | %
 G. Chinese | | | %
 H. Philipino | | | %
 I. Other Asian (SPECIFY _____) | | | %
 J. Native American..... | | | %
 K. Polish..... | | | %
 L. Other Eastern European..... | | | %
 M. Other (SPECIFY _____) | | | %

TOTAL: | | | %.....

BOX O-1	ADD Q.2 PERCENTAGES. IF TOTAL IS NOT 100%, ASK R. TO ADJUST PERCENTAGES.
------------	---

3.To what extent is the profitability of your business dependent on income levels in your community? Would you say it is...

Very dependent..... 1
Moderate dependent.....2
Somewhat dependent.....3
Not very dependent.....4
Not dependent at all.....5

4.Do you provide credit to your customers?

Yes..... 1 ASK A
No2 SKIP TO SEC.P

A.How do you decide to whom you give credit?

_____ |__|__|
_____ |__|__|
_____ |__|__|

B.Under which terms do you usually provide credit?

_____ |__|__|
_____ |__|__|
_____ |__|__|

C.What is the rate of interest you usually charge?

|__|__| |__|__| %

D.What is typically the term of the loan?

|__|__| |__|__|
MONTHS YEARS

Section P. Problems the Business Faces

1. What are the biggest problems your business faces? CODE ALL THAT APPLY.

HAND
CARD
P-1

Cash flow01
Decreasing sales volume02
Increasing sales volume03
Managing rising overhead.....04
Managing growth05
Affordable employee benefits06
Recruitment/retention of qualified employees07
Increasing competition08
Profits too low09
Insufficient sales volume10
Other (SPECIFY)11

2. What are the major barriers to the growth of your business? CODE ALL THAT APPLY.

HAND
CARD
P-2

Poor demand01
Availability of workers02
Government regulation03
Employee benefits04
Access to credit05
Other (SPECIFY)06

3. Is financing an obstacle to expansion?

Yes 1 ASK A

No2 SKIP TO SEC.Q

A. Why is that?

Section Q. Future Plans

Let us talk about the future now.

1. Do you have any specific plans for making this business grow in the next 2-3 years? CODE ONE ONLY.

Yes 1 ASK A

No 2 SKIP TO Q.2

A. What kinds of things do you plan to do to make your business grow? (PROBE: What else?)

2. As you think ahead to your retirement years, would you like a member of your family to assume ownership of the business when you retire?

Yes 1 SKIP TO B

No 2 SKIP TO C

It is up to him/her 3 ASK A

DOESN'T PLAN TO RETIRE 4 SKIP TO SEC.R

A. Would you be happier if s/he assumes ownership of the business, or would you prefer for him to do something else instead?

Prefer that s/he assume ownership 1 ASK B

Prefer that s/he do something else 2 SKIP TO C

It is up to him/her 3 SKIP TO Q.3

B. Why?

SKIP TO Q.3

C. Why not?

3. Thinking ahead to your retirement years, what are your plans for retirement?

4. Where do you plan to live after you retire?

-------	--	--	--	--	--	--	--	--	--

Section R. Sales and Money

Now I have some questions about sales in your business. [IF BUSINESS BEGAN IN 1994, SKIP TO Q.3]

1. Thinking back to 1993, please give me your **total** sales for the year, from January through December (including all establishments).

1993: \$, ,

BOX R-1	SEE Q.2, SECTION E, ON PAGE 15. IF BUSINESS STARTED IN 1993 OR 1994, SKIP TO Q.3. OTHERWISE ASK Q.2
------------	--

2. Going further back now, please give me your **total** sales for 1992, from January through December (including all establishments).

1992: \$, ,

3. How about now? Is the value of gross sales approximately the same month to month?

Yes 1

No 2

4. Do you own or rent the space where your business is located?

Own 1 SKIP TO Q.5, p.58

Rent 2 ASK A

- A. Is the landlord related to you or your family members?

Yes 1 ASK B

No 2 ASK C

- B. How is s/he related to you?

- C. Is the landlord (RESPONDENT's ETHNICITY)?

Yes 1 SKIP TO Q.5

No 2 ASK D

- D. What is his/her ethnic background?

5. Now I would like to ask you about the expenses of doing business. Approximately how much did you spend in 1994 on a **monthly** basis on each of the following things. IF NECESSARY: Just your best estimate will do. PROBE: Is that by month, quarterly, by week, or what?

HAND
CARD
R-1

UNIT

- A. Purchased goods \$
- B. Rent (building) \$
- C. Utilities \$
- D. Insurance \$
- E. Transportation (includes maintenance, parking, etc) \$
- F. Wages for workers (payroll) \$
- G. Owner's salary (not profits) \$
- H. Interest on loans and bank charges \$
- I. Equipment rental \$
- J. Property taxes and fees \$
- K. Office supplies \$
- L. Telephone \$
- M. Advertising \$
- N. Legal and professional fees \$
- O. Licensing fees \$
- P. Maintenance and repair \$
- Q. Workman's Employment benefits \$
- R. Social Security \$
- S. Other (SPECIFY)

_____ \$ | | | | | | | |

T. Other (SPECIFY)

_____ \$ | | | | | | | |

TOTAL \$ | | | | | | | |

6.Does you business make regular contributions to charities or other worthy causes?

Yes 1 ASK A

No2 SKIP TO Q.7

A.Please tell me to which charities did your business contribute in 1993. [1994 IF NEW BUSINESS]	B.Approximately how much did you contribute to each?
1) | |	\$
2) | |	\$
3) | |	\$

[IF BUSINESS BEGAN IN 1994, SKIP TO Q.10]

7.Thinking about 1993 again, what were the business' net profits (beyond owner's salary) last year?

1993: \$ | |, | | | |, | | | | ASK Q.8

LOSS/NO PROFIT.....9999999 SKIP TO BOX R-2

8.What did you do with these profits?

_____| |
 _____| |
 _____| |

BOX R-2	IF BUSINESS STARTED IN 1993, SKIP TO Q.10. OTHERWISE, ASK Q.9.
------------	--

9.Going back to 1992 again, what were the business' net profits (beyond owner's salary) for that year?

1992: \$ | |, | | | |, | | | |

10.At the present time, what do you estimate are your business' total assets?

\$ | | , | | | | , | | | |

11. What share of your current assets are...

	Value check	Percent/share
A. Inventory	_____	|_|_|_| %
B. Physical equipment	_____	|_|_|_| %
C. Property (real estate)	_____	|_|_|_| %
D. People who owe you money	_____	|_|_|_| %
E. Checking and savings accounts	_____	|_|_|_| %
F. Loans to others	_____	|_|_|_| %
G. Other (SPECIFY)	_____	|_|_|_| %

TOTAL:	_____	100 %

BOX	IF TOTAL VALUE CHECK IN Q.11 EQUALS THE TOTAL BUSINESS ASSETS IN Q.10, CONTINUE. OTHERWISE, HAVE RESPONDENT GO OVER IT AGAIN.
-----	--

12. At the present time, what do you estimate are your business' total liabilities?

\$ |_|,|_|_|_|,|_|_|_|

[IF ZERO, SKIP TO SECTION S, PAG.58]

13. What share of your liabilities are... (ASK FOR A-C)? IF NECESSARY, PROBE: Could you give me and estimated average?

	Value check	Percent/share
A. Accounts payable	_____	|_|_|_| %
B. Other loans	_____	|_|_|_| %
C. Other (SPECIFY)	_____	|_|_|_| %

TOTAL:	_____	100 %

BOX	IF TOTAL VALUE CHECK IN Q.13 EQUALS THE TOTAL BUSINESS LIABILITIES IN Q.12, CONTINUE. OTHERWISE, HAVE RESPONDENT GO OVER IT AGAIN.
-----	--

Section S. Income Fluctuations

1. Please think about the three largest bank accounts this business has. For each of these three accounts, please give me the name of the financial institution and the location.

	INSTITUTION	LOCATION
1	|_	STS.: _____ <div style="text-align: right;">|_|</div> CITY: _____ <div style="text-align: right;">|_|</div> STATE: _____ <div style="text-align: right;">|_|</div> COUNTRY: _____ <div style="text-align: right;">|_|</div>
2	|_	STS.: _____ <div style="text-align: right;">|_|</div> CITY: _____ <div style="text-align: right;">|_|</div> STATE: _____ <div style="text-align: right;">|_|</div> COUNTRY: _____ <div style="text-align: right;">|_|</div>
3	|_	STS.: _____ <div style="text-align: right;">|_|</div> CITY: _____ <div style="text-align: right;">|_|</div> STATE: _____ <div style="text-align: right;">|_|</div> COUNTRY: _____ <div style="text-align: right;">|_|</div>

HAS NO ACCOUNT 9

BOX S-1	SEE Q.2, SECTION E, PAGE 15. IF BUSINESS STARTED AT LEAST 3 YEARS AGO, ASK Q.2. OTHERWISE, SKIP TO SECTION T.
--------------------	---

2. Every business has periods when business is so bad that the business is in danger of failing. Have you had that kind of experience in the last 3 years ?

Yes 1 ASK A

No2 SKIP TO Q.22, p.62

A.In what year was that?

19|_|_|

3.What was the nature of the problem?

4.How does your business cope with this kind of situation?

5.Let me review some examples of what others have done. Which of these have you done? CODE ALL THAT APPLY.

HAND
CARD
S-1

- | | |
|--|----|
| Borrow more | 01 |
| Got gifts or other assistance | 02 |
| Got credit from suppliers..... | 03 |
| Used cash or household savings account | 04 |
| Sold assets, equipment | 05 |
| Reduce input expenses | 06 |
| Laid off employees..... | 07 |
| Work harder/increase hours | 08 |
| Got other job to tied over | 09 |
| Put other family members to work | 10 |
| Reduce household consumption expenditures | 11 |
| Delay or fail to pay debts | 12 |
| Other (SPECIFY) | 13 |
- _____

BOX
S-2

IF ANSWER 01, 02, **OR** 03 IS CODED IN Q.5 ABOVE, CONTINUE
BELOW. OTHERWISE SKIP TO Q.22, p.67.

	ASSISTER # 1	ASSISTER # 2	ASSISTER # 3
6. You indicated you sought assistance. To which institution or individual person did you apply for assistance?	_____ |__|__|	_____ |__|__|	_____ |__|__|
7. Where is that (ASSISTER) located?	ST.: _____ |__| ST.: _____ ST.: _____ CITY: _____ |__|__| STATE: _____ |__| COUNTRY: _____ |__|	ST.: _____ |__| CITY: _____ |__|__| STATE: _____ |__| COUNTRY: _____ |__|	ST.: _____ |__| CITY: _____ |__|__| STATE: _____ |__| COUNTRY: _____ |__|
8. Was (ASSISTER) of your ethnic group?	Yes.....1 SKIP TO Q.9 No.....2 ASK A	Yes.....1 SKIP TO Q.9 No.....2 ASK A	Yes.....1 SKIP TO Q.9 No.....2 ASK A
A. What is his/ her ethnic background?	_____ |__|	_____ |__|	_____ |__|
9. How is (ASSISTER) related to you?	_____ |__|	_____ |__|	_____ |__|
10. What type of assistance did you receive from (ASSISTER)?	_____ _____ |__|	_____ _____ |__|	_____ _____ |__|
11. What was the amount of the loan/gift/economic assistance?	_____ _____ |__|	_____ _____ |__|	_____ _____ |__|
12. What was the rate of interest for your loan, or other type of economic assistance?	\$|__|__|__|__|__| \$|__|__|__|__|__| ROUND CENTS UP IF GIFT SKIP TO Q.22 OTHERWISE ASK 12 |__|__| % IF 00 ASK Q.13 OTHERWISE SKIP TO Q.14 TO Q.14	\$|__|__|__|__|__| \$|__|__|__|__|__| ROUND CENTS UP IF GIFT SKIP TO Q.22 OTHERWISE ASK 12 |__|__| % IF 00 ASK Q.13 OTHERWISE SKIP TO Q.14 TO Q.14	\$|__|__|__|__|__| \$|__|__|__|__|__| ROUND CENTS UP IF GIFT SKIP TO Q.22 OTHERWISE ASK 12 |__|__| % IF 00 ASK Q.13 OTHERWISE SKIP

13. Why was the loan free of interest? _____

14. Was a specific amount of time agreed upon to repay the loan?
 Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
 No.....2 SKIP No.....2 SKIP No.....2 SKIP
 TO Q.15 TO Q.15 TO Q.15

A. What was the length of time?

 YEARS & MONTHS YEARS & MONTHS YEARS & MONTHS

15. Did you have to put something up against the loan?
 Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
 No.....2 SKIP No.....2 SKIP No.....2 SKIP
 TO Q.16 TO Q.16 TO Q.16

A. What was it?

B. What was its value?

 \$ _____
 ROUND CENTS UP ROUND CENTS UP ROUND CENTS UP

16. Were there co-signers?

A. How many co-signers did you have?
 Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
 No.....2 SKIP No.....2 SKIP No.....2 SKIP
 TO Q.22 TO Q.22 TO Q.22

17. IS THERE ANOTHER ASSISTANT TO ASK ABOUT?

 # OF COSIGNERS # OF COSIGNERS # OF COSIGNERS
 Yes.....1 BACK TO Q.7 Yes.....1 BACK TO Q.7
 No.....2 GO TO BOX S-3 No.....2 GO TO BOX S-3 No.....2 GO TO BOX S-3

BOX S-3	IF RESPONDENT HAD AT LEAST ONE CO-SIGNER, CONTINUE BELOW. OTHERWISE SKIP TO Q.22.
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For each co-signer, I will ask you a set of questions.

	CO-SIGNER #1	CO-SIGNER #2	CO-SIGNER #3
18. First, please give me their names or some other way to refer to them?	_____	_____	_____
19. How is (CO-SIGNER) related to you?	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
20. Is (CO-SIGNER) of your same ethnic group?	Yes.....1 SKIP TO Q.21 No.....2 ASK A	Yes.....1 SKIP TO Q.21 No.....2 ASK A	Yes.....1 SKIP TO Q.21 No.....2 ASK A
A. What is his/her ethnic background?	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
21. Where is s/he located?	ST.: _____ <input type="checkbox"/> ST.: _____ CITY: _____ <input type="checkbox"/> STATE: _____ <input type="checkbox"/> COUNTRY: _____ <input type="checkbox"/>	ST.: _____ <input type="checkbox"/> ST.: _____ CITY: _____ <input type="checkbox"/> STATE: _____ <input type="checkbox"/> COUNTRY: _____ <input type="checkbox"/>	ST.: _____ <input type="checkbox"/> ST.: _____ CITY: _____ <input type="checkbox"/> STATE: _____ <input type="checkbox"/> COUNTRY: _____ <input type="checkbox"/>
	BACK TO Q.19	BACK TO Q.19	GO TO Q.22

22. It is also true that there are years when business is exceptionally good. In those years which of the things listed on this card do you do? CODE ALL THAT APPLY.

HAND CARD S-2	Reduce debts, paid off credit line 01
	Gave more to charity, assistance to others 02
	Give more credit to purchasers 03
	Build up savings account 04
	Acquire equipment or other assets 05
	Increase business expenditures 06
	Build up inventory 07
	Spend less time at work/ reduced hours 08
	Quit other job 09
	Use family members less 10
	Increase household expenditures 11
	Settled old outstanding debts 12
	Expanded the business 13
	Acquired new businesses 14
	Other (SPECIFY) 15

Section T. Insurance Policies

1. Do you carry any kind of insurance in this business?

Yes 1 CONTINUE BELOW

No 2 SKIP TO SEC. U

To make sure we have not left anything out, we will review some kinds of insurance people carry in their business. Looking at the types of insurance listed on this card, please tell me whether or not you currently have each kind.

HAND CARD T-1		2. Do you currently have (INSURANCE)?	3. How much coverage does it provide?	4. How much is the premium?	5. Is that monthly, quarterly, annually, or what?
A. Package (SPECIFY) _____	Yes...1 No..2	\$ _____	\$ _____	<input type="checkbox"/>	
B. Fire separately	Yes...1 No..2	\$ _____	\$ _____	<input type="checkbox"/>	
C. Theft separately	Yes...1 No..2	\$ _____	\$ _____	<input type="checkbox"/>	
D. Liability separately	Yes...1 No..2	\$ _____	\$ _____	<input type="checkbox"/>	
E. Medical separately	Yes...1 No..2	\$ _____	\$ _____	<input type="checkbox"/>	
F. Business interruption separately	Yes...1 No..2	\$ _____	\$ _____	<input type="checkbox"/>	
G. Other (SPECIFY) _____	Yes...1 No..2	\$ _____	\$ _____	<input type="checkbox"/>	

Section U. Referrals

These are all the questions I have for the survey.

1. For some of our studies we like to be able to get in touch with participants again in the future, either to share the results of the study in which they participated, or to ask if they would like to participate in future studies we conduct. Would you please give me the name of a friend or relative not living in your household who would always stay in touch with you, even if you move?

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
TELEPHONE #: _____

2. Who would be a second person who would know how to get in touch with you?

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
TELEPHONE #: _____

3. Do you know people who were self-employed or business owners, whose business discontinued or failed?
We are interested in persons who currently live in Chicago and who had their business in this city.

Yes 1 ASK Q.4

No 2 SKIP TO Q.5

4. We would like to contact them to find out about their experiences in starting new firms or managing small firms. Would you please give me their names, their relationship to you, their telephone numbers and addresses?

NAMES	RELATIONSHIP	TELEPHONE	ADDRESS
A.			
B.			
C.			

5. Another aspect of the study we are conducting involves relating household finances to business performance. We have another questionnaire about household finances which we would like to administer to you or someone else in your household. It will take approximately 45 minutes. Will you be responding yourself, or would you like us to interview someone else in your home? If you agree we will pay you another honorarium.

Business respondent 1 ASK Q.6

Other member of household 2 SKIP TO Q.7

SPECIFY NAME: _____

RELATIONSHIP TO R.: _____

R. REFUSES PARTICIPATION

IN HOUSEHOLD SURVEY 7 SKIP TO Q.8

6. When would you like me to conduct the next interview?

BOX U-1	TRY TO SET AN APPOINTMENT FOR ANOTHER TIME.
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7. May I please have (his/her) telephone number to call (him/her) to set up an appointment for the interview?

() --
AREA CODE

8. May I please have your telephone number in case my office wants to verify that I was here?

() --
AREA CODE

BOX U-2	ENDING TIME: AM/PM HOUR MINUTES
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BOX U-3	WAS INTERVIEW... DIFFICULT.....1 AVERAGE.....2 EASY.....3
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9. Thank you very much for your time.