

# SAMPLE ENGAGEMENT QUESTIONS

## That RDI has used

We suggest you select 4-5 qualitative questions for an interview, and ~ 10 questions that collect quantitative data you need to target business support.

### Basic Information:

*Helps you compare & contextualize your responses and gauge your sample*

1. What type of Business best describes your business? *(This can be a choose 1 that best represents or choose all that apply)*

- Home Business
- Family Business
- Franchise
- Online Business
- Both Physical and Online
- Non-Profit
- Retail
- Restaurant/Cafe
- Specialty Foods/Brewery
- Takeaway Food Service/Food Trucks/Coffee/Bakery
- Arts/Entertainment/Museum
- Appliances/Home Goods
- Recreation
- Lodging
- Professional Services/Real Estate/Financial Services
- Antiques/Collectibles
- Other (Please specify) \_\_\_\_\_

2. Location of Customer Base (check all that apply)

- Local (County)
- (I-84 or other major) Highway Traffic
- Regional (OR, ID, WA)
- National
- International

3. Location of Suppliers (check all that apply)

- Local (County)
- (I-84 or other major) Highway Traffic
- Regional (OR, ID, WA)
- National
- International

4. BIPoC Owned Business? Mark only one.
- Yes  No
5. Woman owned? Mark only one.
- Yes  No
6. How many people are employed by this business?
- a. No employees
  - b. 1-5
  - c. 6-10
  - d. 11-20
  - e. 21-50
  - f. 51-100
  - g. 101+
7. How long have you been in business?

## Satisfaction

*Feeling about community services, business climate, culture, and friendliness*

1. What are the **top three assets** of the downtown district?
2. What is the best thing about running a business in \_\_\_\_\_ or \_\_\_\_\_ County? What are the biggest factors that keep running your business downtown?
3. Are you a Main Street organization member?
- Y      N
- a. If yes: How does your local Main Street organization provide most value to you?
  - b. If yes: What additional support would you like to see from your Main Street Organization
  - c. If yes: Would you like to become more involved in your Main Street Organization?
  - d. If no: Under what circumstances would you join?
4. How satisfied are you operating downtown?
5. What would improve your experience operating a business downtown?

6. What three things could the City/County and other economic development partners do to improve the business climate in your community?

7. How would you rate the following factors for businesses in your City? Mark only one per row.

	This is a limitation	This is neither a limitation or a strength	This is a strength	Don't Know/ Doesn't Apply
Access to Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxes and Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broadband Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What additional comments would you like to add on the above factors?

### Needs and Opportunities

*What challenges are they navigating? What possibilities to they see? Ex: How are you adapting right now? What opportunities are you interested in? What are you hopeful about?*

1. Do you feel like you are able to effectively communicate with customers?

2. How has your business been impacted by COVID?
3. What adaptations, pivots, or changes have you made in the past two years, and what do you plan to keep doing?
  
4. What keeps you up at night? What are the **biggest challenges to your business right now?**
  
5. What has been your single greatest challenge in running your business? (beyond navigating the current recession)
  
6. Are there trends in your industry that you need support adapting to or implementing?
  
7. What would be your priorities for improvements to the downtown area that could help draw in your customer base?
  - Storefronts/Signage
  - Wayfinding, Visitor Information
  - Public Events
  - Bike Infrastructure
  - Arts, Entertainment, Cultural Events
  - More Gathering Places (“third spaces”)
  - Building Maintenance and Improvements
  - New complementary businesses (i.e. additional retail)
  - Other \_\_\_\_\_
  
8. Please describe your experience with the following factors over the past 3 years. Mark only one per row.

	This has been a significant struggle	My business has experienced mild challenges	This has been going well	Not Applicable/ Don't Know
Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Online Presence (Website/Social Media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing a Quality Workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing Loans and Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Chain Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Are there other issues you'd like to add?

10. Do you want support with any of these? If so, which ones?

11. What types of business education, mentoring, or technical assistance have you accessed?

12. What types of business education, mentoring, or technical assistance or would you like to see locally/regionally?

13. Do you have any other thoughts, comments, questions, or suggestions for your local Main Street Organization?

### Industry and Business Intelligence *(Trends and Long Term – Bigger picture)*

*How the economy is functioning, what the trends are in their industry, succession planning needs, real estate needs and vacancy prediction*

1. How have local consumer habits or attitudes changed around shopping end events since the pandemic?

2. Are you planning to sell or transition your business in the next 3 years? (Mark only one.)  
 Yes                                       No                                       Not Sure
  
3. What is the likelihood of your company going out of business? (Mark only one.)  
 Green - Minimal risk of going out of business  
 Yellow - Business experiencing challenges  
 Red - Business at serious risk
  
4. What is the likelihood of your company relocating to another community? (Mark only one.)  
 Not considering relocating (Green)  
 Relocation is a potential consideration (Yellow)  
 Seriously considering relocation (Red)
  
5. What is the likelihood of your company closing its brick and mortar and going online only?  
 Not considering online only (Green)  
 Online only is a potential consideration (Yellow)  
 Seriously considering online only (Red)
  
6. Does your business have plans of expanding in the next 3 years? (Mark only one.)  
 Yes                                       No
  
7. Is there a new approach or new venture you'd like to try?
  
8. Do you collaborate and communicate with fellow small business entrepreneurs?

## Demographics:

We recommend collecting this information at the end because it can feel a bit intrusive at the beginning. Always be clear that this is optional information.

### **Example demographic preface:**

Demographics Questions: Your response to the following demographic questions is optional – please feel free to skip any questions you do not wish to answer.

1. What is your age?

Under 18   18-24   25-34   35-44   45-54   55-64   65+

2. How do you identify?

Female                  Male                  Non-binary                  Other                  Prefer Not to Disclose

3. Please select **ALL** that apply:

- White or Caucasian
- Hispanic or Latine
- Black or African American
- Asian or Pacific Islander
- American Indian or Alaska Native
- Immigrant or DREAMer
- English as 2nd Language
- LGBTQ+
- Veteran
- Disability or Impairment

*These last two are optional if you specifically need this information:*

4. What is your household income?

- Under \$10,000
- Between \$10,001 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 – \$69,999
- Between \$70,000 and \$99,999
- Between \$100,000 and \$149,999
- Over \$150,000

5. What is the highest level of education you have completed?

- Less than High School
- High School/GED
- Some College
- Associate Degree
- Undergraduate Degree
- Post-Graduate Degree