



Entrepreneurship in the Population Survey

# EPOP:2022 Questionnaire

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**ISSUED DATE:**

**October 12, 2022**

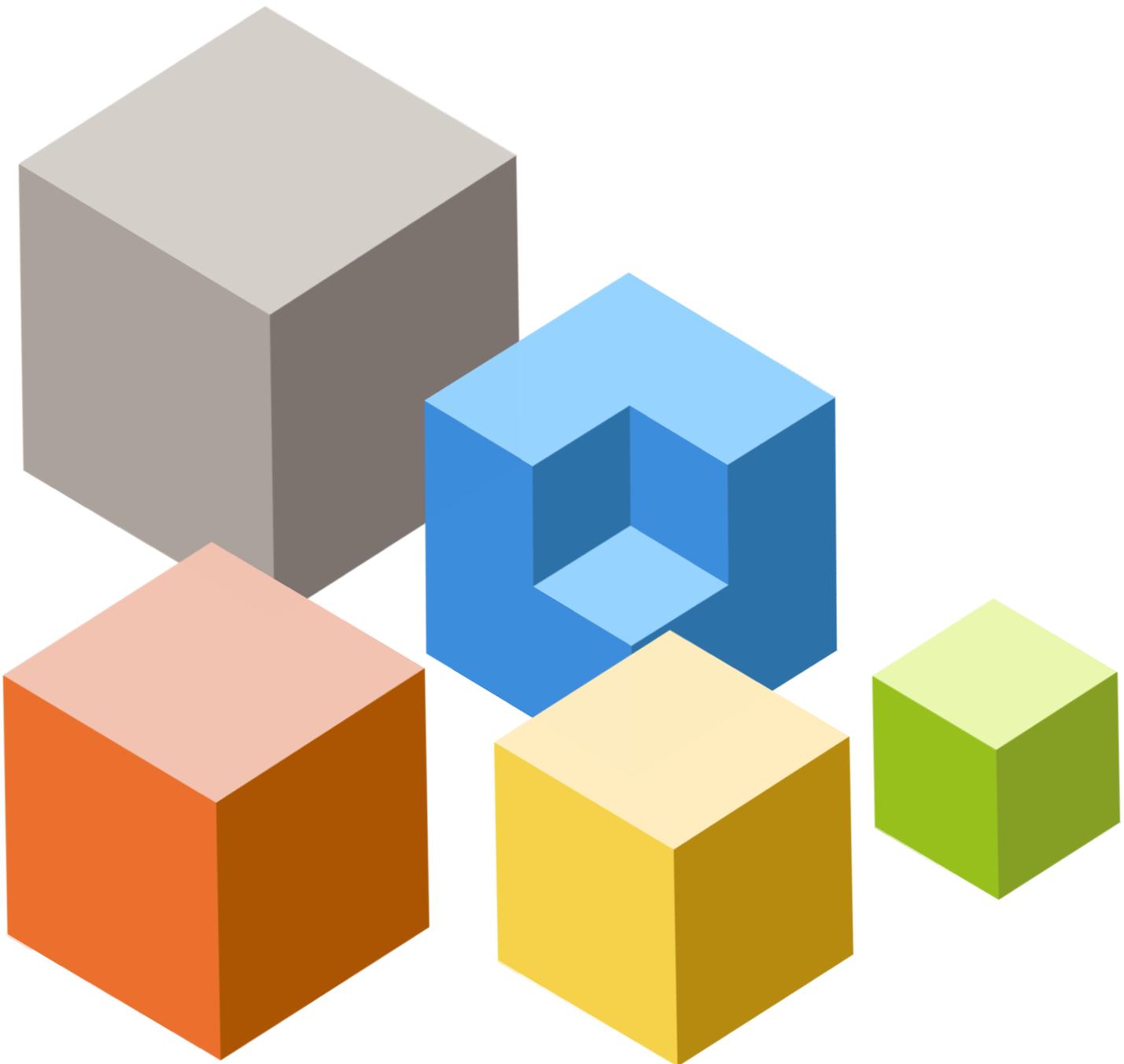
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The Entrepreneurship in the Population Survey Project is being conducted by researchers at NORC at the University of Chicago with funding from a grant from the Ewing Marion Kauffman Foundation. Questions about this research project should be directed to [EPOPresearch@norc.org](mailto:EPOPresearch@norc.org).

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# Entrepreneurship in the Population Survey: 2022

## EPOP SURVEY OVERVIEW

The first Entrepreneurship in the Population (EPOP) Survey was conducted in 2022; four more annual collections are planned. The survey is designed to understand the scope of entrepreneurial activities from adults 18 years and up in United States and result in a variety of measures of entrepreneurial behavior including current and former business ownership, whether individuals are currently taking or have in the past taken steps towards starting a business, the extent to which individuals engage in freelance work, and engagement with the “gig economy.” In addition to capturing the characteristic profile of the individuals involved in these various entrepreneurial activities across the U.S., the collects information on the behaviors, challenges, and resources available to individuals during the entrepreneurial process.

Information about the EPOP Survey methods, data availability, publications, and access to data user support may be found on the project’s website: <https://epop.norc.org/>.

## INSTRUCTION FOR DATA USERS AND READERS

The EPOP Survey sample was selected from three frame sources: (1) NORC’s AmeriSpeak Panel, (2) an addressed-based sample (ABS) frame built from the USPS Delivery Sequence (DSF) file; and a non-probability sample from opt-in panels. Samples selected from the AmeriSpeak Panel and the ABS frame are probability samples with explicit stratification and known sample selection probabilities, while the sample selected from opt-in panels is a nonprobability sample with unknown frame coverage and unknown selection probabilities. For efficiency reasons, the ABS and non-probability samples and the AmeriSpeak Panel sample had a different introduction to the survey. The ABS and non-probability sample were provided with an informed consent statement (i.e., agreement to participate) followed by demographic questions (see “ABS/Non-Probability Sample Start”). The AmeriSpeak Panel sample had a modified informed consent statement and skipped the demographic questions (see “AmeriSpeak Panel Sample Start”). After the two starting sections, respondents from all sample types followed the same path through the survey instrument beginning with the “Entrepreneurial Activity Screener” section.

Text that appears in black or red font was displayed to the respondent. Blue or green text shows variable names, skip logic, and instructions for programming the creation of variables and navigation through the instrument. Throughout the survey, Missing and Don’t Know are recorded as -3 and -5, respectively.

## EPOP SURVEY USE AND CITATION

The full title of the survey is “The Entrepreneurship in the Population Survey” and the abbreviation is EPOP Survey. In referencing a specific year, follow these standards:

Full title: [The Entrepreneurship in the Population Survey: 2022](#)  
Abbreviation: [EPOP:2022](#)  
Citation: ["Entrepreneurship in the Population \(EPOP\) Survey Project Questionnaire: 2022." NORC at the University of Chicago. October 12, 2022. https://EPOP.norc.org.](#)

Researchers are welcome to use some or all of the EPOP Survey questionnaire for other collections. However, we respectfully request you give prior notification to the EPOP Survey researchers at [EPOPresearch@norc.org](mailto:EPOPresearch@norc.org). And subsequently, you give appropriate credit to the NORC EPOP research team by mentioning this source using the citation provided above.



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## EPOP:2022 Questionnaire

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### ABS/NON-PROBABILITY SAMPLE START

---

#### CONSENT.

Thank you for agreeing to participate in the EPOP Survey!

The EPOP or Entrepreneurship in the Population Survey is trying to understand the attitudes and experiences of people who own businesses or are self-employed; have thought about starting their own business; or used to own a business. This survey is also for people who have never owned a business and never wanted to – we want to hear everyone's opinions about entrepreneurship in general.

Your responses to this survey are completely confidential – any information you provide will be held in the strictest confidence. NORC and the Kauffman Foundation (our funder) will use the information you provide for statistical purposes only. Answers to the survey will be kept anonymous and we will not share any of your personal information with anyone.

While we hope you will take the survey, please know your participation in this research is voluntary, and you have the right to stop at any time or skip any question you don't wish to answer.

We estimate the survey will take 15-20 minutes depending on your past experiences.

To thank you for sharing your opinions, you will receive a \$15 electronic gift card after completing the survey.

*Please use the "Continue" button to move forward within the questionnaire. Do not use your browser buttons.*

---

#### DEM\_AGE.

First, we have just a few questions about yourself.

What is your age?

IF DEM\_AGE < 18, SET QUAL = 2 AND GO TO SCR\_UNDER18TERM

[NUMBOX, RANGE 18-100, -3,-5]

---

[SHOW IF DEM\_AGE = -3,-5]

DEM\_AGE\_RANGE.

This information helps the EPOP researchers understand who is included in the study results.

Please select your age range.

#### RESPONSE OPTIONS

1. Under 18 years



2. 18-24 years
3. 25-29 years
4. 30-39 years
5. 40-49 years
6. 50-59 years
7. 60-64 years
8. 65 years or older

IF DEM\_AGE\_RANGE = 1, SET QUAL = 2 AND GO TO SCR\_UNDER18TERM  
IF DEM\_AGE\_RANGE = -3,-5, SET QUAL = 2 AND GO TO SCR\_NOAGETERM

---

[SHOW IF DEM\_AGE < 18 OR DEM\_AGE\_RANGE = 1]  
SCR\_UNDER18TERM.

Thank you for your time today. Unfortunately, you are not eligible for this study. Please ask an adult living in the household to visit [voice.norc.org](http://voice.norc.org) and enter the access code on the postcard or letter we mailed to your address to complete the survey. We appreciate your participation.

[SET QUAL=3 "In Progress" and END INTERVIEW, no incentive given]  
[REDIRECT TO [WWW.NORC.ORG](http://WWW.NORC.ORG)]

---

[SHOW IF DEM\_AGE\_RANGE = -3, -5]  
SCR\_NOAGETERM.

Thank you for your time today. Unfortunately, we need to have an answer to your age to be able to proceed. We appreciate your participation.

[SET QUAL=2 "NOT QUALIFIED" and END INTERVIEW, no incentive given]  
[REDIRECT TO [WWW.NORC.ORG](http://WWW.NORC.ORG)]

---

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]  
DEM\_STATE.

In what state do you live?

[DROPDOWN LIST OF STATES]

---

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]  
DEM\_ZIP.

For statistical purposes, please enter your ZIP code.

---

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]  
DEM\_GENDER.

What is your gender identity?

#### RESPONSE OPTIONS

1. Man
2. Woman



3. Non-binary
  4. Prefer to self-describe: [TEXTBOX]
- 

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]  
DEM\_HISPANIC.

Are you of Hispanic, Latino, or Spanish origin?

#### RESPONSE OPTIONS

1. No, not of Hispanic, Latino, or Spanish origin
  2. Yes, Mexican, Mexican American, Chicano
  3. Yes, Puerto Rican
  4. Yes, Cuban
  5. Yes, another Hispanic, Latino, or Spanish origin
- 

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]  
DEM\_RACE.

To ensure a representative sample, please indicate your race.

*Select all that apply.*

#### RESPONSE OPTIONS

1. White
  2. Black or African American
  3. American Indian or Alaska Native
  4. Asian Indian
  5. Chinese
  6. Filipino
  7. Japanese
  8. Korean
  9. Vietnamese
  10. Other Asian, specify: [TEXTBOX]
  11. Native Hawaiian
  12. Guamanian or Chamorro
  13. Samoan
  14. Other Pacific Islander, specify: [TEXTBOX]
  15. Some other race, specify: [TEXTBOX]
- 

## AMERISPEAK PANEL SAMPLE START

---

[SHOW IF PANEL\_TYPE= A]  
[DISPLAY – WINTRO\_1]

Thank you for agreeing to participate in the EPOP Survey!

The EPOP or Entrepreneurship in the Population Survey is trying to understand the attitudes and experiences of people who own businesses or are self-employed; have thought about starting their own



business; or used to own a business. This survey is also for people who have never owned a business and never wanted to – we want to hear everyone’s opinions about entrepreneurship in general.

Your responses to this survey are completely confidential – any information you provide will be held in strict confidence. NORC and the Kauffman Foundation (our funder) will use the information you provide for statistical purposes only. Answers to the survey will be kept anonymous and we will not share any of your personal information with anyone.

While we hope you will take the survey, please know your participation in this research is voluntary, and you have the right to stop at any time or skip any question you don’t wish to answer.

We estimate the survey will take 15-20 minutes depending on your past experiences.

To thank you for sharing your opinions, we will give you a reward of [INCENTWCOMMA] AmeriPoints after completing the survey.

*Please use the "Continue" button to move forward within the questionnaire. Do not use your browser buttons.*

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## ENTREPRENEURIAL ACTIVITY SCREENER

---

### S\_JOBSTAT\_1.

In the last week, did you work for pay at a job or business?

*Working for pay includes being self-employed but not earning income in the last week, freelancers and consultants who work intermittently, active military duty, or on any type of paid or unpaid leave, including vacation.*

#### RESPONSE OPTIONS

1. Yes
2. No

---

[SHOW IF S\_JOBSTAT\_1 <> 1]

### S\_JOBSTAT\_2.

In the last week, did you do ANY work for pay, even for as little as one hour?

#### RESPONSE OPTIONS

1. Yes
2. No

---

[SHOW IF S\_JOBSTAT\_2 <> 1]

### S\_JOBSTAT\_3.

In the last week, did you look for work?

#### RESPONSE OPTIONS



1. Yes
  2. No
- 

[SHOW IF S\_JOBSTAT\_1 <> 1 AND S\_JOBSTAT\_2 <> 1]  
S\_JOBSTAT\_4.

What were your reasons for not working during the last week?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Retired
  2. On layoff from a job
  3. Student
  4. Family responsibilities
  5. Chronic illness or permanent disability
  6. Suitable job not available
  7. Did not need or want to work
  8. None of the above
- 

[SHOW IF S\_JOBSTAT\_4 = 8,-3,-5]  
S\_JOBSTAT\_5.

Were you not working for any of the following reasons during the last week?

*Select all that apply.*

#### RESPONSE OPTIONS

1. You were self-employed and not getting paid during this time.
  2. You were on vacation from work or traveling while holding a job.
  3. You were on paid sick leave, personal leave, or other temporary leave.
  4. You were on a job that did not pay but had other benefits.
  5. You were on a sabbatical.
- 

[SHOW IF S\_JOBSTAT\_1 = -3,-5 AND S\_JOBSTAT\_2 = -3,-5 AND S\_JOBSTAT\_5 = -3,-5]  
S\_JOBSTAT\_6.

**Without your job status, we cannot continue the survey. If you have questions about the Entrepreneurship in the Population Survey, contact us at [EPOP@norc.org](mailto:EPOP@norc.org) or 1-866-611-EPOP. Thank you!**

To ask you the right questions, it is important to know your job status.

In the last week, did you work for pay at a job or business?

*Working for pay includes being self-employed but not earning income in the last week, freelancers and consultants who work intermittently, active military duty, or on any type of paid or unpaid leave, including vacation.*

#### RESPONSE OPTIONS



1. Yes
2. No

[SHOW IF S\_JOBSTAT\_6=-3,-5]  
SUSPEND\_AS.

Without your job status, we cannot continue the survey. If you would like to provide your job status and continue the survey, please click the 'Previous' button below and select a response for the last question. If you have questions about the Entrepreneurship in the Population Survey, contact us at [EPOP@norc.org](mailto:EPOP@norc.org) or 1-866-611-EPOP.

IF R CLICKS CONTINUE BUTTON AND S\_JOBSTAT\_6=-3,-5, SET QUAL=2 AND GO TO TERMSORRY.

[SHOW IF S\_JOBSTAT\_1 = 1 OR S\_JOBSTAT\_2 = 1 OR ANY(S\_JOBSTAT\_5\_1 – S\_JOBSTAT\_5\_5 = 1) OR S\_JOBSTAT\_6 = 1]  
S\_JOB\_1.

Which one of the following best describes your main job/work arrangement in the last week?

*If you had more than one job or work arrangement, report on the one for which you worked the most hours.*

#### RESPONSE OPTIONS

I AM SELF-EMPLOYED or a BUSINESS OWNER

1. An owner of a business, professional practice, or farm (*excluding consultant, freelancer, and independent contractor work*)
2. A self-employed consultant, freelancer, or independent contractor (*you may receive a Form 1099 or be paid informally off the books*)

I WORK FOR A COMPANY or ORGANIZATION OWNED or RUN BY SOMEONE ELSE

3. A for-profit company or organization
4. A non-profit company or organization

I WORK FOR THE GOVERNMENT

5. A local government (*such as a city, county, school district*)
6. A state government (*including state colleges*)
7. The U.S. military service, active duty, or Commissioned Corps
8. The U.S. government (*as a civilian employee*)
9. A non-U.S. government

[SHOW IF S\_JOB\_1 = 2,3,4]  
S\_GIGCHECK\_1.

*Some people earn money through short, paid tasks or jobs online or in-person that are conducted through companies that coordinate payment for the service. This is sometimes referred to as "gig work."*

Is your main job or work arrangement gig work?



These tasks might include driving for Uber or Lyft, selling goods through Etsy, completing online tasks on Mechanical Turk, providing graphic design, music, or other services via Fiverr or Upwork, or [other activities](#).

[HOVER TEXT ON “[other activities](#)”:

- Babysitting, childcare services, dog walking and/or house sitting
- Disabled adult and/or elder care services
- Providing personal services to individuals
- Renting out property, such as your car, your phone, your place of residence, or other items]

#### RESPONSE OPTIONS

1. Yes
2. No
77. Unsure

[SHOW IF S\_JOBSTAT\_1 = 1 OR S\_JOBSTAT\_2 = 1 OR ANY(S\_JOBSTAT\_5\_1 – S\_JOBSTAT\_5\_5 = 1) OR S\_PAIDJOB\_1 = 1]

In addition to your main job/work arrangement you just described, in the last week did you work for pay at a [second job](#) (or business), including part-time, evening, or weekend work?

[ADD HOVER TEXT TO “[second job](#)”] [HOVER TEXT: If you have multiple jobs in addition to your main job, report on the additional job for which you worked the most hours.]

#### RESPONSE OPTIONS

1. Yes
2. No

[SHOW IF S\_PAIDJOB\_1 = 1] S\_JOB\_2.

Which one of the following best describes your second job/work arrangement over the last week?

#### RESPONSE OPTIONS

I AM SELF-EMPLOYED or a BUSINESS OWNER

1. An owner of a business, professional practice, or farm (*excluding consultant, freelancer, and independent contractor work*)
2. A self-employed consultant, freelancer, or independent contractor (*you may receive a Form 1099 or be paid informally off the books*)

I WORK FOR A COMPANY or ORGANIZATION OWNED or RUN BY SOMEONE ELSE

3. A for-profit company or organization
4. A non-profit company or organization

I WORK FOR THE GOVERNMENT





[SHOW IF DOV\_CUR\_FREE = 1]  
S\_FORMBIZ\_2.

You reported you are currently working as a self-employed consultant, freelancer, or independent contractor.

Outside of this work activity, have you ever owned a business?

RESPONSE OPTIONS

1. Yes
  2. No
- 

[SHOW IF S\_FORMBIZ\_1 = 1 OR S\_FORMBIZ\_2 = 1]  
S\_FORMBIZ\_STAT\_1.

Do you still own this business?

RESPONSE OPTIONS

1. Yes
  2. No
- 

[SHOW IF S\_FORMBIZ\_STAT\_1 = 2]  
S\_FORMBIZ\_STAT\_2.

In what year did you close, sell, or leave this business?

[NUMBOX, Range 1920-2021]

---

[SHOW IF S\_FORMBIZ\_STAT\_2 = -3,-5]  
S\_FORMBIZ\_STAT\_3.

Approximately how long ago did you close, sell, or leave this business?

RESPONSE OPTIONS

1. Within the last 5 years
  2. 6 to 10 years ago
  3. 11 to 20 years ago
  4. More than 20 years ago
- 

[SHOW IF DOV\_CUR\_FREE = 0]  
S\_FORMFREE\_1.

Have you ever worked for yourself as a freelancer, consultant, or independent contractor either full-time or part-time?

RESPONSE OPTIONS

1. Yes
  2. No
-



[SHOW IF S\_FORMFREE\_1 = 1]  
S\_FORMFREE\_STAT\_1.

Are you still working for yourself as a freelancer, consultant, or independent contractor either full-time or part-time?

#### RESPONSE OPTIONS

1. Yes, I am still working for myself as a freelancer, consultant, or independent contractor
2. No, I stopped working as a freelancer, consultant, or independent contractor within the last 5 years
3. No, I stopped working as a freelancer, consultant, or independent contractor more than 5 years ago

---

COMPUTE DOV\_CUR\_ENTR (THIS UPDATES THE CURRENT ENTREPRENEUR FLAG TO YES)

IF S\_FORMBIZ\_STAT\_1 = 1                      DOV\_CUR\_ENTR = 1.

---

COMPUTE DOV\_CUR\_FREE (THIS UPDATES THE CURRENT FREELANCER FLAG TO YES)

IF S\_FORMFREE\_STAT\_1 = 1                      DOV\_CUR\_FREE = 1.

---

COMPUTE DOV\_FORM\_ENTR (THIS SETS THE FORMER ENTREPRENEUR FLAG TO YES)

IF S\_FORMBIZ\_STAT\_1 = 2                      DOV\_FORM\_ENTR = 1.  
ELSE DOV\_FORM\_ENTR = 0.

---

COMPUTE DOV\_FORM\_FREE (THIS SETS THE FORMER FREELANCER FLAG TO YES)

IF S\_FORMFREE\_STAT\_1 = 2,3                      DOV\_FORM\_FREE = 1.  
ELSE DOV\_FORM\_FREE = 0.

---

COMPUTE DOV\_CURF1 "FLAG FOR SUBGROUP PATHWAY 1"

IF (S\_FORMBIZ\_1=-3,-5) DOV\_CURF1=0  
IF (S\_FORMBIZ\_2=-3,-5) DOV\_CURF1=1  
IF (S\_FORMBIZ\_1 = 1 OR S\_FORMBIZ\_2 = 1) AND S\_FORMBIZ\_STAT\_1 = -3,-5 DOV\_CURF=2

---

COMPUTE DOV\_CURF0 "FLAG FOR SUBGROUP PATHWAY 2"

IF S\_FORMFREE\_1= -3,-5                      DOV\_CURF0=1  
IF (S\_FORMFREE\_1 <> -3,-5 AND S\_FORMFREE\_STAT\_1= -3,-5) DOV\_CURF0=2

---

S\_NASCENT\_1.



Are you, alone or with others, currently trying to start a new business, including any form of self-employment, freelancing, consulting, or independent contracting, or selling any goods or services to others?

#### RESPONSE OPTIONS

1. Yes
2. No

[SHOW IF DOV\_CUR\_ENTR = 0 AND DOV\_CUR\_FREE = 0 AND DOV\_FORM\_ENTR = 0 AND DOV\_FORM\_FREE = 0 AND DOV\_NASCENT = 0]  
S\_WITHDRAW\_1.

Have you, alone or with others, ever considered starting a new business, including any form of self-employment, freelancing, consulting, or independent contracting, or selling any goods or services to others but decided to wait or change your mind?

#### RESPONSE OPTIONS

1. Yes
2. No

[SHOW IF DOV\_WITHDRAW = 1]  
S\_INTEREST\_2.

How interested were you in starting your own business or working for yourself?

#### RESPONSE OPTIONS

1. Not at all interested
2. Slightly interested
3. Somewhat interested
4. Very interested
5. Extremely interested

[SHOW IF S\_GIGCHECK\_1 <> 1 AND S\_GIGCHECK\_2 <> 1]  
S\_GIGCHECK\_3.

*Some people earn money through short, paid tasks or jobs online or in-person that are conducted through companies that coordinate payment for the service. This is sometimes referred to as "gig work."*

[IF S\_JOBSTAT\_1 = 1 OR S\_JOBSTAT\_2 = 1 OR ANY(S\_JOBSTAT\_5\_1 to S\_JOBSTAT\_5\_5) = 1 OR S\_JOBSTAT\_6 = 1: <u>Outside of the forms of employment you have already mentioned</u>, in/ELSE: In] the last 6 months have you been paid for any gig work?

*These tasks might include driving for Uber or Lyft, selling goods through Etsy, completing online tasks on Mechanical Turk, providing graphic design, music, or other services via Fiverr or Upwork, or other activities.*

[HOVER TEXT ON "other activities":

- Babysitting, childcare services, dog walking and/or house sitting
- Disabled adult and/or elder care services
- Providing personal services to individuals



- Renting out property, such as your car, your phone, your place of residence, or other items]

#### RESPONSE OPTIONS

1. Yes
2. No
77. Unsure

[SHOW IF DOV\_CUR\_FREE = 1 OR S\_GIGCHECK\_1 = 1 OR S\_GIGCHECK\_2 = 1 OR S\_GIGCHECK\_3 = 1]  
S\_GIGPLATFORM\_1.

Is your [IF DOV\_CUR\_FREE = 1: freelance, consulting, or independent contract/ELSE: gig] work conducted through a company that coordinates payments or relationships with clients?

#### RESPONSE OPTIONS

1. Yes
2. No
77. Unsure

[SHOW IF S\_GIGPLATFORM\_1 = 1]  
S\_GIGPLATFORM\_2.

Is the company that coordinates payments or relationships with clients for your [IF DOV\_CUR\_FREE = 1: freelance, consulting, or independent contract/ELSE: gig] work an online app?

#### RESPONSE OPTIONS

1. Yes
2. No
77. Unsure

[SHOW IF S\_GIGPLATFORM\_1 = 1]  
S\_GIGPLATFORM\_3.

What is the name(s) of the company that coordinates payments or relationships with clients for your [IF DOV\_CUR\_FREE = 1: freelance, consulting, or independent contract/ELSE: gig] work?

[SHOW IF S\_GIGCHECK\_1 = 1 OR S\_GIGCHECK\_2 = 1 OR S\_GIGCHECK\_3 = 1]  
PE\_GIGREASON\_1.

In the last 6 months, which of the following are the primary reasons why you have engaged in gig work activities?

*These activities might include driving for Uber or Lyft, selling goods through Etsy, completing online tasks on Mechanical Turk, providing graphic design, music, or other services via Fiverr or Upwork, or [other activities](#).*

[HOVER TEXT ON "other activities":

- Babysitting, childcare services, dog walking and/or house sitting
- Disabled adult and/or elder care services
- Providing personal services to individuals
- Renting out property, such as your car, your phone, your place of residence, or other items]



Select all that apply.

#### RESPONSE OPTIONS

1. To earn money as a primary source of income
2. To earn extra money to supplement pay from my current employment, or other regular source of income
3. To earn extra money to supplement my retirement, pension, or disability income
4. To earn extra money to help family or friends
5. To earn extra money while I am working to start my own business
6. To earn extra money while I am making a career transition
7. To maintain existing employment-related skills
8. To acquire new employment-related skills
9. To see what it is like working for myself
10. To have flexibility in my work schedule
11. To network/meet people
12. Just for fun or as a hobby
13. Other reason, specify: [TEXTBOX]

---

## COMPUTE ENTREPRENEURSHIP STATUS

---

#### COMPUTE DOV\_GIGWORK (SET THE GIG WORKER FLAG)

```
IF S_GIGCHECK_1 = 1 OR S_GIGCHECK_2 = 1 OR S_GIGCHECK_3 = 1          DOV_GIGWORK = 1.
ELSE DOV_GIGWORK = 0.
```

---

#### COMPUTE DOV\_GENPOP (SET THE GENERAL POPULATION FLAG)

```
IF DOV_CUR_ENTR = 0 AND DOV_CUR_FREE = 0
AND DOV_FORM_ENTR = 0 AND DOV_FORM_FREE = 0
AND DOV_NASCENT = 0 AND DOV_WITHDRAW = 0          DOV_GENPOP = 1.
ELSE DOV_GENPOP = 0.
```

---

#### COMPUTE DOV\_GROUP

```
IF DOV_CUR_ENTR = 1          DOV_GROUP = 1 "current entrepreneur"
ELSE IF DOV_CUR_FREE = 1    DOV_GROUP = 2 "current freelancer"
ELSE IF DOV_NASCENT = 1 AND S_FORMBIZ_STAT_1 <> 1 AND S_FORMFREE_STAT_1 <> 1,2
          DOV_GROUP = 3 "nascent entrepreneur"
ELSE IF DOV_FORM_ENTR = 1   DOV_GROUP = 4 "former entrepreneur"
ELSE IF DOV_FORM_FREE = 1   DOV_GROUP = 5 "former freelancer"
ELSE IF DOV_WITHDRAW = 1    DOV_GROUP = 6 "withdrawn entrepreneur"
ELSE IF DOV_GENPOP = 1      DOV_GROUP = 7 "general population"
```

---

#### COMPUTE DOV\_ACTIVITY



IF DOV\_GROUP = 1 OR 4  
 IF DOV\_GROUP = 2 OR 5

DOV\_ACTIVITY = 1 "owning your own business"  
 DOV\_ACTIVITY = 2 "working for yourself as a  
 freelancer, consultant, or independent  
 contractor"

IF DOV\_GROUP = 3 AND (S\_FORMBIZ\_STAT\_1 = 2 OR S\_FORMFREE\_STAT\_1 = 3)  
 DOV\_ACTIVITY = 3 "owning another business"

IF DOV\_GROUP = 3 AND S\_FORMBIZ\_STAT\_1 <> 2 AND S\_FORMFREE\_STAT\_1 <> 3  
 DOV\_ACTIVITY = 4 "working for yourself"  
 DOV\_ACTIVITY = 5 "working for yourself"

IF DOV\_GROUP = 6  
 ELSE DOV\_ACTIVITY = "".

#### COMPUTE DOV\_JOB

IF DOV\_GROUP = 1 DOV\_JOB = "a current business owner"  
 IF DOV\_GROUP = 2 DOV\_JOB = "a current freelancer, consultant, or independent contractor"  
 IF DOV\_GROUP = 3 DOV\_JOB = "an aspiring business owner"  
 IF DOV\_GROUP = 4 DOV\_JOB = "a former business owner"  
 IF DOV\_GROUP = 5 DOV\_JOB = "a former freelancer, consultant, or independent contractor"  
 IF DOV\_GROUP = 6 DOV\_JOB = "a former business planner"

IF DOV\_GROUP=7 DOV\_JOB=GEN POP (NO INSERT TEXT)

## PURSuing ENTREPRENEURSHIP-SECTION 1 QUESTIONS

[SHOW IF DOV\_GROUP <> 4,5, OR 7]  
 DISPLAY\_PE.

You said that you are [INSERT DOV\_JOB]. This first set of questions will focus on the steps you took or have taken to pursue this type of work.

[SHOW IF DOV\_GROUP <> 4,5, OR 7]  
 PE\_EMPSTAT\_1.

When you first started pursuing the idea of [INSERT DOV\_ACTIVITY], what was your employment status?

#### RESPONSE OPTIONS

1. Employed
2. Not employed

[SHOW IF PE\_EMPSTAT\_1 = 2]  
 PE\_EMPSTAT\_2.

What were your reasons for not working when you first started pursuing the idea of [INSERT DOV\_ACTIVITY]?

*Select all that apply.*



### RESPONSE OPTIONS

1. Retired
2. On layoff from a job
3. Student
4. Family responsibilities
5. Chronic illness or permanent disability
6. Suitable job not available
7. Did not need or want to work
8. None of the above

[SHOW IF DOV\_GROUP <> 4,5, OR 7]

PE\_REASONS\_1.

How important to you were each of the following reasons for pursuing [INSERT DOV\_ACTIVITY]?

### GRID ITEMS

1. Wanted to be my own boss
2. Flexible hours
3. Balance work and family
4. Opportunity for greater income
5. Ability to supplement my income from my job
6. Best avenue for my ideas/goods/services
7. Unable to find employment
8. Did not feel valued by my place of employment
9. Did not feel that there were adequate opportunities to advance in my career
10. Did not feel like I was being paid fairly given my skills in the labor market
11. Working for someone didn't appeal to me
12. Always wanted to start my own business
13. An entrepreneurial friend or family member was a role model
14. Wanted to carry on the family business
15. Wanted to help and/or become more involved in my community

### RESPONSE OPTIONS

1. Very important
2. Somewhat important
3. Not important

## PURSUING ENTREPRENEURSHIP-SECTION 2 QUESTIONS

[SHOW IF DOV\_GROUP <> 4,5, OR 7]

DISPLAY\_PE\_STEPS.

The next few questions ask about different steps you may have taken to pursue or develop your business or working for yourself.

[SHOW IF DOV\_GROUP <> 4,5, OR 7]

PE\_STEPS\_1.



Which of the following networking steps did you (or you and your co-developers/collaborators) take to pursue [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Discussed the idea with a friend, work colleague, classmate, or acquaintance
2. Discussed the idea with a family member
3. Identified and worked with a mentor(s)
4. Networking with experts, colleagues, or acquaintances in the field
5. None of the above

---

[SHOW IF DOV\_GROUP <> 4,5, OR 7]

#### PE\_STEPS\_2.

Which of the following technical or market research steps did you (or you and your co-developers/collaborators) take to pursue [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Consulted established business leaders in the industry on the idea or market
2. Sought out professional advice (*such as from a lawyer, accountant, or another professional related to the operation of a business*)
3. Researched the market or considered how potential customers or other firms might respond if you launched the business
4. Learned about or applied for patents, copyrights, or trademarks to protect the business idea
5. Made a prototype
6. Tested the market and/or collected feedback from customers
7. None of the above

---

[SHOW IF DOV\_GROUP <> 4,5, OR 7]

#### PE\_STEPS\_3.

Which of the following business development steps did you (or you and your co-developers/collaborators) take with business support organizations to pursue [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Attended trainings, workshops, or webinars relating to starting and operating a business
2. Applied to a support program for new business
3. None of the above

---

[SHOW IF DOV\_GROUP <> 4,5, OR 7]

#### PE\_STEPS\_4.

Which of the following business financing steps did you (or you and your co-developers/collaborators) take to pursue [INSERT DOV\_ACTIVITY]?



*Select all that apply.*

#### RESPONSE OPTIONS

1. Explored financing options with a bank, investors, or grant program
  2. Applied for or requested financing with a bank, investors, or a grant program
  3. Had conversations with acquaintances, friends, and family about potentially funding the business
  4. Put forward my own capital
  5. None of the above
- 

[SHOW IF DOV\_GROUP <> 4,5, OR 7]  
PE\_STEPS\_5.

Which of the following organizational planning steps did you (or you and your co-developers/collaborators) take to pursue [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Created spreadsheets, financial models, or other analyses to determine feasibility
  2. Created a website for the business
  3. Created a social media presence for the business
  4. Registered the business for a tax ID
  5. Wrote a business plan
  6. Created a pitch deck, executive summary, or other promotional materials
  7. None of the above
- 

[SHOW IF DOV\_GROUP <> 4,5, OR 7]  
PE\_STEPS\_6.

Which of the following staffing and growth steps did you (or you and your co-developers/collaborators) take to pursue [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Found a first customer or client
  2. Made a sale or provided the product/service on a pilot basis
  3. Hired an employee (non-cofounder)
  4. Quit your job to devote more time to work on launching the business
  5. None of the above
- 

[SHOW IF DOV\_GROUP <> 4,5, OR 7]  
PE\_STEPS\_7.

What other steps, if any, did you (or you and your co-developers/collaborators) take to pursue [INSERT DOV\_ACTIVITY]?



---

## PURSUING ENTREPRENEURSHIP-SECTION 3 QUESTIONS

---

[SHOW IF DOV\_GROUP = 3 OR 6]

DISPLAY\_CHALLENGES.

Now we want to ask you about some challenges you may or may not have encountered while pursuing [INSERT DOV\_ACTIVITY].

---

[SHOW IF DOV\_GROUP = 3 OR 6]

PE\_CHALLENGE\_1.

Which of the following financial or economic security challenges [IF DOV\_GROUP = 3: have you encountered/ELSE: did you encounter] while pursuing [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

### RESPONSE OPTIONS

1. Not being able to access and/or afford health insurance
  2. Not having access to other employer-provided benefits (*aside from health care*)
  3. Challenges with personal/family finances while the business is getting started
  4. Not having enough savings for start-up costs
  5. Accessing capital to cover start-up costs
  6. None of the above
- 

[SHOW IF DOV\_GROUP =3 or 6]

PE\_CHALLENGE\_2.

Which of the following business operations challenges [IF DOV\_GROUP = 3: have you encountered/ELSE: did you encounter] while pursuing [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

### RESPONSE OPTIONS

1. Getting the business licensed/registered
  2. Not knowing where to start
  3. Doing my taxes
  4. Navigating local, state, or federal government regulations
  5. Obtaining any relevant insurance related to the work performed
  6. None of the above
- 

[SHOW IF DOV\_GROUP = 3 OR 6]

PE\_CHALLENGE\_3.

Which of the following customer reach challenges [IF DOV\_GROUP = 3: have you encountered/ELSE: did you encounter] while pursuing [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

**RESPONSE OPTIONS**

1. Finding customers
  2. Setting up the business' digital/online presence
  3. Securing a physical location for the business
  4. None of the above
- 

[SHOW IF DOV\_GROUP = 3 OR 6]

PE\_CHALLENGE\_4.

Which of the following resource or support challenges [IF DOV\_GROUP = 3: have you encountered/ELSE: did you encounter] while pursuing [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

**RESPONSE OPTIONS**

1. Finding professional support like lawyers, accountants, or tax professionals
  2. Finding support, advice, or finding role models in my network
  3. Getting support from my family or friends
  4. Getting support from my community
  5. Balancing work and family
  6. Major life event (such as a new child, own or family medical issue)
  7. Finding time to pursue the idea
  8. None of the above
- 

[SHOW IF DOV\_GROUP = 3 OR 6]

PE\_CHALLENGE\_5.

Which of the following economy or market challenges [IF DOV\_GROUP = 3: have you encountered/ELSE: did you encounter] while pursuing [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

**RESPONSE OPTIONS**

1. Finding and retaining qualified employees
  2. Competing against other/larger businesses
  3. Supply chain issues
  4. Unfavorable economy
  5. None of the above
- 

[SHOW IF DOV\_GROUP = 3 OR 6]

PE\_CHALLENGE\_6.

What other challenges, if any, have you encountered while pursuing [INSERT DOV\_ACTIVITY]?

[TEXTBOX]



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## PURSUING ENTREPRENEURSHIP-SECTION 4 QUESTIONS

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[SHOW IF DOV\_GROUP <> 7]

DISPLAY\_CAPITAL.

Now we would like to ask you some questions about the different sources and amounts of capital you used to start [INSERT DOV\_ACTIVITY]. When entering the dollar amounts for each funding source please give your best estimate.

---

[SHOW IF DOV\_GROUP <> 7]

PE\_CAPITAL\_1.

Did you use any of the following sources of capital to cover the costs related to pursuing or starting up your business [IF DOV\_GROUP = 3 OR 6: idea]?

*Select all that apply.*

### RESPONSE OPTIONS

1. Personal/family savings of owner(s)
  2. Personal/family assets other than savings of owner(s)
  3. Personal/family home equity loan
  4. Personal credit card(s) carrying balances
  5. Business credit card(s) carrying balances
  6. Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans
  7. Business loan from a bank or financial institution (including online lenders)
  8. Business loan from a federal, state, or local government
  9. Business loan/investment from family/friend(s)
  10. Investment by venture capitalist(s)/angel investor(s)
  11. Crowdfunding (Kickstarter, Indiegogo, etc.)
  12. Grants
  13. Other capital source(s), specify: [TEXTBOX]
  14. None needed
- 

[SHOW IF PE\_CAPITAL\_1 = 6 OR 7]

PE\_CAPITAL\_INSTITUTION\_1.

Which of the following describe the bank or financial institution from which you received capital?

*Select all that apply.*

### RESPONSE OPTIONS

1. Small local bank
2. Large national bank
3. Financial services company
4. Online lender/fintech lender
5. Credit union
6. Finance company



7. Alternative financial source
8. Community development financial institution (CDFI)
9. Other institution, specify: [TEXTBOX]
10. None of the above

[HOVER TEXT on “Financial services company”: Includes nonbanks that provide business financial services (payroll processing, merchant services, accounting, etc.)]

[HOVER TEXT on “Online lender/fintech lender”: Online lenders, also called fintech lenders, are lending institutions that operate solely through a website or app. Examples include Lending Club, OnDeck, CAN Capital, Paypal Working Capital, and Kabbage.]

[HOVER TEXT on “Finance company”: Includes nonbank lenders such as mortgage companies, equipment dealers, insurance companies, and auto finance companies.]

[HOVER TEXT on “Alternative Financial Source”: Examples include payday lender, check cashing, pawn shop, money order/ transmission service, etc. ]

[HOVER TEXT on “Community development financial institution (CDFI)”: Community development financial institutions are financial institutions that provide credit and financial services to underserved markets and populations. CDFIs are certified by the CDFI Fund at the US Department of the Treasury.]

[SHOW IF PE\_CAPITAL\_1 = 12]

PE\_GRANT\_TYPE\_1.

Which of the following describe the source from which you received grant capital?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Government source
2. Private institution
3. Non-profit organization
4. Other grant source, specify: [TEXTBOX]

[SHOW IF ANY(PE\_CAPITAL\_1\_5 – PE\_CAPITAL\_1\_13 = 1)]

PE\_CAPITAL\_2.

Of the sources of capital you used, did you receive as much funding as you requested?

#### GRID ITEMS

- A. [SHOW IF PE\_CAPITAL\_1\_5 = 1] Business credit card(s) carrying balances
- B. [SHOW IF PE\_CAPITAL\_1\_6 = 1] Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans
- C. [SHOW IF PE\_CAPITAL\_1\_7 = 1] Business loan from a bank or financial institution
- D. [SHOW IF PE\_CAPITAL\_1\_8 = 1] Business loan from a federal, state, or local government
- E. [SHOW IF PE\_CAPITAL\_1\_9 = 1] Business loan/investment from family/friend(s)
- F. [SHOW IF PE\_CAPITAL\_1\_10 = 1] Investment by venture capitalist(s)/angel investor(s)
- G. [SHOW IF PE\_CAPITAL\_1\_11 = 1] Crowdfunding (Kickstarter, Indiegogo, etc.)
- H. [SHOW IF PE\_CAPITAL\_1\_12 = 1] Grants



- I. [SHOW IF PE\_CAPITAL\_1\_13 = 1] [INSERT TEXTBOX RESPONSE FROM PE\_CAPITAL\_1\_13\_OE]

#### RESPONSE OPTIONS

1. Yes, I received as much (or more) funding as I requested from this source
2. No, I received less funding than I requested from this source

[SHOW IF DOV\_GROUP <> 7 AND ANY(PE\_CAPITAL\_1\_5 – PE\_CAPITAL\_1\_12 = 0)]  
PE\_CAPITAL\_3.

Of the sources of capital you did not use, did you request funding but not receive any?

#### GRID ITEMS

- A. [SHOW IF PE\_CAPITAL\_1\_5 = 0] Business credit card(s) carrying balances
- B. [SHOW IF PE\_CAPITAL\_1\_6 = 0] Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans
- C. [SHOW IF PE\_CAPITAL\_1\_7 = 0] Business loan from a bank or financial institution
- D. [SHOW IF PE\_CAPITAL\_1\_8 = 0] Business loan from a federal, state, or local government
- E. [SHOW IF PE\_CAPITAL\_1\_9 = 0] Business loan/investment from family/friend(s)
- F. [SHOW IF PE\_CAPITAL\_1\_10 = 0] Investment by venture capitalist(s)/angel investor(s)
- G. [SHOW IF PE\_CAPITAL\_1\_11 = 0] Crowdfunding (Kickstarter, Indiegogo, etc.)
- H. [SHOW IF PE\_CAPITAL\_1\_12 = 0] Grants

#### RESPONSE OPTIONS

1. Yes, I requested funding from this source but did not receive any
2. No, I did not request funding from this source

[SHOW IF DOV\_GROUP <> 7]  
PE\_CAPITAL\_4.

What [IF DOV\_GROUP = 1, 2, 4, 5, OR 6: was/ELSE: is] the total amount of capital used [IF DOV\_GROUP = 1, 2, 4, OR 5: to start [INSERT DOV\_ACTIVITY]] [IF DOV\_GROUP = 3: so far to start up your business idea or working for yourself] [IF DOV\_GROUP = 6: when you were trying to start up your business idea or working for yourself]?

*Capital includes personal or family savings, other assets, and money that has been invested, gifted, or loaned by other individuals or organizations. Your best estimate is fine. Please report in whole dollar amounts. If none, report 0.*

[\$[NUMBOX, 0-30000000] .00 dollars

[SHOW IF DOV\_GROUP <> 7]  
PE\_CAPITAL\_5.

What [IF DOV\_GROUP = 1, 2, 4, 5, OR 6: was/ELSE: is] the total amount of personal capital used [IF DOV\_GROUP = 1, 2, 4, OR 5: to start [INSERT DOV\_ACTIVITY]] [IF DOV\_GROUP = 3: so far to start up your business idea or working for yourself] [IF DOV\_GROUP = 6: when you were trying to start up your business idea or working for yourself]?



*This source of capital includes personal savings, personal retirement accounts, home equity loans, and personally borrowed funds. Your best estimate is fine. Please report in whole dollar amounts. If none, report 0.*

\$(NUMBOX, 0-30000000) .00 dollars

---

[SHOW IF DOV\_GROUP <> 7]

PE\_CAPITAL\_6.

What [IF DOV\_GROUP = 1, 2, 4, 5, OR 6: was/ELSE: is] the total amount of capital from family, friends, and employees used [IF DOV\_GROUP = 1, 2, 4, OR 5: to start [INSERT DOV\_ACTIVITY]] [IF DOV\_GROUP = 3: so far to start up your business idea or working for yourself] [IF DOV\_GROUP = 6: when you were trying to start up your business idea or working for yourself]?

*This source of capital includes money received from family, friends, and employees. Your best estimate is fine. Please report in whole dollar amounts. If none, report 0.*

\$(NUMBOX, 0-30000000) .00 dollars

---

[SHOW IF DOV\_GROUP <> 7]

PE\_CAPITAL\_7.

What [IF DOV\_GROUP = 1, 2, 4, 5, OR 6: was/ELSE: is] the total amount of capital from banks or financial institutions used [IF DOV\_GROUP = 1, 2, 4, OR 5: to start [INSERT DOV\_ACTIVITY]] [IF DOV\_GROUP = 3: so far to start up your business idea or working for yourself] [IF DOV\_GROUP = 6: when you were trying to start up your business idea or working for yourself]?

*This source of capital includes money borrowed from a bank or financial institution, including business loans, a business credit card carrying a balance, or a business line of credit. Your best estimate is fine. Please report in whole dollar amounts. If none, report 0.*

\$(NUMBOX, 0-30000000) .00 dollars

---

[SHOW IF DOV\_GROUP <> 7]

PE\_CAPITAL\_8.

What [IF DOV\_GROUP = 1, 2, 4, 5, OR 6: was/ELSE: is] the total amount of capital from outside investors used [IF DOV\_GROUP = 1, 2, 4, OR 5: to start [INSERT DOV\_ACTIVITY]] [IF DOV\_GROUP = 3: so far to start up your business idea or working for yourself] [IF DOV\_GROUP = 6: when you were trying to start up your business idea or working for yourself]?

*This source of capital includes money received from angel investors, venture capitalists, or other businesses in return for a share of ownership in the business. Your best estimate is fine. Please report in whole dollar amounts. If none, report 0.*

\$(NUMBOX, 0-30000000) .00 dollars

---

[SHOW IF DOV\_GROUP <> 7]

PE\_CAPITAL\_9.



What [IF DOV\_GROUP = 1, 2, 4, 5, OR 6: was/ELSE: is] the total amount of capital from government grants used [IF DOV\_GROUP = 1, 2, 4, OR 5: to start [INSERT DOV\_ACTIVITY]] [IF DOV\_GROUP = 3: so far to start up your business idea or working for yourself] [IF DOV\_GROUP = 6: when you were trying to start up your business idea or working for yourself]?

*This source of capital includes money received from government grants such as the Small Business Innovation Research (SBIR) and/or Small Business Technology Transfer (STTR) programs. Your best estimate is fine. Please report in whole dollar amounts. If none, report 0.*

\$[NUMBOX, 0-30000000] .00 dollars

[SHOW IF DOV\_GROUP = 6]

PE\_STOPREASON\_1.

What were the primary factors that contributed to your decision to stop pursuing working for yourself?

*Select all that apply.*

RESPONSE OPTIONS, RANDOMIZE

1. Lack of financial resources
2. Lack of time
3. Lost focus, interest, and/or motivation or felt burnt out
4. I needed help, but did not know where to go for support
5. Difficulties with partners or investors
6. Family/friends were not supportive
7. I decided it was too risky
8. Major life event (such as a new child, own or family medical issue)
9. I decided to take a new job/enter employment
10. I received a promotion at work
11. I decided to go back to school
12. I needed employer-provided health insurance
13. Other factor, specify: [TEXTBOX][ANCHOR]

## BUSINESS OPERATIONS-SECTION 1 QUESTIONS

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

DISPLAY\_BO.

This next set of questions ask more about [INSERT DOV\_ACTIVITY] and the day-to-day operations once you were up and running. If you own more than one business, please focus on the business for which you work the most hours.

[IF DOV\_GROUP = 4: If you no longer own your own business, please answer these questions in reference to the last year when your business was in operation.]

[IF DOV\_GROUP = 5: If you no longer work for yourself as a freelancer, consultant, or independent contractor, please answer these questions in reference to the last year when you were working as such.]

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

**BO\_STARTBIZ\_1.**

In what year did you start [INSERT DOV\_ACTIVITY]?

[NUMBOX, RANGE 1920-2021]

---

[SHOW IF DOV\_GROUP = 1 OR 4]

**BO\_ACQOWN\_1.**

How did you initially acquire ownership of this business?

**RESPONSE OPTIONS**

1. Founded or started
  2. Purchased
  3. Inherited
  4. Received transfer of ownership or gift
- 

[SHOW IF DOV\_GROUP = 1 OR 4]

**BO\_LEGALSTAT\_1.**

What [IF DOV\_GROUP = 1:is/ELSE,was] this business' legal form of organization?

**RESPONSE OPTIONS**

1. Sole proprietorship, unincorporated
  2. LLC
  3. C-Corporation
  4. S-Corporation
  5. Partnership (*such as a partner in a professional practice*)
  6. Non-profit
  7. Other (*such as trusts, estates, cooperatives with undetermined tax status, unregistered or unlicensed businesses, etc.*)
- 

[SHOW IF DOV\_GROUP = 1 OR 4]

**BO\_BIZTYPE\_1.**

Would you describe this [IF DOV\_GROUP = 1 : current/ELSE: former] business as a/an...

**RESPONSE OPTIONS**

1. Independent business
  2. Purchase/takeover of an existing business
  3. Franchise
  4. Multi-level marketing initiative
  5. Other business type, specify: [TEXTBOX]
- 

[SHOW IF DOV\_GROUP = 2 OR 5]

**BO\_CLIENT\_1.**

[IF DOV\_GROUP = 2:Do/ELSE,Did] you work primarily for one client/organization?

**RESPONSE OPTIONS**

1. Yes, one primary client
-



---

2. No, multiple clients

---

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

BO\_WORKHOME\_1.

How would you describe the primary location where you [IF DOV\_GROUP = 1 OR 2:work/ELSE: worked] as [INSERT DOV\_JOB]?

RESPONSE OPTIONS

1. A residence such as a home or garage
  2. A rented or leased space
  3. Space the business purchased
  4. A site where a client is located
  5. Co-working space
  6. A vehicle
  7. Other work location, specify: [TEXTBOX]
- 

[SHOW IF DOV\_GROUP <> 7]

BO\_BIZEMERGE\_1.

[IF DOV\_GROUP = 6: Even though you decided not to pursue your business idea, where did your idea for your business originate? /ELSE: Which of the following best describes the origin of your work as [INSERT DOV\_JOB]?)

RESPONSE OPTIONS

1. Your [IF DOV\_GROUP = 1 OR 2 OR 4 OR 5:previous/ELSE:current] work activity
  2. A separate business you now own and manage
  3. A hobby or recreational pastime
  4. Academic, scientific, or applied research
  5. An idea from yourself or other member of a start-up team
  6. You inherited the business
  7. Other origin, specify: [TEXTBOX]
- 

[SHOW IF DOV\_GROUP <> 7]

BO\_COLLAB\_1.

Did you come up with the idea for your business concept on your own, or were you collaborating with other people?

RESPONSE OPTIONS

1. I came up with it on my own
  2. I was working with one other person
  3. I was working with several other people
- 

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

BO\_ADDFINANCE\_1.

At any time since you started your job as [INSERT DOV\_JOB], did you apply for/request additional financing?



## RESPONSE OPTIONS

1. Yes
2. No

[SHOW IF BO\_ADDFINANCE\_1 = 1]

DISPLAY\_ADDFINANCE.

Now we would like to ask you some questions about the additional sources and amounts of capital you applied for/requested to continue your job as [INSERT DOV\_JOB]. When entering the dollar amounts for each funding source, please give your best estimate.

[SHOW IF BO\_ADDFINANCE\_1 = 1]

BO\_ADDFINANCE\_2.

Where did you apply for or request additional financing?

*Select all that apply.*

## RESPONSE OPTIONS

1. Personal/family home equity loan
2. Personal credit card(s) carrying balances
3. Business credit card(s) carrying balances
4. Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans
5. Business loan from a bank or financial institution (including online lenders)
6. Business loan from a federal, state, or local government
7. Business loan/investment from family/friend(s)
8. Investment by venture capitalist(s)/angel investor(s)
9. Crowdfunding (Kickstarter, Indiegogo, etc.)
10. Grants
11. Other capital source(s), specify: [TEXTBOX]

[SHOW IF BO\_ADDFINANCE\_2 = 4 OR 5]

BO\_ADDFINANCE\_INSTITUTION\_1.

Which of the following describe the bank or financial institution from which you requested capital?

*Select all that apply.*

## RESPONSE OPTIONS

1. Small local bank
2. Large national bank
3. Financial services company
4. Online lender/fintech lender
5. Credit union
6. Finance company
7. Alternative financial source
8. Community development financial institution (CDFI)
9. Other institution, specify: [TEXTBOX]
10. None of the above



[HOVER TEXT on “Financial services company”: Includes nonbanks that provide business financial services (payroll processing, merchant services, accounting, etc.)]

[HOVER TEXT on “Online lender/fintech lender”: Online lenders, also called fintech lenders, are lending institutions that operate solely through a website or app. Examples include Lending Club, OnDeck, CAN Capital, Paypal Working Capital, and Kabbage.]

[HOVER TEXT on “Finance company”: Includes nonbank lenders such as mortgage companies, equipment dealers, insurance companies, and auto finance companies.]

[HOVER TEXT on “Alternative Financial Source”: Examples include payday lender, check cashing, pawn shop, money order/ transmission service, etc. ]

[HOVER TEXT on “Community development financial institution (CDFI)”: Community development financial institutions are financial institutions that provide credit and financial services to underserved markets and populations. CDFIs are certified by the CDFI Fund at the US Department of the Treasury.]

[SHOW IF BO\_ADDFINANCE\_2 = 10]

BO\_GRANT\_TYPE\_1.

Which of the following describe the source from which you requested grant capital?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Government source
2. Private institution
3. Non-profit organization
4. Other grant source, specify: [TEXTBOX]

[SHOW IF ANY(BO\_ADDFINANCE\_2\_3 – BO\_ADDFINANCE\_2\_11 = 1)]

BO\_ADDFINANCE\_3.

Of the sources of capital to which you applied, did you receive as much funding as you requested?

#### GRID ITEMS

- A. [SHOW IF BO\_ADDFINANCE\_2\_3 = 1] Business credit card(s) carrying balances
- B. [SHOW IF BO\_ADDFINANCE\_2\_4 = 1] Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans
- C. [SHOW IF BO\_ADDFINANCE\_2\_5 = 1] Business loan from a bank or financial institution
- D. [SHOW IF BO\_ADDFINANCE\_2\_6 = 1] Business loan from a federal, state, or local government
- E. [SHOW IF BO\_ADDFINANCE\_2\_7 = 1] Business loan/investment from family/friend(s)
- F. [SHOW IF BO\_ADDFINANCE\_2\_8 = 1] Investment by venture capitalist(s)/angel investor(s)
- G. [SHOW IF BO\_ADDFINANCE\_2\_9 = 1] Crowdfunding (Kickstarter, Indiegogo, etc.)
- H. [SHOW IF BO\_ADDFINANCE\_2\_10 = 1] Grants
- I. [SHOW IF BO\_ADDFINANCE\_2\_11 = 1] [INSERT TEXTBOX RESPONSE FROM BO\_ADDFINANCE\_2\_11\_OE]

#### RESPONSE OPTIONS



1. Yes, I received as much (or more) funding as I requested from this source
2. No, I received less funding than I requested from this source

[SHOW IF BO\_ADDFINANCE\_1 = 1 AND ANY(BO\_ADDFINANCE\_2\_3 – BO\_ADDFINANCE\_2\_10 = 0)]  
BO\_ADDFINANCE\_4.

Of the sources of capital you did not use, did you request funding but not receive any?

#### GRID ITEMS

- A. [SHOW IF BO\_ADDFINANCE\_2\_3 = 0] Business credit card(s) carrying balances
- B. [SHOW IF BO\_ADDFINANCE\_2\_4 = 0] Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans
- C. [SHOW IF BO\_ADDFINANCE\_2\_5 = 0] Business loan from a bank or financial institution
- D. [SHOW IF BO\_ADDFINANCE\_2\_6 = 0] Business loan from a federal, state, or local government
- E. [SHOW IF BO\_ADDFINANCE\_2\_7 = 0] Business loan/investment from family/friend(s)
- F. [SHOW IF BO\_ADDFINANCE\_2\_8 = 0] Investment by venture capitalist(s)/angel investor(s)
- G. [SHOW IF BO\_ADDFINANCE\_2\_9 = 0] Crowdfunding (Kickstarter, Indiegogo, etc.)
- H. [SHOW IF BO\_ADDFINANCE\_2\_10 = 0] Grants

#### RESPONSE OPTIONS

1. Yes, I requested funding from this source but did not receive any
2. No, I did not request funding from this source

[SHOW IF ANY(BO\_ADDFINANCE\_2\_1 – BO\_ADDFINANCE\_2\_11 = 1)]  
BO\_ADDFINANCE\_5.

What was the total amount of additional capital you received after starting your job as [INSERT DOV\_JOB]?

*Capital includes personal or family savings, other assets, and money that has been invested, gifted, or loaned by other individuals or organizations. Your best estimate is fine. Please report in whole dollar amounts.*

\$(NUMBOX, 0-30000000) .00 dollars

[SHOW IF ANY(BO\_ADDFINANCE\_2\_1 – BO\_ADDFINANCE\_2\_11 = 1)]  
BO\_ADDFINANCE\_6.

What was the total amount of additional personal capital you received after starting your job as [INSERT DOV\_JOB]?

*This source of capital includes personal savings, personal retirement accounts, home equity loans, and personally borrowed funds. Your best estimate is fine. Please report in whole dollar amounts.*

\$(NUMBOX, 0-30000000) .00 dollars

[SHOW IF ANY(BO\_ADDFINANCE\_2\_1 – BO\_ADDFINANCE\_2\_11 = 1)]  
BO\_ADDFINANCE\_7.



What was the total amount of additional capital from family, friends, and employees you received after starting your job as [INSERT DOV\_JOB]?

*This source of capital includes money received from family, friends, and employees. Your best estimate is fine. Please report in whole dollar amounts.*

\$(NUMBOX, 0-30000000) .00 dollars

---

[SHOW IF ANY(BO\_ADDFINANCE\_2\_1 – BO\_ADDFINANCE\_2\_11 = 1)]  
BO\_ADDFINANCE\_8.

What was the total amount of additional capital from banks or financial institutions you received after starting your job as [INSERT DOV\_JOB]?

*This source of capital includes money borrowed from a bank or financial institution, including business loans, a business credit card carrying a balance, or a business line of credit. Your best estimate is fine. Please report in whole dollar amounts.*

\$(NUMBOX, 0-30000000) .00 dollars

---

[SHOW IF ANY(BO\_ADDFINANCE\_2\_1 – BO\_ADDFINANCE\_2\_11 = 1)]  
BO\_ADDFINANCE\_9.

What was the total amount of additional capital from outside investors you received after starting your job as [INSERT DOV\_JOB]?

*This source of capital includes money received from angel investors, venture capitalists, or other businesses in return for a share of ownership in the business. Your best estimate is fine. Please report in whole dollar amounts.*

\$(NUMBOX, 0-30000000) .00 dollars

---

[SHOW IF ANY(BO\_ADDFINANCE\_2\_1 – BO\_ADDFINANCE\_2\_11 = 1)]  
BO\_ADDFINANCE\_10.

What was the total amount of additional capital from government grants you received after starting your job as [INSERT DOV\_JOB]?

*This source of capital includes money received from government grants such as the Small Business Innovation Research (SBIR) and/or Small Business Technology Transfer (STTR) programs. Your best estimate is fine. Please report in whole dollar amounts.*

\$(NUMBOX, 0-30000000) .00 dollars



## BUSINESS OPERATIONS-SECTION 2 QUESTIONS

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

BO\_EMPLOYEES\_1.

Which of the following types of workers [IF DOV\_GROUP = 1 OR 2: are/ELSE: were] used by your business/self-employment? (*Do not include yourself or your co-owners.*)

*Select all that apply.*

### RESPONSE OPTIONS

1. Full-time paid employees (workers who received a W-2 from this business)
2. Part-time paid employees (workers who received a W-2 from this business)
3. Paid day laborers
4. Temporary staffing obtained from a temporary help service
5. Leased employees from a leasing service or professional employer organization
6. Contractors, subcontractors, independent contractors, or outside consultants (workers who received a 1099 or payment from another company)
7. Unpaid family members
8. Unpaid non-family members, volunteers, or interns
9. Other worker type, specify: [TEXTBOX]
10. There are no workers other than me in this business

[SHOW IF ANY BO\_EMPLOYEES\_1\_1 THROUGH BO\_EMPLOYEES\_1\_9 SELECTED]

BO\_NUMEMPLOY\_1.

How many of the following types of workers [IF DOV\_GROUP = 1 OR 2: are/ELSE: were] used by your business/self-employment? (*Do not include yourself or your co-owners.*)

*Your best estimate is fine.*

### GRID ITEMS

- A. [SHOW IF BO\_EMPLOYEES\_1\_1=1] Full-time paid employees (workers who received a W-2 from this business)
- B. [SHOW IF BO\_EMPLOYEES\_1\_2=1] Part-time paid employees (workers who received a W-2 from this business)
- C. [SHOW IF BO\_EMPLOYEES\_1\_3=1] Paid day laborers
- D. [SHOW IF BO\_EMPLOYEES\_1\_4=1] Temporary staffing obtained from a temporary help service
- E. [SHOW IF BO\_EMPLOYEES\_1\_5=1] Leased employees from a leasing service or professional employer organization
- F. [SHOW IF BO\_EMPLOYEES\_1\_6=1] Contractors, subcontractors, independent contractors, or outside consultants (workers who received a 1099 or payment from another company)
- G. [SHOW IF BO\_EMPLOYEES\_1\_7=1] Unpaid family members
- H. [SHOW IF BO\_EMPLOYEES\_1\_8=1] Unpaid non-family members, volunteers, or interns
- I. [SHOW IF BO\_EMPLOYEES\_1\_9=1] [TEXTBOX RESPONSE AT BO\_EMPLOYEES\_1\_9]

### RESPONSE OPTIONS

1. Number of workers



---

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_WEEKSWK\_1.

During the past 12 months (52 weeks), how many weeks did you spend managing or working in this business? Include paid time off and weeks when you worked for a few hours.

*Your best estimate is fine.*

[NUMBOX, RANGE 0-52]

---

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_HOURSWK\_1.

In the past year, what was the average number of hours per week you spent managing or working in your business?

*Your best estimate is fine.*

[NUMBOX, RANGE 0-99]

---

[SHOW IF DOV\_GROUP = 4 OR 5]

BO\_WEEKSWK\_2.

In the last year [IF DOV\_GROUP = 4: of your business/ELSE: working for yourself], how many weeks did you spend managing or working in your [IF DOV\_GROUP = 5: freelance or consulting] business? Include paid time off and weeks when you worked for a few hours.

*Your best estimate is fine.*

[NUMBOX, RANGE 0-52]

---

[SHOW IF DOV\_GROUP = 4 OR 5]

BO\_HOURSWK\_2.

In the last year [IF DOV\_GROUP = 4: of your business/ELSE: working for yourself], what was the average number of hours per week you spent managing or working in your [IF DOV\_GROUP = 5: freelance or consulting] business?

*Your best estimate is fine.*

[NUMBOX, RANGE 0-99]

---

[SHOW IF DOV\_GROUP = 1 OR 4]

BO\_EMPBENEFIT\_1.

Which of the following employee benefits [IF DOV\_GROUP = 1: are/ELSE: were] paid totally or partly by your business?

*Select all that apply.*



### RESPONSE OPTIONS

1. Health insurance
2. Contributions to retirement plans, including 401(k), Keogh, etc.
3. Profit sharing and/or stock options
4. Paid holidays or vacation
5. Paid sick leave
6. Paid parental or family leave
7. Tuition assistance and/or reimbursement
8. Other benefit, specify: [TEXTBOX]
9. None of the above

[SHOW IF DOV\_GROUP = 1,2,4,5]

BO\_ONLINE\_1.

[IF DOV\_GROUP = 1 OR 2: Do/ELSE: Did] you have a website and/or social media presence (such as Facebook, Twitter, or Instagram) related to your business?

### RESPONSE OPTIONS

1. Yes, website only
2. Yes, social media only
3. Yes, both
4. No

## BUSINESS OPERATIONS-SECTION 3 QUESTIONS

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_REVENUE\_1.

What was the amount of your income or sales and operating revenues, including grants, during 2021 from your work as [INSERT DOV\_JOB]?

*Your best estimate is fine. Please report whole dollar amounts. If none, report 0.*

[\$[NUMBOX, 0-100,000,000] .00 dollars

[SHOW IF DOV\_GROUP = 4 OR 5]

BO\_REVENUE\_2.

What was the amount of your income or sales and operating revenues, including grants, during the last year you ran your former [IF DOV\_GROUP = 4:business/ELSE:self-employed business]?

*Your best estimate is fine. Please report whole dollar amounts. If none, report 0.*

[\$[NUMBOX, 0-100,000,000] .00 dollars

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]



BO\_PLMARGIN\_1.

[IF DOV\_GROUP = 1 OR 2: In 2021/ELSE: During the last year of your business' operation], did you have profits, losses, or break even?

RESPONSE OPTIONS

1. Profits
  2. Losses
  3. Break even
  4. Not applicable (My business started in 2022)
- 

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_PRIMARYINC\_1.

Does your work as [INSERT DOV\_JOB] provide your primary source of household income?

RESPONSE OPTIONS

1. Yes
  2. No
- 

[SHOW IF DOV\_GROUP = 4 OR 5]

BO\_PRIMARYINC\_2.

In the last year of your business' operation, did your work as [INSERT DOV\_JOB] provide your primary source of household income?

RESPONSE OPTIONS

1. Yes
  2. No
- 

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_GOALS\_1.

What would you say your top goal is for the next five years related to work as [INSERT DOV\_JOB]?

RESPONSE OPTIONS

1. Grow the business
  2. Maintain the business' current level of operations
  3. Scale back the business' operations
  4. Exit the business (such as close, sell, or transfer ownership)
  5. Other goal, specify: [TEXTBOX]
- 

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_GOALS\_2.

To what extent do you feel that you have access to the support and resources you need in your community to successfully meet your business' goals?

RESPONSE OPTIONS

1. Not at all
2. Somewhat



3. Moderately
4. Completely

---

## BUSINESS OPERATIONS-SECTION 4 QUESTIONS

---

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]  
DISPLAY\_BO\_CHALLENGES.

Now we want to ask you about some challenges you may or may not have encountered while [INSERT DOV\_ACTIVITY].

---

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]  
BO\_CHALLENGE\_1.

Which of the following financial or economic security challenges [IF DOV\_GROUP = 1 OR 2: are you currently facing /ELSE: did you face in your last year of operation] [INSERT DOV\_ACTIVITY]?)

*Select all that apply.*

### RESPONSE OPTIONS

1. Not being able to access and/or afford health insurance
  2. Not having access to other employer-provided benefits (*aside from health care*)
  3. Challenges personal/family finances
  4. Accessing capital to cover business operations
  5. Making rent/mortgage payments on my business location(s)
  6. Decreasing sales
  7. Increasing business or operational costs
  8. None of the above
- 

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]  
BO\_CHALLENGE\_2.

Which of the following business operations challenges [IF DOV\_GROUP = 1 OR 2: are you currently facing /ELSE: did you face in your last year of operation] [INSERT DOV\_ACTIVITY]?)

*Select all that apply.*

### RESPONSE OPTIONS

1. Maintaining the business' license/registration
  2. Doing my taxes
  3. Navigating local, state, or federal government regulations
  4. None of the above
- 

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]  
BO\_CHALLENGE\_3.

Which of the following customer reach challenges [IF DOV\_GROUP = 1 OR 2: are you currently facing /ELSE: did you face in your last year of operation] [INSERT DOV\_ACTIVITY]?)



*Select all that apply.*

#### RESPONSE OPTIONS

1. Finding customers
  2. Keeping existing customers
  3. Setting up/maintaining the business' digital/online presence
  4. None of the above
- 

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

#### BO\_CHALLENGE\_4.

Which of the following resource or support challenges [IF DOV\_GROUP = 1 OR 2: are you currently facing /ELSE: did you face in your last year of operation] [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Finding and/or affording professional support like lawyers, accountants, or tax professionals
  2. Finding support, advice, or finding role models in my network
  3. Getting support from my family or friends
  4. Getting support from my community
  5. Balancing work and family
  6. Feeling burnt out, or losing focus, interest, and/or motivation
  7. Major life event (such as a new child, own or family medical issue)
  8. Finding time to devote to the business; not enough time
  9. None of the above
- 

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

#### BO\_CHALLENGE\_5.

Which of the following economy or market challenges [IF DOV\_GROUP = 1 OR 2: are you currently facing /ELSE: did you face in your last year of operation] [INSERT DOV\_ACTIVITY]?

*Select all that apply.*

#### RESPONSE OPTIONS

1. Finding, affording, and/or retaining qualified employees
  2. Competing against other/larger businesses
  3. Supply chain issues
  4. Decreasing demand for my product or service
  5. Unfavorable economy
  6. None of the above
- 

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

#### BO\_CHALLENGE\_6.

What other challenges, if any, [IF DOV\_GROUP = 1 OR 2: are you currently facing /ELSE: did you face in your last year of operation] [INSERT DOV\_ACTIVITY]?

[TEXTBOX]



[SHOW IF DOV\_GROUP = 4 OR 5 AND ANY(BO\_CHALLENGE\_1\_1 THROUGH BO\_CHALLENGE\_1\_7 SELECTED) OR ANY(BO\_CHALLENGE\_2\_1 THROUGH BO\_CHALLENGE\_2\_3 SELECTED) OR ANY(BO\_CHALLENGE\_3\_1 THROUGH BO\_CHALLENGE\_3\_3 SELECTED) OR ANY(BO\_CHALLENGE\_4\_1 THROUGH BO\_CHALLENGE\_4\_8 SELECTED) OR ANY(BO\_CHALLENGE\_5\_1 THROUGH BO\_CHALLENGE\_5\_5 SELECTED)]  
BO\_CHALLENGE\_END.

Among the challenges you reported, which, if any, of these were among the primary reasons you closed your business or stopped working for yourself as a freelancer, consultant, or independent contractor?

#### GRID ITEMS

- A. [SHOW IF BO\_CHALLENGE\_1\_1 = 1] Not being able to access and/or afford health insurance
- B. [SHOW IF BO\_CHALLENGE\_1\_2 = 1] Not having access to other employer-provided benefits  
(aside from health care)
- C. [SHOW IF BO\_CHALLENGE\_1\_3 = 1] Challenges with personal/family finances
- D. [SHOW IF BO\_CHALLENGE\_1\_4 = 1] Accessing capital to cover business operations
- E. [SHOW IF BO\_CHALLENGE\_1\_5 = 1] Making rent/mortgage payments on my business location(s)
- F. [SHOW IF BO\_CHALLENGE\_1\_6 = 1] Decreasing sales
- G. [SHOW IF BO\_CHALLENGE\_1\_7 = 1] Increasing business or operational costs
- H. [SHOW IF BO\_CHALLENGE\_2\_1 = 1] Maintaining the business' license/registration
- I. [SHOW IF BO\_CHALLENGE\_2\_2 = 1] Doing my taxes
- J. [SHOW IF BO\_CHALLENGE\_2\_3 = 1] Navigating local, state, or federal government regulations
- K. [SHOW IF BO\_CHALLENGE\_3\_1 = 1] Finding customers
- L. [SHOW IF BO\_CHALLENGE\_3\_2 = 1] Keeping existing customers
- M. [SHOW IF BO\_CHALLENGE\_3\_3 = 1] Setting up/maintaining the business' digital/online presence
- N. [SHOW IF BO\_CHALLENGE\_4\_1 = 1] Finding and/or affording professional support like lawyers, accountants, or tax professionals
- O. [SHOW IF BO\_CHALLENGE\_4\_2 = 1] Finding support, advice, or finding role models in my network
- P. [SHOW IF BO\_CHALLENGE\_4\_3 = 1] Getting support from my family or friends
- Q. [SHOW IF BO\_CHALLENGE\_4\_4 = 1] Getting support from my community
- R. [SHOW IF BO\_CHALLENGE\_4\_5 = 1] Balancing work and family
- S. [SHOW IF BO\_CHALLENGE\_4\_6 = 1] Feeling burnt out, or losing focus, interest, and/or motivation
- T. [SHOW IF BO\_CHALLENGE\_4\_7 = 1] Major life event (such as a new child, own or family medical issue)
- U. [SHOW IF BO\_CHALLENGE\_4\_8 = 1] Finding time to devote to the business
- V. [SHOW IF BO\_CHALLENGE\_5\_1 = 1] Finding, affording, and/or retaining qualified employees
- W. [SHOW IF BO\_CHALLENGE\_5\_2 = 1] Competing against other/larger businesses
- X. [SHOW IF BO\_CHALLENGE\_5\_3 = 1] Supply chain issues
- Y. [SHOW IF BO\_CHALLENGE\_5\_4 = 1] Decreasing demand for my product or service
- Z. [SHOW IF BO\_CHALLENGE\_5\_5 = 1] Unfavorable economy

#### RESPONSE OPTIONS

- 1. Yes
- 2. No



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## BUSINESS OPERATIONS-SECTION 5 QUESTIONS

---

[SHOW IF DOV\_GROUP = 1 OR 2]

DISPLAY\_BO\_POSTPLANS.

Now we want to ask you some questions about what you did or what you plan to do after you finish [INSERT DOV\_ACTIVITY].

---

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_LENGTH\_1.

How long do you see yourself [INSERT DOV\_ACTIVITY]?

### RESPONSE OPTIONS

1. Less than a year longer
  2. 1 to 2 years longer
  3. 3 to 4 years longer
  4. 5 to 9 years longer
  5. 10 or more years longer
- 

[SHOW IF DOV\_GROUP = 1 OR 2]

BO\_POSTPLANS\_1.

What are your plans for after you finish [INSERT DOV\_ACTIVITY]?

### RESPONSE OPTIONS

1. Continue to work at another job in which I am currently employed
  2. Take a new job/enter employment
  3. Start another business
  4. Retire
  5. Go back to school
  6. Take a break from work
  7. Provide care for children and/or family/friends in need of care
  8. Other (Specify) [TEXTBOX]
- 

[SHOW IF DOV\_GROUP = 4 OR 5]

BO\_POSTPLANS\_2.

What did you do immediately after you finished [INSERT DOV\_ACTIVITY]?

### RESPONSE OPTIONS

1. Continue to work at another job in which I am currently employed
  2. Took a new job/enter employment
  3. Started another business
  4. Retired
  5. Went back to school
  6. Took a break from work
  7. Provided care for children and/or family/friends in need of care
-



8. Other (Specify) [TEXTBOX]

---

[SHOW IF DOV\_GROUP = 1,2,4, OR 5]

BO\_NUMPREVBIZ\_1.

Prior to establishing, purchasing, or acquiring this business/self-employment, how many previous businesses have you owned?

RESPONSE OPTIONS

1. 0
  2. 1
  3. 2
  4. 3
  5. 4
  6. 5 or more
- 

[SHOW IF DOV\_GROUP = 4 OR 5]

BO\_EXITSTRAT\_1.

Which of the following best characterizes how you closed or ended your business or stopped working for yourself as a freelancer, consultant, or independent contractor?

RESPONSE OPTIONS

1. Sold your business at a loss
  2. Sold your business at more or less break even
  3. Sold your business at a profit
  4. Bankruptcy or liquidation
  5. Transferred business to a family member
  6. Did not complete any forms/paperwork, just stopped working or taking work
  7. Other, specify: [TEXTBOX]
- 

[SHOW IF DOV\_GROUP = 1,2,3,4,5,6]

BO\_INDUSTRY\_1.

[DISPLAY FOR DOV\_GROUP = 1, 2, 4, OR 5: What industry best classifies your job as [INSERT DOV\_JOB?]

[DISPLAY FOR DOV\_GROUP = 3 or 6: What industry best classifies your business idea?]

RESPONSE OPTIONS

1. Accommodation and Food Services  
[HOVER TEXT FOR RESPONSE OPTION 1:
  - Traveler Accommodation
  - RV Parks and Recreational Camps
  - Rooming and Boarding Houses, Dormitories, and Workers' Camps
  - Special Food Services
  - Drinking Places (Alcoholic Beverages)
  - Restaurants and Other Eating Places]
2. Administrative and Support and Waste Management and Remediation Services  
[HOVER TEXT FOR RESPONSE OPTION 2:
  - Office Administrative Services
  - Facilities Support Services



- Employment Services
  - Business Support Services
  - Travel Arrangement and Reservation Services
  - Investigation and Security Services
  - Services to Buildings and Dwellings
  - Waste Collection
  - Waste Treatment and Disposal
  - Remediation and Other Waste Management Services]
3. Agriculture, Forestry, Fishing and Hunting
4. Arts, Entertainment, and Recreation
- [HOVER TEXT FOR RESPONSE OPTION 4:
- Performing Arts Companies
  - Spectator Sports
  - Promoters of Performing Arts, Sports, and Similar Events
  - Agents and Managers for Artists, Athletes, Entertainers, and Other Public Figures
  - Independent Artists, Writers, and Performers
  - Museums, Historical Sites, and Similar Institutions
  - Amusement Parks and Arcades
  - Gambling Industries
  - Other Amusement and Recreation Industries]
5. Construction
6. Educational Services
- [HOVER TEXT FOR RESPONSE OPTION 6:
- Elementary and Secondary Schools
  - Junior Colleges
  - Colleges, Universities, and Professional Schools
  - Business Schools and Computer and Management Training
  - Technical and Trade Schools
  - Other Schools and Instruction
  - Educational Support Services]
7. Finance and Insurance
- [HOVER TEXT FOR RESPONSE OPTION 7:
- Monetary Authorities-Central Bank
  - Depository Credit Intermediation
  - Nondepository Credit Intermediation
  - Activities Related to Credit Intermediation
  - Securities and Commodity Contracts Intermediation and Brokerage
  - Securities and Commodity Exchanges
  - Other Financial Investment Activities
  - Insurance Carriers
  - Agencies, Brokerages, and Other Insurance Related Activities
  - Insurance and Employee Benefit Funds
  - Other Investment Pools and Funds]
8. Health Care and Social Assistance
- [HOVER TEXT FOR RESPONSE OPTION 8:
- Offices of Physicians
  - Offices of Dentists
  - Offices of Other Health Practitioners
  - Outpatient Care Centers



- Medical and Diagnostic Laboratories
  - Home Health Care Services
  - Other Ambulatory Health Care Services
  - General Medical and Surgical Hospitals
  - Psychiatric and Substance Abuse Hospitals
  - Specialty (except Psychiatric and Substance Abuse) Hospitals
  - Nursing Care Facilities (Skilled Nursing Facilities)
  - Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities
  - Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly
  - Other Residential Care Facilities
  - Individual and Family Services
  - Community Food and Housing, and Emergency and Other Relief Services
  - Vocational Rehabilitation Services
  - Child Day Care Services]
9. Information (such as publishers and telecommunications)  
[HOVER TEXT FOR RESPONSE OPTION 9:
- Newspaper, Periodical, Book, and Directory Publishers
  - Software Publishers
  - Motion Picture and Video Industries
  - Sound Recording Industries
  - Radio and Television Broadcasting
  - Cable and Other Subscription Programming
  - Wired and Wireless Telecommunications Carriers
  - Satellite Telecommunications
  - Other Telecommunications
  - Data Processing, Hosting, and Related Services
  - Other Information Services]
10. Management of Companies and Enterprises
11. Manufacturing
12. Mining, Quarrying, and Oil and Gas Extraction
13. Other Services (such as repair and maintenance services)  
[HOVER TEXT FOR RESPONSE OPTION 13:
- Automotive Repair and Maintenance
  - Electronic and Precision Equipment Repair and Maintenance
  - Commercial and Industrial Machinery and Equipment (except Automotive and Electronic) Repair and Maintenance
  - Personal and Household Goods Repair and Maintenance
  - Personal Care Services including Personal Trainer, Hair or Nail Salons, and Barbers
  - Death Care Services
  - Drycleaning and Laundry Services
  - Other Personal Services
  - Religious Organizations
  - Grantmaking and Giving Services
  - Social Advocacy Organizations
  - Civic and Social Organizations
  - Business, Professional, Labor, Political, and Similar Organizations
  - Private Households]
14. Professional, Scientific, and Technical Services



[HOVER TEXT FOR RESPONSE OPTION 14:

- Legal Services
- Accounting, Tax Preparation, Bookkeeping, and Payroll Services
- Architectural, Engineering, and Related Services
- Specialized Design Services
- Computer Systems Design and Related Services
- Management, Scientific, and Technical Consulting Services
- Scientific Research and Development Services
- Advertising, Public Relations, and Related Services]

15. Public Administration

[HOVER TEXT FOR RESPONSE OPTION 15:

- Executive, Legislative, and Other General Government Support
- Justice, Public Order, and Safety Activities
- Administration of Human Resource Programs
- Administration of Environmental Quality Programs
- Administration of Housing Programs, Urban Planning, and Community Development
- Administration of Economic Programs
- Space Research and Technology
- National Security and International Affairs]

16. Real Estate Rental and Leasing

17. Retail Trade

18. Transportation and Warehousing

19. Utilities

20. Wholesale Trade

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## NON-ENTREPRENEURIAL POPULATION QUESTIONS

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[SHOW IF DOV\_GROUP = 7]

GP\_CONSIDER\_1.

Earlier, you said you are not planning to start a new business or become self-employed.

What are the primary reasons why you have not considered starting your own business, working for yourself, or doing freelance or contract work, etc.?

*Select all that apply.*

RESPONSE OPTIONS, RANDOMIZE

1. I don't know what kind of business I would start
2. It seems too risky
3. I'm not sure how well a business would do in my local community
4. I don't have enough savings or financial cushion to pursue starting a business
5. I don't know how to go about accessing financing to start a business
6. Family/friends are not supportive
7. It seems too challenging
8. The economy is too uncertain or unfavorable
9. It might take too much time
10. I like my current job/work arrangement



11. I need employer-provided benefits (such as health insurance)
12. I don't have the skills needed to run a business
13. I don't know where to go for help getting started
14. Major life event (such as a new child, own or family medical issue)
15. Retired or planning to retire
16. Health reasons
17. Other reason, specify: [TEXTBOX]

[SHOW IF DOV\_GROUP = 7]

GP\_EMPLOYEELENGTH\_1.

Thinking about your [IF S\_JOBSTAT\_1 AND S\_JOBSTAT\_2 AND S\_JOBSTAT\_6 AND S\_JOBSTAT\_5\_1 TO S\_JOBSTAT\_5\_5 <> 1: most recent job, about how long did you work there/ELSE: main job (the one that you spend the most time working at), about how long have you worked there?]

#### RESPONSE OPTIONS

1. Less than 1 year
2. 1 to 2 years
3. 3 to 4 years
4. 5 to 9 years
5. 10 to 14 years
6. 15 to 19 years
7. 20 years or more

[SHOW IF DOV\_GROUP = 7]

GP\_EMPLOYERLENGTH\_1.

Thinking about your [IF S\_JOBSTAT\_1 AND S\_JOBSTAT\_2 AND S\_JOBSTAT\_6 AND S\_JOBSTAT\_5\_1 to S\_JOBSTAT\_5\_5 <> 1:most recent job/ELSE: main job (the one that you spend the most time working at)], approximately how long has the business been in existence?

#### RESPONSE OPTIONS

1. Less than 1 year
2. 1 to 2 years
3. 3 to 4 years
4. 5 to 9 years
5. 10 to 14 years
6. 15 to 19 years
7. 20 years or more

[SHOW IF DOV\_GROUP = 7]

GP\_NUMEMPSTART\_1.

Please think about your [IF S\_JOBSTAT\_1 AND S\_JOBSTAT\_2 AND S\_JOBSTAT\_6 AND S\_JOBSTAT\_5\_1 to S\_JOBSTAT\_5\_5 <> 1: most recent job/ELSE: main job (the one that you spend the most time working at)].

Counting all locations where your [IF S\_JOBSTAT\_1 AND S\_JOBSTAT\_2 AND S\_JOBSTAT\_6 AND S\_JOBSTAT\_5\_1 to S\_JOBSTAT\_5\_5 <> 1: most recent] employer operates, how many people work for this employer? Your best estimate is fine.



### RESPONSE OPTIONS

1. 10 or fewer employees
2. 11 – 24 employees
3. 25 – 99 employees
4. 100 – 499 employees
5. 500 – 999 employees
6. 1,000 – 4,999 employees
7. 5,000 – 24,999 employees
8. 25,000+ employees

[SHOW IF DOV\_GROUP = 7 AND (S\_JOBSTAT\_1 OR S\_JOBSTAT\_2 OR ANY(S\_JOBSTAT\_5\_1 TO S\_JOBSTAT\_5\_5) OR S\_JOBSTAT\_6 = 1)] GP\_WEEKSWK\_1.

During the past 12 months, how many weeks did you work? Include paid time off and weeks when you worked for a few hours.

*Your best estimate is fine.*

[NUMBOX, RANGE 0-52]

[SHOW IF DOV\_GROUP = 7 AND (S\_JOBSTAT\_1 OR S\_JOBSTAT\_2 OR ANY(S\_JOBSTAT\_5\_1 TO S\_JOBSTAT\_5\_5) OR S\_JOBSTAT\_6 = 1)]

GP\_HOURSWK\_1.

During the past 12 months, in the weeks worked, how many hours did you usually work each week?

*Your best estimate is fine.*

[NUMBOX, RANGE 0-99]

[SHOW IF DOV\_GROUP = 7 AND (S\_JOBSTAT\_1 OR S\_JOBSTAT\_2 OR ANY(S\_JOBSTAT\_5\_1 TO S\_JOBSTAT\_5\_5) OR S\_JOBSTAT\_6 = 1)]

GP\_EMPBENEFIT\_1.

Which of the following employee benefits are paid totally or partly by your primary employer?

*Select all that apply.*

### RESPONSE OPTIONS

1. Health insurance
2. Contributions to retirement plans, including 401(k), Keogh, etc.
3. Profit sharing and/or stock options
4. Paid holidays or vacation
5. Paid sick leave
6. Paid parental or family leave
7. Tuition assistance and/or reimbursement
8. Other benefit, specify: [TEXTBOX]
9. None of the above



[SHOW IF DOV\_GROUP = 7 AND (S\_JOBSTAT\_1 OR S\_JOBSTAT\_2 OR ANY(S\_JOBSTAT\_5\_1 TO S\_JOBSTAT\_5\_5) OR S\_JOBSTAT\_6 = 1)]GP\_NEWJOB\_1.

In the next year, how likely is it that you will...

#### GRID ITEMS

- A. Stay with your current employment arrangement
- B. Look for/take a different job
- C. Look for/take another job in addition to your current job(s)
- D. Start your own business as a primary source of income
- E. Start working for yourself as a freelancer, consultant, or independent contractor
- F. Engage in [gig work](#) as a primary source of income
- G. Engage in [gig work](#) as a secondary source of income
- H. Retire
- I. Exit the labor force (not for retirement)
- J. Go back to school

[HOVER TEXT ON “gig work”: Some people earn money through short, paid tasks or jobs online or in-person that are conducted through companies that coordinate payment for the service. This is sometimes referred to as “gig work.” These tasks might include driving for Uber or Lyft, selling goods through Etsy, completing online tasks on Mechanical Turk, providing graphic design, music, or other services via Fiverr or Upwork, or other activities.]

#### RESPONSE OPTIONS

1. Not at all likely
2. Somewhat likely
3. Moderately likely
4. Very likely

[SHOW IF DOV\_GROUP = 7 AND S\_JOBSTAT\_1 AND S\_JOBSTAT\_2 AND S\_JOBSTAT\_6 AND S\_JOBSTAT\_5\_1 to S\_JOBSTAT\_5\_5 <> 1]  
GP\_NEWJOB\_2.

In the next year, how likely is it that you will...

#### GRID ITEMS

- A. Take a job
- B. Start your own business as a primary source of income
- C. Start working for yourself as a freelancer, consultant, or independent contractor
- D. Engage in [gig work](#) as a primary source of income
- E. Engage in [gig work](#) as a secondary source of income
- F. Go back to school

[HOVER TEXT ON “gig work”: Some people earn money through short, paid tasks or jobs online or in-person that are conducted through companies that coordinate payment for the service. This is sometimes referred to as “gig work.” These tasks might include driving for Uber or Lyft, selling goods through Etsy, completing online tasks on Mechanical Turk, providing graphic design, music, or other services via Fiverr or Upwork, or other activities.]

#### RESPONSE OPTIONS



1. Not at all likely
2. Somewhat likely
3. Moderately likely
4. Very likely

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## DEMOGRAPHICS QUESTIONS

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### FINAL\_DEMO\_INTRO.

There are just a few more questions about yourself.

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[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]

### DEM\_HHINC.

What is your total annual household income before taxes?

*Include income earned by anyone residing in your household full-time who is related to you by birth, marriage, or adoption.*

### RESPONSE OPTIONS

1. Less than \$5,000
2. \$5,000 to \$9,999
3. \$10,000 to \$14,999
4. \$15,000 to \$19,999
5. \$20,000 to \$24,999
6. \$25,000 to \$29,999
7. \$30,000 to \$34,999
8. \$35,000 to \$39,999
9. \$40,000 to \$49,999
10. \$50,000 to \$59,999
11. \$60,000 to \$74,999
12. \$75,000 to \$84,999
13. \$85,000 to \$99,999
14. \$100,000 to \$124,999
15. \$125,000 to \$149,999
16. \$150,000 to \$174,999
17. \$175,000 to \$199,999
18. \$200,000 or more

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### DEM\_COMM\_RATE.

How would you rate the following in your community?

### GRID ITEMS

- A. The overall strength of the economy
- B. The overall strength of the job market
- C. The ability to start or grow a business
- D. The overall support of local businesses
- E. The overall quality of transportation



- F. The overall quality of community service organizations such as health, financial, and education services
- G. The overall ability for you to improve your own financial situation
- H. The overall ability to make connections and personal relationships in the community

#### RESPONSE OPTIONS

- 1. Excellent
  - 2. Good
  - 3. Just fair
  - 4. Poor
  - 77. Don't know
- 

#### PE\_COVIDCONCERN.

The COVID-19 pandemic has affected people differently. Are you very concerned, somewhat concerned, not that concerned or not at all concerned about \_\_\_\_\_?

#### GRID ITEMS

- a. Your family's financial stability
- b. Your ability to pay for your housing expenses/stay in your current residence
- c. Your ability to get or maintain a well-paying job to take care of you and your family
- d. Your ability to network and be successful in the current economic climate

#### RESPONSE OPTIONS:

- 1. Very concerned
  - 2. Somewhat concerned
  - 3. Not that concerned
  - 4. Not at all concerned
- 

#### DEM\_STUDENT.

During the past week, were you enrolled in or taking courses at a college, university, or trade school?

#### RESPONSE OPTIONS

- 1. Yes
  - 2. No
- 

#### DEM\_INSUR.

From any source, do you currently have:

#### GRID ITEMS

- a. Health insurance
- b. Contributions to retirement plans, including 401(k), Keogh, etc.
- c. Profit sharing and/or stock options
- d. Paid holidays or vacation
- e. Paid sick leave
- f. Paid parental or family leave
- g. Tuition assistance and/or reimbursement



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**RESPONSE OPTIONS**

1. Yes
  2. No
- 

**DEM\_DEBT.**

Thinking about all of your household's current debts, including mortgages, bank loans, student loans, money owed to people, medical debt, past-due bills, and credit card balances that are carried over from prior months...

As of today, which of the following statements describes how manageable your household debt is?

**RESPONSE OPTIONS**

1. Have a manageable amount of debt
  2. Have a bit more debt than is manageable
  3. Have far more debt than is manageable
  4. Do not have any debt
- 

**DEM\_RELAWN.**

Do any of your immediate family members own a business?

**RESPONSE OPTIONS**

1. Yes
  2. No
- 

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]

**DEM\_EDU.**

What is the highest degree or level of school you have completed?

**RESPONSE OPTIONS**

1. No formal education
  2. 1st, 2nd, 3rd, or 4th grade
  3. 5th or 6th grade
  4. 7th or 8th grade
  5. 9th grade
  6. 10th grade
  7. 11th grade
  8. 12th grade no diploma
  9. High school graduate – high school diploma or the equivalent (GED)
  10. Some college, no degree
  11. Associate degree
  12. Bachelor's degree
  13. Master's degree
  14. Professional or Doctorate degree
- 

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]

**DEM\_MARITAL.**



What is your current marital status?

**RESPONSE OPTIONS**

1. Married
2. Widowed
3. Divorced
4. Separated
5. Never married
6. Living with partner

---

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]

[NUMBOX, ACCEPT 1-20,-3,-5]

DEM\_HOUSENUM.

How many people, adults and children, currently live in your household, including yourself?

*Only count people who live with you at least 50% of the time.*

[NUMBOX, ACCEPT 1-20]

---

[SHOW IF PANEL\_TYPE = NON-PROBABILITY AND ABS]

DEM\_HOUSEHOLD.

Who lives in your household?

*Only count people who live with you at least 50% of the time.*

*Select all that apply.*

**RESPONSE OPTIONS**

1. I live alone
2. Spouse
3. Unmarried partner
4. Own child(ren), stepchild(ren), adopted child(ren), and/or foster child(ren) under the age of 18 years
5. Own child(ren), stepchild(ren), adopted child(ren), and/or foster child(ren) aged 18 or older
6. Grandchild(ren)
7. Sibling(s) or sibling(s)-in-law
8. Parent(s), parent(s)-in-law, or step-parent(s) under 65 years old
9. Parent(s), parent(s)-in-law, or step-parent(s) aged 65 or older
10. Other relatives, specify: [TEXTBOX]
11. Roommate(s)
12. Other non-relatives, specify: [TEXTBOX]

---

[SHOW IF DEM\_HOUSEHOLD = 4 OR 6]

DEM\_HOUSECHILD.

In your household, how many children are:

*Please enter the number of children for each category.*

**RESPONSE OPTIONS**

- A. Under 5 years old [NUMBOX]
  - B. 5-11 years old [NUMBOX]
  - C. 12-17 years old [NUMBOX]
- 

**DEM\_MILITARY\_1.**

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

**RESPONSE OPTIONS**

- 1. No, never served in the military
  - 2. Yes, only on active duty for training in the Reserves or National Guard
  - 3. Yes, on active duty now
  - 4. Yes, on active duty in the past, now a U.S. Veteran
- 

**DEM\_CITIZEN\_1.**

Where were you born?

**RESPONSE OPTIONS**

- 1. In the United States
  - 2. Outside of the United States
- 

[SHOW IF DEM\_CITIZEN\_1 <> 1]

**DEM\_CITIZEN\_2.**

Are you a citizen of the United States?

**RESPONSE OPTIONS**

- 1. Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- 2. Yes, born abroad of U.S. citizen parent or parents
- 3. Yes, U.S. citizen by naturalization
- 4. No, not a U.S. citizen