

BUSINESS QUESTIONNAIRE

PERSONAL & SALON/SPA INFORMATION

YOUR NAME: _____ BIRTH DATE: _____ / _____ / _____

SALON /SPA NAME: _____

SALON/SPA ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SALON PHONE: _____ HOME: _____ CELL: _____

FAX: _____ EMAIL: _____

WEBSITE: _____ YEARS OWNING SALON/SPA: _____

YOUR POSITION/TITLE: _____ HOW MANY HOURS ARE YOU OPEN A DAY? _____

HOW MANY DAYS PER WEEK? _____ WHAT RETAIL DO YOU STOCK? _____

THREE AREAS OF YOUR BUSINESS YOU'D LIKE TO IMPROVE UPON: _____

SERVICE PROVIDER INFORMATION

HOW MANY SERVICE PROVIDERS DO YOU CURRENTLY HAVE? _____

YOUR PRICING: Haircut: \$ _____ Color: \$ _____

Manicure: \$ _____ Pedicure: \$ _____ Facial: \$ _____ Massage: \$ _____

Other Services: _____

DO YOU HAVE TIERED PRICING? Yes No

YOUR COMPENSATION STRUCTURE: Salary Commission (_____ %)

MONTHLY STATION RENTAL: \$ _____ NUMBER OF STATIONS YOU HAVE: _____

NUMBER OF STATIONS RENTED: _____ NUMBER OF STATIONS OPEN: _____

DO YOU PAY COMMISSION ON RETAIL SALES? Yes, _____ % No

BENEFITS YOU CURRENTLY PROVIDE:

Health Insurance Vacation Personal Days Sick Days 401K Plan

Profit Sharing Education Reimbursement Advancement Opportunities

In-house training Other: _____

BUSINESS QUESTIONNAIRE (CONT.)

FRONT DESK INFORMATION

HOW MANY FRONT DESK COORDINATORS DO YOU CURRENTLY HAVE? _____

SALARY STRUCTURE: Hourly (\$ _____) Salary (\$ _____) RETAIL COMMISSION: _____ %

BENEFITS YOU CURRENTLY PROVIDE:

Health Insurance Vacation Personal Days Sick Days 401K Plan

Profit Sharing Education Reimbursement Advancement Opportunities

In-house training Other: _____

FRONT DESK RATING:

Please choose the number that best represents where your front desk currently ranks, 1 (Poor) to 5 (Excellent)

Professionalism	1	2	3	4	5
Scheduling appointments	1	2	3	4	5
Product Education	1	2	3	4	5
Selling Products	1	2	3	4	5
Pre-booking Clients	1	2	3	4	5
Knowledge of Services	1	2	3	4	5
Consistency	1	2	3	4	5
Follow up Calls	1	2	3	4	5
Achieving Goals Set	1	2	3	4	5
Overall Job Performance	1	2	3	4	5

PLEASE DESCRIBE THE TRAINING YOUR FRONT DESK STAFF HAS WHEN STARTING WITH YOUR COMPANY.

WHAT TOOLS DO YOU NEED FROM US TO HELP TRAIN & SUPPORT YOUR FRONT DESK TEAM?

BUSINESS QUESTIONNAIRE (CONT.)

FINANCIAL INFORMATION

AVERAGE SERVICE TICKET: \$ _____

AVERAGE RETAIL TICKET: \$ _____

SERVICE & RETAIL OVERVIEW: *Please provide the following figures for the last three months.*

Service Total:

Retail Total:

Client Count:

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

WHAT HAVE YOUR YEARLY GROSS SALES BEEN FOR THE PAST YEAR? \$ _____

Last Year: \$ _____ Profits Last Year: \$ _____

DID YOU TAKE OUT A LOAN TO OPEN YOUR BUSINESS? Yes No

If yes, what do you currently owe? \$ _____ What is your monthly payment? \$ _____

DO YOU HAVE CREDIT CARD DEBT? Yes No

If yes, what do you currently owe? \$ _____ What is your monthly payment? \$ _____

! Please print & fax or e-mail us your most recent quarterly profit and loss statement.

MARKETING, ADVERTISING, & CLIENT OUTREACH

DO YOU CURRENTLY MARKET/ADVERTISE YOUR BUSINESS SERVICES? Yes No

WHAT IS YOUR MONTHLY ADVERTISING BUDGET? \$ _____

WHERE ARE YOU ADVERTISING?:

Print ads

Direct Mail

Movie Theatres

Radio

Local Paper

Referral Cards

TV

Other: _____

DO YOU TRACK THE RESULTS OF YOUR MARKETING/ADVERTISING? Yes No

WHAT METHOD OF TRACKING DO YOU USE FOR YOUR BUSINESS?

Computer

Manual Client Cards

Memory

No System

WHAT SOFTWARE PROGRAM ARE YOU CURRENTLY USING? _____

BUSINESS QUESTIONNAIRE (CONT.)

WHAT FORMS OF CLIENT FOLLOW UP ARE YOU DOING?

- Birthday cards
- Reminder cards
- Thank you cards
- Email Promotions
- Welcome cards
- Newsletter
- Holiday cards
- Mail Promotions
- Appointment confirmation calls
- New client follow-up calls

MANAGERIAL INFORMATION

DO YOU WORK BEHIND THE CHAIR ON CLIENTS? Yes, hours/week: _____ No

WHAT IS YOUR MANAGEMENT SCHEDULE? (*Days and times you work ON the business*)

WHAT SYSTEMS DO YOU CURRENTLY HAVE IN PLACE?

- Team Meetings
- Monthly Plan and Reviews
- Quarterly Reviews
- Written Front Desk Manual
- Written Policies and Procedures
- Handbook
- Confidentiality/Non-Competition Agreement
- Rental Agreement
- Recruiting Brochure/Plan
- Hiring Plan / Procedures
- Written Training Program
- Written 1-year Business Plan
- Written Job Descriptions

AS AN OWNER/MANAGER WHAT I DO WELL IS:

AS AN OWNER/MANAGER, I NEED TO IMPROVE UPON:

IS THERE ANYTHING ELSE YOU WOULD LIKE TO COMMUNICATE ABOUT YOU, YOUR COMPANY, OR YOUR TEAM THAT MAY HELP US IN UNDERSTANDING YOUR NEEDS?
