

Standard Franchisee Benchmark Survey

Measuring Franchisee Satisfaction and Engagement

Market Information

The following questions relate to your specific market information:

1. **How Long** have you owned your franchise(s)?

- less than 2 years 2 - 5 years 6 - 9 years 10+ years

2. How many units/territories do you **Currently Own**?

- single unit/territory
 2 units/territories
 3 units/territories
 4 units/territories
 5+ units/territories

3. Do you plan on buying any **Additional** units/territories in the future?

- yes probably maybe probably not no

4. Please indicate the **Geographic Location** of your franchise(s):

- Northeast US
 Midwest US
 South US
 West US
 Canada
 International

5. Which best describes the **Market Size** where you operate your franchise (Multi-unit owners please indicate the size of your smallest market location):

- Very Small Market (Under 50,000 population)
 Small Market (50,000 - 99,999 population)
 Medium Market (100,000 - 249,999 population)
 Large Market (250,000 - 499,999 population)
 Major Metro (500,000+ population)

Training & Support

Please rate the following areas related to training and support:

1. **Training and Support Programs:**

- excellent very good good average poor

2. **Marketing and Promotional Programs:**

- excellent very good good average poor

3. **Effective Use of Technology:**

excellent very good good average poor

4. **System-Wide Communications:**

excellent very good good average poor

Please give any constructive feedback you have related to the overall quality of your franchisor's **Training & Support Programs:**

Franchise System

Please rate the following areas related to your franchise system:

1. **Operational Procedures and Systems:**

excellent very good good average poor

2. **Quality of the Products and Services:**

excellent very good good average poor

3. **Local Market Competitiveness:**

excellent very good good average poor

4. **Innovation and Creativity:**

excellent very good good average poor

Please give any constructive feedback you have related to the overall quality of your **Franchise System:**

Leadership

Please indicate your level of agreement or disagreement with each of the following statements:

1. Senior Management promotes a **Clear Vision** for the company:
 strongly agree agree neutral disagree strongly disagree
2. Senior Management encourages a strong **Team Culture**:
 strongly agree agree neutral disagree strongly disagree
3. Senior Management **Involves Franchisees** in important company decisions:
 strongly agree agree neutral disagree strongly disagree
4. Senior Management is **Effective in Driving** our company forward:
 strongly agree agree neutral disagree strongly disagree

If you could make one recommendation to **Senior Management**, what would it be?

Core Values

Please indicate your level of agreement or disagreement with each of the following statements:

1. I **Trust** my franchisor:
 strongly agree agree neutral disagree strongly disagree
2. I **Respect** my franchisor:
 strongly agree agree neutral disagree strongly disagree
3. I believe my franchisor acts with a high level of **Honesty and Integrity**:
 strongly agree agree neutral disagree strongly disagree

4. My franchisor **Cares about My Success:**

- strongly agree agree neutral disagree strongly disagree

Please give any constructive feedback you have related to your franchisor's **Core Values:**

Franchisee Community

Please indicate your level of agreement or disagreement with each of the following statements:

1. My fellow franchisees are **Supportive of the Brand:**

- strongly agree agree neutral disagree strongly disagree

2. My fellow franchisees are **Supportive of Management:**

- strongly agree agree neutral disagree strongly disagree

3. My fellow franchisees **Actively Participate** in company programs and events (conferences, regional meetings, conference calls, etc.):

- strongly agree agree neutral disagree strongly disagree

4. My fellow franchisees are **Supportive of Each Other:**

- strongly agree agree neutral disagree strongly disagree

5. What would your fellow franchisees **Say About You?**

- A Leader within the organization
 A strong supporter
 A supporter (pick and choose what I support)
 A non-supporter
 Disgruntled

Please give any constructive feedback you have related to your **Franchisee Community**:

Self-Evaluation

Please indicate your level of agreement or disagreement with each of the following statements:

1. I enjoy **Operating** this business:

- strongly agree agree neutral disagree strongly disagree

2. I enjoy **Being Part** of this organization:

- strongly agree agree neutral disagree strongly disagree

3. I am an **Active Participant** in this organization:

- strongly agree agree neutral disagree strongly disagree

4. I feel I am a **Valued Member** of this organization:

- strongly agree agree neutral disagree strongly disagree

5. How much do you believe **Your Own Business** affects the overall success of the franchise system?

- My business makes a significant contribution to make the franchise system successful
 My business makes only a small contribution to make the franchise system successful
 My business is not that important to the success of the franchise system
 My business does not affect the success of the franchise system

6. How has **Your Attitude** about your affiliation with your franchisor changed over the last year?

- I feel definitely more positive about my affiliation than I did a year ago
 My attitude is mostly positive and hasn't changed from a year ago
 My attitude is mostly negative and hasn't changed from a year ago
 I feel definitely less positive about my affiliation than I did a year ago

Financial Opportunity

Please rate the following areas related to the overall financial opportunity of your business:

1. The **Fees** I pay to my franchisor are fair:

strongly agree agree neutral disagree strongly disagree

2. The **Total Investment** into my business, including both time and money, has been consistent with my expectations and any information provided to me by my franchisor:

strongly agree agree neutral disagree strongly disagree

3. Today, the overall **Financial Picture** of my business could best be described as follows:

very strong strong moderate weak very weak

4. The **Long-Term Growth** opportunity for my business is:

very strong strong moderate weak very weak

Please give any constructive feedback you have related to the **Financial Opportunity** of your business

General Satisfaction

Please rate the following areas related to your overall satisfaction with your franchise business:

1. Overall, how would you rate your **Franchisor** and the opportunity provided by this franchise system?

excellent very good good average poor

2. Overall, how would you rate **Your Performance** as a franchisee?

excellent very good good average poor

3. Overall, how would you rate **Your Satisfaction** with the franchise?

excellent very good good average poor

4. If you could **Do It All Over Again**, knowing what you know today, would you still invest in this franchise:

yes probably maybe probably not no

5. Would you **Recommend** this franchise to others?

yes probably maybe probably not no

6. Assuming there is no geographic or other territorial conflicts, choose the statement that best describes your discussions with others about this franchise?

- I frequently and proactively recommend that others join the franchise system
- When asked, I recommend that others join the franchise system
- I do not recommend the franchise system when asked
- I proactively discourage others from joining the franchise system

Business Lifestyle

The following questions relate to your lifestyle as a franchise owner:

1. Average **Work Hours** you clock each week:

- less than 30 hours/week
- 30 - 40 hours/week
- 40 - 50 hours/week
- 50 - 60 hours/week
- 60+ hours/week

2. How often are you required to work **Evenings**:

- almost always couple times/week couple times/month almost never

3. How often are you required to work **Weekends**:

- almost always couple times/month couple times/year almost never

4. How much **Flexibility** do you have with your work schedule:

- very flexible flexible somewhat flexible not flexible

5. Which statement best describes your **Work-Life Balance**:

- very balanced
- balanced
- not so balanced
- not balanced
- workaholic by choice

Demographics

Please answer the following personal demographic questions:

1. Please select your **Age Group**:

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

2. Please select your **Ethnicity**:

- African American Asian Caucasian Hispanic
 Native American Other

3. Please select your **Gender**: male female male & female partnership – completing survey together

4. Please select your highest level of **Education** completed:

- did not graduate high school
 high school graduate
 associate degree
 bachelor degree
 masters degree
 doctorate degree

5. Are you a **Military Veteran**? yes no

6. Please indicate the range of **Pre-Tax Income** you personally earned from your franchise business(s) last year:

- \$0 - \$25,000
 \$25,000 - \$50,000
 \$50,000 - \$75,000
 \$75,000 - \$100,000
 \$100,000 - \$125,000
 \$125,000 - \$150,000
 \$150,000 - \$175,000
 \$175,000 - \$200,000
 \$200,000 - \$225,000
 \$225,000 - \$250,000
 \$250,000 +

Personal Information

You have the option to share your personal information listed below or to have your survey results be anonymous. Sharing your personal information will allow follow up on specific items. Please select your preference:

- YES... You may include my personal information with my survey results.
- NO... I would prefer to keep my personal information anonymous.

First Name:

Last Name:

Primary Phone:

Alternate Phone:

Email: