**Please rank how your business is performing in the following areas. Please use a scale of 1 (poor) to 10 (very good)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1  Poor | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  Very Good |

Form 1

Local Business Performance Quiz

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Do you have a list of current clients, past clients and referrals sources that enable you to sort by variables (value of contact, purchases, matter areas, etc.) and print lists, labels, letters, envelopes, etc. | | | \_\_\_\_\_\_ | |
|  | Do you currently communicate consistently with your best sources of new business and referrals? | | | \_\_\_\_\_\_ | |
|  | Does your financial reporting provide you critical performance data accurately and on a timely basis? | | | \_\_\_\_\_\_ | |
|  | Do you have an efficient means of measuring results? Examples would be number of inquiries, source of inquiries, new clients, value of clients, revenue generated, realization rates, profit margins, return on investment, marketing ROI. | | | \_\_\_\_\_\_ | |
|  | Do you have specific goals for your marketing efforts? | | | \_\_\_\_\_\_ | |
|  | How well do you educate your “house list” as to all products/services you provide? (cross selling) | | | \_\_\_\_\_\_ | |
|  | Grade the effectiveness of your current marketing efforts. | | | \_\_\_\_\_\_ | |
|  | Grade your efforts in stimulating referrals. | | | \_\_\_\_\_\_ | |
|  | Grade your client retention rate. | | | \_\_\_\_\_\_ | |
|  | Grade your marketing materials and messaging. Are they cost effective, do they communicate the right message and speak to a specific audience? | | | \_\_\_\_\_\_ | |
|  | Have you identified and created a list of all direct competitors in your local market? | | | \_\_\_\_\_\_ | |
|  | As for competitors listed per question 11, how does your business compare? | | | | |
|  | Overall | \_\_\_\_\_\_ |
|  | **In these specific areas.** | |
|  | Pricing | \_\_\_\_\_\_ |
|  | Service Quality | \_\_\_\_\_\_ |
|  | Perception of experience/quality | \_\_\_\_\_\_ |
|  | Awareness | \_\_\_\_\_\_ |
|  | All other relevant factors to rank | \_\_\_\_\_\_ |
|  | **The most important questions** | | | |
|  | What are the costs or consequences to your local business if you fail to improve in the areas you scored low? | | | |
|  | | | | |
|  | | | | |
|  | What can you do to avoid these consequences? | | | |
|  | | | | |
|  | | | | |