

# IMPACT-SME\_BRAC

## Survey Language

*To change language, use the menu button on the top-right (three dots).*

*Para cambiar el idioma, use el menú arriba a la derecha (tres puntos).*

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## About

*"The survey was originally developed and open sourced (English) by ""BRAC"". [HEDERA Sustainable Solutions](#) has translated and adapted it to fit the format of this mobile questionnaire.*

*The original survey can be found [here](#).*

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## Introductory Note

*The experience of COVID-19 is affecting companies in different ways, and the situation is rapidly evolving. As we align with our partners to offer resources and assistance for companies in the region, it is imperative that we understand how your company has been impacted and what services are needed most by completing this brief questionnaire.*

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## What is the size of your business

- 0-50 employees
- 50-500 employees
- 500-1000 employees
- 1000+ employees

## Sector/Industry

- Construction
- Education and Health services
- Financial activities
- Government
- Information
- Leisure and Hospitality
- Manufacturing
- Mining and lodging
- Nonprofit
- Other Services
- Professional and Business Services
- Trade, Transportation and Utilities
- Retail

## How is your business doing in response to COVID-19?

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**What major disruptions has your business experienced?**

- Supply Chain
- Technology
- Customer Demand
- Employee Availability
- No Direct Impact
- Other

**Include additional feedback if other was selected in the previous question.**

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**Have you postponed any expansions or development projects, or do you anticipate any project delays?\***

- Plans for expansion moving forward
- Plans for expansion on hold/postponed
- Plans for expansion canceled
- N/A

**Please include additional feedback if other was selected in the previous question.**

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**How do you expect revenue/sales to be impacted?**

- On target
- Down slightly
- Down significantly
- Major risk
- Increased slightly
- Increased significantly
- Other

**Include specific revenue projections**

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**Have you had to eliminate roles within the organization? If so what percentage?**

- 0
- Less than 25%
- 25% - 50%
- 50% - 75%
- 75% or more

**List occupations that have been lost**

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**Do you have current job openings?**

- Yes
- No

**List any current positions that are available**

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**How long can your business sustain operations in current conditions?**

- Less than a month
- 1-3 months
- 3-6 months
- 6+ months

**Include specifics regarding the sustainability of your business**

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**Are you looking at ways to pivot your business temporarily?**

- Yes
- No
- N/A

**If so, what assistance would you need from us, universities, or other outside partners to help execute pivoting your business? (Some examples have been retooling manufacturing facilities to produce critical care supplies.)**

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**Would you like to be contacted for additional assistance or to discuss any of the above answers?**

- Please give me a call
- Not at this time
- I will contact you if I have further questions

## **Customer Data**

Please provide your contact details

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**Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone**

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Thank you for participating in ths survey.

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