

Standard Franchisee Benchmark Survey

Measuring Franchisee Satisfaction and Engagement

Welcome.... Your feedback is very important. This survey link is unique to you- please do not share with others. The questions should take about 15 minutes to complete and we hope you will consider each question carefully and answer as candidly as possible.

All survey responses are anonymous by default. At the end of the survey, you will have the opportunity to share your identity if you choose.

We appreciate your participation and feedback.

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 to buy 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 select all that apply):

- 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

5. Please give any constructive feedback you have related to the overall quality of your franchisor's **Training & Support**: [open text]

Franchise System

Please rate the following areas related to your franchise system:

1. Operational Procedures and Systems (e.g. daily operating procedures, business systems and processes, etc.):

excellent very good good average poor

2. Quality of the Products and Services (i.e. products and/or services provided or specified by your franchisor):

excellent very good good average poor

3. Local Market Competitiveness (i.e. how your brand compares to similar businesses in your local area):

excellent very good good average poor

4. Innovation and Creativity (i.e. development and execution of new or improved products, services, or methods of doing business):

excellent very good good average poor

5. Please give any constructive feedback you have related to the overall quality of your **Franchise System**: [open text]

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
5. If you could make one recommendation to **Senior Management**, what would it be? [open text]

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
5. Please give any constructive feedback you have related to your franchisor's **Core Values**: [open text]

Field Support

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

1. My Business Coach is **helpful and knowledgeable**:
 strongly agree agree neutral disagree strongly disagree
2. My Business coach is **accessible and responsive**:
 strongly agree agree neutral disagree strongly disagree
3. My Business Coach understands my **business and personal goals**:
 strongly agree agree neutral disagree strongly disagree
4. My Business Coach **cares about my success**:
 strongly agree agree neutral disagree strongly disagree
5. Please give any constructive feedback or suggestions that could improve support from your coach: [open text]

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 are **Supportive of Each Other**:
 strongly agree agree neutral disagree strongly disagree
4. My fellow franchisees **Actively Participate** in company programs and events (conferences, regional meetings, conference calls, etc.):
 strongly agree agree neutral disagree strongly disagree
5. Please give any constructive feedback you have related to your **Franchisee Community**: [open text]

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

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
5. Please give any constructive feedback you have related to the **Financial Opportunity** of your business: [open text]

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

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 **Race** (select any that apply):
 - Asian Black or African American Hispanic or Latinx
 - Indigenous or American Indian Middle Eastern or North African Pacific Islander
 - White Multiracial Other race
 - Prefer not to share
3. Which best describes your **Gender** (select any that apply):
 - female male non-binary
 - transgender other gender prefer not to share
 - multiple business partners completing together

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

- | | | |
|---|---|---|
| <input type="checkbox"/> did not graduate high school | <input type="checkbox"/> high school graduate | <input type="checkbox"/> associate degree |
| <input type="checkbox"/> bachelor degree | <input type="checkbox"/> masters degree | <input type="checkbox"/> 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 (I did not earn any income from the business)
- \$1 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 - \$249,999
- \$250,000 - \$299,999
- \$300,000 - \$399,999
- \$400,000 - \$499,999
- \$500,000+

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:

Email:

Primary Phone:

Alternate Phone: