Miami

GoDaddy

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Languages: English

Section Screeners

IntroGD, S1, T2, S2, T1, S10

Page Intro

IntroGD

Thank you for taking the time to participate in this GoDaddy survey. Your opinions and feedback are very important to us. This survey is completely anonymous and your answers will only be used on an aggregate level.

As a thank you for participating, the first 250 participants who complete the survey will get a \$25 USD egift card and the next 50 participants will get a \$10 USD e-gift card.

To begin please click or tap the arrow at the bottom right of your screen.

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Page Screeners

S1

Just to confirm, are you a GoDaddy customer?

- O₁ Yes
- O₂ No

T2 Show if Not GD

Unfortunately this survey is for GoDaddy Customers only. Thank you for your interest.

Status Code: 510

S2

What is your role in respect to this website?

- O_1 I am the owner of the business, organization or idea the website supports
- O ₂ I am an employee or member of the business, organization or idea the website supports

I am a paid contractor who builds and/or maintains the website I am an unpaid volunteer who builds and/or maintains the website Other (specify):			
for this	T1 Show if S2 employee contractor or unpaid volunteer Unfortunately at this time, this survey is for business owners and managers, and the rest of our questions for this survey are limited to individuals with those roles. Thank you for your interest. Status Code: 509		
S10 In wha	t Zip Code is your business or organization based?		
	Section Main Survey		
Q1, Q2, Q	(23, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30, Q31, Q32, Q33, Q34, Q35		
Page	Main Body		
Q1			
Please	choose the following category that best fits the purpose of your website:		
O_1	Commercial – the site was built to support a business or sell products or services		
O 2	Civic – the site focuses on issues, politics, campaigns, advocacy groups, etc. that affect a larger group of people		
O 3	Community – the site supports social activities such as hobbies, sports teams, entertainment, religious institutions, etc. (but not a for-profit business offering these activities)		
O 4	Personal – the site focuses on me, my family, my interests or my career Other (specify):		
Q2	Show if Q1 NOT Personal		
Which	of the following best describes the main industry sector your organization operates in?		
O_1	Aerospace		
O_2	Agriculture		
O 3	Automotive		
O 4	Chemicals Construction and Trade		
O 5	Construction and Trade		
O 6	Education Energy and Utilities		
O 7	Energy and Utilities Engineering		
O 8	Entertainment and Arts		
O 10	Financial Services		

Food and Drink

O 12	Government and Public Sector		
O 13	Healthcare		
O 14	Hospitality		
O 15	IT / Technology		
O 16	Manufacturing and Industrial		
O 17	Media and Advertising		
O 18	Nonprofit/charity		
O 19	Oil and Gas		
O 20	Personal care/personal services		
O 21	Paper, Print and Packaging		
O 22			
O 23	Retail and Consumer		
O 24	Telecommunications		
O 25	Transport and Logistics		
O 26	Other (specify):		
Q3			
-	, how many employees are there working at your organization?		
O 1	1 (just myself)		
O 2	2-10		
O 3	11-25		
O 4	26-50		
O 5	51-100		
O 6	101-500		
O 7	More than 500		
O 8	Don't know (Exclusive)		
- 0			
Q4			
_	trme of overanization host describes your business?		
	type of organization best describes your business?		
O 1	Independent worker (contractor, freelance, gig worker)		
O 2	Sole proprietor or business with no employees		
O 3	Privately held business with employees		
O 4	Franchised business operation		
O 5	Not-for-profit organization		
O 6	Publicly traded corporation Don't Know		
O 7	DOII EKIIOW		
Q5			
	ng about the business or organization your website supports, where do you conduct business or		
service			
O_1	Only online		
O_2	Only in a physical location		
O 3	Both online and in a physical location		
O_4	Not sure		

Q6

Still thinking about the business or organization your website supports, which of the following statements is most true about the products and services you offer? Consider a *physical product* as any item that must be made or manufactured. Consider a *service* as the act of doing work for a client.

Example: Selling kitchen sinks is a physical product. Installing a sink is a service.

O_1	We offer both services and physical products.		
O_2	We only offer physical products.		
O 3	We only offer services.		
O 4	We do not offer either products or services.		
O 5	Don't know		
J			
Q7			
-	s your overall expectation for your business or organization over the next 3 months?		
O 1	More positive		
O ₂	More negative		
O 3	No change		
O 4	Not sure		
9 4	TVOC SUI C		
Q8			
What i	s your overall expectation for Miami's economy over the next 3 months?		
O 1	More positive		
O 2	More negative		
O 3	No change		
O 4	Not sure		
Q9	Show if S2 Owner		
Do acti	vities related to this website provide a source of income for you?		
O 1	Yes, my main source of income		
O_2	Yes, a supplemental source of income		
O 3	No, I do not receive any income related to this website		
Q10	Show if Q9 Supplemental		
-	business is only for supplemental income, do you hope it turns into full-time employment or a major		
	of income?		
	Yes		
O 1	No		
O 2	Not sure		
O 3	Prefer not to answer		
O 4	Prefer not to answer		

Q11	Show if Q9 Main and supp		
What	is the estimated average gross income (before taxes and withholdings) for employees, including		
yourse	elf, in your business?		
O_1	Less than \$1,000 per month, on average		
O_2	\$1,000 to \$2,000 per month, on average		
O 3			
O_4	\$4,001 to \$7,000 per month, on average		
O 5	More than \$7,000 per month, on average		
O 6	Prefer not to answer (Exclusive)		
Q12			
How n	nany hours per week, on average, do you currently spend on your business?		
O_1	0 hours		
O_2	1-10 hours		
O_3	11-20 hours		
O_4	21-30 hours		
O_5	31-40 hours		
O 6	41-50 hours		
O 7	51 hours or more		
O 8	Not sure		
Q13	Show if Q12 non zero hours		
Do you	u anticipate this amount increasing or decreasing in the next 3 months?		
O_1	Increasing		
O_2	Decreasing		
O 3	Not sure		
Q14			
•	u consider your business as:		
O 1	Your main source of employment		
O 2	A second job or side employment		
O 3			
O 4	Other (specify):Not sure		
O 5	Not sui e		
Q15			
_	you employed before you started your business?		
-	Yes, I was already employed when I made the decision to leave and start my business		
O 1	Yes, I started my business on the side while still working elsewhere		
O 2	No, I wasn't working at the time because I was laid off or furloughed when I made the decision to		
O 3	start my business		
O 4	No, I wasn't working at the time because I was a student when I made the decision to start my business		

O 5	No, I wasn't working at the time for other reasons (retirement, parenting, disability, etc.) Not sure		
Q16			
Which	of the following statements best describes your current employment situation?		
O_1	I am fully employed by my business		
O_2	I am employed full-time outside of my business		
O_3	I am employed part-time outside of my business		
O 4	I am employed in multiple part-time jobs/businesses		
O 5	Outside of working on my business, I am a homemaker or stay at home parent		
O 6	Outside of working on my business, I am retired		
O 7	Outside of working on my business, I am a student		
8 C	Outside of working on my business, I am unemployed		
O 9	Outside of working on my business, I am unable to find work due to a disability		
O 10	I did have employment outside of my business, but was laid-off		
O 11	Other (specify):		
O 12	Prefer not to answer		
Q17			
Which	of the following statements best reflects your attitude about your business or organization in the		
next y	ear?		
O_1	I would like to grow the size of my business or organization in the next year.		
O_2	I am content with the size of my business or organization in the next year.		
O 3	I would like to reduce the size of my business or organization in the next year.		
O 4	I intend to close my business or organization in the next year		
O 5	Don't know		
Q18	Show if Q17 Grow		
What	are the three most important resources you would need to grow right now?		
	rank them 1 to 3.		
	Access to capital *		
	Affordable space *		
	Marketing my business *		
	Affordable healthcare/benefits *		
	Finding employees with necessary skills *		
	Getting my business online effectively * Expertise on business planning and management *		
	Expertise on website building or technology management *		
	Networking with other business owners *		
	Licensing/Permits *		
	Taxes *		
	Other		
	None (Exclusive)		
-8	Not sure		
Levels	marked with * are randomized		

You ranked "Other" as one of the 3 most important resource you need to grow, could you tell us a bit more		
on what this oth	er resource is? r personally identifying information (e.g., name, email address, phone number, mailing address), as	
	r personally laentlying information (e.g., name, email address, phone number, mailing address), as range with the sponsor of this research.	
		
☐ -9 Don't kr	10W	
Dogo Microb	uicin acc ctant un	
rage Miciou	ousiness start up	
Q20		
•	ur recollection, in what year was your business launched?	
Minimum: 1900, N		
(e.g. 2018)		
(8)		
☐ -9 Do not r	recall	
Q21		
-	say were the three biggest challenges you faced when you first started the business?	
Please rank them		
	o capital *	
Affordal	ble space *	
	ng my business *	
Affordal	ole healthcare/benefits *	
Finding	employees with necessary skills *	
Getting	my business online effectively *	
	se on business planning and management *	
	se on website building or technology management *	
	king with other business owners * ng/Permits *	
Taxes *	B/1 CI IIII G	
Other		
	(Exclusive)	

Q19 Show if Q18 Other

-8

Not sure

Levels marked with * are randomized

Q22 Show if Q21 Other

You ranked "Other'	' as one of the top 3 biggest challenges you faced, could you tell us a bit more on what
this other challenge	e was?

	do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as ng you enter may be shared with the sponsor of this research.		
- 9	Don't know		
Q23			
Do you	use any of the following social media for marketing/customer generation?		
Select a	all that apply		
	Facebook		
☐ 2	Instagram		
☐ 3	Pinterest		
☐ 4	Snapchat Twitter		
□ ₅ □ ₆			
□ ₆	Yelp Google My Business		
☐ 7 ☐ 8			
□ 9	Not sure (Exclusive)		
☐ ₁₀	None of the above (Exclusive)		
Q24			
•	this business was started what was the primary source of capital, if any was needed?		
O 1	Loan from bank/credit union		
O 2	Loan from friends and/or family		
O 3	Personal savings		
O 4	Equity investors		
O 5	Debt investors		
O 6	Online start-up campaign (e.g. Kickstarter, etc.)		
O 7	Other (specify):		
8 C			
O 9	Don't know/not sure		
Q25	Show if Q24 need capital		
What	was the total amount of capital needed to start your business or organization?		
O 1	Less than \$500		
O_2	\$500-\$1,000		
O $_3$	\$1,001-\$5,000		
O_4	\$5,001-\$10,000		

O 5	\$10,001-\$25,000		
O 6	\$25,001-\$50,000		
O 7	More than \$50,000		
O 8	Don't know (Exclusive)		
O 9	Prefer not to answer (Exclusive)		
Q26			
-	were going to tell your local government how they can help businesses like yours to be successful,		
=	hree things should they consider?		
	rank them 1 to 3.		
	Affordable space/subsidized rent		
	Access to capital		
	Marketing of businesses to local residents		
	Affordable options for health insurance and other benefits		
	A skilled workforce in the community		
	Technical assistance for business development (e.g. getting more customers / vendors,		
	developing an online presence, etc.)		
	Assistance with digital strategies (e.g. marketing online, developing online operations/infrastructure to sell online)		
	Opportunities to network with other business owners		
	Expedited licensing/permits		
	Expertise on health / safety protocols		
	Tax incentives		
	Other		
-8	Not sure		
□ -9	None of the above		
Q27	Show if Q26 Other		
You ra	nked "Other" as one of the 3 things you would tell your local government, could you tell us a bit more		
	at this would be?		
Please a	do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as		
anythin	g you enter may be shared with the sponsor of this research.		
- 9	Don't know		
020			
Q28	are a control of having a conjeton of funding are an arranged and the control of		
-	u aware of business assistance funding or programs available through your local government?		
O 1	Yes		
O_2	No		
O 3	Not sure		
O_4	Prefer not to answer		

Q29 Show if Q28 yes			
Which types of local resources has your business benefited from/have you leveraged?			
Select all that apply			
Access to capital			
Networking or mentorship			
☐ 3 Skills training			
☐ 4 Other (specify):			
☐ 5 Don't Know * (Exclusive)			
Levels marked with * are randomized			
Dana COMBAO Fara ani ana a			
Page COVID19 Experience			
Q30			
For many, the Coronavirus outbreak (COVID-19) has had a profound impact. Which of the following ways			
has it affected your business?			
Select all that apply			
☐ 1 It forced me to shut down my business or organization permanently			
☐ 2 It forced me to shut down my business or organization temporarily			
☐ 3 It forced me to shift activity I usually conduct offline to an online mode			
☐ 4 It made me expand what I was already doing online			
☐ 5 It forced me to lay off or furlough some or all of my employees			
☐ 6 It led to a reduction in my business revenues			
☐ 7 It led to an increase in my business revenues			
Other (specify):			
It has not affected my business or organization (Exclusive)			
\square 10 Not sure (Exclusive)			
Q31			
What difference, if any, has a website made for your business or organization during COVID-19?			
Select all that apply			
\square 1 It helped me shift more business or activities online			
\square 2 It helped me communicate changes to customers or participants			
\square 3 It helped me to market my business or organization to new people			
\square 4 It helped me start a new business without having to rent space or buy equipment right away			
5 It helped in other ways (specify):			
6 It hasn't made any difference (Exclusive)			
□ 7 Not sure (Exclusive)			
Q32			
Did you apply for the following Federal funding? Select all that apply			
□ 1 Paycheck Protection Program (PPP)			
☐ 3 Economic Injury Disaster Load (EIDL)			

\square 4	Restaurant Revitalization Fund		
□ 5	SBA debt relief		
\Box 6	Other (specify):		
1 7	No I did not apply for any funding (Exclusive)		
Q33	Show if Q32 Funding		
Please	select each Federal program from which you received funding.		
	l that apply		
	Paycheck Protection Program (PPP) (Show if Q32 1 Paycheck Protec)		
	Shuttered Venue Operators Grant (SVOG) (Show if Q32 2 Shuttered Venue)		
\square 3	Economic Injury Disaster Load (EIDL) (Show if Q32 3 Economic Injury) Restaurant Revitalization Fund (Show if Q32 4 Restaurant Revi)		
\Box 4			
□ 5	SBA debt relief (Show if Q32 5 SBA debt relief)		
\Box 6	< <q32.specify(6)>> (Show if Q32 6 Other specify)</q32.specify(6)>		
□ 7	None of the above (Exclusive)		
Q34			
=	r business or organization receive assistance related to COVID-19 from your state and/or local		
govern			
	l that apply I did receive information from them about federal programs		
	I did receive help from them to apply for federal programs		
\square 2 \square 3	I did receive state or local grants or loans		
□ ₄	I did receive state or local grants of roans		
□ ₄	I did receive other state or local assistance		
\Box 5 \Box 6	I did not receive any state or local assistance		
☐ ₇	Not sure (Exclusive)		
J /	(another)		
Page	City/State specific questions		
Q35			
In whic	h of the following geographical areas do your <u>customers</u> reside?		
Select al	l that apply		
\square 1	My neighborhood		
□ 2	Miami area		
\square 3	State of Florida		
□ 4	United States		
□ 5			
\Box 6	Don't know		

Section Firmographics and Demographics

D1, D2, D3, D4, D5, D6, D7

Page Demographics

D1			
	interested in knowing	more about our customers. Please tell us which gender you most identify	
with:	Male		
O 2	Female		
O 3	Other		
O 4	Prefer not to answer		
D2			
	of the following describ	es this business?	
	l that apply		
	Woman-owned		
□ ₂	Black-owned		
□ 3□ 7	Latino-owned Foreign born-owned		
□ ₄	Veteran-owned		
□ ₅	None of the above	(Exclusive)	
☐ 6	Prefer not to answer	(Exclusive)	
D3			
With w	hich race do you most i	dentify?	
O 1	White		
O 2	Black or African Amer	ican	
O 3	Asian or Pacific Island	er	
O 4	American Indian or Alaska Native		
O 5	Other or multi-racial		
O 6	Prefer not to answer		
D4			
		escent, such as Mexican, Puerto Rican, Cuban, or some other Spanish	
backgro			
O 1	Yes No		
O ₂ O ₃	Prefer not to answer		
\bigcirc 3	i i cici not to answer		

D5	
Were y	ou born in the United States or in another country?
O_1	United States
O_2	Another country
O 3	Prefer not to answer
D6	
What is	s the last year of school or degree that you completed?
O 1	Less than high school
O 2	High school graduate (Grade 12 or GED certificate)
O 3	Technical, trade, or vocational school AFTER high school
O 4	Some college, no 4-year degree (including Associate's Degree)
O 5	College graduate (B.S., B.A., or other 4-year degree)
O 6	Graduate degree (Master's Degree or Ph.D.; law or medical school)
O 7	Prefer not to answer
D7	
Which	of the following ranges contains your age?
O 1	Under 20
O 2	20-29
O 3	30-39
O 4	40-49

Section End of survey

Incentive, Contact Email, End GD

Page Incentives

50-59

60-69

Prefer not to answer

70+

 O_5

O 6

O 8

Incentive

As a thank you for participating in the survey, the first 250 GoDaddy Customers who complete the survey will receive a \$25 USD e-gift card, and the next 50 customers who complete will receive a \$10 USD e-gift card.

If you ar	e one of the first 300 people to complete, would you like to receive this gift card?
O_1	Yes

O₂ No

 \square ₋₈ Not interested

ContactEmail Show if Incentive yes

In order to send you a gift card, we need the email address where you would like to receive it.

Note: Your email address will not be used for marketing or any activities other than sending you a gift card.

 \square ₋₈ I do not want to give my email and refuse the incentive

Page End Page

EndGD

Thank you! Those are all the questions that we have. We appreciate your time today.

Status Code: -1