



Business Assessment Questionnaire:

You have made a commitment to Work Less and Make More!

Our first step together is to find out where your business is today... and how it performed over the past couple of years. Once we know where you are – and then where you want to go... we will be able to pinpoint the daily activities required to get you there!

Please email me your completed Business Assessment Questionnaire when you are finished. My email is: bart@bartsellshouses.com.

Thank you for taking the time to make a difference in your life and business!

Section A: General Information

Name:	<input type="text"/>	Company:	<input type="text"/>
Date of Birth:	<input type="text"/>	Business Telephone:	<input type="text"/>
Home Telephone:	<input type="text"/>	Office Fax:	<input type="text"/>
Cell Phone:	<input type="text"/>	Home Fax:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
Email:	<input type="text"/>	Website 1 URL:	<input type="text"/>
Website 2 URL:	<input type="text"/>	Website 3 URL:	<input type="text"/>

1. Are you a: (Check one)

Broker Owner

Managing Broker

Broker

Team Owner

Team Member

Individual Agent

2. Number of Years in Real Estate as a:

Broker Owner:

Managing Broker:

Broker:

Team Owner:

Team Member:

Individual Agent:

Total years in Real Estate:

Section B: Market Information

1. Where is your Market Area?

2. How many years have you been in your current market area?

3. How many transactions were there in your market last year?

4. Your total transactions last year:

5. What is the average sale price in your market?

6. Your Average Sale Price:

7. Your estimate of low, medium, and high price range for your market:

Low Price Range:	<input type="text"/>
Medium Price Range:	<input type="text"/>
High Price Range:	<input type="text"/>

8. Current number of homes listed for sale in your market:

Low Price Range:	<input type="text"/>
Medium Price Range:	<input type="text"/>
High Price Range:	<input type="text"/>

9. Average days on the market before a home sells:

Low Price Range:	<input type="text"/>
Medium Price Range:	<input type="text"/>
High Price Range:	<input type="text"/>

10. Average months of inventory in your market (number listed x days on the market/30):

Low Price Range:	<input type="text"/>
Medium Price Range:	<input type="text"/>
High Price Range:	<input type="text"/>

11. How many agents are in your market?

Section C: Management

1. How many employees to you have that derive their income from your real estate transactions?

Administrative:

Agents:

Total:

2. On a scale of 1 to 10, how well do you lead and inspire other to do their best?
3. List the titles of all positions in your organization and give a brief description of their job duties:

4. How consistent are the results your employees produce? (Check one)

Very consistent Somewhat consistent
Somewhat inconsistent Completely inconsistent

5. Do you have a recruiting and hiring system in place? If Yes, explain:
6. Do you have a written organizational chart for your business that defines the functions for each position?

7. How often do you conduct employee performance evaluations? (Check one)

Monthly Quarterly
Twice a Year Once a Year

Never

8. Would you be in trouble if a certain key person(s) were to leave your business?
9. On a scale of 1 to 10, does staff training run smoothly, consistently, and produce satisfactory results?
10. What concerns do you have about Management?

Section D: Business Statistics

1. How many:

Buy-side transactions did you do **two** years ago?:

Buy-side transactions did your team do two years ago?:

Total Buy-side transactions done two years ago:

Sell-side transactions did you do two years ago?:

Sell-side transactions did your team do two years ago?:

Total sell-side transactions done two years ago:

Total transactions done two years ago:

2. How many:

Buy-side transactions did you do last year?:

Buy-side transactions did your team do last year?:

Total Buy-side transactions done last year:

Sell-side transactions did you do last year?:

Sell-side transactions did your team do last year?:

Total sell-side transactions done last year:

Total transactions done last year:

3. How many:

Buy-side transactions have you done this Year To Date?:

Buy-side transactions have your team done this YTD?:

Total Buy-side transactions done this YTD:

Sell-side transactions have you done this YTD?:

Sell-side transactions have your team done this YTD?:

Total sell-side transactions done this YTD:

Total transactions done this YTD:

On a percentage basis, how much do your sales vary month to month?

Section E: Financial

1. Do you know your cost to list each property? (Check one)

No Yes

Amount:

2. What does it cost to run your business each month?

3. Which of the following financial reports do you generate on a regular basis? (Check all that apply)

- | | | | |
|------------------------|--------------------------|---------------|--------------------------|
| Profit and loss | <input type="checkbox"/> | Projections | <input type="checkbox"/> |
| Budget | <input type="checkbox"/> | Balance Sheet | <input type="checkbox"/> |
| Statement of Cash Flow | <input type="checkbox"/> | Other | <input type="checkbox"/> |

4. How often do you generate these financial reports? (Check one)

- | | | | |
|-----------|--------------------------|----------|--------------------------|
| Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> |
| Quarterly | <input type="checkbox"/> | Annually | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

5. On a scale of 1 to 10, how well do you understand the information on your reports?

6. What other concerns do you have about finances?

Section F: Systems

1. Do you have a lead follow-up system? What is it?

2. How do you track clients, listings, activities & CRM?

3. How current is your client database?

4. List all computer programs your office uses:

5. How many names do you have in your database?

6. How often do you update your database?

7. On a scale of 1 to 10, how easy is it to evaluate the effectiveness of your marketing with your current tracking system?

Section G: Work Environment

1. How many days per week do you work?

2. How many hours per week do you work?

3. How much vacation time do you take?

4. Do you work more hours and get more done than anyone else in your business?

5. Do you feel like you're in control of how you spend your time?

If you had the power to change your schedule, how would you change it?

Section H: Sales

1. What percentage of the following lead sources does your business turn into sales?

Referral

Radio / TV advertising

Direct Mail

Internet/ IDX/ PPC

Reputation

Yellow pages

Telemarketing

Buying leads (specify)

Print media advertising

Other (specify)

2. On a scale of 1 to 10, how easy is it for you to overcome the most common objections to the sale?

What systems or tools do you have to help you convert leads to clients?

3. What concerns do you have about Lead Conversion?

Section I: Marketing/Advertising

1. What kind of marketing are you doing? (Check all that apply)

- | | | | |
|--------------------|--------------------------|----------------|--------------------------|
| Newspaper | <input type="checkbox"/> | Phone Blasting | <input type="checkbox"/> |
| Direct Mail | <input type="checkbox"/> | Magazines | <input type="checkbox"/> |
| Internet | <input type="checkbox"/> | Brochures | <input type="checkbox"/> |
| Direct Advertising | <input type="checkbox"/> | Fax Back | <input type="checkbox"/> |
| Telemarketing | <input type="checkbox"/> | Other | <input type="checkbox"/> |

2. Do you do open houses? If yes, what percentage of your listings do you do open houses for?

3. Is there anything special you do for your open houses?

4. Do you prospect daily? (Check all that apply)

- | | | | |
|--------------|--------------------------|-----------|--------------------------|
| Past Clients | <input type="checkbox"/> | FSBO | <input type="checkbox"/> |
| Expired | <input type="checkbox"/> | Sphere | <input type="checkbox"/> |
| Just Listed | <input type="checkbox"/> | Just Sold | <input type="checkbox"/> |

Business Rentals

Database leads

5. Where does your business come from? (Give percentages)

Referrals	<input type="checkbox"/>	Circle of Influence	<input type="checkbox"/>
Expired	<input type="checkbox"/>	Just Listed / Just Sold	<input type="checkbox"/>
Past Clients	<input type="checkbox"/>	Generated leads	<input type="checkbox"/>
FSBO	<input type="checkbox"/>	Purchased leads	<input type="checkbox"/>
Mailers	<input type="checkbox"/>	Other(s)	<input type="checkbox"/>

6. What do you do that distinguishes yourself from your competitors when working with buyers?

7. What do you do that distinguishes yourself from your competitors when working with sellers?

8. What have you done to communicate those differences to your customers?

9. On a scale of 1 to 10, how well do you think you have done in communicating those differences to your customers?

10. What percentage of your advertising is branded and what percentage is unbranded?

11. Do you use guarantees and USPs in your advertising? If so, list your USPs. If you do not know what a USP is, you do not use one, lol!

12. On a scale of 1 to 10, how well do you think you have done at communicating a consistent message to your market in your advertising?

13. How many new leads do you generate per month?

14. Give the sources and percentages of each lead source you have.

Referral		Radio / TV advertising	
Direct Mail		Internet	
Reputation		Yellow pages	
Telemarketing		Buying leads (specify)	
Print media advertising		Other (specify)	

15. How much do you spend on Marketing per month?

16. What concerns do you have in the area of Marketing?

17. What promotional efforts have you tried that you are no longer doing? (Check all that apply)

Direct Mail	<input type="checkbox"/>	Print media advertising	<input type="checkbox"/>	
Internet	<input type="checkbox"/>	Radio / TV advertising	<input type="checkbox"/>	
Yellow Pages	<input type="checkbox"/>	Buying leads (specify)	<input type="checkbox"/>	
Telemarketing	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	

18. On a scale of 1 to 10, how effective do you think you are at generating leads from each of your lead sources?

Referral:		Print media advertising	
Direct Mail		Radio / TV advertising	
Reputation		Internet	

Telemarketing	<input type="checkbox"/>	Yellow pages	<input type="checkbox"/>
	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

19. Does your business get all of the qualified leads it can handle?
20. Do you have an adequate budget for generating leads?
21. Do you easily obtain referrals from existing clients?
22. What systems do you have in place to generate referral business, be specific?
23. What concerns do you have about Lead Generation?
24. Do you use direct mail, postcards, sales letters, etc?
25. Do you send your database a newsletter? If so, printed or electronic or both?

Section J: Customer Service

1. On a scale of 1 to 10, how good to you think your business's customer service is?
2. Do measure your customer's satisfaction? If so, how?
3. On a scale of 1 to 10, how good to you think your customers would say your business's customer service is?
4. On a scale of 1 to 10, how consistent is your customer service?

5. What percentage of your customers become repeat customers?
6. On a scale of 1 to 10, how well do you think your customer service system would work if your sales tripled this month?
7. On average, how many hours a week do you spend on customer service?
8. On a percentage basis, how much of the time you spend on customer service is reactionary and what percentage is spent on a proactive approach?
9. On a scale of 1 to 10, how confident are you in your ability to improve your customer service program?
10. What other concerns do you have in the area of customer service?

Section K: Personal Information

1. What has been your personal focus in life? Where do you spend your time and energy in your personal and business life?
2. Describe three (3) events that have shaped your life and what you have learned from them.
3. What do you value most in life?

4. Have you ever been in coaching before? If yes, who was your coach?

5. For each characteristic, indicate how you would describe yourself on a scale of 1 to 10:

Ambitious:	<input type="checkbox"/>	Fast learner	<input type="checkbox"/>	Intelligent	<input type="checkbox"/>
Assertive	<input type="checkbox"/>	Focused	<input type="checkbox"/>	Knowledgeable	<input type="checkbox"/>
Business savvy	<input type="checkbox"/>	Goal oriented	<input type="checkbox"/>	Optimistic	<input type="checkbox"/>
Communicative	<input type="checkbox"/>	Good at implementing	<input type="checkbox"/>	Organized	<input type="checkbox"/>
Compassionate	<input type="checkbox"/>	Good at prioritizing	<input type="checkbox"/>	Patient	<input type="checkbox"/>
Composed	<input type="checkbox"/>	Good listener	<input type="checkbox"/>	Persuasive	<input type="checkbox"/>
Confident	<input type="checkbox"/>	Good motivator	<input type="checkbox"/>	Positive self-image	<input type="checkbox"/>
Courageous	<input type="checkbox"/>	Good planner	<input type="checkbox"/>	Reasonable	<input type="checkbox"/>
Creative	<input type="checkbox"/>	Good problem solver	<input type="checkbox"/>	Reliable	<input type="checkbox"/>
Decisive	<input type="checkbox"/>	Good speaker	<input type="checkbox"/>	Sincere	<input type="checkbox"/>
Determined	<input type="checkbox"/>	Good time management	<input type="checkbox"/>	Tolerant	<input type="checkbox"/>
Devoted	<input type="checkbox"/>	Good with people	<input type="checkbox"/>	Trusting	<input type="checkbox"/>
Disciplined	<input type="checkbox"/>	Hard Worker	<input type="checkbox"/>	Understanding	<input type="checkbox"/>
Fair	<input type="checkbox"/>	Honest	<input type="checkbox"/>		<input type="checkbox"/>

6. List any characteristics, not listed above, that you would use to describe yourself.

Section L: Goals and Objectives

1. Do you set goals?

2. How/when do you measure progress of goals?
3. Where do you see your business one (1) year from now?
4. Where do you see your business five (5) years from now?
5. Describe three (3) areas of your business you most want to improve by joining Real Estate Good Life:
6. What are your three (3) biggest frustrations in the business?
7. Describe three (3) things you expect to get/enjoy as a result of joining Real Estate Good Life:
8. What performance objectives will you use to evaluate if we are helping you achieve your goals?
9. How long do you want to be in the real estate business?
10. What are you passionate about?
11. If your job were as good as it gets, what would be different?
12. If you could have anything you wanted what would it be?

13. Do you have a clear vision of what you want from your business? What is it?

14. Do your employees have a clear picture of what your business is about, and do they understand their role in fulfilling that picture?

15. Do you read books? If so, list your 5 favorite:

16. Do you use a Mac or PC?

17. Do you dance or watch?

18. Please fill in the blanks... answer as you would in describing how you want it to be: "I make _____ dollars each year, working only ____ hours per week, while enjoying ____ weeks of vacation each year with my family!"

19. The ONE THING: What is the One Thing that you feel you need help with... that once accomplished or implemented into your business... you know will better your life? The One Things is:

Thank you for taking the time to fill out the questionnaire in its entirety!

I promise to provide you with a **minimum** of **10 TIMES** the value of your investment!

Please email the questionnaire to: bart@bartsellshouses.com

Talk to you soon!