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## Business Women Survey

Beta Research Corporation

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# BUSINESS WOMEN SURVEY

We would appreciate you taking a few moments to tell us about yourself and your business interests. Please answer as completely as possible. All answers will remain confidential and will be used for statistical purposes only.

1. Please write the name of the publication in which this survey appears: \_\_\_\_\_ 6-
  
2. What do you usually do with your issue of this magazine when you are done reading it? (CHECK ALL THAT APPLY.)
  - 7-1  Save issue for future reference
  - 2  Clip and save items of interest
  - 3  Discard issue
  - 4  Pass along to friends or colleagues
 How many people, including yourself, usually read your issue? \_\_\_\_\_ (# of people) (8-9)
  
3. Approximately how many people, including yourself, are employed by your company? (Please include all branches, divisions, other locations, etc.) (PLEASE CHECK ONE.)
  - 10-1  1 - 9      -4  100 - 499      -7  3,000 or more
  - 2  10 - 49      -5  500 - 999      -8  Government
  - 3  50 - 99      -6  1,000 - 2,999
  
- 4a. Do you have an office at home?
  - 11-1  Yes      -2  No      -3  No, but planning to have one
  
- 4b. If "Yes," is it:
  - 12-1  Your primary business      -3  Used as secondary office
  - 2  Your secondary business      -4  Other
  
- 5a. What is your title, position or rank? (Please be specific, i.e., Owner, President, Marketing Director, Sales-equipment, etc.) \_\_\_\_\_ (13-14)
  
- 5b. Are you currently a sole practitioner?
  - 15-1  Yes      -2  No
  
- 5c. If you are an owner, partner or sole practitioner, please specify your company's classification.
  - 16-1  Partnership with spouse      -4  Sub S Corporation
  - 2  Partnership with others      -5  Regular Corporation
  - 3  Sole Proprietorship      -6  Other
  
6. Are you planning to start a business or open a practice? (CHECK ALL THAT APPLY.)
  - 17-1  Yes, in the next year      -4  Undecided at this time
  - 2  Yes, in next 2 yrs.      -5  No
  - 3  Yes, in next 3 yrs./more      -6  Previously had; closed/sold
  
7. In the past 12 months: A) How many business trips have you taken by air within the U.S.? and B) How many nights did you spend in a hotel or motel in the U.S. for business purposes? (PLEASE WRITE IN NUMBER OR "0" FOR EACH QUESTION.)
  - A) \_\_\_\_\_ # of business trips taken by air (18-19)
  - B) \_\_\_\_\_ # of nights spent in hotel/motel for business (20-22)
  
8. On average, how much do you spend for a night in a hotel/motel when traveling on business?
  - 23-1  Under \$40      -3  \$75 - \$99
  - 2  \$40 - \$74      -4  \$100 or more
  
10. What type of vehicles do you or other household members now own? (CHECK ALL THAT APPLY.)
 

	Domestic	Import-European	Import-Japanese
Mini Van . . . . .	36-1 <input type="checkbox"/>	37-1 <input type="checkbox"/>	38-1 <input type="checkbox"/>
Luxury . . . . .	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>
Intermediate . . . . .	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>
Standard . . . . .	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>
Compact . . . . .	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>
Subcompact . . . . .	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>
Sport utility (Blazer, Jeep, Cherokee, etc.) . . . . .	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>
None of the above . . . . .	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>
  
11. Where are your vehicles serviced? (CHECK ALL THAT APPLY.)
  - 39-1  Authorized dealer      -3  Gas station/Local repair shop
  - 2  Retail/Automotive center      -4  Self or spouse services
  
12. Please indicate the make of the most recent vehicle acquired by you or your household for either business or personal use. (CHECK ONLY ONE.)
  - 40-1  Ford      -4  Import/Japanese
  - 2  G.M.      -5  Import/European
  - 3  Chrysler
  
13. Thinking about the last car you or your household acquired: Was it purchased:
  - 41-1  New      -2  Used      or      -3  Leased
 Model Year: \_\_\_\_\_ (42) Amount Paid: \$ \_\_\_\_\_ (43-45)

## DEMOGRAPHIC INFORMATION:

1. Marital status: 46-1  Married      -2  Single
  
2. Age:
  - 47-1  Under 18      -3  25 - 34      -5  45 - 54
  - 2  18 - 24      -4  35 - 44      -6  55 - 64
  - 7  65 or over
  
3. What is the highest level of formal education you have completed to date? (CHECK ONLY ONE.)
  - 48-1  Graduated high school      -3  Post grad degree
  - 2  Attended/Graduated college      -4  Doctoral degree
  
4. How many members of your household, including yourself, are within each of the following age groups? (PLEASE WRITE IN NUMBER OR "0" FOR EACH CATEGORY.)
  - Over 18 years \_\_\_\_\_ (49) Under 18 years \_\_\_\_\_ (50)
  
5. Please check the range, **before taxes in 1988**, of a) your **total household income** (including salaries, dividends, bonuses, capital gains, profits, etc.) from all household members, and b) your own **individual employment income** (including salary, dividends, bonuses, profit sharing, etc.).
 

	a. Total Household	b. Individual
Under \$15,000 . . . . .	51-1 <input type="checkbox"/>	52-1 <input type="checkbox"/>
\$15,000 - \$19,999 . . . . .	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>
\$20,000 - \$24,999 . . . . .	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>
\$25,000 - \$29,999 . . . . .	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>
\$30,000 - \$34,999 . . . . .	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>
\$35,000 - \$39,999 . . . . .	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>
\$40,000 - \$49,999 . . . . .	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>
\$50,000 - \$74,999 . . . . .	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>
\$75,000 - \$99,999 . . . . .	-9 <input type="checkbox"/>	-9 <input type="checkbox"/>
\$100,000 - or more . . . . .	-0 <input type="checkbox"/>	-0 <input type="checkbox"/>

[80-1]

9. Please indicate your level of involvement with the following business purchases or leases made for your company and your home. (CHECK ALL THAT APPLY.)
 

	Suggest/ Evaluate For Work	Approve/ Authorize For Work	Plan To Purchase For Work	Not Involved For Work	Own At Home	Plan To Purchase For Home
Electric typewriters . . . . .	24-1 <input type="checkbox"/>	26-1 <input type="checkbox"/>	28-1 <input type="checkbox"/>	30-1 <input type="checkbox"/>	32-1 <input type="checkbox"/>	34-1 <input type="checkbox"/>
Typewriters with screen/memory . . . . .	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>
Word Processors . . . . .	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>	-3 <input type="checkbox"/>
Personal computers-Word processing only . . . . .	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>	-4 <input type="checkbox"/>
Personal computers-All other functions . . . . .	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>	-5 <input type="checkbox"/>
Software/printers . . . . .	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>	-6 <input type="checkbox"/>
Fax . . . . .	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>	-7 <input type="checkbox"/>
Copiers . . . . .	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>	-8 <input type="checkbox"/>
Telephone systems . . . . .	-9 <input type="checkbox"/>	-9 <input type="checkbox"/>	-9 <input type="checkbox"/>	-9 <input type="checkbox"/>	-9 <input type="checkbox"/>	-9 <input type="checkbox"/>
Long Distance Service . . . . .	-0 <input type="checkbox"/>	-0 <input type="checkbox"/>	-0 <input type="checkbox"/>	-0 <input type="checkbox"/>	-0 <input type="checkbox"/>	-0 <input type="checkbox"/>
Temporary help . . . . .	-x <input type="checkbox"/>	-x <input type="checkbox"/>	-x <input type="checkbox"/>	-x <input type="checkbox"/>	-x <input type="checkbox"/>	-x <input type="checkbox"/>
Mail/Delivery services . . . . .	-y <input type="checkbox"/>	-y <input type="checkbox"/>	-y <input type="checkbox"/>	-y <input type="checkbox"/>	-y <input type="checkbox"/>	-y <input type="checkbox"/>
Office Supplies . . . . .	25-1 <input type="checkbox"/>	27-1 <input type="checkbox"/>	29-1 <input type="checkbox"/>	31-1 <input type="checkbox"/>	33-1 <input type="checkbox"/>	35-1 <input type="checkbox"/>
None of the above . . . . .	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>	-2 <input type="checkbox"/>

Thank you for your help on this important project. Your answers are invaluable to us.

Please return the completed questionnaire to:  
BETA RESEARCH CORPORATION, 6400 Jericho Turnpike, Syosset, New York 11791