

eQUICKVIEW™

eBusiness Assessment

eQuickView™ is an effective assessment tool to assist you in understanding the problems and opportunities confronting your operations. Your answers will help to:

- Identify those areas of your operation which may need some attention.
- Identify areas for capital and time investment.
- Highlight the eBusiness parts of your operation that may be impeding your growth and competitiveness.

Statement of Confidentiality

All information provided in this questionnaire, as well as all results and recommendations, will be kept strictly confidential.

SIC or NAICS

The eQuickView database is indexed by the Standard Industrial Classification (SIC) codes. The North American Industry Classification System (NAICS) does not have a one-to-one correspondence with SIC. Therefore, to allow proper benchmarking, eQuickView will continue to use SIC codes while collecting data on NAICS codes for possible future versions.



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1. Which of the following statements best describes the status of e-commerce at your company?
 1. It is an add-on to our business plan
 2. It is integrated through our business plan
 3. We have no e-commerce strategy
 2. Does your company have a web site?
 1. Yes
 2. No — If no, skip to question 8.
 3. Does your web site...?
 1. Provide information only
 2. Provide information and take orders
 3. Give information, take orders and take payments
 4. Does your web site have its own domain name?
 1. Yes
 2. No
 5. Does your web site target...? (Check all that apply)
 1. Consumers
 2. Businesses
 3. Governments
 6. Which of the following statements best describes how you use data collected from hits on your web site?
 1. To analyze data about people who visit the site
 2. To enhance service to customers and trading partners
 3. To help with new product development
 4. We don't use data from the site at all
 7. How frequently is your web site updated?
 1. Rarely
 2. Occasionally
 3. Continually
 8. How does your company connect to the Internet?
 1. We have no connection
 2. 56K or less
 3. ISDN
 4. DSL
 5. T1 or greater
 6. Cable
 7. Wireless
 8. Not sure
 9. Does your company conduct any business through e-commerce?
 1. Yes
 2. No
 3. Not yet, but we are planning to
 10. If e-mail forms a significant part of your company's communications, how is it used?
 1. For internal e-mail only
 2. For external e-mail only
 3. For both external and internal e-mail
 4. It is not a significant part
 11. Does your company's CEO read and respond to his or her own e-mail?
 1. Yes
 2. No
 3. Not sure

12. What percentage of your company's procurement is conducted on-line?
 1. Less than 10 percent
 2. 10 to 25 percent
 3. More than 25 percent
13. Do you have an on-line supply chain management program for your vendors?
 1. Yes
 2. No
 3. Not sure
14. Does your company have a computerized production control/inventory system?
 1. Yes
 2. No
15. Do your e-commerce and non-electronic commerce transactions interact with a common database?
 1. Yes
 2. No
 3. Not sure
16. Does your company have a specific budget that covers e-commerce technology and IT expenditures?
 1. Yes
 2. No
17. Which best describes your staff's ability to conduct e-commerce?
 1. We have the necessary skills
 2. We will need training
 3. We will subcontract the training
 4. Not sure
18. Regarding your e-commerce infrastructure, do you outsource your network and servers?
 1. Yes
 2. No
 3. Not sure
19. What percentage of non-production personnel has computers or terminals on their desk?
 1. Less than 50 percent
 2. 50 to 75 percent
 3. More than 75 percent
20. Do you have a single company-wide network?
 1. Yes
 2. No
21. What type of network do you have?
 1. Windows 95/98
 2. Windows NT/2000
 3. Novell
 4. Unix/Linux
 5. Other
22. Does your company have an Intranet in place for your employees?
 1. Yes
 2. No
23. Has your company taken any specific actions to provide network security?
 1. Yes
 2. No
24. Does your company have an Extranet available to your dealers, distributors, sales people?
 1. Yes
 2. No
25. What percentage of your company's revenue is produced through e-commerce?
 1. Less than 10 percent
 2. 10 to 25 percent
 3. More than 25 percent
26. What percentage of your company's business would you like to be generated by e-commerce?
 1. Less than 10 percent
 2. 10 to 25 percent
 3. More than 25 percent
 4. Not sure
27. Does your company have an uninterruptable power supply and back-up plan for computers in critical areas?
 1. Yes
 2. No
28. Would your company benefit from help in selecting software or putting it to use?
 1. Yes
 2. No
29. Did your company experience any computer difficulties due to Y2K?
 1. Yes
 2. No
30. Which of the following best represents how your company dealt with the computer difficulties that were expected when the year 2000 arrived?
 1. Our staff handled the problem
 2. We hired computer specialists
 3. We anticipated no problems, took no action
 4. Other—please specify _____
31. Which of the following best represents the number of people working for your company?
 1. 1-25
 2. 26-50
 3. 51-100
 4. 101 or more
32. Which of the following represents the type of business you are in?
 1. Manufacturing
 2. Software assembly
 3. Other—please specify _____
33. What percentage of your gross sales are exports?

_____ %
34. Which of the following best represents your company's annual gross income?
 1. Less than \$1 million
 2. \$1 million to \$5 million
 3. \$5 million or more

Person Administering Questionnaire

Date Submitted: _____
 Name: _____ Phone: () _____ E-mail: _____
 Organization: _____ Phone: () _____ E-mail: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Where would you like report mailed? Address _____
 City/State/Zip _____

Company Completing Questionnaire

Company: _____
 Address: _____ City: _____ State/Zip: _____
 Company Contact Name: _____ Title: _____
 Phone: () _____ FAX: () _____ E-mail: _____
 Company SIC Code: _____ NAICS (Optional): _____
 Brief description of products and/or services: _____

Number of years in business: _____ Ownership? Public Private
 Name of parent company or subsidiary: _____ Number of full time employees: _____
 Is company a defense contractor? Yes No Union shop? Yes No
 Total annual previous year's sales: \$ _____
 Percentage of previous year's sales exported: _____ %
 Market Share of your main product: _____ %
 Where is your competition located: (Check all that apply)
 Within your state Out of your state Out of the country

Please list all of the quality awards or customer certifications your company has received: _____

To which of the following industries do you regularly supply goods? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Health Care | <input type="checkbox"/> Ordinance |
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Household Appliances | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Printing and Publishing |
| <input type="checkbox"/> Food | <input type="checkbox"/> Machinery | <input type="checkbox"/> Satellite & Space Related |
| <input type="checkbox"/> Footwear/Leather Products | <input type="checkbox"/> Motor Vehicles and Parts | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Office/Computing/Accounting | |

Check all the methods your company would/has considered using to attain productivity improvements:

- | | | |
|--|---|---|
| <input type="checkbox"/> College/Univ. courses | <input type="checkbox"/> New hardware/software | <input type="checkbox"/> Seminars |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> New tools/machinery | <input type="checkbox"/> Videotapes |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Out-of-house training | <input type="checkbox"/> Vocational School |
| <input type="checkbox"/> In-house training | <input type="checkbox"/> Quality Audits | <input type="checkbox"/> Wage incentive systems |
| <input type="checkbox"/> Library Research | <input type="checkbox"/> Profit sharing systems | <input type="checkbox"/> Other: _____ |

Please list any eCommece assistance your company would like: _____

Company Name: _____

1. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	13. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	25. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2. YES <input type="checkbox"/> NO <input type="checkbox"/>	14. YES <input type="checkbox"/> NO <input type="checkbox"/>	26. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	15. YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <input type="checkbox"/>	27. YES <input type="checkbox"/> NO <input type="checkbox"/>
4. YES <input type="checkbox"/> NO <input type="checkbox"/>	16. YES <input type="checkbox"/> NO <input type="checkbox"/>	28. YES <input type="checkbox"/> NO <input type="checkbox"/>
5. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	17. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	29. YES <input type="checkbox"/> NO <input type="checkbox"/>
6. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	18. YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <input type="checkbox"/>	30. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
7. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	19. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> _____
8. 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	20. YES <input type="checkbox"/> NO <input type="checkbox"/>	31. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
9. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	21. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	32. 1 <input type="checkbox"/> 2 <input type="checkbox"/>
10. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	22. YES <input type="checkbox"/> NO <input type="checkbox"/>	3 <input type="checkbox"/> _____
11. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	23. YES <input type="checkbox"/> NO <input type="checkbox"/>	33. _____%
12. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	24. YES <input type="checkbox"/> NO <input type="checkbox"/>	34. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Instructions for Completing Information and Answer Sheet

- Please print clearly.
- Be sure to fill in the company's SIC /NAICS code.
- Check the box that corresponds to your answer.
- Insert only one legible numeric answer for #33.

Notes to person administering the questionnaire:

- Please enter the date, your name, phone number and e-mail and your organization's phone, e-mail and address on first five lines.
- If this is your FIRST assessment, please include a business card.
- We recommend that you work with the company representative through the entire questionnaire. You can answer questions of clarity, ask additional questions, and use this interaction to begin building a relationship with the company. Average time for completing an assessment is 30-45 minutes.

Please submit answer sheet by:



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Syracuse, NY 13210-1953



Fax

315.233.1259



Internet

www.tdo.org/equickview

Problems or questions?



Phone

315.425.5144

Between 9 am and 5 pm M-F EST.



E-mail

equickview@tdo.org