



Fox Cities SCORE Chapter – Oshkosh Branch  
120 Jackson St  
Oshkosh, WI 54901

Phone: 920-303-2266 | Fax: 920-303-2263 | [info@oshkoshchamber.com](mailto:info@oshkoshchamber.com) | [foxcities.score.org](http://foxcities.score.org)

## CLIENT SELF-ASSESSMENT WORKSHEET

### TO THE CLIENT:

*The most important thing for you to determine for either your existing business or a new start-up: What is required for the business to succeed? For SCORE counseling to be helpful in determining this, it is important that certain basic information be provided. We request that, if possible, before your first counseling session you take the time to fill out this worksheet and bring it to the session. If there are questions that you do not understand just leave them blank and the counselor will help you. Remember, SCORE counselors are bound by a code of ethics to treat all information in strict confidence.*

### DESCRIPTION OF THE BUSINESS OR IDEA:

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## CLIENT SELF-ASSESSMENT WORKSHEET

### 1. DOES THE BUSINESS OR IDEA FOR A PRODUCT OR SERVICE HAVE SUFFICIENT UNIQUENESS TO BE COMPETITIVE IN THE MARKETPLACE?

Is it now offered by anyone else? \_\_\_\_\_

Does it satisfy an unfilled need? \_\_\_\_\_

Does it offer a convenience not now available? \_\_\_\_\_

Does it create a trend? \_\_\_\_\_

Is it environmentally sensitive? \_\_\_\_\_

Does it play to the customer's sense of value? \_\_\_\_\_

Does it occupy a special niche? \_\_\_\_\_

Can it be patented? \_\_\_\_\_

Is the marketing strategy different? \_\_\_\_\_

Is the customer service different? \_\_\_\_\_

Does it utilize special talents of the client? \_\_\_\_\_

Other comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## CLIENT SELF-ASSESSMENT WORKSHEET

### 2. DO YOU POSSESS THE CHARACTERISTICS OF AN ENTREPRENEUR TO MAKE THE BUSINESS SUCCEED?

Do you have drive, energy and total commitment? \_\_\_\_\_

Are you: Self-confident? \_\_\_\_\_

A reasonable risk taker? \_\_\_\_\_

Innovative? \_\_\_\_\_

Competitive? \_\_\_\_\_

Do you: Set high standards to meet? \_\_\_\_\_

Want to continually improve your income? \_\_\_\_\_

Consider dollars as a measure of success? \_\_\_\_\_

Do you have the job skills for your business? \_\_\_\_\_

Are you willing to learn something new? \_\_\_\_\_

Can you manage: People? \_\_\_\_\_

Money? \_\_\_\_\_



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### 3. WHAT IS YOUR PERSONAL SITUATION AS IT RELATES TO THE VENTURE?

Do you currently have job security? \_\_\_\_\_

Where do you currently work? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you have other sources of income? \_\_\_\_\_

Are there potential sources of income – does your spouse work? \_\_\_\_\_

What are your future job prospects vs. going into business? \_\_\_\_\_

Is the venture supported by the family? \_\_\_\_\_

What is the condition of your health? \_\_\_\_\_

Can you afford to be sick? \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_



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### 4. WHAT IS YOUR FINANCIAL SITUATION AS IT RELATES TO THE VENTURE?

*Some clients are reluctant to provide this information but be assured that it will come out if you plan to obtain financing. The information is vital for the SCORE counselor to help you put together a financial package that will meet your needs. It is all confidential.*

What is the value of your current assets? \_\_\_\_\_

What is the amount of your current personal debt? \_\_\_\_\_

How much are your monthly payments on the debt? \_\_\_\_\_

What is the outstanding debt of your business? \_\_\_\_\_

How much are the monthly payments for the business debt? \_\_\_\_\_

Are you behind on payments for your personal debt? If so, how much? \_\_\_\_\_

Are you behind on payments for your business debt? If so, how much? \_\_\_\_\_

Have you ever been in personal or business bankruptcy? \_\_\_\_\_

How much personal income do you need? \_\_\_\_\_