

Business Outlook Survey Questionnaire SAMPLE

| Date completed: | |
|-----------------|--|
|-----------------|--|

We would like your opinion of business conditions. Please complete this questionnaire by checking the appropriate boxes and return by FAX. The survey must be received by close of business, <u>September 17</u>.

«Chief_Executive»
«Chief_Executive_Title»
«Company_Name»
«Mail_Address»
«Mail_City» «Mail_State» «Mail_Zip_Code»

CONFIDENTIAL: Individual replies will not be published or quoted

| Indicator | September vs. August | | | Six Months from Now vs. September | | |
|--|----------------------|-----------|----------|-----------------------------------|-----------|----------|
| | Decrease | No Change | Increase | Decrease | No Change | Increase |
| General Business Conditions What is your evaluation of the level of general business activity? | | | | | | |
| Company Business Indicators New Orders | | | | | | |
| Shipments | | | | | | |
| Unfilled Orders | | | | | | |
| Delivery Times | | | | | | |
| Inventories | | | | | | |
| Prices Paid | | | | | | |
| Prices Received | | | | | | |
| Number of Employees | | | | | | |
| Average Employee Workweek | | | | | | |
| Capital Expenditures | | | | | | |

SPECIAL QUESTIONS

ANY SPECIAL QUESTIONS FOR THE MONTH GO HERE

| eral comments about current | manufacturing conditions | s (or the impact of r | ecent events on business | s): |
|-----------------------------|--------------------------|-----------------------|--------------------------|-----|
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