TERON ADVISORY

Business Technology Assessment Questionnaire

Thank you for taking the time to complete this assessment. Your responses will help us understand your business needs and develop tailored recommendations for technology solutions that can drive efficiency, reduce costs, and accelerate growth.

Instructions: Please complete all sections as thoroughly as possible. Check boxes where applicable and provide written responses where requested. If a question doesn't apply to your situation, write "N/A" in the response area.

Estimated completion time: 15-20 minutes

Confidentiality: All information provided is strictly confidential and will only be used to prepare your personalized technology assessment report.

Date: _____   Reference #: _____

SECTION 1: Business Information

Company/Organization Name:

_____

Your Name and Title:

_____

Industry:

■ Healthcare   ■ Financial Services

■ Manufacturing   ■ Retail/E-commerce

■ Professional Services   ■ Technology

■ Education   ■ Non-profit

■ Government   ■ Other: _____

Company Size (Employees):

■ 1-10   ■ 11-50   ■ 51-200

■ 201-500   ■ 500+

Annual Revenue:

■ Under $500K   ■ $500K - $1M   ■ $1M - $5M

■ $5M - $20M   ■ $20M+

Brief description of your business and primary products/services:

_____

_____

_____

SECTION 2: Current Technology Stack

Cloud Services (check all that apply):

Select all platforms your organization currently uses

- Microsoft 365
- Google Workspace
- AWS
- Microsoft Azure
- Salesforce
- HubSpot
- Dropbox/Box
- None
- Other: _____

Business Software:

- ERP System
- CRM System
- Accounting Software
- HR/Payroll System
- Project Management
- E-commerce Platform
- Custom Applications
- Industry-Specific Software

Please list specific software names if applicable:

_____

_____

Current Automation Level:

- Minimal - Most processes are manual
- Basic - Some spreadsheets and simple tools
- Moderate - Some automated workflows
- Advanced - Significant automation in place
- Extensive - Highly automated operations

Data & Analytics:

- Excel/Spreadsheets only
- Basic reporting tools
- Business Intelligence (BI) platform
- Advanced analytics/dashboards
- AI/ML capabilities
- No formal analytics

SECTION 3: Challenges & Pain Points

Rate each challenge area (1 = Not a problem, 5 = Critical issue):

Manual/repetitive tasks consuming too much time

1	2	3	4	5

Not at all   Somewhat   Extremely

Data scattered across multiple systems

1	2	3	4	5

Not at all   Somewhat   Extremely

Difficulty getting accurate reports or insights

1	2	3	4	5

Not at all   Somewhat   Extremely

Inefficient communication and collaboration

1	2	3	4	5

Not at all   Somewhat   Extremely

Customer service/response time issues

1	2	3	4	5

Not at all   Somewhat   Extremely

Inventory or supply chain management

1	2	3	4	5

Not at all   Somewhat   Extremely

Financial reporting and forecasting

1	2	3	4	5

Not at all   Somewhat   Extremely

Scaling operations with growth

1	2	3	4	5

Not at all   Somewhat   Extremely

Describe your TOP 3 operational challenges in detail:

_____

_____

_____

_____

SECTION 4: Goals & Investment Priorities

Primary Business Goals (select top 3):

■ Reduce operational costs   ■ Increase revenue/sales

■ Improve customer satisfaction   ■ Scale operations efficiently

■ Better data-driven decisions   ■ Automate manual processes

■ Improve team productivity   ■ Enhance security/compliance

■ Digital transformation   ■ Other: _____

Timeline for Implementation:

■ Immediate (within 1 month)

■ Short-term (1-3 months)

■ Medium-term (3-6 months)

■ Long-term (6-12 months)

■ Exploring options (no set timeline)

Budget Range for Technology Investment:

■ Under $5,000   ■ $5,000 - $15,000

■ $15,000 - $50,000   ■ $50,000 - $100,000

■ $100,000+   ■ Not yet determined

Decision Making:

■ I am the sole decision maker   ■ I need to consult with partners/leadership

■ Committee/board approval required   ■ Researching for future planning

What would success look like for this technology initiative?

_____

_____

_____

SECTION 5: Contact Information & Next Steps

Full Name:

_____

Email Address:

_____

Phone Number:

_____

Preferred Contact Method: ■ Email ■ Phone ■ Video Call

Preferred Meeting Times:

■ Morning (9am - 12pm)   ■ Afternoon (12pm - 5pm)

■ Evening (after 5pm)   ■ Weekends

Additional comments or questions:

_____

_____

_____

_____

How to Submit This Questionnaire:

Option 1 - Email: Scan or photograph your completed form and email to info@teronadvisory.com

Option 2 - Online: Complete our interactive assessment at teronadvisory.com/detailed-assessment.html

Option 3 - Schedule a Call: Book a discovery call and we'll complete this together at calendly.com/teron-advisory

We will review your responses and prepare a personalized technology assessment report within 2-3 business

days.