

# Question Library

7 stages of diagnostic questions · 40+ questions total · quick-reference card of the 8 that matter most. A question is a diagnostic instrument, not a sales tool — every one routes, surfaces symptoms, or quantifies.

*"We do not sell software. We diagnose operational disease and prescribe treatment."*

## DOCUMENT

3 of 3 · Questions

## ALIGNED TO

Script 2026.05-R (Defensible)

## AUDIENCE

SDR / TCES (L1-L2)

## OWNER

SGC Founder & CEO

## REVIEW CYCLE

Every 6 months

## COMPANION DOCUMENTS IN THIS SERIES

1. **Openers Library** (separate file) — 5 channel openers + 10 sector symptom hooks + re-engagement openers
2. **Objection Library** (separate file) — 16 objections with patient says / physician responds / principle / forbidden trap
3. **Question Library** (this file) — 7 stages of diagnostic questions, 40+ questions total, quick-reference card of the 8 that matter most

**Purpose.** A question is a **diagnostic instrument**, not a sales tool. Every question does one of three things:

1. **Routes** — confirms who has the authority to authorize treatment.
2. **Surfaces symptoms** — lets the patient describe their own operational pain in their own words.
3. **Quantifies** — collects the inputs we need to build the live cost estimate on the call.

**Rule of thumb:** If a question can be answered with "yes" or "no" alone, you have not diagnosed anything. Convert yes/no into open-ended whenever you can. Then **shut up and write down the answer.**

## THE FOUR CORE STAGES AT A GLANCE

STAGE	WHAT YOU'RE TRYING TO LEARN	MAX TIME
1 · Authority qualification	Are you talking to the actual decision-maker?	30–60 sec
2 · Symptom surfacing	What's the operational disease? In their words.	2–4 min
3 · Quantification	What are the inputs to the live cost model?	3–5 min
4 · BANT + readiness	Are they ready to authorize a Discovery or Audit?	2–3 min

Run the stages in order. Do not pitch. Do not price. The question comes first, the offer comes last.

### THE 7 STAGES

1. Authority qualification (5 questions)
2. Symptom surfacing (7 core probes + 5 follow-ups)
3. Quantification (the 4-input live cost model + 6 supporting probes)
4. BANT + readiness (6 questions)
5. Close questions (5 closes)
6. Order-form capture (8 fields)
7. Re-engagement (30/60/90 day)
8. Quick-reference card (8 questions)

## Stage 1 — Authority Qualification (30–60 sec)

*Goal: Confirm the patient is being represented by the person who can authorize a 12-month treatment plan + one-time build. If not, loop in the signer **now** or schedule jointly. See Objection #2.*

### 1.1 · DIRECT SIGNER CHECK

30 sec

#### QUESTION

"Before I take more of your time — when it comes to operational systems, ERP, or AI tools for [Company], are you the person who signs off, or is there a partner, CFO, or board involved?"

### 1.2 · IF A PARTNER / CFO / BOARD IS INVOLVED

30 sec

#### QUESTION

"When the financial decision-maker isn't in the first conversation, we end up repeating the whole analysis twice and details get lost. Two options: can you bring them in now, or shall we schedule a 30-minute Discovery this week when you can both join?"

### 1.3 · CAPTURE THE SECOND CONTACT

10 sec

#### QUESTION

"What's their email — I'll send a calendar invite to you both in the next few minutes."

### 1.4 · THE SIGNING-THRESHOLD CHECK

20 sec

#### QUESTION

"Quick clarification — when it comes to a decision of this size (six-figure year-one investment at the upper tiers), do you typically sign off solo, or does it need a partner's countersignature?"

### 1.5 · THE BUDGET-OWNER CHECK

20 sec

#### QUESTION

"If we recommend a tier today, is the [CapEx / opex] budget something you control, or does it sit with finance centrally?"

**Listen for:** Clear "I sign off" → proceed. "I'd need to check" → schedule jointly (do not run Discovery solo). Title mismatch → politely elevate: "Is [CFO/CEO] available to join the last 10 minutes?"

## Stage 2 — Symptom Surfacing (2–4 min)

*Goal: Let the patient describe the operational disease in their own words. Do not lead with our diagnosis. Use open-ended prompts, then probe for the specific symptoms our model treats.*

### 2.1 · THE OPENER — ORDER-TO-CASH WALKTHROUGH

60 sec

#### QUESTION

"Walk me through it quickly — when an order, lead, or deal comes in, what actually happens? Is it Excel and WhatsApp, or is there a system handling it?"

**Listen for:** Excel, WhatsApp, Tally, manual commission, payroll, multi-warehouse, hand-reconciled inventory, quarter-end VAT scramble.

## THE 7 CORE SYMPTOM PROBES (ASK THE ONES THAT FIT; DON'T FIRE ALL SEVEN)

#	SYMPTOM	QUESTION TO SURFACE IT
S1	Manual data entry	"How many people touch data entry, admin, or reporting daily? Roughly how many hours a day, across the team?"
S2	Commission / payroll by hand	"Walk me through your last commission cycle. How long did it take, and how many people were involved?"
S3	Inventory / stock-out by hand	"Before an order ships, how do you know it's actually in stock? Who checks, and on what system?"
S4	Compliance / reporting scramble	"When's the last time you filed VAT or Corporate Tax? How many days did the close take, and where did the data come from?"
S5	Disconnected tools	"Name every system you log into in a typical day. Which of them don't talk to each other?"
S6	Lead / customer data loss	"If I asked your sales team right now for the live status of the top 10 open deals, how long would it take to get a confident answer? Where would they look?"
S7	Approvals by WhatsApp / email	"Walk me through your last big-ticket approval. How many people were copied, and how many back-and-forths before it was approved?"

### 2.3 · "BIGGEST PAIN" PRIORITISATION

30 sec

#### QUESTION

"Of everything you just described, which single thing — if we fixed it tomorrow — would give you back the most hours or the most money?"

**Listen for:** Their #1 pain. **Write it down verbatim.** You'll reuse it in the close.

### 2.4 · "THE SYMPTOM YOU HAVEN'T SAID YET"

30 sec

#### QUESTION

"We've covered the obvious ones. What about the slow-burn things — reports that are always late, approvals that always slip, data the team knows is wrong but doesn't fix? Anything in that bucket?"

**QUESTION**

"Can you give me one concrete example from the last 30 days? Names, numbers, dates — whatever you're comfortable sharing."

**Why this matters:** A patient who can name a specific recent failure is far more ready to authorize treatment than one giving vague "we have issues" answers. If they can't, the pain isn't acute — slow down, don't pitch.

**QUESTION**

"What's stopping you from fixing this yourself today, with the people and tools you already have?"

**Listen for:** Time, internal skills, internal politics, or simply that they've tried. Each answer points to a different tier recommendation later.

## Stage 3 — Quantification (3–5 min)

*Goal: Collect the four inputs for the live cost model. Every input comes from the patient. Never invent the number. Offer ranges; let them confirm.*

### THE FOUR-INPUT MODEL (MEMORISE)

INPUT	WHAT TO ASK	WHY WE NEED IT
<b>People</b>	"How many people touch manual admin, data entry, or reporting daily?"	Drives total hours
<b>Hours/day</b>	"Roughly how many hours a day, per person, on that?"	Drives total hours
<b>Days/month</b>	Standard: 22 working days. Confirm if shift-based.	Converts hours to months
<b>Loaded cost/hour</b>	"If a loaded staff cost is, say, AED 60 an hour — too high, too low, or about right for your team?"	Converts time to money

### WORKED EXAMPLE (READ ALOUD AS YOU BUILD IT)

**SPOKEN SCRIPT**

"Okay — three people, three hours a day each. That's nine hours a day. Over 22 working days, that's 198 hours a month. At AED 60 an hour loaded — tell me if that's high or low — that's roughly AED 12,000 a month, or about AED

140,000 a year, just in time spent on work a system could absorb. Does that range feel right, or am I being too conservative?"

### 3.2 · THE ERROR/REWORK QUESTION

30 sec

#### QUESTION

"On top of the time, there's usually some cost in errors — a mispriced invoice, a missed VAT deadline, a commission paid twice. I can't put a number on that without looking, but it's worth keeping in mind. That's exactly the kind of thing the Rescue Audit surfaces."

**Listen for:** Often they'll volunteer a recent specific error. Capture it.

### 3.3 · THE TIER-SIZE QUESTION

30 sec

#### QUESTION

"How many users would need access — frontline staff, ops, finance, sales? And is it one site, or multiple?"

**Listen for:** Approximate user count + entity count. Maps directly to Starter ( $\leq 10$ ) / Growth ( $\leq 25$ ) / Professional ( $\leq 75$ ) / Enterprise (unlimited).

### 3.4 · THE COMPLIANCE-POSTURE QUESTION

30 sec

#### QUESTION

"For UAE compliance — VAT, Corporate Tax, e-invoicing — are you currently on a tax agent, in-house, or doing it yourself in Tally / Excel?"

**Listen for:** Compliance exposure. If they're doing it themselves in Excel, this is a major symptom to flag in the Discovery.

### 3.5 · THE INTEGRATION QUESTION

45 sec

#### QUESTION

"What does your current tech stack look like? Accounting, CRM, HR/payroll, e-commerce, anything custom — name them all, even the ones that feel unimportant."

**Listen for:** Number of tools. The more they name, the higher the integration cost — and the stronger the case for a single source of truth.

**QUESTION**

"When you need a number for the board — say, last month's gross margin by product line — how long does it take to produce, and how confident are you in it?"

**Listen for:** A patient who can't answer this confidently in 60 seconds has a *measurement* problem, not just a process problem. This is the strongest single symptom for ERP authority.

**QUESTION**

"If we did this together, what would success look like six months from now? Paint the picture."

**Why this matters:** Their answer reveals what *they* will measure, which becomes your monitoring KPIs in the proposal. Capture it verbatim.

## Stage 4 — BANT + Readiness (2–3 min)

*Goal: Confirm Budget, Authority, Need, Timeline — and a readiness score. Only proceed to Discovery / Audit if all four are positive. If any are weak, schedule a follow-up, don't push.*

**QUESTION**

"At a rough range — is the kind of investment we're talking about (AED 15K to 75K to build, plus AED 1.5K to 7.5K a month) something that's realistically in the cards this year, or is it the kind of thing that needs a board cycle?"

**Listen for:** Specific number, vague "we'll see", or "no budget at all". Each maps to a different close path (see Objections #6 and #14).

**QUESTION**

"If we agreed today on the right tier, who else would need to be in the room before the Order Form gets signed? And how do you usually run those conversations — joint call, or do you champion it internally first?"

**Listen for:** Multiple signers → schedule jointly. Solo signer → proceed.

**QUESTION**

"On a scale of 1 to 10 — where 10 is 'fix this now' and 1 is 'not really a problem' — where would you put the urgency?"

**Mapping:**

**8–10** → "What's the gap between [their number] and a 10?" → handle, then re-ask.

**5–7** → "What would have to change for this to be a 9 or 10?" → schedule a 30–60 day follow-up.

**1–4** → Disqualify politely. Add to nurture list.

**QUESTION**

"If we agreed on a tier today, what's the soonest you'd want to start? Are you mid-quarter, mid-cycle, or is there a hard date driving this (audit, board meeting, peak season)?"

**Listen for:** Real external deadlines (peak season, audit, licence renewal) — these are legitimate urgency. Soft deadlines ("soon, ish") → schedule for a specific date within 14 days.

**QUESTION**

"On a scale of 1 to 10 — where 10 is 'send the proposal today' and 1 is 'this isn't for us' — where are you right now?"

**Mapping:**

**8–10** → "Excellent — let's go to proposal and Order Form."

**5–7** → "What's the gap between [their number] and a 10? Let's address it now."

**1–4** → "Appreciate the honesty. What would have to change for this to make sense in 3–6 months?" → follow-up, do not push.

**QUESTION**

"If we agreed today, would you be comfortable being the internal champion for this — presenting the case to [partner / CFO / board]? And would you want me on that call with you, or would you prefer to land it solo first?"

**Listen for:** A "yes" with a real plan is a champion. A "yes" with hesitation means they need help — offer to do the joint call.

## Stage 5 — Close Questions (use only when readiness is 8+)

*Goal: Convert a diagnosis conversation into a Discovery Workshop or Rescue Audit booking. Two decisions only. No "let me think about it" is allowed to end the call.*

### 5.1 · THE TWO-DECISION CLOSE

20 sec

#### QUESTION

"Two decisions today: Growth alone, or Growth + Silver Retainer? And Order Form by Friday, or early next week?"

### 5.2 · THE RISK-DOWN CLOSE (IF THEY HESITATE ON DISCOVERY)

20 sec

#### QUESTION

"If a 30-minute commitment feels like a lot, the Rescue Audit is a smaller first step — from AED 5,000, 50% credited back if you proceed within 90 days. You get a written findings report either way. Which feels like the right starting point?"

### 5.3 · THE "IF NOT NOW, WHEN" CLOSE

20 sec

#### QUESTION

"If not this month, when? Let's put a date in the calendar now so I can hold your slot and you don't lose momentum."

### 5.4 · THE "WHAT WOULD HAVE TO BE TRUE" CLOSE

30 sec

#### QUESTION

"What would have to be true between now and [date] for you to feel ready to authorize this? Let's check those boxes together."

### 5.5 · "IS IT ME, THE TIMING, OR THE OFFER?"

30 sec

#### QUESTION

"Help me separate this: is the hesitation about whether we can deliver, about whether your team will adopt it, or about the cost? Different answers need different conversations."

## Stage 6 — Order-Form Capture (use at the moment of close)

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*Goal: Capture the eight fields needed to draft the Order Form on the call, in one shot. Don't let the momentum break.*

### SPOKEN SCRIPT

"Let me capture the details so the Order Form goes out within two hours:

1. Full legal entity name (as on the trade licence)?
2. Trade licence number + jurisdiction – Mainland or Free Zone?
3. Registered address?
4. Your full name and title (the signatory)?
5. Best email for the contract?
6. Mobile / WhatsApp?
7. Authorised users – names and emails?
8. Odoo edition preference – Community or Enterprise? I'll recommend in the proposal."

## Stage 7 — Re-Engagement Questions (use on 30 / 60 / 90 day follow-up)

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*Goal: Open the door without sounding like you're chasing. Re-surface the original symptom — don't pitch.*

### 7.1 · THE 30-DAY CHECK-IN

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#### QUESTION

"Last time we spoke, the symptom you flagged most was [their #1 pain, in their words]. Has that improved, or is it still there?"

### 7.2 · THE 60-DAY CHECK-IN

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#### QUESTION

"Quick check — has anything changed on [the operational issue]? And has your decision-maker had a chance to look at what we discussed?"

### 7.3 · THE 90-DAY CHECK-IN

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#### QUESTION

"We're three months on. Has the [symptom] improved, or is it time to revisit the diagnostic?"

#### 7.4 · "DID THE TRIGGER EVENT HAPPEN?"

##### QUESTION

"Last time you mentioned [trigger event — e.g., quarter-end, audit, licence renewal]. Did that go the way you wanted, or did it expose more?"

#### 7.5 · "NEW DECISION-MAKER IN THE ROOM?"

##### QUESTION

"Quick context question — has there been any change in your finance or ops leadership since we last spoke? Sometimes a new person in the room changes the conversation."

### Quick-Reference Card — The 8 questions that matter most

*If you only memorise eight, memorise these. They are the diagnostic core of the script.*

#	QUESTION	STAGE
1	"Are you the person who signs off, or is there a partner / CFO / board involved?"	Authority
2	"Walk me through what happens when an order, lead, or deal comes in."	Symptom
3	"How many people touch data entry, admin, or reporting daily?"	Quantification
4	"Roughly how many hours a day, across the team?"	Quantification
5	"What's the single biggest pain — slow commissions, lost leads, compliance reporting, or document entry?"	Symptom prioritisation
6	"If a loaded staff cost is, say, AED 60 an hour — too high, too low, or about right?"	Quantification
7	"On a scale of 1 to 10, where 10 is 'send the proposal today' — where are you right now?"	Readiness
8	"Two decisions today: tier X or tier Y, and Order Form by Friday or early next week?"	Close

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