

**Firm Survey in Cotonou (Version March 26, 2015)****A. Firm Identification**

Questionnaire ID	__ __ __ __ __ __
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**B. Survey Information**

	B1. Surveyor Name	B2. Surveyor ID
1 <sup>st</sup> Visit		
2 <sup>nd</sup> Visit		
3 <sup>rd</sup> Visit		
4 <sup>th</sup> Visit		
	B3. Number of attempts	B4. Survey Date (Day/Month)
1 <sup>st</sup> Visit		__ __  /  __ __  / 2015
2 <sup>nd</sup> Visit		__ __  /  __ __  / 2015
3 <sup>rd</sup> Visit		__ __  /  __ __  / 2015
4 <sup>th</sup> Visit		__ __  /  __ __  / 2015
	B5. Survey starting time	B6. Survey status
1 <sup>st</sup> Visit	__ __  h  __ __  min	1. <input type="checkbox"/> Agreed to participate → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 3. <input type="checkbox"/> Abandoned
2 <sup>nd</sup> Visit	__ __  h  __ __  min	1. <input type="checkbox"/> Agreed to participate → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 3. <input type="checkbox"/> Abandoned
3 <sup>rd</sup> Visit	__ __  h  __ __  min	1. <input type="checkbox"/> Agreed to participate → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 3. <input type="checkbox"/> Abandoned
4 <sup>th</sup> Visit	__ __  h  __ __  min	1. <input type="checkbox"/> Agreed to participate → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 3. <input type="checkbox"/> Abandoned

**C. Survey not completed (no more attempt to be done)**

C.1	Why was the survey abandoned?	1. <input type="checkbox"/> Respondent refused -----> Skip to C3 2. <input type="checkbox"/> Moved to another neighborhood 3. <input type="checkbox"/> Firm shut down ----> P5 4. <input type="checkbox"/> Firm owner not available after multiple attempts -----> Skip to C3 5. <input type="checkbox"/> Respondent not found and no information available ----> P5 6. <input type="checkbox"/> Firm owner deceased ----> P5 7. <input type="checkbox"/> Other -----> Specify in C.1.a
C.1.a	If other specify----> P5	
C.2	New firm address [Leave empty if Tokpa market]	City : <input type="checkbox"/> COTONOU or <input type="checkbox"/> Other city Arrondissement :  __ __  or <input type="checkbox"/> TOKPA neighborhoods: _____ (use neighborhood list) ---> C.6
	Try to find someone who has some information about the firm	

C.3	Is there anyone who can provide any information about the business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>P5</b>
C.4	Who are these people? <b>[MULTIPLE ANSWERS ARE POSSIBLE]</b>	1. <input type="checkbox"/> Business employees 2. <input type="checkbox"/> Friends or relatives of the owner 3. <input type="checkbox"/> Neighbors of the business 4. <input type="checkbox"/> Yourself (surveyor) or your controller 5. <input type="checkbox"/> Other -----> <b>Specify in C.4.a</b>
C.4.a	If other specify	
C.5	Is the business still operating?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>P5</b> -99 <input type="checkbox"/> Don't know -----> <b>P5</b>
C.6	How many employees are currently working for the business? (do not count the owner) <b>[Approximate if necessary]</b>	__ __ __  -----> <b>P5</b> -99 if Don't know

## D. Information on the owner

**Now I'm going to ask you some questions on your personal situation. All the information collected are confidential and will only be used by the research team.**

D.1	What is your position in this business?  <b>Unless otherwise validated by the supervisor, all survey must be completed with a business owner.</b>	1. <input type="checkbox"/> The business owner 2. <input type="checkbox"/> A co-owner of the business 3. <input type="checkbox"/> Other -----> <b>Specify in D.1.a</b>
D.1.a	If other specify	
D.2	Is it the same person who was recorded as the owner during the first survey? [use the identification form]	1. <input type="checkbox"/> Yes -----> <b>Skip to D.5</b> 2. <input type="checkbox"/> No
D.3	What is your last name?	
D.4	What is your first name? <b>Start with the main first name</b>	
D.5	What is the type of ownership for the firm? <b>Read the answers</b>	1. <input type="checkbox"/> Only one owner -----> <b>Skip to D.10</b> 2. <input type="checkbox"/> Multiple owners/own by the family 3. <input type="checkbox"/> Other -----> <b>Specify in D.5.a</b>
D.5.a	If other specify	
D.6	How many business co-owners are there?	__ __
D.7	What is the last name of the second co-owner? <b>the one who is not surveyed</b>	
D.8	What is the first name of the second co-owner?	
D.9	What is the gender of the second co-owner?	1. <input type="checkbox"/> Man 2. <input type="checkbox"/> Woman

**Now we are going to check your contact information:**

**Show the identification form to the respondent**

D.10	Is the owner's last name correct?	1. <input type="checkbox"/> Yes -----> <b>Skip to D.12</b> 2. <input type="checkbox"/> No
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Comments : \_\_\_\_\_

D.11	What is the owner's last name?	
D.12	Are the owner's first names correct? <b>Record all first names</b>	1. <input type="checkbox"/> Yes -----> <b>Skip to D.14</b> 2. <input type="checkbox"/> No
D.13	What are the owner's first names?	
D.14	Is the first phone number we have for the owner still working?	1. <input type="checkbox"/> Yes -----> <b>Skip to D.17</b> 2. <input type="checkbox"/> No 3. <input type="checkbox"/> No first number
D.15	Could you give me a working phone number?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to D.17</b>
D.16	Phone number:	_ _ _ _ _ _ _ _ _
D.17	Is the second phone number we have for the owner still working?	1. <input type="checkbox"/> Yes -----> <b>Skip to D.20</b> 2. <input type="checkbox"/> No 3. <input type="checkbox"/> No second number
D.18	Could you give me an additional working phone number?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to D.20</b>
D.19	Phone number:	_ _ _ _ _ _ _ _ _

**Now we are going to talk about the firm owner/ your situation:**

D.20	How old are you? <b>Approximate if necessary</b>	_ _
D.21	Gender of the respondent? <b>[Do not ask the question]</b>	1. <input type="checkbox"/> Man 2. <input type="checkbox"/> Woman
D.22	What is your current nationality?	1. <input type="checkbox"/> Benin 2. <input type="checkbox"/> Togo 3. <input type="checkbox"/> Nigeria 4. <input type="checkbox"/> Burkina Faso 5. <input type="checkbox"/> Niger 6. <input type="checkbox"/> Ghana 7. <input type="checkbox"/> Senegal 8. <input type="checkbox"/> Mali 9. <input type="checkbox"/> Ivory Coast 10. <input type="checkbox"/> Other -----> <b>Specify in D.22.a</b>
D.22.a	Specify	
D.23	What is your ethnic group?	1. <input type="checkbox"/> Fon 2. <input type="checkbox"/> Goun 3. <input type="checkbox"/> Mina 4. <input type="checkbox"/> Yoruba 5. <input type="checkbox"/> Adja 6. <input type="checkbox"/> Other -----> <b>Specify in D.23.a</b>
D.23.a	Specify	
D.24	In total how many years have you been enrolled in school or in the educational system? <b>[Do not count kinder garden]</b>	_ _
D.25	Do you have a valid passport from Benin or any other country?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to D.27</b>
D.26	Did you get this passport in the last year?	1. <input type="checkbox"/> In the last year 2. <input type="checkbox"/> More than one year ago

Comments : \_\_\_\_\_

D.27	Do you have a valid Beninese ID card?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ---> <b>Skip to D.29</b> 3. <input type="checkbox"/> foreigner (Not applicable) → <b>Skip to D.29</b>
D.28	Did you get this ID card in the last year?	1. <input type="checkbox"/> In the last year 2. <input type="checkbox"/> More than one year ago
D.29	Do you have a birth certificate or a « <i>jugement supplétif</i> » (from Benin)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> foreigner (Not applicable)
D.30	Do you have a Beninese LEPI card?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> foreigner (Not applicable)

## E. Information on the Business

*First I would like to ask you some questions about your firm in order to understand its history, its activity, and the main challenge you are facing.*

E.1	What is the exact firm activity?	_____
E.2	Is the sector of activity recorded on the identification form correct?	1. <input type="checkbox"/> Yes -----> <b>Skip to E.3</b> 2. <input type="checkbox"/> No
E.2.2	Is it due to a mistake made last year or did the activity change since last year?	1. <input type="checkbox"/> Mistake done last year 2. <input type="checkbox"/> The firm activity changed since last year
E.2.3	Correction of activity code <b>See codebook</b>	_ _ _ _
E.3	In total how many hours did you worked in your business last week? <b>[help the respondent for the calculation]</b>	_ _ _
E.4	During a normal week, how many hours do you usually work in your business? <b>[help the respondent for the calculation]</b>	_ _ _
E.5	Is your business connected to electricity network?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
E.6	Is there any toilet or latrine in your business premises?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
E.7	Have you started this business yourself or did you inherit or buy it from your family or someone else?	1. <input type="checkbox"/> Business started by the owner -----> <b>Skip to E.9</b> 2. <input type="checkbox"/> Inherited from its parents 3. <input type="checkbox"/> Inherited from another family member 4. <input type="checkbox"/> From marriage 5. <input type="checkbox"/> Bought to a family member 6. <input type="checkbox"/> Bought to someone else 7. <input type="checkbox"/> Other -----> <b>Specify in E.7.a</b>
E.7.a	Specify	
E.8	When did you started to manage this business?	(date) month :  _ _  year :  _ _ _ _
E.9	When was this business created?	(date) month :  _ _  year :  _ _ _ _
E.10	Do you have any employee or apprentice working for the business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to F.1</b>

	For all these types of employee, can you tell me how many are currently working in your business? And how many are women? <b>Do not count the owner or the owners</b>		
		<b>A. Total number</b>	<b>B. Number of women</b>
E.11	Apprentices	__ __	__ __
E.12	Permanent employees	__ __	__ __
E.13	Temporary employees	__ __	__ __
E.14	Not paid employees/ Family help/ Interns	__ __	__ __
E.15	In the last 6 month did you hire any employee or apprentice?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

## F. Information on finance and credits

F.1	In your view, how many CFAF have you invested in total in your business until today? (using today's prices)	__ __ __ __ __ __ __ __ __ __  in CFAF <i>If necessary ask the respondent to choose in the list in the CODEBOOK</i>
F.2	Do you have a bank account in a commercial bank or in a financial institution that you are using for the business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to F.12</b>
F.3	Under what name is registered this bank account? <b>[If more than one account, use only the main one]</b>	1. <input type="checkbox"/> In owner's name (or co-owner's name) 2. <input type="checkbox"/> In the business name 3. <input type="checkbox"/> Other -----> <b>Specify in F.3.a</b>
F.3.a	Specify	
F.4	What type of account is it?	1. <input type="checkbox"/> Check account 2. <input type="checkbox"/> Saving account 3. <input type="checkbox"/> Both saving and check account
F.5	When did you open this bank account?	1. <input type="checkbox"/> Less than one year ago 2. <input type="checkbox"/> between 1 and 5 years ago 3. <input type="checkbox"/> more than five years ago -99 <input type="checkbox"/> Don't know
F.6	How much do you pay monthly for the bank account fees?	__ __ __ __ __  CFAF / per Month
F.7	In which bank or financial institution is this bank account?	1. <input type="checkbox"/> Orabank / Financial Bank 2. <input type="checkbox"/> BOA 3. <input type="checkbox"/> BHB 4. <input type="checkbox"/> BRS 5. <input type="checkbox"/> La Poste ou CNE 6. <input type="checkbox"/> BSIC 7. <input type="checkbox"/> EcoBank 8. <input type="checkbox"/> Société Générale (SGBBE) 9. <input type="checkbox"/> Diamond Bank 10. <input type="checkbox"/> BIBE 11. <input type="checkbox"/> BGFI 12. <input type="checkbox"/> UBA 13. <input type="checkbox"/> Banque Atlantique 14. <input type="checkbox"/> CLCAM (FECECAM) 15. <input type="checkbox"/> PADME 16. <input type="checkbox"/> Other -----> <b>Specify in F.7.a</b>
F.7.a	Specify	

F.8	On your account, can you overdraw?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to F.10</b>
F.9	Have you ever overdrawn on your bank account?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F.10	When you opened this account, did you go to the bank alone or where you accompanied by someone else?	1. <input type="checkbox"/> I was alone -----> <b>Skip to F.12</b> 2. <input type="checkbox"/> I was accompanied -99 <input type="checkbox"/> Don't know -----> <b>Skip to F.12</b>
F.11	Who was this person?  <b>If more than one answers record the first answer. Read the answers</b>	1. <input type="checkbox"/> My spouse 2. <input type="checkbox"/> One of my children 3. <input type="checkbox"/> Another family member 4. <input type="checkbox"/> A friend or a neighbor 5. <input type="checkbox"/> An employee or apprentice 6. <input type="checkbox"/> A CGA advisor 7. <input type="checkbox"/> Other -----> <b>Specify in F.11.a</b>
F.11.a	Specify	

**Now I would like to ask you some questions about the loan made for your business with different types of institutions. Remember that all your answers are confidential.**

	Types of loan	a. Have you ever borrowed money from this type of institution?	b. Do you still have an active loan?	c. when did you contracted this type of loan for the <u>first time</u> ? (date)		d. when did you contracted this type of loan for the <u>last time</u> ? (date)	
				month	year	month	year
F.12	From a commercial bank (OraBank, BOA,...)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> <b>Next row</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	_ _	_ _ _ _	_ _	_ _ _ _
F.13	From an microfinance institution (PADME, etc. )	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> <b>Next row</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	_ _	_ _ _ _	_ _	_ _ _ _
F.14	From the GMEC (for craftsmen)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> <b>Next row</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	_ _	_ _ _ _	_ _	_ _ _ _
F.15	From an informal moneylender	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> <b>Next row</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	_ _	_ _ _ _	_ _	_ _ _ _
F.16	From Family or friends	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> <b>Next row</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	_ _	_ _ _ _	_ _	_ _ _ _
F.17	Other -----> <b>Specify in F.17.a</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> <b>F.18</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	_ _	_ _ _ _	_ _	_ _ _ _
F.17.a	Si Other, Specify the type of loan						

F.18	Are you member of a ROSCA group?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to F.21</b>
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Comments : \_\_\_\_\_

F.19	How often do you contribute? <i>[If more than one ROSCA group consider the most important] READ THE OPTIONS</i>	1. <input type="checkbox"/> Every day 2. <input type="checkbox"/> Every week 3. <input type="checkbox"/> Every two weeks 4. <input type="checkbox"/> Every month 5. <input type="checkbox"/> Other -----> <b>Specify in F.19.a</b>
F.19.a	Specify	
F.20	How much do you contribute these days?	_ _ _ _ _ _ _ _ _ _ _  in CFAF
F.21	Imagine that you would like to borrow some money from a commercial bank, do you have any asset or property title that could be used as a collateral?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to G</b>
F.22	What type of collateral do you have? <i>[MULTIPLE ANSWERS POSSIBLE]</i>	1. <input type="checkbox"/> Property title of my house/land 2. <input type="checkbox"/> Property title of the business' premises 3. <input type="checkbox"/> Other property title 4. <input type="checkbox"/> Business' stock of raw material or goods 5. <input type="checkbox"/> Machines or business capital 6. <input type="checkbox"/> Other -----> <b>Specify in F.22.a</b>
F.22.a	Specify	

## G. Capital, revenue, expenses and profit of the business

Now I'm going to ask you about the actual value of the tools, machines, vehicles and other assets use by your business. *[If necessary, ask the respondent to choose in the list in the CODEBOOK]*

	Type of asset :	Value in CFAF
G.1	Furniture	_ _ _ _ _ _ _ _ _ _ _  CFAF
G.2	Machines, equipment and tools	_ _ _ _ _ _ _ _ _ _ _  CFAF
G.3	Vehicles ( <i>cars, motorbikes or Other</i> ) used for the business <i>Do not count personal vehicles of the respondent or employees</i>	_ _ _ _ _ _ _ _ _ _ _  CFAF
G.4	Building, house and business location <i>Record 0 if the local is rented</i>	_ _ _ _ _ _ _ _ _ _ _  CFAF
G.5	Other equipment <i>Do not count stocks</i>	_ _ _ _ _ _ _ _ _ _ _  CFAF
G.6	Do you currently have stocks, row materials, goods to sell, spare parts or any such material stored in your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to G.8</b>
G.7	At current price, what is the total value of all these stocks, raw materials or spare parts?	_ _ _ _ _ _ _ _ _ _ _  CFAF

**Firm expenses in the last month:**

Now I'm going to ask you how much did your firm spend for all these types of expenses in the last month:

*[Include all the expenses even if not everything was consumed]. [Do not include personal or family expenses].*

*[Record « 0 » if no expenses or not applicable]*

*[If necessary, ask the respondent to choose in the list in the CODEBOOK]*

G.8	Goods or merchandise to be sold	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF
G.9	Raw material	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF
G.10	Electricity, water, gas and fuel	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF
G.11	Interest paid for a loan	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF
G.12	Salary of employees and apprentices <b>Do not include the money that the owner is taking for himself</b>	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF
G.13	Rent for other premises than the main business premises.	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF
G.14	Others expenses: include machine and equipment rent, phone, transportation, reparation...	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF

**Sales/Revenue of the business:**

Now we are going to talk of sales made by your business including all sources. I can help you for the calculation if necessary.

G.15	What is the total amount of sales or revenue made by your firm YESTERDAY? <b>If necessary help the respondent with the calculation</b> <b>Record « 0 » if the business was closed</b>	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF
G.16	What is the total amount of sales or revenue made by your firm IN THE LAST WEEK? <b>If necessary help the respondent with the calculation</b> <b>Record « 0 » if the business was closed</b>	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF

**Business profit:**

G.17	In the last month, what was the total <u>profit</u> made by your firm? This is the difference between all revenue and all expenses (wages, raw material, taxes, rent...)	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF <b>in the last month</b>
G.18	In the last 12 months, think about the worst month for your business. What was the <u>profit</u> made by your firm during this worst month?	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF <b>in the worst month in the last 12 month</b>
G.19	Do you pay a rent for the main premises of your business?	1. [ ] Yes 2. [ ] No ----->Skip to G.21
G.20	How much do you pay monthly for the main business premises?	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF <b>per month</b> ----->Skip to H.1
G.21	Imagine that you would have to pay a rent for your business premises. How much would you have to pay at market price?	_ _ _ _ _ _ _ _ _ _ _ _ _  CFAF <b>per month</b>



## H. Business training

H.1	On top of the formal education that you may have received, have you ever attended to a training to improve your business management skills? <b>Do not include apprenticeship</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ----->Skip to I
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**Let's talk first about the last training you attended.**

H.2	Who was organizing the training?  <b>Last training attended</b>	1. <input type="checkbox"/> A program from a NGO 2. <input type="checkbox"/> A private company (Afrique Conseil...) 3. <input type="checkbox"/> An International institution (USAID, SNV...) 4. <input type="checkbox"/> a "club service" (rotary, Jeune chambre...) 5. <input type="checkbox"/> A government program (CCIB...) 6. <input type="checkbox"/> the CGA (" <i>centres de gestions agréés</i> ") 7. <input type="checkbox"/> A technical SHS (As a special course and not in the context of a diploma) 8. <input type="checkbox"/> A University (As a special course and not in the context of a diploma) 9. A microfinance institution 10. <input type="checkbox"/> Other -----> <b>Specify in H.2.a</b>
H.2.a	Specify	
H.3	When was the training?	1. <input type="checkbox"/> Less than 6 month ago 2. <input type="checkbox"/> Between 6 months and 1 year ago 3. <input type="checkbox"/> Between 1 and 5 years ago 4. <input type="checkbox"/> More than 5 years ago
H.4	Was the training organized in your premises or in another location?	1. <input type="checkbox"/> In the business premises 2. <input type="checkbox"/> In another location
H.5	What was the duration (in hours) of this training? [If more than one day add up hours of all days]	_ _ _  hours
H.6	What aspects of business management were covered by this training?  [READ THE OPTIONS] [MULTIPLE ANSWERS ARE POSSIBLES]	1. <input type="checkbox"/> Accounting 2. <input type="checkbox"/> How to interact with customers and suppliers 3. <input type="checkbox"/> Marketing and advertising 4. <input type="checkbox"/> Human resources 5. <input type="checkbox"/> Organization of the production 6. <input type="checkbox"/> Communication and negotiation skills 7. <input type="checkbox"/> Taxes 8. <input type="checkbox"/> Stock management 9. <input type="checkbox"/> Other -----> <b>Specify in H.6.a</b> -99 <input type="checkbox"/> Don't know/ Don't remember
H.6.a	Specify	
H.7	Following this training, have you implemented any significant change in the way you manage your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to H.10</b>
H.8	What have you implemented?	_____ _____
H.9	<b>Surveyor:</b> did the respondent mention any example of a significant change? [Do not ask this question]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

H.10	Did you pay to attend this training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know/ don't remember
H.11	Before this training, did you attend another business training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I</b>
H.12	Who was organizing the training?  <b>Last training attended</b>	1. <input type="checkbox"/> A program from a NGO 2. <input type="checkbox"/> A private company (Afrique Conseil...) 3. <input type="checkbox"/> An International institution (USAID, SNV...) 4. <input type="checkbox"/> a "club service" (rotary, Jeune chambre...) 5. <input type="checkbox"/> A government program (CCIB...) 6. <input type="checkbox"/> the CGA ("centres de gestions agréés") 7. <input type="checkbox"/> A technical SHS (As a special course and not in the context of a diploma) 8. <input type="checkbox"/> A University (As a special course and not in the context of a diploma) 9. A microfinance institution 10. <input type="checkbox"/> Other -----> <b>Specify in H.2.a</b>
H.12.a	Specify	
H.13	When was the training?	1. <input type="checkbox"/> Less than 6 month ago 2. <input type="checkbox"/> Between 6 months and 1 year ago 3. <input type="checkbox"/> Between 1 and 5 years ago 4. <input type="checkbox"/> More than 5 years ago
H.14	Was the training organized in your premises or in another location?	1. <input type="checkbox"/> In the business premises 2. <input type="checkbox"/> In another location
H.15	What was the duration (in hours) of this training? <b>[If more than one day add up hours of all days]</b>	____ ____ ____  hours
H.16	What aspects of business management were covered by this training?  <b>[READ THE OPTIONS]</b> <b>[MULTIPLE ANSWERS ARE POSSIBLES]</b>	1. <input type="checkbox"/> Accounting 2. <input type="checkbox"/> How to interact with customers and suppliers 3. <input type="checkbox"/> Marketing and advertising 4. <input type="checkbox"/> Human resources 5. <input type="checkbox"/> Organization of the production 6. <input type="checkbox"/> Communication and negotiation skills 7. <input type="checkbox"/> Taxes 8. <input type="checkbox"/> Stock management 9. <input type="checkbox"/> Other -----> <b>Specify in H.6.a</b> -99 <input type="checkbox"/> Don't know/ Don't remember
H.16.a	Specify	
H.17	Following this training, have you implemented any significant change in the way you manage your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to H.10</b>
H.18	What have you implemented?	_____ _____
H.19	<b>Surveyor:</b> did the respondent mention any example of a significant change? <b>[Do not ask this question]</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

H.20	Did you pay to attend this training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know/ don't remember
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## I. Taxes

*In this section we will talk about taxes. All your answers are strictly confidential.*

I.1	In the <u>last 6 months</u> , how many times did a tax inspector or tax agent from the city hall visited your company to ask you to pay taxes?	1. <input type="checkbox"/> No visit in the last 6 months 2. <input type="checkbox"/> Only once 3. <input type="checkbox"/> Twice 4. <input type="checkbox"/> From 3 to 5 times 5. <input type="checkbox"/> More than 5 times
I.2	In the <u>last 6 months</u> , did any tax agent ask you to make an unofficial payment?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.4</b> 9. <input type="checkbox"/> Don't know -----> <b>Skip to I.4</b>
I.3	How much did you pay in total in the last 6 months?	_ _ _ _ _ _ _  CFAF
I.4	In the <u>last 6 months</u> , did any tax official Exerted any pressure on you or made an indecent sexual proposition?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> Don't know
I.5	In the <u>last 6 months</u> , did any tax official threaten you to close your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> Don't know
I.6	Do you think that tax officials override their duty and ask you to pay too much tax?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> Don't know
I.7	Is your business paying any tax? <b>Include all type of taxes including from the city hall.</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.23</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to I.23</b>
I.8	Do you have the feeling that you paid more taxes than what you should have paid according to the law?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> Don't know
I.9	Is your business paying the TPU?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.11</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to I.11</b>
I.10	How much did your business pay for the TPU in the last year?	_ _ _ _ _ _ _  CFAF
I.11	Is your business paying the patente? <b>(different from "patente foraine")</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.13</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to I.13</b>
I.12	How much did your business pay for the patente in the last year?	_ _ _ _ _ _ _  CFAF
I.13	Is your business paying the patente foraine?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.15</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to I.15</b>
I.14	How much did your business pay for the patente foraine in the last year?	_ _ _ _ _ _ _  CFAF
I.15	Is your business paying the tax for public space usage? <b>this tax is paid to the city hall</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.17</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to I.17</b>

Comments : \_\_\_\_\_

I.16	How much did your business pay for the tax for public space usage in the last year?	_ _ .  _ _ _ _ _ .  _ _ _ _ _  CFAF
I.17	Is your business paying the tax "forfait des revendeurs de tissus et divers (RTD) » ?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.19</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to I.19</b>
I.18	How much did your business pay for "forfait des revendeurs de tissus et divers (RTD)" in the last year?	_ _ .  _ _ _ _ _ .  _ _ _ _ _  CFAF
I.19	Is your business paying any other tax?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to I.22</b> 9. <input type="checkbox"/> Don't know -----> <b>Skip to I.22</b>
I.20	What tax is it?	
I.21	How much did your business pay for this other tax in the last year?	_ _ .  _ _ _ _ _ .  _ _ _ _ _  CFAF
I.22	How much tax did you pay in total during the last year (2014)? <b>[THIS AMOUNT MUST BE THE SAME AS THE TOTAL OF ALL TAXES]</b>	_ _ .  _ _ _ _ _ .  _ _ _ _ _  CFAF
I.23	Which of the following propositions best describes your situation? <b>Read the propositions</b>	1. <input type="checkbox"/> I can anticipate the period when the tax official will come to my business OR 2. <input type="checkbox"/> I cannot anticipate the period when the tax official will come to my business
I.24	Which of the following propositions best describes your situation? <b>Read the propositions</b>	1. <input type="checkbox"/> I can anticipate the amount of taxes I'll have to pay OR 2. <input type="checkbox"/> I cannot anticipate the amount of taxes I'll have to pay

## J. Business Situation

**Now we are going to talk about formalization in general and about the situation of your company in particular.**

J.1	Have you ever heard of the <i>Entreprenant</i> status?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to J.3</b>
J.2	How? <b>Record the first answer</b>	1. <input type="checkbox"/> From a CGA advisor 2. <input type="checkbox"/> From a family member 3. <input type="checkbox"/> From another person (Neighbor, Other firm...) 4. <input type="checkbox"/> On the radio or TV 5. <input type="checkbox"/> In a newspaper 6. <input type="checkbox"/> Other -----> <b>Specify in J.2.a</b>
J.2.a	Specify	
J2_2	Could you describe what is the <i>Entreprenant</i> status?	1. <input type="checkbox"/> The respondent spoke about a new formal status for small businesses 2. <input type="checkbox"/> The respondent spoke about something else 3. <input type="checkbox"/> Don't know
J.3	Is your business registered in the chamber of commerce (or RCCM or "one-stop-shop" or "GUFE")?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

J.4	What is the legal status of your business?	1. <input type="checkbox"/> Informal/ no formal status --> <b>Skip to J.11</b> 2. <input type="checkbox"/> Individual enterprise 3. <input type="checkbox"/> Limited liability company (SARL) 4. <input type="checkbox"/> Entrepreneur status 5. <input type="checkbox"/> Anonymous company 6. <input type="checkbox"/> "Société civile immobilière" 7. <input type="checkbox"/> "Société unipersonnelle à responsabilité limitée" 8. <input type="checkbox"/> "Groupement d'intérêt économique" 9. <input type="checkbox"/> "Société en Nom Collectif (SNC) » 10. <input type="checkbox"/> "Société en Commandite Simple (SCS)" 11. <input type="checkbox"/> "Société en participation" 12. <input type="checkbox"/> "Société de fait" 13. <input type="checkbox"/> Other formal status---> <b>Specify in J.4.a</b> -99 <input type="checkbox"/> Don't know
J.4.a	Other Specify	
J.5	Can you show me your registry certificate from the chamber of commerce or the card showing your formal status?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
J.6	Is the name recorded on the document or card is the same as the name recorded on the firm identification form? <i>[Show the identification form]</i>	1. <input type="checkbox"/> Yes -----> <b>Skip to J.8</b> 2. <input type="checkbox"/> No
J.7	What last name and first name(s) are recorded on the document or card? <b>Copy directly from the card if available</b>	_____
J.8	When did your business become formal (month and year)? <b>Approximate if necessary</b>	_ _  /  _ _ _ _  (month/year)
J.9	How many days did it take for your business to become formal from the day you submitted your application until the day you get the card?	_ _ _  days
J.10	How much did you have to pay to get your formal status/card?	_ .  _ _ _ _ .  _ _ _ _  CFAF
J.11	Does the firm owner have a "trader card" for this company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to J.13</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to J.13</b>
J.12	Can you show me the "trader card" of this company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
J.13	Does the firm owner have a "craftsman card" for this company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to J.15</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to J.15</b>
J.14	Can you show me the "craftsman card" of this company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
J.15	Does the firm owner have an importation card for this company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
J.16	Does the firm owner have a "temporary trader card" for this company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to J.18</b> -99. <input type="checkbox"/> Don't know -----> <b>Skip to J.18</b>

J.17	Can you show me the “temporary trader card” of this company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
J.18	<p>Could you cite all the things you consider as a <u>cost or inconvenient</u> of becoming formal? (by registering at the chamber of commerce (or GUFE))</p> <p><b>[DO NOT READ THE ANSWERS] [MULTIPLE ANSWERS ARE POSSIBLES]</b></p>	<p>1. <input type="checkbox"/> High registration costs 2. <input type="checkbox"/> The registration takes too much time 3. <input type="checkbox"/> The registration process is too complicated 4. <input type="checkbox"/> It increases the risk of visits from tax inspectors 5. <input type="checkbox"/> It increases the amount of tax to pay 6. <input type="checkbox"/> You have to pay a fee to the chamber of commerce. 7. <input type="checkbox"/> It increases the risks of visit from labor or hygiene inspectors. 8. <input type="checkbox"/> It require more paper work/you have to do accounting 9. <input type="checkbox"/> It forces you to be confronted with corruption 10. <input type="checkbox"/> Other -----&gt; <b>Specify in J.18.a</b> <b>OR</b> 11. <input type="checkbox"/> Thinks that there is no cost or inconvenient -99. <input type="checkbox"/> Don't know</p>
J.18.a	Specify	
J.19	<p>Could you cite all the things you consider as a <u>benefit or advantage</u> of becoming formal? (by registering at the chamber of commerce (or GUFE))</p> <p><b>[DO NOT READ THE ANSWERS] [MULTIPLE ANSWERS ARE POSSIBLES]</b></p>	<p>1. <input type="checkbox"/> Being able to open a bank account. 2. <input type="checkbox"/> Being able to answer to call for proposals from the public sector. 3. <input type="checkbox"/> being able to sell to other companies which only work with formal firms. 4. <input type="checkbox"/> less chances to be fined. 5. <input type="checkbox"/> Less chances to be asked for informal payments. 6. <input type="checkbox"/> Better reputation for the business 7. <input type="checkbox"/> Being able to benefit from government program 8. <input type="checkbox"/> Being able to make partnership with international NGO 9. <input type="checkbox"/> it is easier to get a loan from a commercial bank 10. <input type="checkbox"/> the company will be more accepted socially 11. <input type="checkbox"/> Being able to export or import goods 12. <input type="checkbox"/> Being more visible, at a large scale, without being afraid 13. <input type="checkbox"/> You can use court and the legal system to enforce contracts 14. <input type="checkbox"/> It is possible to do some advertising without attracting government's attention 15. <input type="checkbox"/> Other -----&gt; <b>Specify in J.19.a</b> <b>OR</b> 16. <input type="checkbox"/> Thinks that there is no benefit or advantage -99. <input type="checkbox"/> Don't know</p>
J.19.a	Specify	

	<b>SKIP: Is the business formal?</b>	<p>1. <input type="checkbox"/> Yes formal business 2. <input type="checkbox"/> No, informal business -----&gt; <b>Skip to J.21</b></p>
J.20	<p>Taking into account all benefits and advantages of formalization and all the costs and disadvantages, which of the following sentence best describe the situation of your business? <b>[READ the options]</b></p>	<p>1. <input type="checkbox"/> My business makes <u>less profit</u> than if it was still informal-----&gt; <b>Skip to J.22</b> 2. <input type="checkbox"/> My business makes the same profit whatever the status. -----&gt; <b>Skip to J.22</b> 3. <input type="checkbox"/> My business makes <u>more profit</u> than if it was still informal -----&gt; <b>Skip to J.22</b> -99 <input type="checkbox"/> Don't know. -----&gt; <b>Skip to J.22</b></p>

J.21	Taking into account all benefits and advantages of formalization and all the costs and disadvantages, which of the following sentence best describe the situation of your business? <b>[READ the options]</b>	1. <input type="checkbox"/> My business makes <u>less profit</u> than if it was still formal-- -----> <b>Skip to J.22</b> 2. <input type="checkbox"/> My business makes the same profit whatever the status. -----> <b>Skip to J.22</b> 3. <input type="checkbox"/> My business makes <u>more profit</u> than if it was still formal -----> <b>Skip to J.22</b> -99 <input type="checkbox"/> Don't know. -----> <b>Skip to J.22</b>
J.22	Suppose that a firm makes CFAF 1,000,000 of turnover per year. How much tax do you think she has to pay per year?	_ _ _ _ _ _ _  CFAF
J.23	Suppose that a firm makes CFAF 10,000,000 of turnover per year. How much tax do you think she has to pay per year?	_ _ _ _ _ _ _  CFAF
J.24	How many times was your business inspected by a work inspector or a hygiene inspector?	_ _  visits

## K. Firm characteristics and practices

***We are going to talk about the marketing techniques used by your business.***

K.1	In average, how many different customers do you have during a usual week? <b><i>Approximate if necessary</i></b>	_ _ _ _  different customers per week in average
K.2	In the <b><u>last 3 months</u></b> , did you attract any <u>new regular customer</u> ? <b><i>Who was not already a customer</i></b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.3	In the <b><u>last 3 months</u></b> , did you sell goods or services to a public administration?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.4	In the <b><u>last 3 months</u></b> , did you sell goods or services to a large company with more than 50 employees?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.5	In the <b><u>last month</u></b> , did any of your customers ask for a receipt or invoice after buying something from your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> Don't know

	In the following list of actions, which one have you done in the <b><u>last 3 months</u></b> ?	
K.6	Visiting a competitor to see the prices it practices?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> There is no competitor -99 <input type="checkbox"/> Don't know
K.7	Visiting a competitor to see the product it sells?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> There is no competitor -99 <input type="checkbox"/> Don't know
K.8	Ask your customers if there are other goods or services that they would like you to sell or to produce?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know

K.9	Ask a former customer why she stopped to buy from your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No former customers -99 <input type="checkbox"/> Don't know
K.10	Ask a supplier what are the goods or services that the market wants in your sector of activity?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No supplier -99 <input type="checkbox"/> Don't know
K.11	Make a special offer to attract a customer?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.12	In the last 6 months, have you done any type of advertising for your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

***Now we are going to talk about how your business manages its purchases and its stock.***

K.13	In the <u>last 3 months</u> , have you tried to negotiate smaller prices with a supplier?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No supplier
K.14	In the <u>last 3 months</u> , have you ever compared the quality or prices offered by one of your suppliers with those of another similar supplier?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No supplier
K.15	In general, does your business have stocks of goods to sale or raw materials?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to K.23</b>
K.16	Do you ever run out of goods or row materials so you are not able to sell or to work during more than a day?	1. <input type="checkbox"/> Never, always have enough stocks → <b>Skip to K.18</b> 2. <input type="checkbox"/> Rarely, once every 6 months 3. <input type="checkbox"/> Every 3 months 4. <input type="checkbox"/> Monthly or more frequently
K.17	In general, how much time do you need to get goods or raw materials when you are out of stocks?	1. <input type="checkbox"/> One day or less 2. <input type="checkbox"/> More than one day but less than a week 3. <input type="checkbox"/> One week. 4. <input type="checkbox"/> Between one week and one month. 5. <input type="checkbox"/> One month or more.

K.18	<b><i>Is the business selling retail goods?</i></b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to K.23</b>
K.19	Do you have a system to know how much goods you have in stock? [written or not]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to K.21</b>
K.20	Is this system written?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.21	How often to you check the level of your stocks?	1. <input type="checkbox"/> Every day 2. <input type="checkbox"/> Every week 3. <input type="checkbox"/> Every month 4. <input type="checkbox"/> Less than once a month 5. <input type="checkbox"/> Never check stock level
K.22	Do you know at what unit price you are buying your main goods?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No



**We are now going to speak about how you are recording information about your business.**

K.23	Do you ever sell goods or services on credit?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to K.25</b>
K.24	Do you have a register or a book in which you record how much each client owe you?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.25	Do you keep any type of written register for your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to L</b>
K.26	Do you record all purchases and/or sales made by your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.27	Do you use your registers to know if for some products your sales are increasing or decreasing from one month to another?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.28	Would it be possible for you to use your registers to know at any time how much money your business has?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.29	Do you know the good or service for which your business make the highest profit per unit sold?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.30	Do you have a budget on which is recorded the amount to be paid monthly for costs such as office rent, electricity, transportation costs or advertising?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.31	Imagine that you wanted to apply to a loan from a commercial bank. Would your registers or accounting books allow you to show to the bank that you have enough money to reimburse the loan?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.32	Do you ever gather all your books and/or employees in order to think about the performances of your businesses and what could be improved?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Once a year or less frequently 3. <input type="checkbox"/> 2 or 3 times a year 4. <input type="checkbox"/> Every month or more often
K.33	Do you set targets for your business in terms of sales or revenues?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to K.35</b>
K.34	How often do you compare your sales target with the actual performance of your business?	1. <input type="checkbox"/> Never or don't compare 2. <input type="checkbox"/> Once a year or less frequently 3. <input type="checkbox"/> 2 or 3 time a year 4. <input type="checkbox"/> Every month or more often
K.35	Do you have a budget in which you record your costs during the following year? (Salaries, rent, electricity, raw materials...)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.36	In the following list of documents, which one do you prepare at least once a year?  <b>[READ THE OPTIONS] [MULTIPLE ANSWERS ARE POSSIBLES]</b>	1. <input type="checkbox"/> Profit and loss account 2. <input type="checkbox"/> Cash flow statement 3. <input type="checkbox"/> Balance sheet 4. <input type="checkbox"/> Cash book balance <b>OR</b> 5. <input type="checkbox"/> Do not prepare any of these documents

## L. Trust in Institutions

**Now let's talk about the level of trust you have in different institutions**

	I'm going to give you a list of institutions. For each one, you will tell me if you are completely confident with this institution, in general confident, somewhat confident or not confident at all.				
	<b>[READ THE OPTIONS]</b>	1. completely confident	2. in general confident	3. somewhat confident	4. Not confident at all
L.1	Newspapers and magazines	1. [ ]	2. [ ]	3. [ ]	4. [ ]
L.2	The police	1. [ ]	2. [ ]	3. [ ]	4. [ ]
L.3	The court of justice	1. [ ]	2. [ ]	3. [ ]	4. [ ]
L.4	The central government (president, ministers...)	1. [ ]	2. [ ]	3. [ ]	4. [ ]
L.5	The national assembly and deputies	1. [ ]	2. [ ]	3. [ ]	4. [ ]
L.6	Tax administration and tax officials	1. [ ]	2. [ ]	3. [ ]	4. [ ]
L.7	The city council of Cotonou	1. [ ]	2. [ ]	3. [ ]	4. [ ]

## M. Cantril ladder

**Show the ladder to the respondent**

	Imagine for a minute that you are living the best life you can possibly imagine. Now imagine that your life is the worst it could possibly be. Imagine a ladder with 10 steps. Suppose we say that the top of the ladder (step 10) represents the best possible life for you and the bottom (step 0) represents the worst possible life for you. Which step on the ladder best represents where you personally stand at the present time?										
M.1	0 [ ]	1 [ ]	2 [ ]	3 [ ]	4 [ ]	5 [ ]	6 [ ]	7 [ ]	8 [ ]	9 [ ]	10 [ ]
	<div> <div>Worst possible situation</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>Best possible situation</div> </div>										

	Think about your life <b>five years from today</b> . Which step best represents where you personally will be on the ladder five years from now?										
M.2	0 [ ]	1 [ ]	2 [ ]	3 [ ]	4 [ ]	5 [ ]	6 [ ]	7 [ ]	8 [ ]	9 [ ]	10 [ ]
	<div> <div>Worst possible situation</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>Best possible situation</div> </div>										

## N. Business knowledge

	We are now going to play a small game together. I'm going to read you a statement and then we will answer to few questions together about a case study. <b>[Give the statement sheet to the respondent with an empty sheet, a pen and a calculator if needed]</b>  Madame ZOUSOU owns a small dressmaking business. At the beginning of the month, she has no dress in her stock. Every week, she makes 10 dresses.	
N.1	How many dresses is Madame ZOUSOU making every month if there are 4 weeks during the month?	__ __ __

	She sells each dress at CFAF 5,000. This month, she has sold: <ul style="list-style-type: none"> <li>▪ 7 dresses in the first week;</li> <li>▪ 11 dresses in the 2<sup>nd</sup> week;</li> <li>▪ 8 dresses in the 3<sup>rd</sup> week;</li> <li>▪ and 4 dresses in the 4<sup>th</sup> week.</li> </ul>	
N.2	What is the total amount of sales made by Madame ZOUSOU this month?	__ __ __ __ __ __  CFAF
N.3	What is the total value of the dresses stock (not sold) that has Madame ZOUSOU at the end of the month? (at the selling price)	__ __ __ __ __ __  CFAF
	Every month, she has to pay CFAF 15,000 for the rent and CFAF 5,000 for electricity and water. For each dress she makes, she has to buy raw materials for CFAF 2,000.	
N.4	What is the total amount of her expenses this month?	__ __ __ __ __ __  CFAF
N.5	What is the total amount of profit made by Madame ZOUSOU this month?	__ __ __ __ __ __  CFAF
	Imagine that Madame ZOUSOU could choose to work as a salesperson in a shop for a monthly salary of CFAF 59,000.	
N.6	Do you think that if she sells 25 dresses per month, it would be more interesting for her to work on her own in her business or to work as an employee? Consider that she is making the same number of dresses that she sells.	1. <input type="checkbox"/> Yes → <b>Skip to O</b> 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know → <b>Skip to O</b>
N.7	If no, how many dresses does she need to sell to make it more interesting for her to work on her own rather than being employed? Consider that she sells all the dresses made.	__ __ __

## O. Surveyor observation about the business

**[Surveyor: for this section, DO NOT ASK ANY QUESTION. Only look at business premises]**

O.1	Does the business have any sign visible from the outside indicating the name or the type of business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to O.3</b>
O.2	Is this sign looking rather new and in good shape or old and in bad shape?	1. <input type="checkbox"/> rather new and/or in good shape 2. <input type="checkbox"/> rather old and/or in bad shape
O.3	Is this business doing any retail sales? (trader)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> <b>Skip to P.1</b>
O.4	Can you see the prices of most products?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.5	Are the product sold grouped by type?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.6	Are there any posters or sign advertising particular products?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.7	Are the goods and products clean without any dust?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

## P. Surveyor feedbacks

**[FOR THIS SECTION, YOU DON'T NEED TO ASK ANY QUESTION TO THE RESPONDENT]**

P.1	What is your feeling about the seriousness of the respondent's answers?	1. <input type="checkbox"/> Very good 2. <input type="checkbox"/> Good 3. <input type="checkbox"/> Bad 4. <input type="checkbox"/> Very bad
P.2	In what language was the survey conducted? <b>[If more than one record the most used]</b>	1. <input type="checkbox"/> Fon 2. <input type="checkbox"/> Adja 3. <input type="checkbox"/> Goun 4. <input type="checkbox"/> Mina 5. <input type="checkbox"/> Français 6. <input type="checkbox"/> Anglais 7. <input type="checkbox"/> Yoruba 8. <input type="checkbox"/> Other-----> <b>Specify in P.2.a</b>
P.2.a	Specify	
P.3	Where did the survey take place?	1. <input type="checkbox"/> In respondent's premises 2. <input type="checkbox"/> In respondent's house 3. <input type="checkbox"/> Other place -----> <b>Specify in P.3.a</b>
P.3.a	Specify	

		1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit
P.4	Ending time	_ _  h  _ _  min	_ _  h  _ _  min	_ _  h  _ _  min
P.5	Final survey result	1. <input type="checkbox"/> survey completed 2. <input type="checkbox"/> Survey partially completed----> <b>Explain in P.5.a</b> 3. <input type="checkbox"/> Survey dropped out ---> <b>Explain in P.5.a</b>		
P.5.a	explain	_____		
P.6	Others comments on the survey	_____ _____ _____		
P6_2	Was the controller present during the survey?	1. <input type="checkbox"/> Yes during all the survey 2. <input type="checkbox"/> Yes during part of the survey (at least 2 sections) 3. <input type="checkbox"/> No (or less than 2 sections)		

### Survey certification:

P.7	I certify that all the information gathered in this survey from the respondent are as true and precise as possible and that I asked the questions following the instructions I received. 1- <input type="checkbox"/> Yes 2- <input type="checkbox"/> No
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