

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

THE WORLD BANK ENTERPRISE SURVEY

The Gambia Services Module (2018)

FIELDWORK SUPERVISORS AND MANAGEMENT ARE RESPONSIBLE FOR THIS SECTION.

INFORMATION ACQUIRED PRIOR TO SCREENING:

| Sampling Information [CODES FROM WBG PROGRESS REPORT] | |
|---|--------------|
| Sampling sector | a4a |
| Sampling size | a6a |
| Panel | panel |

A. CONTROL INFORMATION [TO BE COMPLETED FROM SCREENER BEFORE INTERVIEW]

| A.4 Industry | | Screener sector a4b | Questionnaire a0 FROM A4B |
|-----------------------|---|-------------------------------|--|
| Manufacturing | Food | 15 | 1 - manufacturing |
| | Tobacco | 16 | |
| | Textiles | 17 | |
| | Garments | 18 | |
| | Leather | 19 | |
| | Wood | 20 | |
| | Paper | 21 | |
| | Publishing, printing, and Recorded media | 22 | |
| | Refined petroleum product | 23 | |
| | Chemicals | 24 | |
| | Plastics & rubber | 25 | |
| | Non metallic mineral products | 26 | |
| | Basic metals | 27 | |
| | Fabricated metal products | 28 | |
| | Machinery and equipment (29-30) | 29 | |
| | Electronics (31-32) | 31 | |
| | Precision instruments | 33 | |
| | Transport machines (34-35) | 34 | |
| | Furniture | 36 | |
| | Recycling | 37 | |
| Retail | Retail | 52 | 2 - retail |
| Other Services | Wholesale | 51 | 3 - other services |
| | IT | 72 | |
| | Hotel and restaurants: section H | 55 | |
| | Services of motor vehicles | 50 | |
| | Construction Section F: | 45 | |
| | Transport Section I: (60-64) | 60 | |

| A.6 | Screener Size a6b |
|----------------------|-----------------------------|
| Micro <5 | 0 |
| Small >=5 and <=19 | 1 |
| Medium >=20 and <=99 | 2 |
| Large >=100 | 3 |

CAPI QUESTIONS BEGIN HERE**A. CONTROL INFORMATION [TO BE COMPLETED AT THE TIME OF THE INTERVIEW]****INFORMATION AUTOMATICALLY GENERATED**

| | | |
|------------------------|--------------------------|------------|
| GPS COORDINATES | Degrees North (Latitude) | lat |
| | Degrees East (Longitude) | lon |

A.14 Time face-to-face interview begins:

| | | | | |
|-----------------|-------------------|--------------------|------------------------|---------------------------|
| Day (dd) | Month (mm) | Year (yyyy) | Hour (00 to 23) | Minutes (00 to 59) |
| a14d | a14m | a14y | a14h | a14min |

A.12 Interviewer code **a12** A.1A Language **a1a** A.1c Frame level **a1c**

| | | |
|--|---------------|---|
| | Establishment | 1 |
| | Firm | 2 |

A.3x Name of City/town/village

INTERVIEWER**a3x****UPDATE IF INCORRECT****READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING.**

The goal of this survey is to gather information and opinions about the business environment in **Gambia**. The information gathered here will help to develop new policies and programs that enhance employment and economic growth. The information obtained here will be held in the strictest confidentiality. Neither your name nor the name of your business will be used in any document based on this survey.

A. CONTROL INFORMATION

| | |
|-----|--|
| A.7 | Is this establishment part of a multi-establishment firm? (that is, a firm with several establishments, each with its own location, management, activity, and financial statements). |
|-----|--|

| | | |
|-----|---|-------------------|
| Yes | 1 | GO TO A.20 |
| No | 2 | |
| | | a7 |

| | |
|------|---|
| A.7a | How many establishments are part of the firm? |
|------|---|

| | |
|---------------------------------|------------|
| Number of establishments | a7a |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|------|--|
| A.7b | Is this establishment the headquarters location? |
|------|--|

| | | |
|-----|---|-----------------|
| Yes | 1 | GO TO A9 |
| No | 2 | |
| | | a7b |

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| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

| | |
|------|---|
| A.11 | Are the financial statements of the headquarters location separate from the rest of the other establishments? |
|------|---|

**ESTABLISHMENT-
LEVEL FRAME:**

**FIRM-LEVEL
FRAME:**

| | | | |
|-----|---|-------------------|-------------------|
| Yes | 1 | | |
| No | 2 | GO TO A.20 | GO TO A.20 |
| | | a11 | |

| | |
|------|---|
| A.7c | Does this headquarters location engage in production or sales at this location? |
|------|---|

**ESTABLISHMENT-
LEVEL FRAME:**

**FIRM-LEVEL
FRAME:**

| | | | |
|-----|---|-------------------|-------------------|
| Yes | 1 | GO TO A.20 | GO TO A.20 |
| No | 2 | TERMINATE | |
| | | a7c | |

A7D ONLY APPLIES TO FIRM-LEVEL SAMPLE FRAMES

| | |
|------|--|
| A.7d | INTERVIEW THE ESTABLISHMENT THAT REPRESENTS THE LARGEST SHARE OF PRODUCTION OR SALES, WHICH ALSO MAINTAINS ITS OWN SALES, EMPLOYMENT, AND COST RECORDS. |
|------|--|

| | | |
|---------------------------------------|-------------|-------------------|
| Address and name of the establishment | a7dx | GO TO A.20 |
|---------------------------------------|-------------|-------------------|

| | |
|-----|--|
| A.9 | Are this establishment's financial statements prepared separately from headquarters' statements? |
|-----|--|

**ESTABLISHMENT-
LEVEL FRAME:**

FIRM-LEVEL FRAME:

| | | | |
|-----|---|------------------|---|
| Yes | 1 | | ENSURE THAT EMPLOYMENT, SALES, AND COST NUMBERS ARE AT THE ESTABLISHMENT LEVEL |
| No | 2 | TERMINATE | INTERVIEW HQ |
| | | a9 | |

| | |
|------|--|
| A.20 | On which calendar date did the last completed fiscal year end? |
|------|--|

| | | |
|-------------|--------------|-------------|
| Year | Month | Day |
| a20y | a20m | a20d |

B. GENERAL INFORMATION

READ OUT THE FOLLOWING INTRODUCTORY SENTENCE ONLY IF A7 = 1 (yes):

The first few questions apply to the firm which this establishment is part of.

B.1 What is this firm's current legal status? **SHOW CARD 1**

| | |
|--|-----------|
| Shareholding company with shares trade in the stock market | 1 |
| Shareholding company with non-traded shares or shares traded privately | 2 |
| Sole proprietorship | 3 |
| Partnership | 4 |
| Limited partnership | 5 |
| OTHER (SPONTANEOUS-SPECIFY) <u> b1x </u> | 6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO B.2

b1

INTERVIEWER: PLEASE NOTE WHEN b1 IS 3 (SOLE PROPRIETORSHIP), ENTER 100% FOR QUESTION b3.

B.3 What percentage of this firm does the largest owner or owners own?

| | Percent |
|--|----------------|
| Percentage held by largest owner or owners | b3% |
| DON'T KNOW (SPONTANEOUS) | -9 |

B.2 What percentage of this firm is owned by each of the following: **SHOW CARD 2**

| | Percent | DON'T KNOW (SPONTANEOUS) |
|--|----------------|---------------------------------|
| Private domestic individuals, companies or organizations | b2a % | -9 |
| Private foreign individuals, companies or organizations | b2b % | -9 |
| Government or State | b2c % | -9 |
| Other | b2d % | -9 |
| | 100% | |

IF 100% END INTERVIEW

**INTERVIEWER: CHECK THAT TOTAL SUMS TO 100%
UNLESS RESPONDENT DOES NOT KNOW**

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| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

B.4 Amongst the owners of the firm, are there any females?

| | | |
|---------------------------------|-----------|------------------|
| Yes | 1 | |
| No | 2 | <i>GO TO B.5</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO B.5</i> |

b4

INTERVIEWER: PLEASE NOTE WHEN b1 IS 3 (SOLE PROPRIETORSHIP) and b4 is 1 (FIRM HAS A FEMALE OWNER), ENTER 100% FOR QUESTION b4a.

B.4a What percentage of the firm is owned by females?

| | |
|---------------------------------|----------------|
| | Percent |
| Percentage of female ownership | b4a% |
| DON'T KNOW (SPONTANEOUS) | -9 |

READ ONLY IF A7=1 (yes)

I want to proceed by asking you about this establishment only.

B.5 In what year did this establishment begin operations?

| | |
|-------------------------------------|-------------|
| | Year |
| Year establishment began operations | b5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

INTERVIEWER: PROVIDE FOUR DIGITS FOR YEAR

B.6 How many full-time employees did this establishment employ when it started operations? Please include all employees and managers.
INTERVIEWER: INCLUDE RESPONDENT WHEN APPLICABLE

| | |
|---------------------------------|---------------|
| | Number |
| Full-time employees at start-up | b6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

B.6a Was this establishment formally registered when it began operations?

| | | |
|---------------------------------|-----------|--|
| Yes | 1 | |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |

b6a

QUESTIONNAIRE NUMBER id

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

B.6b In what year was this establishment formally registered?

| | Year |
|--|------------|
| Year establishment formally registered | b6b |
| DON'T KNOW (SPONTANEOUS) | -9 |
| NEVER REGISTERED (SPONTANEOUS) | -7 |

TERMINATE

INTERVIEWER: PROVIDE FOUR DIGITS FOR YEAR.

B.7 How many years of experience working in this sector does the Top Manager have?

| | Years |
|---------------------------------|-----------|
| Manager's experience in sector | b7 |
| LESS THAN ONE YEAR | 1 |
| DON'T KNOW (SPONTANEOUS) | -9 |

B.7a Is the Top Manager female?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

b7a

GMB.1 How many managers are currently employed in this establishment, including the Top Manager?

| | Number |
|---|-------------|
| Number of managers in the establishment | GMB1 |
| DON'T KNOW (SPONTANEOUS) | -9 |

**IF 1 GO TO B8
GO TO B8**

GMB.2 What is the percentage of all managers employed by this establishment are female?

| | Percent |
|---------------------------------|--------------|
| Percentage of women managers | GMB2% |
| DON'T KNOW (SPONTANEOUS) | -9 |

B.8 Does this establishment have an internationally-recognized quality certification?
INTERVIEWER: SOME EXAMPLES ARE ISO 9000 or 14000, or HACCP

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| STILL IN PROCESS | -6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO C.3

GO TO C.3

b8

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

| | |
|-------------|--|
| B.8x | Please specify the internationally-recognized quality certifications |
|-------------|--|

| | |
|------------------------|------------|
| Specify certifications | b8x |
|------------------------|------------|

C. INFRASTRUCTURE AND SERVICES**READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING.**

Now, we turn to the establishment's operations

C.3 Over the last two years, did this establishment submit an application to obtain an electrical connection?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION C.6**GO TO QUESTION C.6****c3**

C.4 In reference to that application for an electrical connection, approximately how many days did it take to obtain it from the day of the application to the day the service was received?

| | Days |
|---------------------------------|-------------|
| Wait for electrical connection | c4 |
| LESS THAN ONE DAY | 1 |
| STILL IN PROCESS | -6 |
| APPLICATION DENIED | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

C.5 ***In reference to that application for an electrical connection, was an informal gift or payment expected or requested?***

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

c5

C.6 Over fiscal year **2017**, did this establishment experience power outages?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION C.10**GO TO QUESTION C.10****c6**

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

C.7 In a typical month, over fiscal year **2017**, how many power outages did this establishment experience?

| | Number | |
|--|-----------|---------------------------------|
| Number of power outages in a typical month | c7 | <i>IF 0, GO TO QUESTION C.9</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO QUESTION C.9</i> |

C.8 How long did these power outages last on average?

| | Hours | Minutes |
|-----------------------------------|------------|------------|
| Average duration of power outages | c8a | c8b |
| LESS THAN ONE MINUTE | | 1 |
| DON'T KNOW (SPONTANEOUS) | -9 | -9 |

C.9 Please estimate the losses that resulted from power outages either as a percentage of total annual sales or as total annual losses.

| | Percent |
|---|-------------|
| Loss as percentage of total annual sales due to power outages | c9a% |
| NONE | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |

PROVIDE EITHER ONE OR THE OTHER, NOT BOTH

| | GMDs |
|------------------------------------|------------|
| Annual losses due to power outages | c9b |
| NONE | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |

C.10 Over the course of fiscal year **2017**, did this establishment own or share a generator?

| | | |
|---------------------------------|------------|----------------------------|
| Yes | 1 | |
| No | 2 | <i>GO TO QUESTION C.12</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO QUESTION C.12</i> |
| | c10 | |

C.11 In fiscal year **2017**, what percentage of this establishment's electricity came from a generator or generators that the establishment owned or shared?

| | Percent |
|--|--------------|
| Percentage electricity from generators | c11 % |
| DON'T KNOW (SPONTANEOUS) | -9 |

C.12 Over the last two years, did this establishment submit an application to obtain a water connection?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION C.22b

GO TO QUESTION C.22b

c12

C.13 In reference to that application for a water connection, approximately how many days did it take to obtain it from the day of the application to the day the service was received?

| | Days |
|---------------------------------|------------|
| Wait for water connection | c13 |
| LESS THAN ONE DAY | 1 |
| STILL IN PROCESS | -6 |
| APPLICATION DENIED | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

C.14 ***In reference to that application for a water connection, was an informal gift or payment expected or requested?***

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANENOUS) | -8 |

c14

C.22b At the present time, does this establishment have its own website?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

c22b

GMC.1 At the present time, does this establishment have an internet connection?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO GMC.3

GMc1

GMC.2 Why does this establishment not have an internet connection?

| | | |
|---|-----------|-------------------|
| An internet connection is too expensive | 1 | <i>GO TO C.30</i> |
| The internet connection is not good enough | 2 | <i>GO TO C.30</i> |
| Staff do not know how to use the internet | 3 | <i>GO TO C.30</i> |
| The company does not need it | 4 | <i>GO TO C.30</i> |
| Company can use internet connection paid for by staff | 5 | <i>GO TO C.30</i> |
| Waiting for installation | 6 | <i>GO TO C.30</i> |
| Other, please specify GMc2x | 7 | <i>GO TO C.30</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO C.30</i> |
| | | GMc2 |

GMC.3 At the present time, what kind of internet connection does this establishment have?

| | | |
|---------------------------------------|-----------|-------------|
| A DSL connection over a phone line | 1 | |
| Wifi radio, without telephone line | 2 | |
| 3G connection key or modem | 3 | |
| Mobile phone with internet connection | 4 | |
| Other, please specify GMc3x | 5 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |
| | | GMc3 |

C.30 ***Using the response options on the card; To what degree is [INSERT OPTION] an obstacle to the current operations of this establishment? *** **SHOW CARD 3**

| | | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | (SPONTANEOUS) | |
|----------------------------------|--------------|-------------|----------------|-------------------|----------------|----------------------|-------------------|-----------------------|
| | | | | | | | DON'T KNOW | DOES NOT APPLY |
| Electricity | c30a | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Cost of telephone communication | gc30b | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Quality of the telephone network | gc30c | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Cost of internet connection | gc30d | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Quality of internet connection | gc30e | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

D. SALES AND SUPPLIES**READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:**

The next topic to be covered is how and where this establishment makes its sales.

| | |
|--------------|---|
| D.1a1 | <p>In fiscal year 2017, what was this establishment's main activity, product or service, that is, the activity, product or service that represented the largest proportion of annual sales</p> <p>INTERVIEWER: PLEASE RECORD THE DESCRIPTION OF THE ACTIVITY AND PRODUCT IN DETAIL, FOR EXAMPLE, "RETAIL SALE OF WOMEN'S OUTDOOR CLOTHING" NOT JUST "CLOTHING". IF MANY GOODS ARE SOLD, SUCH AS IN A GROCERY STORE OR PHARMACY, INDICATE THE TYPE OF STORE.</p> |
|--------------|---|

| | d1a1a | DETAILED DESCRIPTION OF MAIN ACTIVITY AND PRODUCT |
|---------------------|--------------|--|
| Manufacturing of | 1 | d1a1x |
| Retail trade of | 2 | |
| Wholesale trade of | 3 | |
| Construction of | 4 | |
| Hotel or restaurant | 5 | |
| Provide services of | 6 | |

INTERVIEWER: IF D1A1A IS MANUFACTURING SELECT (1), REVIEW TO ENSURE CORRECT MODULE IS BEING ASKED

| | |
|--------------|---|
| D.1a3 | What percentage of total sales does the main activity or product represent? |
|--------------|---|

| | Percent |
|---|----------------|
| Percentage of sales represented by main activity or product | d1a3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

INTERVIEWER: PLEASE NOTE THAT THE NEXT QUESTION REFERS TO THE TOTAL SALES OF ALL PRODUCTS AND SERVICES

| | |
|------------|--|
| D.2 | In fiscal year 2017 , what were this establishment's total annual sales for all products and services? |
|------------|--|

| | GMDs |
|---|-------------|
| Last complete fiscal year's total sales | d2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| PLEASE ALSO WRITE OUT THE NUMBER (i.e. 50,000 AS FIFTY THOUSAND) | |
| | d2x |

N.3 Looking back at the end of fiscal year **2015**, what were total annual sales for this establishment?

| | GMDs |
|--|-----------|
| Total annual sales three years ago | n3 |
| ESTABLISHMENT WAS NOT IN BUSINESS THREE YEARS AGO | -7 |
| DON'T KNOW (SPONTANEOUS) | -9 |

D.3 Coming back to fiscal year **2017**, what percentage of this establishment's sales were:
SHOW CARD 4

| | Percent | DON'T KNOW (SPONTANEOUS) |
|---|--------------|--------------------------|
| National sales | d3a % | -9 |
| Indirect exports (sold domestically to third party that exports products) | d3b % | -9 |
| Direct exports | d3c % | -9 |
| | 100% | |

IF 100% GO TO QUESTION D.10

INTERVIEWER: CHECK THAT TOTAL SUMS TO 100% (UNLESS RESPONDENT DOES NOT KNOW)

D.8 In which year did this establishment first export directly or indirectly?

| | Year |
|--|-----------|
| Began exporting directly or indirectly | d8 |
| DON'T KNOW (SPONTANEOUS) | -9 |

INTERVIEWER: ENTER YEAR USING 4 DIGITS

D.10 In fiscal year **2017**, what percentage of the value of products this establishment shipped to supply domestic markets was lost while in transit because of theft?

| | Percent | |
|--|--------------|----------------------------|
| Losses due to theft as percentage of the value of the products | d10 % | |
| NO LOSSES | 0 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |
| NO INTERNAL SHIPMENTS MADE (DOES NOT APPLY) | -7 | GO TO QUESTION D.12 |

| | |
|-------------|--|
| D.11 | In fiscal year 2017 , what percentage of value of products this establishment shipped to supply domestic markets was lost while in transit because of breakage or spoilage? |
|-------------|--|

| | Percent |
|---|--------------|
| Losses due to breakage or spoilage as percentage of the value of the products | d11 % |
| NO LOSSES | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| NO INTERNAL SHIPMENTS MADE (DOES NOT APPLY) | -7 |

| | |
|-------------|---|
| D.12 | In fiscal year 2017 , what percentage of this establishment's material inputs, supplies, or finished goods and materials purchased to resell that year were: SHOW CARD 5 |
|-------------|---|

| | Percent | DON'T KNOW (SPONTANEOUS) |
|--------------------|---------------|---------------------------------|
| Of domestic origin | d12a % | -9 |
| Of foreign origin | d12b % | -9 |
| | 100% | |

IF 0 GO TO QUESTION D.30

**INTERVIEWER: CHECK THAT TOTAL SUMS TO 100%
UNLESS RESPONDENT DOES NOT KNOW**

| | |
|-------------|--|
| D.13 | Were any of the material inputs, supplies, or finished goods and materials purchased to resell purchased in fiscal year 2017 , imported directly? |
|-------------|--|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION D30

GO TO QUESTION D.30

d13

| | |
|-------------|---|
| D.14 | In fiscal year 2017 , when this establishment imported material inputs, supplies, or finished goods and materials purchased to resell, how many days did it take on average from the time these goods arrived to their point of entry (e.g. port, airport) until the time these goods could be claimed from customs? |
|-------------|---|

| | Days |
|---|------------|
| Average number of days to clear customs | d14 |
| LESS THAN ONE DAY | 1 |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|--------------|---|
| D.15a | ***In reference to when this establishment imported material inputs or supplies, in claiming these goods from customs was an informal gift or payment expected or requested?*** |
|--------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

d15a

| | |
|-------------|--|
| D.30 | ***Using the response options on the card; To what degree is/are [INSERT OPTION] an obstacle to the current operations of this establishment?*** SHOW CARD 6 |
|-------------|--|

| | | | | | | (SPONTANEOUS) | |
|---|-------------|----------------|-------------------|----------------|----------------------|----------------------|-----------------------|
| | | | | | | DON'T KNOW | DOES NOT APPLY |
| | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | | |
| Transport d30a | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Customs and trade regulations d30b | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

R. MANAGEMENT PRACTICES**PLEASE READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:**

And now I would like to ask you about management practices in this establishment.

R.1 Over the last complete fiscal year **2017**, what best describes what happened at this establishment when a problem in the provision of services arose?
SHOW CARD 7

INTERVIEWER: SELECT "DOES NOT APPLY" (-7) IF THERE WERE NO PROBLEMS IN THE PROVISION OF SERVICES IN THE LAST COMPLETE FISCAL YEAR

| | |
|--|-----------|
| We fixed it but did not take further action | 1 |
| We fixed it and took action to make sure it did not happen again | 2 |
| We fixed it and took action to make sure that it did not happen again, and had a continuous improvement process to anticipate problems like these in advance | 3 |
| No action was taken | 4 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| DOES NOT APPLY (SPONTANEOUS) | -7 |

r1

R.2 Over the last complete fiscal year **2017**, did this establishment monitor any service provision performance indicators?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION R.4**GO TO QUESTION R.4****r2**

R.3 Over the last complete fiscal year **2017**, how many service provision performance indicators were monitored at this establishment?
INTERVIEWER: READ OUT

| | |
|---------------------------------|-----------|
| 1-2 indicators | 1 |
| 3-9 indicators | 2 |
| 10 or more indicators | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

r3

| | |
|------------|---|
| R.4 | Over the last complete fiscal year 2017 , did this establishment have service provision targets? Examples of service provision targets are: sales, customer satisfaction, efficiency, waste, or on-time delivery. |
|------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION R.8**GO TO QUESTION R.8****r4**

| | |
|------------|---|
| R.5 | Over the last complete fiscal year 2017 , what best describes the time frame of the service provision targets at this establishment? SHOW CARD 8 |
|------------|---|

| | |
|--|-----------|
| Main focus was on short term, less than one year | 1 |
| Main focus was on long term, one year or more | 2 |
| Combination of short-term and long-term targets | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

r5

| | |
|------------|--|
| R.6 | Over the last complete fiscal year 2017 , how easy or difficult was it for this establishment to achieve its service provision targets? SHOW CARD 9 |
|------------|--|

| | |
|---|-----------|
| Achieved without much effort | 1 |
| Achieved with some effort | 2 |
| Achieved with normal amount of effort | 3 |
| Achieved with more than normal effort | 4 |
| Only achieved with extraordinary effort | 5 |
| Targets were not achieved | 6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

r6

| | |
|------------|---|
| R.7 | Over the last complete fiscal year 2017 , who was aware of the service provision targets at this establishment? SHOW CARD 10 |
|------------|---|

| | |
|---------------------------------|-----------|
| Only senior managers | 1 |
| Most managers and some workers | 2 |
| Most managers and most workers | 3 |
| All managers and most workers | 4 |
| DON'T KNOW (SPONTANEOUS) | -9 |

r7

QUESTIONNAIRE NUMBER id

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

R.8 Over the last complete fiscal year **2017**, did this establishment have performance bonuses for managers that were based on service provision targets?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION R.10

GO TO QUESTION R.10

r8

R.9 Over the last complete fiscal year **2017**, what were managers' performance bonuses mostly based on?
SHOW CARD 11

INTERVIEWER: IF THE ESTABLISHMENT IS NOT PART OF A MULTI-ESTABLISHMENT FIRM (A7 IS NO), THEN OPTION 3 DOES NOT APPLY

| | |
|-------------------------------------|-----------|
| Their own performance | 1 |
| Their team performance | 2 |
| Their establishment's performance | 3 |
| Their company's performance | 4 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| DOES NOT APPLY (SPONTANEOUS) | -7 |

r9

R.10 Over the last complete fiscal year **2017**, what was the primary way non-managers were promoted at this establishment?
SHOW CARD 12

INTERVIEWER: SELECT DOES NOT APPLY (-7) IF THERE WERE NO PROMOTIONS OF NON-MANAGERS IN THE LAST COMPLETE FISCAL YEAR

| | |
|--|-----------|
| Based solely on performance and ability | 1 |
| Based partly on performance and ability, and partly on other factors (for example, tenure or family connections) | 2 |
| Based mainly on factors other than performance and ability (for example, tenure or family connections) | 3 |
| Non-managers are normally not promoted | 4 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| DOES NOT APPLY (SPONTANEOUS) | -7 |

r10

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

| | |
|-------------|---|
| R.11 | Over the last complete fiscal year 2017 , when was an under-performing non-manager reassigned or dismissed? SHOW CARD 13 |
|-------------|---|

INTERVIEWER: SELECT DOES NOT APPLY (-7) IF THERE WERE NO UNDER-PERFORMING NON-MANAGERS IN THE LAST COMPLETE FISCAL YEAR

| | |
|--|-----------|
| Within 6 months of identifying under-performance | 1 |
| After 6 months of identifying under-performance | 2 |
| Rarely or never | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| DOES NOT APPLY (SPONTANEOUS) | -7 |

r11

E. DEGREE OF COMPETITION

E.11 Does this establishment compete against unregistered or informal establishments?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

e11

GME.1 Does this establishment compete against establishments that do not collect VAT?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GMe1

GME.2 ***Does this establishment collect VAT from customers? ***

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

GMe2

E.30 ***Using the response options on the card; To what degree are **Practices of Competitors in the Informal Sector** an obstacle to the current operations of this establishment? *** **SHOW CARD 15**

| | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | (SPONTANEOUS) DON'T KNOW | DOES NOT APPLY |
|--|-------------|----------------|-------------------|----------------|----------------------|------------------------------------|-----------------------|
| Practices of competitors in the informal sector e30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

H. INNOVATION

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING

And now we switch to a different topic. In this section “new” means new to the establishment but not necessarily new to the market.

H.1 During the last three years, has this establishment introduced new or improved products or services?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION H.5

GO TO QUESTION H.5

h1

H.2 Were any of the new or improved products or services also new for the establishment's main market?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

h2

H.3 Please describe in detail the main new or improved product or service that this establishment introduced during the last three years.

The main new or improved product or service is the one that represented the largest proportion of this establishment's sales in value (not volume) during the last three years.

Description

DESCRIPTION SHOULD BE AS DETAILED AS POSSIBLE

h3x

H.4 Please describe in detail how the main new or improved product or service is different than the most similar product or service, if any, previously produced by this establishment.

INTERVIEWER: IF THERE IS NOTHING SIMILAR ENTER “COMPLETELY NEW”

Description

DESCRIPTION SHOULD BE AS DETAILED AS POSSIBLE

h4x

| | |
|------------|---|
| H.5 | During the last three years, has this establishment introduced any new or improved process? These include: methods of manufacturing products or offering services; logistics, delivery, or distribution methods for inputs, products, or services; or supporting activities for processes? |
|------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION H.8**GO TO QUESTION H.8****h5**

| | |
|------------|---|
| H.6 | Please describe in detail the main new or improved process that this establishment introduced during the last three years. The main innovative process is the innovative process that had the largest impact on the operations of the establishment during the last three years. |
|------------|---|

Description**DESCRIPTION SHOULD BE AS DETAILED AS POSSIBLE****h6x**

| | |
|------------|---|
| H.7 | Please describe in detail how the main new or improved process is different than the most similar process that is or was used by this establishment. |
|------------|---|

IF THERE IS NOTHING SIMILAR ENTER "COMPLETELY NEW"**Description****DESCRIPTION SHOULD BE AS DETAILED AS POSSIBLE****h7x**

| | |
|------------|---|
| H.8 | During last fiscal year, did this establishment spend on formal research and development activities, either in-house or contracted with other companies, excluding market research surveys? |
|------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION G.6**GO TO QUESTION G.6****h8**

| | |
|------------|---|
| H.9 | During last fiscal year, how much did this establishment spend on formal research and development activities, either in-house or contracted with other companies? |
|------------|---|

| | |
|--|-------------|
| | GMDs |
| Cost of formal research and development activities | h9 |
| DON'T KNOW (SPONTANEOUS) | -9 |

G. LAND AND PERMITS

G.6 Of the **buildings** occupied by this establishment, what percentage is owned by this establishment?

| | Percent | DON'T KNOW (SPONTANEOUS) |
|-----------------------------|--------------|-----------------------------|
| Owned by this establishment | g6a % | -9 |

G.1 Of the **land** occupied by this establishment, what percentage is owned by this establishment?

| | Percent | DON'T KNOW (SPONTANEOUS) | DOES NOT APPLY IS A FLOOR IN A BUILDING(SPONTANEOUS) |
|-----------------------------|--------------|-----------------------------|--|
| Owned by this establishment | g1a % | -9 | -7 |

G.2 Over the last two years, did this establishment submit an application to obtain a construction-related permit?

| | | |
|--------------------------|-----------|--|
| Yes | 1 | GO TO QUESTION G.5 GO TO QUESTION G.5 |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |

g2

G.3 In reference to that application for a construction-related permit, approximately how many days did it take to obtain it from the day of the application to the day the permit was granted?

| | Days |
|--|-----------|
| Wait for a construction-related permit | g3 |
| LESS THAN ONE DAY | 1 |
| STILL IN PROCESS | -6 |
| APPLICATION DENIED | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

G.4 ***In reference to that application for a construction-related permit, was an informal gift or payment expected or requested?***

| | |
|--------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

g4

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

INTERVIEWER: ASK THE FOLLOWING QUESTION ONLY FOR RETAIL ESTABLISHMENTS. OTHERWISE GO TO G.30

G.5 What is the total selling area of this establishment?

| | | |
|---------------------------------|-----------|------------------|
| Area | | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO G30 |
| | | g5a |

SPECIFY UNITS

| | | |
|------------------------------------|----------|------------|
| Square Feet | 1 | |
| Square Yards | 2 | |
| Square Meters | 3 | |
| OTHER (SPECIFY) <u>g5bx</u> | 4 | |
| | | g5b |

| | |
|-------------|---|
| G.30 | ***Using the response options on the card; To what degree is Access to Land an obstacle to the current operations of this establishment? *** SHOW CARD 15 |
|-------------|---|

| | | | | | | (SPONTANEOUS) | | |
|-----------------------|-------------|-------------|----------------|-------------------|----------------|----------------------|-------------------|-----------------------|
| | | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | DON'T KNOW | DOES NOT APPLY |
| Access to land | g30a | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

I. CRIME**READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:****We now turn to another topic.**

I.1 In fiscal year **2017**, did this establishment pay for security, for example equipment, personnel, or professional security services including internet security?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION I.3**GO TO QUESTION I.3****i1**

I.2 In fiscal year **2017**, what percentage of this establishment's total annual sales was paid for security, or what was the total annual cost of security?

| | Percent |
|---|----------------|
| Percentage of total annual sales for security | i2a % |
| DON'T KNOW (SPONTANEOUS) | -9 |

PROVIDE EITHER ONE OR THE OTHER, NOT BOTH

| | GMDs |
|---------------------------------|-------------|
| Total annual cost of security | i2b |
| DON'T KNOW (SPONTANEOUS) | -9 |

I.3 In fiscal year **2017**, did this establishment experience losses as a result of theft, robbery, vandalism or arson on this establishment's premises or from internet hacking or from internet fraudulent transactions?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION I.30**GO TO QUESTION I.30****i3**

| | |
|------------|--|
| I.4 | In fiscal year 2017 , what were the estimated losses as a result of theft, robbery, vandalism, arson or internet hacking that occurred on this establishment's premises either as a percentage of total annual sales or as total annual losses? |
|------------|--|

| | Percent |
|--|--------------|
| Losses as percentage of total annual sales | i4a % |
| DON'T KNOW (SPONTANEOUS) | -9 |

PROVIDE EITHER ONE OR THE OTHER, NOT BOTH

| | GMDs |
|---------------------------------|------------|
| Total annual value of losses | i4b |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|-------------|---|
| I.30 | ***Using the response options on the card; To what degree is Crime, Theft and Disorder an obstacle to the current operations of this establishment?*** SHOW CARD 15 |
|-------------|---|

| | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | (SPONTANEOUS) DON'T KNOW | DOES NOT APPLY |
|--------------------------------------|-------------|----------------|-------------------|----------------|----------------------|------------------------------------|-----------------------|
| Crime, theft and disorder i30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

K. FINANCE**READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:**

I would like to ask you a few questions about how you finance the operations of this establishment.

| | |
|------------|--|
| K.3 | Over fiscal year 2017 , please estimate the proportion of this establishment's working capital, that is the funds available for day-to-day operations, that was financed from each of the following sources? SHOW CARD 16 |
|------------|--|

| | Percent | DON'T KNOW (SPONTANEOUS) |
|---|---------------|-----------------------------|
| Internal funds or retained earnings | k3a % | -9 |
| Borrowed from banks: private and state-owned | k3bc % | -9 |
| Borrowed from non-bank financial institutions which include microfinance institutions, credit cooperatives, credit unions, or finance companies | k3e % | -9 |
| Purchases on credit from suppliers and advances from customers | k3f % | -9 |
| Other, moneylenders, friends, relatives, etc. | k3hd % | -9 |
| | 100% | |

**INTERVIEWER: CHECK THAT TOTAL SUMS TO 100%
UNLESS RESPONDENT DOES NOT KNOW**

| | |
|------------|--|
| K.4 | In fiscal year 2017 , did this establishment purchase any new or used fixed assets, such as machinery, vehicles, equipment, land or buildings, including expansion and renovations of existing structures?" |
|------------|--|

| | | |
|---------------------------------|-----------|---------------------------|
| Yes | 1 | |
| No | 2 | GO TO QUESTION K.6 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO QUESTION K.6 |
| | k4 | |

| | |
|------------|---|
| N.5 | In fiscal year 2017 , how much did this establishment spend on purchases of: INTERVIEWER: READ OUT |
|------------|---|

| | GMDs | DON'T KNOW (SPONTANEOUS) |
|---|------------|-----------------------------|
| New or used machinery, vehicles, and equipment? | n5a | -9 |
| Land and buildings, including expansion and renovations of existing structures? | n5b | -9 |

| | |
|------------|---|
| K.5 | Over fiscal year 2017 , please estimate the proportion or GMD amount of this establishment's total purchases of fixed assets that were financed from of the following sources: SHOW CARD 17 |
|------------|---|

| | Percent | OR | Amount GMDs | DON'T KNOW (SPONTA NEOUS) |
|--|----------------|----|----------------|------------------------------------|
| Internal funds or retained earnings | k5a % | | k5a1 | -9 |
| Owners' contribution or issued new equity shares | k5i % | | k5i1 | -9 |
| Borrowed from banks: private and state-owned | k5bc % | | k5bc1 | -9 |
| Borrowed from non-bank financial institutions | k5e % | | k5e1 | -9 |
| Purchases on credit from suppliers and advances from customers | k5f % | | k5f1 | -9 |
| Other, moneylenders, friends, relatives, bonds, etc | k5hdj % | | k5hdj1 | -9 |
| | 100% | | n5A+n5B | |

**INTERVIEWER: CHECK THAT TOTAL SUMS TO 100% OR THAT TOTAL SUM EQUALS TOTAL PURCHASES IN N5
UNLESS RESPONDENT DOES NOT KNOW**

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:

Now let's talk about the establishment's present situation.

| | |
|------------|---|
| K.6 | At this time, does this establishment have a checking (current) or savings account? |
|------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

k6

| | |
|------------|---|
| K.7 | At this time, does this establishment have an overdraft facility? |
|------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

k7

| | |
|------------|---|
| K.8 | At this time, does this establishment have a line of credit or a loan from a financial institution? |
|------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION K.15d

GO TO QUESTION K.15d

k8

QUESTIONNAIRE NUMBER id

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

K.9 Referring to the most recent line of credit or loan, what type of financial institution granted this loan? **SHOW CARD 18**

| | |
|--|-----------|
| Private commercial banks | 1 |
| State-owned banks or government agency | 2 |
| Non-bank financial institutions | 3 |
| Other | 4 |
| DON'T KNOW (SPONTANEOUS) | -9 |

k9

K.10 Referring only to this most recent line of credit or loan, in what year was the most recent line of credit or loan approved?

| | Year |
|--|------------|
| Year most recent line of credit or loan approved | k10 |
| DON'T KNOW (SPONTANEOUS) | -9 |

INTERVIEWER: PROVIDE FOUR DIGITS FOR YEAR

K.11 Referring only to this most recent line of credits or loan, what was its value at the time of approval?

| | GMDs |
|---|------------|
| Size of most recent line of credit or loan approved | k11 |
| REFUSAL (SPONTANEOUS) | -8 |
| DON'T KNOW (SPONTANEOUS) | -9 |

K.13 Referring only to this most recent line of credit or loan, did the financing require collateral?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION K.15b

GO TO QUESTION K.15b

k13

K.14 Referring only to this most recent line of credit or loan, what type of collateral was required?
INTERVIEWER: READ OUT

| Collateral | Yes | No | DON'T KNOW (SPONTANEOUS) |
|--|-----|----|---------------------------------|
| Land, buildings under ownership of the establishment k14a | 1 | 2 | -9 |
| Machinery and equipment including movables k14b | 1 | 2 | -9 |
| Accounts receivable and inventories k14c | 1 | 2 | -9 |
| Personal assets of owner (house, etc.) k14d | 1 | 2 | -9 |
| Other forms of collateral not included in the categories above k14e | 1 | 2 | -9 |

| | |
|-------------|---|
| K.15 | Referring only to this most recent line of credit or loan, what was the approximate value of the collateral required? |
|-------------|---|

| | |
|---------------------------------|-------------|
| | GMDs |
| Value of collateral | k15a |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|--------------|--|
| K.15b | What is the total number of open lines of credit and outstanding held by this establishment? |
|--------------|--|

| | | |
|--|---------------|-----------------------------|
| | Number | |
| Total number of open lines of credit and outstanding loans | k15b | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO QUESTION K.15d |

| | |
|--------------|---|
| K.15c | What is the total outstanding balance of all open lines of credit and loans held by this establishment? |
|--------------|---|

| | |
|---|-------------|
| | GMDs |
| Total outstanding balance of all open lines of credit and loans | k15c |
| REFUSAL (SPONTANEOUS) | -8 |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|--------------|---|
| K.15d | At this time, does the owner or owners of this establishment have any outstanding personal loans that are used to finance this establishment's business activities? |
|--------------|---|

| | | |
|---------------------------------|-----------|-------------|
| Yes | 1 | |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |
| | | k15d |

| | |
|-------------|--|
| K.16 | Referring again to the last fiscal year 2017 , did this establishment apply for any lines of credit or loans? |
|-------------|--|

| | | |
|---------------------------------|-----------|----------------------------|
| Yes | 1 | GO TO QUESTION K.20 |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO QUESTION K.21 |
| | | k16 |

K.17 What was the **main** reason why this establishment did not apply for any line of credit or loan?
SHOW CARD 19

| | | |
|---|-----------|----------------------------|
| No need for a loan - establishment had sufficient capital | 1 | GO TO QUESTION K.21 |
| Application procedures were complex | 2 | GO TO QUESTION K.21 |
| Interest rates were not favorable | 3 | GO TO QUESTION K.21 |
| Collateral requirements were too high | 4 | GO TO QUESTION K.21 |
| Size of loan and maturity were insufficient | 5 | GO TO QUESTION K.21 |
| Did not think it would be approved | 6 | GO TO QUESTION K.21 |
| Other | 7 | GO TO QUESTION K.21 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO QUESTION K.21 |

k17

K.20 Referring only to this most recent application for a line of credit or loan, what was the outcome of that application?

| | |
|-------------------------------------|-----------|
| Application was approved in full | 1 |
| Application was approved in part | 2 |
| Application was rejected | 3 |
| Application was withdrawn | 4 |
| APPLICATION STILL IN PROCESS | -6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

k20a1

K.21 In fiscal year **2017**, did this establishment have its annual financial statements checked and certified by an external auditor?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

k21

K.30 ***Using the response options on the card; To what degree is **Access to Finance** an obstacle to the current operations of this establishment?*** **SHOW CARD 20**

| | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | (SPONTANEOUS) DON'T KNOW | DOES NOT APPLY |
|------------------------------|-------------|----------------|-------------------|----------------|----------------------|------------------------------------|-----------------------|
| Access to finance k30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

QUESTIONNAIRE NUMBER id

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

| | |
|--------------|--|
| GMK.1 | Over the next 12 months, do you expect the total capital invested in fixed assets at this establishment to increase, decrease, or stay the same? |
|--------------|--|

| | |
|---------------------------------|-----------|
| Increase | 1 |
| Stay the same | 2 |
| Decrease | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GMk1

| | |
|--------------|--|
| GMK.2 | What factors are likely to limit the company's investment in fixed assets over the next twelve months? |
|--------------|--|

Please specify **GMk2x** _____

J. BUSINESS-GOVERNMENT RELATIONS

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:

The following questions assess how establishments, such as this one, deal with government officials and their agencies.

J.1

***Please tell me if you Strongly disagree, Tend to disagree, Tend to agree, or Strongly agree with the following statement: "The court system is fair, impartial, and uncorrupted". ***

SHOW CARD 21

| | | | | | (SPONTANEOUS) | | |
|--|--|-------------------|------------------|---------------|----------------|------------|----------------|
| | | Strongly disagree | Tend to disagree | Tend to agree | Strongly agree | DON'T KNOW | DOES NOT APPLY |
| “The court system is fair, impartial and uncorrupted.” h7a | | 1 | 2 | 3 | 4 | -9 | -7 |

J.2

In a typical week over the last year, what percentage of total senior management's time was spent on dealing with requirements imposed by government regulations?
(By senior management I mean managers, directors, and officers above direct supervisors of sales workers)

| | Percent |
|--|-------------|
| Senior management's time spent on dealing with regulations | j2 % |
| NO TIME WAS SPENT | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |

J.3

Over the last year, was this establishment visited or inspected by tax officials or required to meet with them?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION J.6a

GO TO QUESTION J.6a

j3

J.4

Over the last year, how many times was this establishment visited or inspected by tax officials or required to meet with them?

| | Number |
|---|-----------|
| Times inspected or met with tax officials | j4 |
| DON'T KNOW (SPONTANEOUS) | -9 |

J.5 ***In any of these inspections or meetings was a gift or informal payment expected or requested?***

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

j5

J.6a Over the last year, has this establishment secured or attempted to secure a government contract?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION J.7
GO TO QUESTION J.7

j6a

J.6 ***When establishments like this one do business with the government, what percent of the contract value would be typically paid in informal payments or gifts to secure the contract?***

| | Percent |
|--|-------------|
| Percent of the contract value paid as informal payments or gifts | j6 % |
| NO PAYMENTS | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

J.7 ***It is said that establishments are sometimes required to make gifts or informal payments to public officials to "get things done" with regard to customs, taxes, licenses, regulations, services etc. On average, what percentage of total annual sales, or estimated total annual value, do establishments like this one pay in informal payments or gifts to public officials for this purpose?***

| | Percent |
|---|--------------|
| Percentage of total annual sales paid as informal payment | j7a % |
| NO PAYMENTS OR GIFTS ARE PAID | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

PROVIDE EITHER ONE OR THE OTHER, NOT BOTH

| | GMDs |
|--------------------------------------|------------|
| Total annual informal payment | j7b |
| NO PAYMENTS OR GIFTS ARE PAID | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

J.10 Over the last two years, did this establishment submit an application to obtain an import license?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION J.13

GO TO QUESTION J.13

j10

J.11 Approximately how many days did it take to obtain this import license from the day of the application to the day it was granted?

| | Days |
|---------------------------------|------------|
| Wait for import license | j11 |
| LESS THAN ONE DAY | 1 |
| STILL IN PROCESS | -6 |
| APPLICATION DENIED | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

J.12 ***In reference to that application for an import license, was an informal gift or payment expected or requested?***

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

j12

J.13 Over the last two years, did this establishment submit an application to obtain an operating license?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION J.30

GO TO QUESTION J.30

j13

J.14 Approximately how many days did it take to obtain this operating license from the day of the application to the day it was granted?

| | Days |
|---------------------------------|------------|
| Wait for operating license | j14 |
| LESS THAN ONE DAY | 1 |
| STILL IN PROCESS | -6 |
| APPLICATION DENIED | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

J.15

In reference to that application for an operating license, was an informal gift or payment expected or requested?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

j15**J.30**

Using the response options on the card; To what degree is/are [INSERT OPTION] an obstacle to the current operations of this establishment?

SHOW CARD 22

| | | | | | | | (SPONTANEOUS) | |
|---|--------------------------------|----------------|-------------------|----------------------|-------------------|----------------------------|-----------------------|-------------------------------|
| | POSITION | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | DON'T KNOW | DOES NOT APPLY |
| Tax rates j30a | taxrate_pos _j30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Tax administration j30b | taxadmin_pos _j30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Business licensing and permits j30c | permit_pos _j30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Political instability j30e | instability_pos _j30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Corruption j30f | corruption_pos _j30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Courts h30 | courts_pos _j30 | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

NOTE: ROTATION POSITIONS VARY AS THE LIST OF OPTIONS IS RANDOMIZED.

INTERVIEWER READ OUT:

I would like to ask you a few questions about this establishment's labor force. Should I continue with you or with the Human Resources department?

IF YES, CONTINUE WITH SECTION L WITH CURRENT RESPONDENT

**IF NO, CONTINUE WITH SECTION M WITH CURRENT RESPONDENT
AND ASK L SECTION TO A HUMAN RESOURCES REPRESENTATIVE**

L. LABOR**READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:**

Now I would like to ask you a few questions about this establishment's labor force.

L.1 At the end of fiscal year **2017**, how many permanent, full-time individuals worked in this establishment? Please include all employees and managers.

Permanent, full-time employees are defined as all employees that are employed for a term of one or more fiscal years and/or have a guaranteed renewal of their employment and that work a full shift.

INTERVIEWER: INCLUDE INTERVIEWEE IF APPLICABLE

| | Number |
|--|-----------|
| Permanent, full-time workers end of last fiscal year | 11 |
| DON'T KNOW (SPONTANEOUS) | -9 |

L.2 Looking back, at the end of fiscal year **2015**, how many permanent, full-time individuals worked in this establishment? Please include all employees and managers.

INTERVIEWER: INCLUDE INTERVIEWEE IF APPLICABLE

| | Number |
|---|-----------|
| Permanent, full-time workers in 2015 | 12 |
| IF ESTABLISHMENT WAS NOT IN BUSINESS IN 2015 | -7 |
| DON'T KNOW (SPONTANEOUS) | -9 |

L.5 Coming back to fiscal year **2017**, how many permanent full-time individuals that worked in this establishment were female?

| | Number | DON'T KNOW (SPONTANEOUS) |
|------------------------------------|-----------|---------------------------------|
| Female permanent full-time workers | 15 | -9 |

L.6 How many full-time seasonal or temporary employees did this establishment employ during **2017**?

Full-time, temporary workers are all short-term (i.e. for less than a year) employees with no guarantee of renewal of employment and work full-time

| | Number |
|---|-----------|
| Full-time seasonal or temporary workers employed last fiscal year | 16 |
| NO FULL-TIME SEASONAL OR TEMPORARY WORKERS | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION L.9b

GO TO QUESTION L.9b

L.6a How many full-time seasonal or temporary employees during fiscal year **2017**, were female?

| | Number |
|--|------------|
| Full-time female seasonal or temporary workers employed last fiscal year | 16a |
| DON'T KNOW (SPONTANEOUS) | -9 |

L.8 What was the average length of employment of all full-time temporary employees in fiscal year **2017**?

| | Months |
|---|-----------|
| Average length full-time seasonal or temporary employment last fiscal year, in months | 18 |
| LESS THAN ONE MONTH | 1 |
| DON'T KNOW (SPONTANEOUS) | -9 |

L.9b What is the percentage of full-time permanent workers who completed secondary school?

| | Percent |
|--|------------|
| Percentage of full time permanent workers who completed secondary school | 19b |
| DON'T KNOW (SPONTANEOUS) | -9 |

GML.9A What is the percentage of full-time permanent **female workers** who completed secondary school?

| | Percent |
|--|--------------|
| Percentage of full time permanent female workers who completed secondary school | GMI9a |
| DON'T KNOW (SPONTANEOUS) | -9 |

L.10 Over fiscal year **2017**, did this establishment have formal training programs for its permanent, full-time employees?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| 110 | |

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

| | |
|--------------|--|
| GML.2 | Referring to the training programs run over fiscal year 2017 , what percentage of permanent, full-time employees of the following categories received formal training? If easier please provide the total numbers (provide one or the other but not both) |
|--------------|--|

| | Percent | OR | NUMBER | IF NO EMPLOYEES IN A CATEGORY WERE TRAINED | DON'T KNOW (SPONTANEOUS) |
|---|----------------|----|---------------|--|--------------------------|
| Male, full-time permanent employees trained | GMI2a % | | GMI2a1 | 0 | -9 |
| Female, full-time permanent employees trained | GMI2b % | | GMI2b1 | 0 | -9 |

| | |
|--------------|---|
| GML.3 | Does this establishment offer flexible working hours? |
|--------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GMI3

| | |
|--------------|---|
| GML.4 | Are female permanent full-time employees working in this establishment entitled to take paid maternity leave ? |
|--------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GMI4

| | |
|--------------|---|
| GML.5 | Over the last two years, did this establishment hire any employees? |
|--------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO QUESTION L.30
GO TO QUESTION L.30

GMI5

| | |
|--------------|---|
| GML.6 | Were any of the employees hired over the last two years female? |
|--------------|---|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GMI6

| | |
|--------------|---|
| GML.7 | Were any of the following a reason for not hiring a female? |
|--------------|---|

INTERVIEWER: READ EACH CATEGORY

| Reason | Yes | No | DON'T KNOW (SPONT.) |
|---|-----|----|---------------------|
| Women's family commitments GMI7a | 1 | 2 | -9 |
| Governments regulations such as working hours or maternity leave GMI7b | 1 | 2 | -9 |
| Lack of skills GMI7c | 1 | 2 | -9 |
| Lack of female applicants GMI7d | 1 | 2 | -9 |

| | |
|-------------|---|
| L.30 | <p>***Using the response options on the card; To what degree are Labor Regulations an obstacle to the current operations of this establishment?*** SHOW CARD 22</p> <p>***Using the response options on the card; To what degree is an Inadequately Educated Workforce an obstacle to the current operations of this establishment?*** SHOW CARD 22</p> |
|-------------|---|

| | | | | | | (SPONTANEOUS) | |
|---|-------------|----------------|-------------------|----------------|----------------------|---------------|----------------|
| | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | DON'T KNOW | DOES NOT APPLY |
| Labor regulations I30a | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Inadequately educated workforce I30b | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

| | |
|--------------|---|
| GML.8 | Over the next 12 months, do you expect the number of total employees at this establishment to increase, decrease, or stay the same? |
|--------------|---|

| | |
|---------------------------------|-----------|
| Increase | 1 |
| Stay the same | 2 |
| Decrease | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GMI8

| | |
|--------------|--|
| GMML9 | What factors are likely to limit the company's hiring over the next twelve months? |
|--------------|--|

Please specify **GMI9x** _____

M. BUSINESS ENVIRONMENT

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:

M.1

By looking at the list of elements of the business environment please tell me which one, if any, currently represents the biggest obstacle faced by this establishment.

INTERVIEWER: SHOW RANDOMIZED LIST TO THE RESPONDENT. DO NOT READ OPTIONS

| | POSITION |
|--|------------------------|
| 1-Access to finance | finance_pos |
| 2-Access to land | land_pos |
| 3-Business licensing and permits | permit_pos |
| 4-Corruption | corruption_pos |
| 5-Courts | courts_pos |
| 6-Crime, theft and disorder | crime_pos |
| 7-Customs and trade regulations | trade_pos |
| 8-Electricity | electricity_pos |
| 9-Inadequately educated workforce | workforce_pos |
| 10-Labor regulations | labor_pos |
| 11-Political instability | instability_pos |
| 12-Practices of competitors in the informal sector | informal_pos |
| 13-Tax administration | taxadmin_pos |
| 14-Tax rates | taxrate_pos |
| 15-Transport | transport_pos |

| | |
|-------------------------------------|------------|
| Biggest obstacle | m1a |
| DON'T KNOW (SPONTANEOUS) | -9 |
| DOES NOT APPLY (SPONTANEOUS) | -7 |

NOTE: ROTATION POSITIONS VARY AS THE LIST OF OPTIONS IS RANDOMIZED.

INTERVIEWER READ OUT:

I would like to ask you a few questions about this establishment's financial results. All these responses will be held in the strictest confidentiality, and neither you nor the firm will be identified. Should I continue with you or with the financial department or accounting?

IF YES, CONTINUE WITH SECTION N WITH CURRENT RESPONDENT

IF NO, CONCLUDE WITH THE RESPONDENT AND ENSURE THAT ALL SECTIONS (INCLUDING L AND N) ARE COMPLETE.

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

| | |
|--------------|---|
| GMM.1 | Over the next 12 months, do you expect the business environment for this establishment will improve, get worse, or stay the same? |
|--------------|---|

| | |
|---------------------------------|-----------|
| Improve | 1 |
| Stay the same | 2 |
| Get worse | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GMm1

| | |
|--------------|--|
| GMM.2 | What factors are likely to limit the company's earnings over the next twelve months? |
|--------------|--|

| | |
|-----------------------------------|--|
| Please specify GMm2x _____ | |
|-----------------------------------|--|

N. PERFORMANCE**READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:**

Now, we would like to ask you a few questions about the financial results of this establishment. It is important that this information be as accurate as possible. The individual data are treated as confidential. The identity of your establishment will not be revealed at any point.

Please provide the following information from the financial statements of this establishment.

| | |
|------------|--|
| N.2 | From this establishment's Income Statement for fiscal year 2017 , please provide the following information: SHOW CARD 24 |
|------------|--|

INTERVIEWER: READ OUT

| | GMDs | DON'T KNOW (SPONTANEOUS) |
|---|-------------|-------------------------------------|
| Total annual cost of labor including wages, salaries, bonuses, social security payments | n2a | -9 |
| Total annual cost of electricity | n2b | -9 |
| Total annual cost of water | GMn1 | -9 |
| Total annual cost of wastewater and sanitation services | GMn2 | -9 |
| Total annual cost of transport costs and services --- outsourced or rented | GMn3 | -9 |
| Total annual cost of transport costs and services --- provided in-house | GMn4 | -9 |

INTERVIEWER: ONLY ASK THE FOLLOWING QUESTION TO RETAIL ESTABLISHMENTS:

| | | |
|---|------------|-----------|
| Total annual cost of finished goods and materials purchased to resell | n2i | -9 |
|---|------------|-----------|

QUESTIONNAIRE NUMBER id

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

POST-INTERVIEW INFORMATION

INTERVIEWER READ AT THE END OF THE INTERVIEW:

The survey ends here. I would like to gather a few final details, thank you for your time and cooperation.

A.15 Time face-to-face interview ends:

| Day (dd) | Month (mm) | Year (yyyy) | Hour (00 to 23) | Minutes (00 to 59) |
|----------|------------|-------------|-----------------|--------------------|
| a15d | a15m | a15y | a15h | a15min |

A.15a1 Please indicate which option best describes the main respondents position:

| | |
|--|----|
| Owner | 1 |
| President, Executive Director, or CEO | 2 |
| Chief Financial, Chief Operational Officer (CFO/COO) | 3 |
| Operational or plant manager | 4 |
| Sales or marketing manager | 5 |
| Accountant | 6 |
| Lawyer | 7 |
| Other Administrative | 8 |
| Other Management | 9 |
| Other (Specify) <u>a15a1ax</u> | 10 |

a15a1

A.15a Please complete the following information about the interviewee(s)

| | Position in the establishment | Years with the establishment | Gender | Email |
|-------------------|-------------------------------|------------------------------|--------|---------|
| Main respondent | | a15a2a | a15a3 | Email1x |
| Second respondent | a15a1bx | a15a2b | a15b3 | Email2x |
| Third respondent | a15a1cx | a15a2c | a15c3 | Email3x |

ENTER 1 WHEN YEARS WITH THE ESTABLISHMENT IS LESS THAN ONE. FOR GENDER 1: MALE, 2: FEMALE, -8: REFUSAL

INTERVIEWER: THE SURVEY ENDS HERE. PLEASE FILL OUT THER REMAINING INFORMATION ON YOUR OWN

QUESTIONNAIRE NUMBER **id**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

A.16 It is my perception that the responses to the questions regarding opinions and perceptions were:

| | |
|-------------------|---|
| Truthful | 1 |
| Somewhat truthful | 2 |
| Not truthful | 3 |

a16

A.17 The responses to the questions regarding figures (productivity and employment numbers) were:

| | |
|--|---|
| Taken directly from establishment records | 1 |
| Estimates computed with some precision | 2 |
| Arbitrary and unreliable numbers | 3 |
| In some case taken from books in some case estimates | 4 |

a17

INTERVIEWER COMMENTS:

a17x

(Problems occurred/extraordinary circumstances which could influence results)

A.18 This questionnaire was completed in:

| | |
|---|---|
| One visit in face-to-face interview with one person | 1 |
| One visit in face-to-face interview with different managers/staff | 2 |
| Several visits | 3 |

STOP HERE

a18

A.19 If option 2 or 3 in **A.18**, estimate duration of the whole interview

| | |
|-------------|----------------|
| Hour | Minutes |
| | |

a19h

a19m

SUPERVISOR SECTION

A.13 Supervisor code

a13

| |
|--|
| |
|--|

INFORMATION BASED ON LOCATION OF INTERVIEW (a3x). ENSURE A3X IS THE NAME OF AN OFFICIAL LOCALITY AND NOT A NEIGHBORHOOD

| Is this city the official capital city? | a3b | Is this city the main business city? | a3c | Size of locality | a3 |
|---|------------|--------------------------------------|------------|-------------------------------------|-----------|
| Yes | 1 | Yes | 1 | City with population over 1 million | 2 |
| No | 2 | No | 2 | Over 250.000 to 1 million | 3 |
| | | | | 50.000 to 250.000 | 4 |
| | | | | Less than 50.000 | 5 |

SUPERVISOR: THE DESCRIPTION OF THE ESTABLISHMENT'S MAIN PRODUCT AND ACTIVITY IS PROVIDED IN d1a1x. PLEASE REVIEW d1a1x IN ORDER TO IDENTIFY THE CORRESPONDING SECTOR CODE IN d1a2

| | |
|--------------|--|
| D.1a2 | PLEASE CHOOSE THE 4-DIGIT ISIC REV. 3.1 SECTOR CODE THAT BEST APPLIES TO THE ESTABLISHMENT'S MAIN ACTIVITY AND PRODUCT. |
|--------------|--|

| | |
|--|-------------|
| | Code |
| CODE OF THE MAIN PRODUCT AND ACTIVITY | d1a2 |