

QUESTIONNAIRE FOR THE PHILIPPINES 2024 WORLD BANK ENTERPRISE SURVEY GREEN ECONOMY

FIELDWORK SUPERVISORS AND MANAGEMENT ARE RESPONSIBLE FOR THE ACCURACY OF THIS SECTION.

INFORMATION ACQUIRED PRIOR TO SCREENING:

| Sampling Information [CODES FROM WBG PROGRESS REPORT] | |
|--|------------|
| Sampling sector | a4a |
| Sampling size | a6a |
| Sampling location | a2 |
| Frame level | a1c |

| Additional randomization and selection information | |
|---|---------------------------|
| Selection for market competition question | competition_select |
| Selection for tax compliance question | tax_select |
| VAT applicable | vat_applicable |

A. COVER [TO BE COMPLETED FROM SCREENER BEFORE INTERVIEW]

| Screener Information | |
|-----------------------------|---------------|
| Screener sector | a4b_v4 |
| Screener region | a3a |
| Name of City/town/village | a3x |
| Screener size | a6c |
| Multi-establishment firm | a7 |
| Panel | panel |
| Language | a1a |

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

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 |

INTERVIEW BEGINS HERE

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING.

The goal of this survey is to gather information and opinions about the business environment. The information gathered here will help to develop new policies and programs that enhance employment and economic growth.

The information and opinions you provide will be anonymized. Neither your name nor the name of your business will be used in any document based on this survey.

IC.1 Has the respondent provided informed consent to the data privacy protocols?

| | | |
|------------|----------|------------|
| Yes | 1 | ic1 |
| No | 2 | |

A. CONTROL INFORMATION

A.20 For this establishment, on which calendar date did the last completed fiscal year end?

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

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

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 [NOTE FOR IMPLEMENTATION: THE OPTIONS USED IN EACH COUNTRY SHOULD REFLECT LOCAL CONDITIONS AND BE RECODED INTO THE CATEGORIES BELOW]

| | |
|--|-----------|
| Shareholding company with shares traded 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) ___ b1x ___ | 6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

b1

B.3a Is the largest owner also the Top Manager?

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

b3a

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

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 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 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 workers did this establishment have when it started operations? Please include all workers and managers.
INTERVIEWER: INCLUDE RESPONDENT WHEN APPLICABLE

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

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

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

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 |

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 | GO TO C.3 |
| STILL IN PROCESS | -6 | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO C.3 |
| | | b8 |

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 apply to obtain an electrical connection?

| | | |
|---------------------------------|-----------|------------------|
| Yes | 1 | |
| No | 2 | <i>GO TO C.6</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO C.6</i> |

c3

C.4 In reference to that application, 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, 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 **[Insert last complete fiscal year]**, did this establishment experience power outages?

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | |
| No | 2 | <i>GO TO C.10</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO C.10</i> |

c6

C.7 In a typical month, how many power outages did this establishment experience?

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

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

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

| | Hours | Minutes |
|-----------------------------------|------------|------------|
| Average duration of power outages | c8a | c8b |
| ONE MINUTE OR LESS | | 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 | OR | [Insert LCUs] | DON'T KNOW (SPONTANEOUS) |
|------------------------------------|--------------|----|---------------|--------------------------|
| Annual losses due to power outages | c9a % | | c9b | -9 |

C.10 Over the course of fiscal year **[Insert last complete fiscal year]**, did this establishment own or share a generator?

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | |
| No | 2 | GO TO C.12 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO C.12 |

c10

C.11 What percentage of this establishment's electricity came from those generators?

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

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

| | | |
|---------------------------------|-----------|--------------------|
| Yes | 1 | |
| No | 2 | GO TO C.152 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO C.152 |

c12

C.13 In reference to that application, 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 |

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

| | |
|---------------------------------|-----------|
| STILL IN PROCESS | -6 |
| APPLICATION DENIED | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|-------------|--|
| C.14 | In reference to that application, was an informal gift or payment expected or requested? |
|-------------|--|

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

c14

| | |
|---------------|---|
| C.15.2 | Over fiscal year [Insert last complete fiscal year] , did this establishment experience insufficient water supply? |
|---------------|---|

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

GO TO C.22b
GO TO C.22b

c152

| | |
|---------------|--|
| C.16.2 | In a typical month, how many incidents of insufficient water supply did this establishment experience? |
|---------------|--|

| | Number |
|---|---------------|
| Number of incidents of water insufficiency in a typical month | c162 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO C.22b

| | |
|---------------|---|
| C.17.2 | How long did these incidents of insufficient water supply last on average (in hours)? |
|---------------|---|

| | Hours |
|---|--------------|
| Average duration of insufficient water supply | c172 |
| LESS THAN ONE HOUR | 1 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| | |

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

C.35 Please estimate the losses that resulted from insufficient water supply either as a percentage of total annual sales or as total annual losses.

| | | | | |
|--|----------------|-----------|-----------------------|---------------------------------|
| | Percent | OR | [Insert LCU's] | DON'T KNOW (SPONTANEOUS) |
| Annual losses due to insufficient water supply | c35a % | | c35b | -9 |

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

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

c22b

C.36 Over the last two years, did this establishment apply to obtain a fixed broadband internet connection?

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | |
| No | 2 | GO TO C.39 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO C.39 |

C36

C.37 In reference to that application, approximately how many days did it take to obtain the fixed broadband connection from the day of the application to the day the service was received?

| | Days |
|---------------------------------|-------------|
| Wait for internet connection | c37 |
| LESS THAN ONE DAY | 1 |
| STILL IN PROCESS | -6 |
| APPLICATION DENIED | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

C.39 Over fiscal year **[Insert last complete fiscal year]**, did this establishment experience any disruptions to its internet connection, including complete downtime and connection slowdowns? Please exclude disruptions that are directly due to power outages.

| | | |
|---|-----------|-------------------|
| Yes | 1 | |
| No | 2 | GO TO C.30 |
| THE ESTABLISHMENT DOES NOT HAVE AN INTERNET CONNECTION | -7 | GO TO C.30 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO C.30 |

c39

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

C.40 In a typical month, how many hours of internet disruptions, including complete downtime and connection slowdowns, did this establishment experience that impacted business operations?

| | Hours | | Minutes |
|----------------------------------|-------------|----------------------------|-------------|
| Duration of internet disruptions | c40a | | |
| LESS THAN ONE HOUR | 0 | <i>IF LESS THAN 1 HOUR</i> | c40b |
| DON'T KNOW (SPONTANEOUS) | -9 | | -9 |

C.41 Please estimate the losses that resulted from the internet interruptions either as a percentage of total annual sales or as total annual losses in **[Insert LCUs]**.

| | Percent | OR | [Insert LCUs] | DON'T KNOW (SPONTANEOUS) |
|---|---------------|----|---------------|--------------------------|
| Annual losses due to internet disruptions | c41a % | | c41b | -9 |

C.30 Using the response options on the card; To what degree is **electricity** an obstacle to the current operations of this establishment?
SHOW CARD 4

| | | 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 |

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

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 In fiscal year **[Insert last complete fiscal year]**, what was this establishment’s main activity and product, that is, the activity and product that represented the largest proportion of annual sales?
INTERVIEWER: PLEASE RECORD THE DESCRIPTION OF THE ACTIVITY AND PRODUCT IN DETAIL, FOR EXAMPLE, "LEATHER SHOE MANUFACTURING' NOT JUST SHOE MANUFACTURING". FOR SERVICES, “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.

| | d1a1a | DETAILED DESCRIPTION OF MAIN ACTIVITY AND PRODUCT |
|---------------------|--------------|--|
| Manufacturing of | 1 | d1a1x |
| Retail trade of | 2 | |
| Wholesale trade of | 3 | |
| Construction of | 4 | |
| Hotel | 51 | |
| Restaurant | 52 | |
| Provide services of | 6 | |

INTERVIEWER: IF DIA1A IS SERVICES SELECT (2-6), REVIEW TO ENSURE CORRECT MODULE IS BEING ASKED

ASK IF HOTEL (d1a1a is 51)

D.1a6a What was the total number of rooms at the end of **[Insert last complete fiscal year]**?

| | Number |
|--|---------------|
| Total number of rooms at the end of FY [insert last complete fiscal year] | d1a6a |
| DON'T KNOW (SPONTANEOUS) | -9 |

ASK ONLY IF HOTEL (d1a1a is 51)

D.1a6b What was the total area of all the rooms at the end of **[Insert last complete fiscal year]**?

| Area | d1a6b |
|---------------------------------|--------------|
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO D.1a3

SPECIFY UNITS

| | | |
|-----------------------------------|---|--------------|
| Square Feet | 1 | d1a6c |
| Square Yards | 2 | |
| Square Meters | 3 | |
| Other (specify ___ d1a6cx) | | |

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

D.1a3 What percentage of total sales does this 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 [Insert last complete fiscal year], what were this establishment's total annual sales for **all** products and services?

| | [Insert LCUs] |
|--|---------------|
| Total annual sales in fiscal year [insert last complete fiscal year] | d2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

PLEASE ALSO WRITE OUT THE NUMBER (i.e. 50,000 AS FIFTY THOUSAND)

| |
|------------|
| d2x |
|------------|

ASK IF MANUFACTURING (d1a1a is 1)

D.2a1 Looking back to fiscal year [Insert last complete fiscal year minus one], what were this establishment's total annual sales for **all** products and services?

| | [Insert LCUs] |
|--|---------------|
| Total annual sales in fiscal year [Insert last complete fiscal year minus one] | d2a1 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| ESTABLISHMENT WAS NOT IN BUSINESS | -7 |

PLEASE ALSO WRITE OUT THE NUMBER (i.e. 50,000 AS FIFTY THOUSAND)

| |
|--------------|
| d2a1x |
|--------------|

N.3 Looking back to fiscal year [Insert last complete fiscal year minus two], what were total annual sales for this establishment?

| | [Insert LCUs] |
|--|---------------|
| Total annual sales in fiscal year [Insert last complete fiscal year minus two] | n3 |
| ESTABLISHMENT WAS NOT IN BUSINESS | -7 |
| DON'T KNOW (SPONTANEOUS) | -9 |

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

D.3 Coming back to fiscal year [Insert last complete fiscal year], what percentage of this establishment's sales were:
INTERVIEWER: SKIP PATTERNS MUST BE FOLLOWED IN THE ORDER THEY APPEAR IN THE TABLE
SHOW CARD 5

| | Percent | DON'T KNOW (SPONTANEOUS) | |
|---|--------------|--------------------------|---------------------------|
| National sales | d3a % | -9 | <i>IF 100, GO TO D.12</i> |
| Indirect exports (sold domestically to third party that exports products) | d3b % | -9 | <i>IF 100, GO TO D.8</i> |
| Direct exports | d3c % | -9 | <i>IF 0, GO TO D.8</i> |
| | 100% | | |

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

ASK IF MANUFACTURING (d1a1a is 1) OR A WHOLESALE (d1a1a is 3)

D.4 In fiscal year [Insert last complete fiscal year], when this establishment exported goods directly, how many days did it take on average from the time this establishment's goods arrived at their main point of exit (e.g., port, airport) until the time these goods cleared customs?

| | Days | | Hours |
|-------------------------------------|------------|---------------------------|------------|
| Average duration to clear customs | d4a | | |
| LESS THAN ONE DAY | 0 | <i>IF LESS THAN 1 DAY</i> | d4b |
| DON'T KNOW (SPONTANEOUS) | -9 | | -9 |
| DOES NOT APPLY (SPONTANEOUS) | -7 | | |

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: PROVIDE FOUR DIGITS FOR YEAR

D.12 In fiscal year [Insert last complete fiscal year], what percentage of this establishment's purchases of material inputs or supplies were:
SHOW CARD 6

| | Percent | DON'T KNOW (SPONTANEOUS) | |
|--------------------|---------------|--------------------------|-------------------------|
| Of domestic origin | d12a % | -9 | |
| Of foreign origin | d12b % | -9 | <i>IF 0, GO TO D.30</i> |
| | 100% | | |

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

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

D.13 Were any of those material inputs or supplies [or finished goods and materials purchased to resell] imported directly?

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | <i>GO TO D.30</i> |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |

GO TO D.30

| |
|------------|
| d13 |
|------------|

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

| | Days | | Hours |
|-------------------------------------|-------------|---------------------------|-------------|
| Average duration to clear customs | d14a | <i>IF LESS THAN 1 DAY</i> | |
| LESS THAN ONE DAY | 0 | | d14b |
| DON'T KNOW (SPONTANEOUS) | -9 | | -9 |
| DOES NOT APPLY (SPONTANEOUS) | -7 | | |

D.30 Using the response options on the card; To what degree are each of the following an obstacle to the current operations of this establishment?
INTERVIEWER: READ OUT OPTIONS
SHOW CARD 7

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

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

O. COMMERCIAL DISPUTES

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:
I would like to ask you a few questions about commercial disputes of this establishment.

O.1 In the last three years, has this establishment had any commercial dispute, that is a failure of any party to meet the terms or expectations of an agreement, including a contract, or a business relationship?

| | | |
|---------------------------------|-----------|------------------|
| Yes | 1 | |
| No | 2 | GO TO O.3 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO O.3 |

o1

O.2 Did this establishment use courts, arbitration, mediation, or conciliation to resolve or attempt to resolve its commercial disputes?

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

o2

O.3 Using the scale on the card, please indicate to what extent you agree with the following statements in relation **to commercial disputes**.

INTERVIEWER: READ OUT OPTIONS
SHOW CARD 8

| | Strongly disagree | Tend to disagree | Tend to agree | Strongly agree | (SPONTANEOUS) | |
|--|-------------------|------------------|---------------|----------------|----------------|------------|
| | | | | | DOES NOT APPLY | DON'T KNOW |
| Arbitration is a reliable alternative to courts for resolving commercial disputes o3a | 1 | 2 | 3 | 4 | -7 | -9 |
| Mediation or conciliation is a reliable alternative to courts for resolving commercial disputes o3b | 1 | 2 | 3 | 4 | -7 | -9 |

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

R. MANAGEMENT PRACTICES

ASK IF a6c IS AT LEAST 20

PLEASE READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:
 And now I would like to ask you about management practices in this establishment over fiscal year [Insert last complete fiscal year]

R.1 **ASK IF MANUFACTURING**
 Over fiscal year [Insert last complete fiscal year], what best describes what happened at this establishment when a problem in the production process arose?

ASK IF SERVICES
 Over fiscal year [Insert last complete fiscal year], What best describes what happened at this establishment when a problem in the provision of services arose?

SHOW CARD 9

INTERVIEWER: SELECT "DOES NOT APPLY" (-7) IF THERE WERE NO PROBLEMS IN THE PRODUCTION PROCESS 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 fiscal year [Insert last complete fiscal year], did this establishment monitor any performance indicators?

| | | |
|---------------------------------|-----------|------------------|
| Yes | 1 | |
| No | 2 | GO TO R.4 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO R.4 |

r2

R.3 How many performance indicators were monitored?
INTERVIEWER: READ OUT

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

r3

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

R.4 **ASK IF MANUFACTURING**
 Over fiscal year **[Insert last complete fiscal year]**, did this establishment have production targets? Examples of production targets are production volume, quality, efficiency, waste, or on-time delivery.

ASK IF SERVICES
 Over fiscal year **[Insert last complete fiscal year]**, 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 | GO TO R.8 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO R.8 |
| | | r4 |

R.5 **ASK IF MANUFACTURING**
 What best describes the time frame of those production targets?

ASK IF SERVICES
 What best describes the time frame of those **service provision targets**?

SHOW CARD 10

| | | |
|--|-----------|-----------|
| 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 **ASK IF MANUFACTURING**
 How easy or difficult was it for this establishment to achieve those production targets overall?

ASK IF SERVICES
 How easy or difficult was it for this establishment to achieve those **service provision targets** overall?

SHOW CARD 11

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

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

| | |
|------------|--|
| R.7 | ASK IF MANUFACTURING Who was aware of the production targets at this establishment? |
| | ASK IF SERVICES Who was aware of the <i>service provision targets</i> at this establishment? |
| | SHOW CARD 12 |

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

r7

| | |
|------------|--|
| R.8 | Over fiscal year [Insert last complete fiscal year] , did this establishment have performance bonuses for managers? |
|------------|--|

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

GO TO R.10

GO TO R.10

r8

| | |
|------------|--|
| R.9 | What were those managers' performance bonuses mostly based on? INTERVIEWER: READ OUT |
|------------|--|

INTERVIEWER: IF THE ESTABLISHMENT IS NOT PART OF A MULTI-ESTABLISHMENT FIRM (A7 IS NO), THEN DO NOT USE OPTION 4

| | |
|---------------------------------|-----------|
| Their own performance | 1 |
| Their team's performance | 2 |
| The establishment's performance | 3 |
| The firm's performance | 4 |
| DON'T KNOW (SPONTANEOUS) | -9 |

r9

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

| | |
|-------------|--|
| R.10 | Over fiscal year [Insert last complete fiscal year] , what was the primary way non-managers were promoted at this establishment? SHOW CARD 13 |
|-------------|--|

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

| | |
|-------------|---|
| R.11 | Over fiscal year [Insert last complete fiscal year] , when was an under-performing non-manager reassigned or dismissed? SHOW CARD 14 |
|-------------|---|

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

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

E. DEGREE OF COMPETITION

E.1 In fiscal year **[Insert last complete fiscal year]**, which of the following was the main market in which this establishment sold its main product **[or offered its main service]**?
SHOW CARD 15

| | |
|---|-----------|
| Local – main product [or service] sold mostly in same municipality where establishment is located | 1 |
| National – main product [or service] sold mostly across the country where establishment is located | 2 |
| International | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO E.6

e1

E.2 How many competitors did this establishment’s main product **[or service]** face in this main market?

| | |
|---------------------------------|------------|
| Number of competitors | e2b |
| TOO MANY TO COUNT | -4 |
| DON'T KNOW (SPONTANEOUS) | -9 |

E.6 Does this establishment presently use technology licensed from a foreign-owned company, excluding office software?

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

e6

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

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

e11

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

| | |
|-------------|---|
| 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 16 |
|-------------|---|

| | 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 |

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

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 | GO TO H.5 |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |

GO TO 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 | GO TO H.5 |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |

GO TO H.5

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

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

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 | <i>GO TO H.8</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO H.8</i> |

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 fiscal year [**Insert last complete fiscal year**], did this establishment spend on research and development activities, either in-house or contracted with other companies, excluding market research surveys?

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

h8

QUESTIONNAIRE NUMBER **id**

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

| | |
|------------|---|
| H.9 | How much did this establishment spend on research and development activities that year, either in-house or contracted with other companies? |
|------------|---|

| | |
|---|---------------|
| | [Insert LCUs] |
| Cost of research and development activities | h9 |
| DON'T KNOW (SPONTANEOUS) | -9 |

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

F. CAPACITY

ASK IF MANUFACTURING

| | |
|------------|---|
| F.1 | In fiscal year [Insert last complete fiscal year] , what was this establishment's output produced as a percentage of the maximum output possible if using all the physical capital available (capacity utilization)? |
|------------|---|

| | Percent |
|---------------------------------|----------------|
| Capacity utilization | f1 % |
| DON'T KNOW (SPONTANEOUS) | -9 |

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

G. LAND AND PERMITS

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

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

g2

G.3 In reference to that application, 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 (SPONTANEOUS) | -6 |
| APPLICATION DENIED (SPONTANEOUS) | -5 |
| DON'T KNOW (SPONTANEOUS) | -9 |

G.4 In reference to that application, was an informal gift or payment expected or requested?

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

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

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

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 16](#)

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

GE. GREEN ECONOMY

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:
 And now I would like to ask you about climate practices in this establishment over fiscal year **[Insert last complete fiscal year]**

GE.0 In fiscal year **[Insert last complete fiscal year]**, did this establishment undergo any inspection, regarding its emissions, pollution, waste disposal, or energy use?

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

ge0

GE.1 In fiscal year **[Insert last complete fiscal year]**, did this firm have written strategic objectives that mention environmental or climate change issues?

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

ge1

GE.2 In fiscal year **[Insert last complete fiscal year]**, how many times has this establishment been impacted by: **INTERVIEWER: READ OUT OPTIONS**

| | Number of events | DON'T KNOW (SPONTANEOUS) |
|-------------------------|------------------|---------------------------------|
| Floods | ge2a | -9 |
| Hurricanes or Tornados | ge2b | -9 |
| Earthquakes | ge2c | -9 |
| Other Natural Disasters | ge2d | -9 |

GE.3 In fiscal year **[Insert last complete fiscal year]**, did this establishment experience damage of physical assets due to extreme weather events such as storms, floods, droughts or landslides?

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

GO TO GE.4

GO TO GE.4

ge3

GE.3a Please estimate the monetary damage of physical assets that resulted from extreme weather events.

| | LCR | DON'T KNOW (SPONTANEOUS) |
|---|-------------|---------------------------------|
| Monetary Damage of assets in LCR | ge3a | -9 |

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

GE.4 Does the establishment have any early warning systems for extreme weather events?

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

ge4

GE.5 Does the establishment have any insurance for damages from extreme weather?

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

ge5

GE.6 Over the last three years, did this establishment monitor its energy consumption?

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

GO TO GE.7

GO TO GE.7

ge6

GE.6a Over the last three years, did this establishment have targets for **energy consumption**?

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

GO TO GE.7

GO TO GE.7

ge6a

GE.6b Over the last three years, what sort of targets for energy consumption did this establishment have?
SHOW CARD GE1

| | |
|---------------------------------------|-----------|
| Quantity targets only | 1 |
| Expenditure targets only | 2 |
| Both quantity and expenditure targets | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |
| REFUSAL (SPONTANEOUS) | -8 |

ge6b

GE.7 Over the last three years, did this establishment monitor its CO₂ emissions?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

GO TO GE.8

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

| | | |
|---------------------------------|-----------|-------------------|
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO GE.8 |
| | | ge7 |

GE.7a Over the last three years, did this establishment have targets for **CO₂ emissions**?

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | |
| No | 2 | GO TO GE.8 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO GE.8 |
| | | ge7a |

GE.7b Over the last three years, what sort of targets for CO₂ emissions did this establishment have?
SHOW CARD GE2

| | | |
|--|-----------|-------------|
| Only quantity per unit of output targets | 1 | |
| Only absolute quantity targets | 2 | |
| Absolute and per unit of output quantity targets | 3 | |
| DON'T KNOW (SPONTANEOUS) | -9 | |
| REFUSAL (SPONTANEOUS) | -8 | |
| | | ge7b |

GE.8 Over the last three years, did this establishment adopt any of the following measures to reduce emissions, waste or pollution?
SHOW CARD GE3

| | Yes | No | (SPONTANEOUS) | | |
|--|-----|----|----------------|------------|-------------|
| | | | DOES NOT APPLY | DON'T KNOW | |
| Heating and cooling improvements | 1 | 2 | -7 | -9 | ge8a |
| More climate-friendly energy generation on site | 1 | 2 | -7 | -9 | ge8b |
| Machinery and equipment upgrades | 1 | 2 | -7 | -9 | ge8c |
| Energy management | 1 | 2 | -7 | -9 | ge8d |
| Waste minimization, recycling and waste management | 1 | 2 | -7 | -9 | ge8e |
| Air pollution control measures | 1 | 2 | -7 | -9 | ge8f |
| Water management | 1 | 2 | -7 | -9 | ge8g |
| Upgrades of vehicles | 1 | 2 | -7 | -9 | ge8h |
| Improvements to lighting systems | 1 | 2 | -7 | -9 | ge8i |
| Other pollution control measures | 1 | 2 | -7 | -9 | ge8j |

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

| | |
|-------------|--|
| GE.9 | Which of the following goods and technologies have been adopted and currently used by this establishment? SHOW CARD GE4 |
|-------------|--|

| | Yes | No | (SPONTANEOUS) | | |
|--|-----|----|----------------|------------|-------------|
| | | | DOES NOT APPLY | DON'T KNOW | |
| Energy Star rated appliances | 1 | 2 | -7 | -9 | ge9a |
| Energy efficient lighting | 1 | 2 | -7 | -9 | ge9c |
| Programmable thermostats | 1 | 2 | -7 | -9 | ge9d |
| Cogeneration (combined heat and power) | 1 | 2 | -7 | -9 | ge9e |
| Energy efficient manufacturing equipment | 1 | 2 | -7 | -9 | ge9f |

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

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 **[Insert last complete fiscal year]**, please estimate the proportion of this establishment’s working capital, that is the funds available for day-to-day operations, that were financed from each of the following sources?
SHOW CARD 17

| | 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 **[Insert last complete fiscal year]**, 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 K.4b |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO K.4b |
| | | k4 |

N.5 In fiscal year **[Insert last complete fiscal year]**, how much did this establishment spend on those purchases of:
INTERVIEWER: READ OUT

| | [Insert LCUs] | 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 |

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

K.5 Over fiscal year **[Insert last complete fiscal year]**, please estimate the proportion or **[Insert LCU]** amount of this establishment’s total purchases of fixed assets that were financed from the following sources:
SHOW CARD 18

| | Percent | OR | Amount [Insert LCUs] | DON'T KNOW (SPONT ANEOU S) |
|--|----------------|----|----------------------------|--|
| 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, which include microfinance institutions, credit cooperatives, credit unions, or finance companies | 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

ASK THE FOLLOWING QUESTION ONLY FOR MANUFACTURING ESTABLISHMENTS. OTHERWISE GO TO K.6

READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:
Now I would like to ask you about the fiscal year before last.

K.4b In fiscal year **[Insert last complete fiscal year minus one]**, 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 K.6 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO K.6 |
| | | k4b |

N.5c
N.5d In fiscal year **[Insert last complete fiscal year minus one]**, how much did this establishment spend on those purchases of:
INTERVIEWER: READ OUT

| | [Insert LCU] | DON'T KNOW (SPONTANEOUS) |
|--|--------------|-----------------------------|
| New or used machinery, vehicles, and equipment | n5c | -9 |
| Land and buildings | n5d | -9 |

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

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 Does this establishment have an overdraft facility?

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

k7

K.8.2 Does this establishment have a line of credit or a loan from a financial institution?
INTERVIEWER: READ OUT

| | |
|---------------------------------------|-----------|
| Yes, a loan only | 1 |
| Yes, a line of credit only | 2 |
| Yes, both a line of credit and a loan | 3 |
| No | 4 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO K.15d
GO TO K.15d

k82

K.9 Referring to the most recent line of credit or loan, what type of financial institution granted this loan?
SHOW CARD 19

| | |
|--|-----------|
| 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 In what year was this 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

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

K.11 What was its value at the time of approval?

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

K.13 Did this financing require collateral?

| | | |
|---------------------------------|-----------|--------------------|
| Yes | 1 | |
| No | 2 | <i>GO TO K.15b</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO K.15b</i> |

k13

K.14 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.15a What was the approximate value of the collateral required?

| | |
|---------------------------------|----------------------|
| | [Insert LCUs] |
| Value of collateral | k15a |
| DON'T KNOW (SPONTANEOUS) | -9 |

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

| | |
|--|---------------|
| | Number |
| Total number of open lines of credit and outstanding loans | k15b |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO K.15d

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

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

| | |
|---|----------------------|
| | <i>[Insert LCUs]</i> |
| 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.16.2 Referring again to fiscal year *[Insert last complete fiscal year]*, did this establishment apply for any lines of credit or loans?
INTERVIEWER: READ OUT

| | | |
|---------------------------------------|-----------|-------------------|
| Yes, a loan only | 1 | GO TO K.20 |
| Yes, a line of credit only | 2 | GO TO K.20 |
| Yes, both a line of credit and a loan | 3 | GO TO K.20 |
| No | 4 | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO K.21 |

k162

K.17 What was the **main** reason why this establishment did not apply for any line of credit or loan?
SHOW CARD 20

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

k17

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

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

| | |
|-------------------------------------|-----------|
| 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 **[Insert last complete fiscal year]**, 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 22

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

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

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.31 | Please tell me if you strongly disagree, tend to disagree, tend to agree, or strongly agree with the statement: "In resolving commercial disputes, courts are independent and impartial". SHOW CARD 23 |
|-------------|--|

| | Strongly disagree | Tend to disagree | Tend to agree | Strongly agree | (SPONTANEOUS) | |
|---|-------------------|------------------|---------------|----------------|----------------------|-----------------------|
| | | | | | DON'T KNOW | DOES NOT APPLY |
| "In resolving commercial disputes, courts are independent and impartial" j31 | 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 production or 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 | GO TO J.6a |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO J.6a |

j3

| | |
|------------|------------------------------------|
| J.4 | How many times over the last year? |
|------------|------------------------------------|

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

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

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 | GO TO J.10 |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO J.10 |

j6a

J.7 It is said that establishments are sometimes required to make gifts or informal payments to public officials to “get things done” regarding 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?

| | | | | | | |
|----------------------------|---------------------------------|-----------|----------------------|--------------------------------------|---------------------------------|------------------------------|
| | As a percentage of sales | OR | [Insert LCUs] | NO PAYMENTS OR GIFTS ARE PAID | DON'T KNOW (SPONTANEOUS) | REFUSAL (SPONTANEOUS) |
| Informal payments or gifts | j7a % | | j7b | 0 | -9 | -8 |

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

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | GO TO J.13 |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO J.13 |

j10

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

J.11 Approximately how many days did it take to obtain it 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, 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 apply to obtain an operating license?

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | |
| No | 2 | GO TO J.30 |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO J.30 |

j13

J.14 Approximately how many days did it take to obtain it 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, was an informal gift or payment expected or requested?

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

j15

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

J.30 Using the response options on the card; To what degree are each of the following an obstacle to the current operations of this establishment?
INTERVIEWER: READ OUT OPTIONS
SHOW CARD 26

| | | | | | | | (SPONTANEOUS) | |
|---|----------------------------|--------------------|-----------------------|--------------------------|-----------------------|----------------------------|---------------|----------------------|
| | POSITION | No obstacl e | Minor obstac le | Moderat e obstacle | Major obstacl e | Very Severe Obstacle | DON'T KNOW | DOES NOT APPLY |
| Tax rates j30a | j30_taxrate_pos | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Tax administration j30b | j30_taxadmin_pos | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Business licensing and permits j30c | j30_permit_pos | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Political instability j30e | j30_instability_pos | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Corruption j30f | j30_corruption_pos | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Courts h30 | j30_courts_pos | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Crime i30 | j30_crime_pos | 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 **[Insert last complete fiscal year]**, how many permanent, full-time individuals worked in this establishment? Please include all workers and managers.

Permanent, full-time workers are defined as all workers that work for a term of one or more 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 at the end of last fiscal year | 11 |
| DON'T KNOW (SPONTANEOUS) | -9 |

L.2 Looking back, at the end of fiscal year **[Insert last complete fiscal year minus two]**, how many permanent, full-time individuals worked in this establishment? Please include all workers and managers.

INTERVIEWER: INCLUDE INTERVIEWEE IF APPLICABLE

| | Number |
|--|-----------|
| Permanent, full-time workers in [Insert last complete fiscal year minus two] | 12 |
| ESTABLISHMENT WAS NOT IN BUSINESS IN [Insert last complete fiscal year minus two] | -7 |
| DON'T KNOW (SPONTANEOUS) | -9 |

ASK IF MANUFACTURING

L.3 At the end of fiscal year **[Insert last complete fiscal year]**, how many permanent, full-time individuals worked in this establishment were:

INTERVIEWER: READ EACH CATEGORY

| | Number | DON'T KNOW (SPONTANEOUS) |
|--|------------|--------------------------|
| Production workers | 13a | -9 |
| Non-production workers (administration, sales) | 13b | -9 |

ASK IF MANUFACTURING

L.4 At the end of fiscal year **[Insert last complete fiscal year]**, how many permanent, full-time production workers in this establishment were:

SHOW CARD 27

| | Number | DON'T KNOW (SPONTANEOUS) |
|---|-------------|--------------------------|
| In highly skilled jobs, that is professionals or technicians whose tasks require extensive theoretical and technical knowledge | 14a1 | -9 |
| In semi-skilled jobs, that is workers whose tasks | 14a2 | -9 |

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

| | | |
|---|------------|-----------|
| require some level of mechanical or technical knowledge | | |
| In low-skilled jobs, those whose tasks involve no specialized knowledge | 14b | -9 |

ASK IF SERVICES

L.4 At the end of fiscal year **[Insert last complete fiscal year]**, how many permanent, full-time workers in this establishment were:
SHOW CARD 27

| | Number | DON'T KNOW (SPONTANEOUS) |
|---|-------------|--------------------------|
| In highly skilled jobs, that is professionals or technicians whose tasks require extensive theoretical and technical knowledge | 14a1 | -9 |
| In semi-skilled jobs, that is workers whose tasks require some level of mechanical or technical knowledge | 14a2 | -9 |
| In low-skilled jobs, those whose tasks involve no specialized knowledge | 14b | -9 |

ASK IF MANUFACTURING

L.5 At the end of fiscal year **[Insert last complete fiscal year]**, in this establishment how many permanent, full-time individuals in each of the following categories were **female**?
INTERVIEWER: READ OUT OPTIONS

| | Number | DON'T KNOW (SPONTANEOUS) |
|------------------------|------------|--------------------------|
| Production workers | 15a | -9 |
| Non-production workers | 15b | -9 |

ASK IF SERVICES

L.5 At the end of fiscal year **[Insert last complete fiscal year]**, in this establishment how many permanent, full-time individuals were **female**?

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

L.9b What percentage or how many of the full-time permanent individuals employed at the end of fiscal year **[Insert last complete fiscal year]** completed secondary school?
Please provide the percentage or number, not both.

| | | | |
|--|----------------|-----------|---------------|
| | Percent | OR | Number |
|--|----------------|-----------|---------------|

QUESTIONNAIRE NUMBER **id**

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

| | | |
|--|--------------|-------------|
| Percentage or number of full-time permanent workers who completed secondary school | 19b % | 19b1 |
| DON'T KNOW (SPONTANEOUS) | -9 | -9 |

L.10 Over fiscal year **[Insert last complete fiscal year]**, did this establishment have formal training programs for its permanent, full-time workers?

| | | |
|---------------------------------|-----------|-------------------|
| Yes | 1 | GO TO L.1a |
| No | 2 | |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO L.1a |

110

ASK IF MANUFACTURING

L.11 Referring to those training programs, what percentage of permanent, full-time workers of the following categories received formal training? If easier please provide the total numbers (provide one or the other but not both).
INTERVIEWER: READ EACH CATEGORY

| | Percent | OR | Number | IF NO WORKERS IN A CATEGORY WERE TRAINED | DON'T KNOW (SPONTANEOUS) |
|--|---------------|----|--------------|--|--------------------------|
| Production full-time permanent workers trained | 111a % | | 111a1 | 0 | -9 |
| Non-production full-time permanent workers trained | 111b % | | 111b1 | 0 | -9 |

L.12 Referring to those training programs, what percentage of female, permanent, full-time workers received formal training? If easier, please provide the total numbers (provide one or the other but not both).

| | Percent | OR | Number | IF NO FEMALE WORKERS WERE TRAINED | DON'T KNOW (SPONTANEOUS) |
|--|---------------|----|--------------|-----------------------------------|--------------------------|
| Female full-time permanent workers trained | 112a % | | 112a1 | 0 | -9 |

L.1a At the end of fiscal year **[Insert last complete fiscal year]**, how many permanent, part-time individuals worked in this establishment? Please include all workers and managers.

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

| | Number |
|---|------------|
| Part-time workers employed last fiscal year | 11a |
| NO PART-TIME WORKERS | 0 |
| DON'T KNOW (SPONTANEOUS) | -9 |

L.6 How many full-time seasonal or temporary workers did this establishment have during fiscal year **[Insert last complete fiscal year]**?
 Full-time, seasonal or temporary workers are all short-term, that is for less than a year, workers 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 | GO TO L.9b |
| DON'T KNOW (SPONTANEOUS) | -9 | GO TO L.9b |

L.6a How many 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 workers in fiscal year **[Insert last complete fiscal year]**?

| | 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.30 Using the response options on the card; To what degree are each of the following an obstacle to the current operations of this establishment?
INTERVIEWER: READ OUT OPTIONS
SHOW CARD 29

| | No obstacle | Minor obstacle | Moderate obstacle | Major obstacle | Very Severe Obstacle | (SPONTANEOUS) | |
|--|-------------|----------------|-------------------|----------------|----------------------|----------------------|-----------------------|
| | | | | | | DON'T KNOW | DOES NOT APPLY |
| Labor regulations 130a | 0 | 1 | 2 | 3 | 4 | -9 | -7 |
| Inadequately educated workforce 130b | 0 | 1 | 2 | 3 | 4 | -9 | -7 |

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 | m1a_finance_pos |
| 2-Access to land | m1a_land_pos |
| 3-Business licensing and permits | m1a_permit_pos |
| 4-Corruption | m1a_corruption_pos |
| 5-Courts | m1a_courts_pos |
| 6-Crime, theft and disorder | m1a_crime_pos |
| 7-Customs and trade regulations | m1a_trade_pos |
| 8-Electricity | m1a_electricity_pos |
| 9-Inadequately educated workforce | m1a_workforce_pos |
| 10-Labor regulations | m1a_labor_pos |
| 11-Political instability | m1a_instability_pos |
| 12-Practices of competitors in the informal sector | m1a_informal_pos |
| 13-Tax administration | m1a_taxadmin_pos |
| 14-Tax rates | m1a_taxrate_pos |
| 15-Transport | m1a_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 anonymized, 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.**

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. All information you provide will be anonymized, and neither your name nor the name of your establishment will be used in any document based on this survey.

N.2 From this establishment’s Income Statement for fiscal year **[Insert last complete fiscal year]**, please provide the following in **[LCUs]**:
SHOW CARD 30

| INTERVIEWER: READ OUT | [Insert LCUs] | (SPONTANEOUS) | |
|---|----------------------|----------------------|-----------------------|
| | | DON'T KNOW | DOES NOT APPLY |
| Total annual cost of labor including wages, salaries, bonuses, social security payments | n2a | -9 | |
| Of which total annual costs of social security payments and employment-based taxes, excluding employee taxes that were withheld | n2a2 | -9 | |
| Total annual cost of electricity | n2b | -9 | |
| Total annual cost of water | n2k | | |
| Total annual cost of internet, excluding mobile connections | n2l | | |

INTERVIEWER: ONLY ASK THE FOLLOWING QUESTION TO MANUFACTURING ESTABLISHMENTS:

| | | |
|--|------------|-----------|
| Total annual cost of raw materials and intermediate goods used in production | n2e | -9 |
|--|------------|-----------|

INTERVIEWER: ONLY ASK THE FOLLOWING QUESTION TO RETAIL ESTABLISHMENTS:

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

ASK IF MANUFACTURING

N.21 Looking back to this establishment’s Income Statement for fiscal year **[Insert last complete fiscal year minus one]**, please provide the following information:
SHOW CARD 31

| | [Insert LCUs] | DON'T KNOW (SPONTANEOUS) | DOES NOT APPLY |
|---|----------------------|---------------------------------|-----------------------|
| Total annual cost of labor including wages, salaries, bonuses, social security payments | n2a1 | -9 | -7 |
| Total annual cost of raw materials and intermediate goods used in production | n2e1 | -9 | -7 |

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

ASK IF MANUFACTURING

N.7 Hypothetically, if this establishment were to purchase all the machinery, vehicles, and equipment it uses now, in their current condition and regardless of whether the establishment owns them or not, how much would they cost?

| | | |
|------------------------------------|---------------|--------------------------|
| | [Insert LCUs] | DON'T KNOW (SPONTANEOUS) |
| Machinery, vehicles, and equipment | n7a | -9 |

N.11 In fiscal year [a20y], what percentage of this establishment's total annual gross profit was paid as income-based taxes?
INTERVIEWER: IF TAXES HAVE NOT YET BEEN PAID, PLEASE INCLUDE THE EXPECTED TAX PAYMENTS.

| | As a percentage of gross annual profits | DON'T KNOW (SPONTANEOUS) | REFUSAL (SPONTANEOUS) |
|---------------------------------|---|--------------------------|-----------------------|
| Effective income-based tax rate | n11 % | -9 | -8 |

INTERVIEWER: IF SECTION L OR N WILL BE COMPLETED WITH A DIFFERENT RESPONDENT, PLEASE ARRANGE FOR THOSE TO BE COMPLETED.

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 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.12 Interviewer code **a12**

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

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 |

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

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 and 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

QUESTIONNAIRE NUMBER **id**

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

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_v4

D.1a2 PLEASE CHOOSE THE 4-DIGIT ISIC REV. 4.0 SECTOR CODE THAT BEST APPLIES TO THE ESTABLISHMENT'S MAIN ACTIVITY AND PRODUCT.

| | |
|--|----------------|
| | Code |
| CODE OF THE MAIN PRODUCT AND ACTIVITY | d1a2_v4 |