

Firm Survey in Cotonou

(April 30, 2016)

A. Firm Identification

	Survey ID	E __ __ __ __ __ __
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B. Survey Information

	B1. Surveyor Name	B2. Surveyor ID
1 st Visit		
2 nd Visit		
3 rd Visit		
4 th Visit		
	B3. Number of attempts made before this visit	B4. Survey Date (Day/Month)
1 st Visit		__ __ / __ __ / 2016
2 nd Visit		__ __ / __ __ / 2016
3 rd Visit		__ __ / __ __ / 2016
4 th Visit		__ __ / __ __ / 2016
	B5. Starting time	B6. Survey status
1 st Visit	__ __ h __ __ min	1. <input type="checkbox"/> Agreed to participate and still operating → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 3. <input type="checkbox"/> Abandoned
2 nd Visit	__ __ h __ __ min	1. <input type="checkbox"/> Agreed to participate and still operating → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 1. <input type="checkbox"/> Abandoned
3 rd Visit	__ __ h __ __ min	1. <input type="checkbox"/> Agreed to participate and still operating → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 3. <input type="checkbox"/> Abandoned
4 th Visit	__ __ h __ __ min	1. <input type="checkbox"/> Agreed to participate and still operating → D 2. <input type="checkbox"/> Firm to be revisited → Plan another visit 3. <input type="checkbox"/> Abandoned
	GPS coordinates	
1 st Visit		
2 nd Visit		
3 rd Visit		
4 th Visit		

Comments: _____

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

C.1	Reason why the survey needs to be dropped out? [IF THE BUSINESS IS CLOSED AND THE RESPONDENT REFUSE TO ANSWER TO QUESTIONS C5-C14, RECORD C1=1 (REFUSAL)]	1. <input type="checkbox"/> Refused -----> Skip to C3 2. <input type="checkbox"/> Moved outside of Cotonou (and business still operating) 3. <input type="checkbox"/> Respondent not found and no information available --> P.3 4. <input type="checkbox"/> Business closed permanently---> C.5 5. <input type="checkbox"/> Owner not available after multiple attempts (and business still operating) 6. <input type="checkbox"/> Firm owner deceased ----> P.3 7. <input type="checkbox"/> Other -----> Specify in C.1.a
C.1.a	If Other specify	
	Try to find someone who has some information about the firm	
C.2	Is there anyone who can provide any information about the business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> P.3
C.3	Who are these people? [MULTIPLE ANSWERS ARE POSSIBLE]	1. <input type="checkbox"/> Business employees 2. <input type="checkbox"/> Friends or relatives of the owner 3. <input type="checkbox"/> Neighbors of the business 4. <input type="checkbox"/> Yourself (surveyor) or your controller 5. <input type="checkbox"/> The business owner 6. <input type="checkbox"/> Other -----> Specify in C.3.a
C.3.a	If Other specify	
C.3.b	Is the business still operating?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> P.3
C.4	How many employees are currently working for the business? (do not count the owner) [Approximate if necessary]	__ __ __ -----> P.3 -99 if don't know

Firms permanently closed

C.5	When did your business permanently close (month and year)?	__ __ month __ __ __ year
C.6	What was the main reason why your business closed permanently?	1. <input type="checkbox"/> The business was making losses or not enough profit 2. <input type="checkbox"/> Sickness of health related reason 3. <input type="checkbox"/> I wanted to get a salary job 4. <input type="checkbox"/> I wanted to focus on a better opportunity with another business / I found another job 5. <input type="checkbox"/> I had to take care of my family (spouse, child, parents) 6. <input type="checkbox"/> I wanted to move abroad 7. <input type="checkbox"/> I become married 8. <input type="checkbox"/> Someone took my business from me 9. <input type="checkbox"/> Tax officials shut down my business 10. <input type="checkbox"/> Another administration shut down my business (City office, Interior affairs...) 11. <input type="checkbox"/> Because of a disaster such as a fire, a flood or a theft 12. <input type="checkbox"/> Other : specify _____

C.7	What is your current activity? [READ THE OPTIONS]	1. <input type="checkbox"/> I'm working (as a business owner (self-employment) or for someone else (private sector, public sector, NGO...) (Include all types of paid work) 2. <input type="checkbox"/> I'm helping in a family business and I'm not paid → C.9 3. <input type="checkbox"/> I take care of my family (spouse, child, parents...) or household chores (housewife) → C.13 4. <input type="checkbox"/> I'm unemployed → C.13
C.8	For what type of organization are you working? [READ THE OPTIONS]	1. <input type="checkbox"/> I manage a micro business (less than 5 employees) 2. <input type="checkbox"/> I manage a bigger company (more than 5 employees) 3. <input type="checkbox"/> Employee in a micro business (less than 5 employees) 4. <input type="checkbox"/> Employee in a bigger business (more than 5 employees) 5. <input type="checkbox"/> Public sector employee (public administration, city office...) → C.10 6. <input type="checkbox"/> Employee in a NGO or association → C.10 7. <input type="checkbox"/> Other specify _____
C.9	What is your sector of activity?	1. <input type="checkbox"/> Trade (private) 2. <input type="checkbox"/> Craft 3. <input type="checkbox"/> Industry and manufacture 4. <input type="checkbox"/> Services 5. <input type="checkbox"/> Construction 6. <input type="checkbox"/> farming/livestock/ fishery 7. <input type="checkbox"/> Other specify _____
C.10	How many hours have you worked in this company or organization in the last week?	__ __ __ hours in the last week
C.11	In the last week, how much did you earn for this work? Or how much profit did you make if you are a business owner? [INCLUDE ALL TYPE OF REVENUES INCLUDING IN KIND REVENUES] (IF C7=2 SKIP THIS QUESTION)	__ __ __ . __ __ __ . __ __ __ CFAF
SKIP: IF C.8=1 or C.8=2 ----> C.15		
C.12	[IF C.8 dif 1 and 2 (does not manage a business)] What is the main reason why you are not managing a business anymore and instead working for someone else?	1. <input type="checkbox"/> Higher salary ----> C.14 2. <input type="checkbox"/> More stable environment ----> C.14 3. <input type="checkbox"/> less stress ----> C.14 4. <input type="checkbox"/> My business was making losses ----> C.14 5. <input type="checkbox"/> In order to work less hours ----> C.14 6. <input type="checkbox"/> In order to earn more in the future ----> C.14 7. <input type="checkbox"/> Because I got married ----> C.14 8. <input type="checkbox"/> I was needed in a family business ----> C.14 9. <input type="checkbox"/> Other specify _____ ----> C.14
C.13	Are you currently looking for a job or for an opportunity to create a new business? [READ THE OPTIONS]	1. <input type="checkbox"/> I'm looking for a paid job 2. <input type="checkbox"/> I'm looking for an opportunity to create a business 3. <input type="checkbox"/> I'm not looking for a job or for an opportunity to create a business
As I told you, in order to thank you we will register you in a lottery with 50 cash prizes of CFAF 40,000 and a jackpot worth CFAF 400,000. If you are randomly selected, you will be contacted by phone so you can pick up your prize.		
C.14	If you win, what phone number should we use to contact you? [Record - 888 if the respondent doesn't want to participate to the lottery]	__ __ __ __ __ __
C.15	Was the survey filled in-person or over the phone? [DO NOT ASK THE QUESTION]	1. <input type="checkbox"/> Over the phone --> P.3 2. <input type="checkbox"/> In person --> P.3

Comments: _____

D. Information on business owner

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

D.1	What is your position in this business? [UNLESS OTHERWISE VALIDATED BY THE SUPERVISOR, ALL SURVEY MUST BE COMPLETED WITH A BUSINESS OWNER.]	1. <input type="checkbox"/> The business owner 2. <input type="checkbox"/> A co-owner of the business 3. <input type="checkbox"/> Other -----> Specify in D.1.a
D.1.a	If Other specify	
D.2	Is it the same person who was recorded as the owner during the last survey (in 2015)? [USE THE IDENTIFICATION FORM]	1. <input type="checkbox"/> Yes -----> Skip to D.5 2. <input type="checkbox"/> No
D.3	What is your last name?	
D.4	What is your first name? [START WITH THE MAIN FIRST NAME]	
D.5	What is the type of ownership for the firm? [READ THE OPTIONS]	1. <input type="checkbox"/> Only one owner -----> Skip to D.7 2. <input type="checkbox"/> Family business 3. <input type="checkbox"/> More than one owner (outside family) 4. <input type="checkbox"/> Other : Specify _____
D.6	How many business co-owners are there?	__ __

We are now going to talk about your personal situation (of the owner):

D.7	How old are you? [IF NECESSARY APPROXIMATE]	__ __
D.8	Gender of the owner? [DO NOT ASK THE QUESTION]	1. <input type="checkbox"/> Man 2. <input type="checkbox"/> Woman
D.9	What is your level in French? [READ THE OPTIONS]	1. <input type="checkbox"/> Very good level 2. <input type="checkbox"/> Average level 3. <input type="checkbox"/> Poor level 4. <input type="checkbox"/> Don't speak French [Do not read]
D.10	Do you know how to read and write? [IN ANY LANGUAGE]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
D.11	Among the following reasons, which one describes the best the reason why you manage this business? [READ THE OPTIONS]	1. <input type="checkbox"/> I manage this business because the revenues are higher 2. <input type="checkbox"/> I manage this business because I need to make money, but I would prefer to be a salary worker or to work as a public servant 3. <input type="checkbox"/> I manage this business because I prefer to be my own boss 4. <input type="checkbox"/> I manage this business because it is the tradition in my family or because I inherited this company 5. <input type="checkbox"/> I manage this business because it is the type of activity that I want to do

E. Information on the business

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

E.1	What is the exact firm activity?	_____
E.2	Is the sector of activity recorded on the identification form correct? [DO NOT ASK THE QUESTION]	1. <input type="checkbox"/> Yes -----> Skip to E.3 2. <input type="checkbox"/> No
E.2.2	Is it due to a mistake made last year or did the activity change since last year?	1. <input type="checkbox"/> Mistake done last year 2. <input type="checkbox"/> The firm activity changed since last year
E.2.3	Correction of activity code [SEE CODEBOOK]	____ ____ ____ ____
E.3	In total how many hours did you worked in your business last week? [HELP THE RESPONDENT FOR THE CALCULATION]	____ ____ ____
E.4	During a normal week, how many hours do you usually work in your business? [HELP THE RESPONDENT FOR THE CALCULATION]	____ ____ ____
E.5	Do you have any employee or apprentice working for the business? [INCLURE AUSSI LES AIDES FAMILIALES NON-REMUNERES]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to F.1

For all these types of employee, can you tell me how many are currently working in your business? And how many are women? [DO NOT COUNT THE OWNER OR THE OWNERS]			
		A. Total number	B. Number of women
E.6	Apprentices	____ ____	____ ____
E.7	Permanent employees	____ ____	____ ____
E.8	Temporary employees	____ ____	____ ____
E.9	Not paid employees/ Family help/ Interns	____ ____	____ ____

E.10	In total among all your employees and apprentices, how many belongs to your family?	____ ____
E.11	In the last 6 month did you hire any employee or apprentice?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

F. Informations sur les finances et crédits

F.1	In your view, how many CFAF have you invested in total in your business until today? (using today's prices) [NOTER -99 SI « DON'T KNOW » ET -77 SI « NE VEUT PAS REPONDRE »]	____ ____ ____ ____ ____ ____ ____ ____ CFAF
F.1.a	[IF THE RESPONDENT DOES NOT WANT TO ANSWER A PRECISE NUMBER, ASK HIM TO CHOOSE FROM THIS LIST OF INTERVALS :]	1. <input type="checkbox"/> Less than CFAF 5,000 2. <input type="checkbox"/> Between CFAF 5,001 and 10,000 3. <input type="checkbox"/> Between CFAF 10,001 and 15,000 4. <input type="checkbox"/> Between CFAF 15,001 and 20,000 5. <input type="checkbox"/> Between CFAF 20,001 and 30,000

Comments: _____

		6. <input type="checkbox"/> Between CFAF 30,001 and 50,000 7. <input type="checkbox"/> Between CFAF 50,001 and 70,000 8. <input type="checkbox"/> Between CFAF 70,001 and 100,000 9. <input type="checkbox"/> Between CFAF 100,001 and 150,000 10. <input type="checkbox"/> Between CFAF 150,001 and 250,000 11. <input type="checkbox"/> Between CFAF 250,001 and 400,000 12. <input type="checkbox"/> Between CFAF 400,001 and 600,000 13. <input type="checkbox"/> Between CFAF 600,001 and 800,000 14. <input type="checkbox"/> Between CFAF 800,001 and 1,000,000 15. <input type="checkbox"/> Between CFAF 1,000,001 and 2,000,000 16. <input type="checkbox"/> Between CFAF 2,000,001 and 5,000,000 17. <input type="checkbox"/> Between CFAF 5,000,001 and 10,000,000 18. <input type="checkbox"/> Between CFAF 10,000,001 and 15,000,000 19. <input type="checkbox"/> Between CFAF 15,000,001 and 20,000,000 20. <input type="checkbox"/> Between CFAF 20,000,001 and 40,000,000 21. <input type="checkbox"/> Between CFAF 40,000,001 and 60,000,000 22. <input type="checkbox"/> Between CFAF 60,000,001 and 100,000,000 23. <input type="checkbox"/> More than CFAF 100,000,000 -99 <input type="checkbox"/> Don't know
F.2	Did any member of your family contribute to investments for your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to F.5
F.3	Which member(s) of your family did invest in your business? [MULTIPLE ANSWERS ARE POSSIBLE]	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Parents (Mother/Father) 3. <input type="checkbox"/> Children 4. <input type="checkbox"/> Parents in-law 5. <input type="checkbox"/> Brother and sister 6. <input type="checkbox"/> Other family member
F.4	What percentage of total investment in your business was made by members of your family? [DO NOT COUNT THE OWNER HIM SELF]	__ __ __ % (Max 100%)
F.5	Do you have a bank account in a commercial bank or in a financial institution that you are using for the business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to F.13
F.6	Under what name is registered this bank account? [IF MORE THAN ONE ACCOUNT, USE ONLY THE MAIN ONE]	1. <input type="checkbox"/> In owner's name (or co-owner's name) 2. <input type="checkbox"/> In the business name 3. <input type="checkbox"/> Other -----> Specify in F.6.a
F.6.a	Specify	

F.7	What type of account is it?	1. <input type="checkbox"/> Check account 2. <input type="checkbox"/> Saving account 3. <input type="checkbox"/> Both saving and check account
F.8	When did you open this bank account?	1. <input type="checkbox"/> Less than one year ago 2. <input type="checkbox"/> between 1 and 5 years ago 3. <input type="checkbox"/> more than five years ago -99 <input type="checkbox"/> Don't know
F.9	How much do you pay monthly for the bank account fees?	__ __ __ __ __ __ CFAF / per Month

Comments: _____

F.10	In which bank or financial institution is this bank account?	1. <input type="checkbox"/> Orabank / Financial Bank 2. <input type="checkbox"/> BOA 3. <input type="checkbox"/> BHB 4. <input type="checkbox"/> BRS 5. <input type="checkbox"/> La Poste ou CNE 6. <input type="checkbox"/> BSIC 7. <input type="checkbox"/> EcoBank 8. <input type="checkbox"/> Société Générale (SGBBE) 9. <input type="checkbox"/> Diamond Bank 10. <input type="checkbox"/> BIBE 11. <input type="checkbox"/> BGFI 12. <input type="checkbox"/> UBA 13. <input type="checkbox"/> Banque Atlantique 14. <input type="checkbox"/> CLCAM (FECECAM) 15. <input type="checkbox"/> PADME 16. <input type="checkbox"/> Other -----> Specify in F.10.a
F.10.a	Specify	
F.11	On your account, can you overdraw?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to F.13
F.12	Have you ever overdrawn on your bank account?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

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

	Types of loan	a. Have you ever borrowed money from this type of institution?	b. Do you still have an active loan?	c. when did you contracted this type of loan for the <u>first time</u> ? (date)		d. when did you contracted this type of loan for the <u>last time</u> ? (date)	
				month	year	month	year
F.13	From a commercial bank (OraBank, BOA,...)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> Next row	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	__ __	__ __ __	__ __	__ __ __
F.14	From an microfinance institution (PADME, etc.)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> Next row	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	__ __	__ __ __	__ __	__ __ __
F.15	From the GMEC (for craftsmen)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> Next row	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	__ __	__ __ __	__ __	__ __ __
F.16	From an informal moneylender	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> Next row	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	__ __	__ __ __	__ __	__ __ __
F.17	From Family or friends	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> Next row	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	__ __	__ __ __	__ __	__ __ __
F.18	Other type -----> specify in F.18.a	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No--> F.19	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	__ __	__ __ __	__ __	__ __ __
F.18.a	If Other, specify the type of loan						

Comments: _____

F.19	Are you member of a ROSCA group?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to F.22
F.20	How often do you contribute? <i>[If more than one ROSCA group consider the most important]</i> READ THE OPTIONS	1. <input type="checkbox"/> Every day 2. <input type="checkbox"/> Every week 3. <input type="checkbox"/> Every two weeks 4. <input type="checkbox"/> Every month 5. <input type="checkbox"/> Other -----> Specify in F.20.a
F.20.a	Specify	
F.21	How much do you contribute these days?	_ _ _ _ _ _ _ _ _ _ _ CFAF
F.22	Imagine that a commercial bank agreed to give you a loan, would you be interested?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F.23	Are you in favor of the idea that someone could invest in your business to increase its size, which means that your revenue from this business will increase, but also that you would not be alone any more to take decisions?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

G. Capital, revenues, expenses and profit of the business

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

	Type of asset	value in CFAF
G.1	Furniture	_ _ _ _ _ _ _ _ _ _ _ CFAF
G.2	Machines, equipment and tools	_ _ _ _ _ _ _ _ _ _ _ CFAF
G.3	Vehicles (<i>cars, motorbikes or Other</i>) used for the business DO NOT COUNT PERSONAL VEHICLES OF THE RESPONDENT OR EMPLOYEES	_ _ _ _ _ _ _ _ _ _ _ CFAF
G.4	Building, house and business location RECORD 0 IF THE LOCAL IS RENTED	_ _ _ _ _ _ _ _ _ _ _ CFAF
G.5	Other equipment DO NOT COUNT STOCKS	_ _ _ _ _ _ _ _ _ _ _ CFAF
G.6	Do you currently have stocks, raw materials, goods to sell, spare parts or any such material stored in your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to G.8
G.7	At current price, what is the total value of all these stocks, raw materials or spare parts?	_ _ _ _ _ _ _ _ _ _ _ CFAF

Firm expenses in the last month:

Now I'm going to ask you how much did your firm spend for all these types of expenses in the last month: [Include all the expenses even if not everything was consumed].

[Do not include personal or family expenses]. [Record « 0 » if no expenses or not applicable]

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

G.8	Goods or merchandise to be sold	_ _ _ _ _ _ _ _ _ _ _ CFAF
G.9	Raw material	_ _ _ _ _ _ _ _ _ _ _ CFAF

Comments: _____

G.10	Electricity, water, gas and fuel	CFAF
G.11	Interest paid for a loan	CFAF
G.12	Salary of employees and apprentices DO NOT INCLUDE THE MONEY THAT THE OWNER IS TAKING FOR HIMSELF	CFAF
G.13	Rent for other premises than the main business premises.	CFAF
G.14	Others expenses: include machine and equipment rent, phone, transportation, reparation...	CFAF

Sales/Revenue of the business:

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

G.15	What is the total amount of sales or revenue made by your firm YESTERDAY? If necessary help the respondent with the calculation Record « 0 » if the business was closed	CFAF
G.16	What is the total amount of sales or revenue made by your firm IN THE LAST WEEK? If necessary help the respondent with the calculation Record « 0 » if the business was closed	CFAF
G.16.a	[IF THE RESPONDENT DOES NOT WANT TO ANSWER A PRECISE NUMBER, ASK HIM TO CHOOSE FROM THIS LIST OF INTERVALS :]	1. <input type="checkbox"/> Zero 2. <input type="checkbox"/> Less than CFAF 5,000 3. <input type="checkbox"/> Between CFAF 5,001 and 10,000 4. <input type="checkbox"/> Between CFAF 10,001 and 15,000 5. <input type="checkbox"/> Between CFAF 15,001 and 20,000 6. <input type="checkbox"/> Between CFAF 20,001 and 30,000 7. <input type="checkbox"/> Between CFAF 30,001 and 50,000 8. <input type="checkbox"/> Between CFAF 50,001 and 70,000 9. <input type="checkbox"/> Between CFAF 70,001 and 100,000 10. <input type="checkbox"/> Between CFAF 100,001 and 150,000 11. <input type="checkbox"/> Between CFAF 150,001 and 250,000 12. <input type="checkbox"/> Between CFAF 250,001 and 400,000 13. <input type="checkbox"/> Between CFAF 400,001 and 600,000 14. <input type="checkbox"/> Between CFAF 600,001 and 800,000 15. <input type="checkbox"/> Between CFAF 800,001 and 1,000,000 16. <input type="checkbox"/> Between CFAF 1,000,001 and 2,000,000 17. <input type="checkbox"/> Between CFAF 2,000,001 and 5,000,000 18. <input type="checkbox"/> Between CFAF 5,000,001 and 10,000,000 19. <input type="checkbox"/> Between CFAF 10,000,001 and 15,000,000 20. <input type="checkbox"/> Between CFAF 15,000,001 and 20,000,000 21. <input type="checkbox"/> Between CFAF 20,000,001 and 40,000,000 22. <input type="checkbox"/> Between CFAF 40,000,001 and 60,000,000 23. <input type="checkbox"/> Between CFAF 60,000,001 and 100,000,000 24. <input type="checkbox"/> More than CFAF 100,000,000 -99 <input type="checkbox"/> Don't know

Business profit:

G.17	In the <u>last month</u> , what was the total <u>profit</u> made by your firm? This is the difference between all revenue and all expenses (wages, raw material, taxes, rent...)	__ __ __ __ __ __ __ __ __ __ CFAF in the last month
G.17.a	[IF THE RESPONDENT DOES NOT WANT TO ANSWER A PRECISE NUMBER, ASK HIM TO CHOOSE FROM THIS LIST OF INTERVALS :]	1. <input type="checkbox"/> Zero 2. <input type="checkbox"/> Less than CFAF 5,000 3. <input type="checkbox"/> Between CFAF 5,001 and 10,000 4. <input type="checkbox"/> Between CFAF 10,001 and 15,000 5. <input type="checkbox"/> Between CFAF 15,001 and 20,000 6. <input type="checkbox"/> Between CFAF 20,001 and 30,000 7. <input type="checkbox"/> Between CFAF 30,001 and 50,000 8. <input type="checkbox"/> Between CFAF 50,001 and 70,000 9. <input type="checkbox"/> Between CFAF 70,001 and 100,000 10. <input type="checkbox"/> Between CFAF 100,001 and 150,000 11. <input type="checkbox"/> Between CFAF 150,001 and 250,000 12. <input type="checkbox"/> Between CFAF 250,001 and 400,000 13. <input type="checkbox"/> Between CFAF 400,001 and 600,000 14. <input type="checkbox"/> Between CFAF 600,001 and 800,000 15. <input type="checkbox"/> Between CFAF 800,001 and 1,000,000 16. <input type="checkbox"/> Between CFAF 1,000,001 and 2,000,000 17. <input type="checkbox"/> Between CFAF 2,000,001 and 5,000,000 18. <input type="checkbox"/> Between CFAF 5,000,001 and 10,000,000 19. <input type="checkbox"/> Between CFAF 10,000,001 and 15,000,000 20. <input type="checkbox"/> Between CFAF 15,000,001 and 20,000,000 21. <input type="checkbox"/> Between CFAF 20,000,001 and 40,000,000 22. <input type="checkbox"/> Between CFAF 40,000,001 and 60,000,000 23. <input type="checkbox"/> Between CFAF 60,000,001 and 100,000,000 24. <input type="checkbox"/> More than CFAF 100,000,000 -99 <input type="checkbox"/> Don't know
G.18	In the last 12 months, think about the worst month for your business. What was the <u>profit</u> made by your firm during this worst month?	__ __ __ __ __ __ __ __ __ __ CFAF worst month in the last 12 month
G.19	Do you pay a rent for the main premises of your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ----->Skip to G.21
G.20	How much do you pay monthly for the main business premises?	__ __ __ __ __ __ __ __ __ __ CFAF per month ----->Skip to G.22
G.21	Imagine that you would have to pay a rent for your business premises. How much would you have to pay at market price?	__ __ __ __ __ __ __ __ __ __ CFAF per month
G.22	Do you separate the business money from your personal money?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
G.23	Do you ever save money without necessarily knowing what you will do with it, but to offset any unforeseen events? [MONEY SAVED AT HOME OR SOMEWHERE ELSE]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to G.25
G.24	In general, how often do you save money? [DURING THE LAST YEAR]	1. <input type="checkbox"/> More than once a week 2. <input type="checkbox"/> Every week 3. <input type="checkbox"/> At least once a month 4. <input type="checkbox"/> Every 2-3 months

		5. <input type="checkbox"/> Every 6 months 6. <input type="checkbox"/> Less regularly
	Can you tell me if you totally disagree, disagree, agree, or totally agree with the following statements:	
G.25	When I have cash in hand, my spouse or other family members always ask me for some of it.	1. <input type="checkbox"/> Totally disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Agree 4. <input type="checkbox"/> Totally agree
G.26	When someone has a business that works well, she is very likely to receive additional requests from her family or relatives to help them one way or another.	1. <input type="checkbox"/> Totally disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Agree 4. <input type="checkbox"/> Totally agree

H. Business training

H.1	On top of the formal education that you may have received, have you ever attended to a training to improve your business management skills? DO NOT INCLUDE APPRENTICESHIP	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ----->Skip to I
-----	---	---

Let's talk first about the last training you attended.

H.2	Who was organizing the training? LAST TRAINING ATTENDED	1. <input type="checkbox"/> A program from a NGO 2. <input type="checkbox"/> A private company (Afrique Conseil...) 3. <input type="checkbox"/> An International institution (USAID, SNV...) 4. <input type="checkbox"/> a "club service" (rotary, Jeune chambre...) 5. <input type="checkbox"/> A government program (CCIB...) 6. <input type="checkbox"/> the CGA ("centres de gestions agréés") 7. <input type="checkbox"/> A technical SHS (As a special course and not in the context of a diploma) 8. <input type="checkbox"/> A University (As a special course and not in the context of a diploma) 9. A microfinance institution 10. <input type="checkbox"/> Other -----> Specify in H.2.a
H.2.a	Specify	
H.3	When was the training?	1. <input type="checkbox"/> Less than 6 month ago 2. <input type="checkbox"/> Between 6 months and 1 year ago 3. <input type="checkbox"/> Between 1 and 5 years ago 4. <input type="checkbox"/> More than 5 years ago
H.4	Was the training organized in your premises or in another location?	1. <input type="checkbox"/> In the business premises 2. <input type="checkbox"/> In another location
H.5	What was the duration (in hours) of this training? [IF > 1 DAY ADD UP HOURS OF ALL DAYS]	__ __ __ hours
H.6	What aspects of business management were covered by this training? [READ THE OPTIONS] [MULTIPLE ANSWERS ARE POSSIBLES]	1. <input type="checkbox"/> Accounting 2. <input type="checkbox"/> How to interact with customers and suppliers 3. <input type="checkbox"/> Marketing and advertising 4. <input type="checkbox"/> Human resources 5. <input type="checkbox"/> Organization of the production 6. <input type="checkbox"/> Communication and negotiation skills 7. <input type="checkbox"/> Taxes 8. <input type="checkbox"/> Stock management 9. <input type="checkbox"/> Other -----> Specify in H.6.a -99 <input type="checkbox"/> Don't know/ Don't remember
H.6.a	Specify	

Comments: _____

H.7	Following this training, have you implemented any significant change in the way you manage your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to H.10
H.8	What have you implemented?	_____
H.9	Surveyor: did the respondent mention any example of a significant change? [DO NOT ASK THE QUESTION]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
H.10	Did you pay to attend this training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't remember / don't know
H.11	Before this training, did you attend another business training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I
H.12	Who was organizing the training? LAST BUT ONE TRAINING ATTENDED	1. <input type="checkbox"/> A program from a NGO 2. <input type="checkbox"/> A private company (Afrique Conseil...) 3. <input type="checkbox"/> An International institution (USAID, SNV...) 4. <input type="checkbox"/> a "club service" (rotary, Jeune chambre...) 5. <input type="checkbox"/> A government program (CCIB...) 6. <input type="checkbox"/> the CGA ("centres de gestions agréés") 7. <input type="checkbox"/> A technical SHS (As a special course and not in the context of a diploma) 8. <input type="checkbox"/> A University (As a special course and not in the context of a diploma) 9. <input type="checkbox"/> A microfinance institution 10. <input type="checkbox"/> Other -----> Specify in H.12.a
H.12.a	Specify	
H.13	When was the training?	1. <input type="checkbox"/> Less than 6 month ago 2. <input type="checkbox"/> Between 6 months and 1 year ago 3. <input type="checkbox"/> Between 1 and 5 years ago 1. <input type="checkbox"/> More than 5 years ago
H.14	Was the training organized in your premises or in another location?	1. <input type="checkbox"/> In the business premises 1. <input type="checkbox"/> In another location
H.15	What was the duration (in hours) of this training? [IF >1 DAY ADD UP HOURS OF ALL DAYS]	__ __ __ hours
H.16	What aspects of business management were covered by this training? [READ THE OPTIONS] [MULTIPLE ANSWERS ARE POSSIBLES]	1. <input type="checkbox"/> Accounting 2. <input type="checkbox"/> How to interact with customers and suppliers 3. <input type="checkbox"/> Marketing and advertising 4. <input type="checkbox"/> Human resources 5. <input type="checkbox"/> Organization of the production 6. <input type="checkbox"/> Communication and negotiation skills 7. <input type="checkbox"/> Taxes 8. <input type="checkbox"/> Stock management 9. <input type="checkbox"/> Other -----> Specify in H.16.a -99 <input type="checkbox"/> Don't know/ Don't remember
H.16.a	Specify	
H.17	Following this training, have you implemented any significant change in the way you manage your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to H.20
H.18	What have you implemented?	_____

H.19	Surveyor: did the respondent mention any example of a significant change? [DO NOT ASK THE QUESTION]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
H.20	Did you pay to attend this training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know / don't remember

I. Taxes

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

I.1	In the <u>last 12 months</u> , how many times did a tax inspector or tax agent from the city hall visited your company to ask you to pay taxes?	1. <input type="checkbox"/> No visit in the last 6 months 2. <input type="checkbox"/> Only once 3. <input type="checkbox"/> Twice 4. <input type="checkbox"/> From 3 to 5 times 5. <input type="checkbox"/> More than 5 times -99 <input type="checkbox"/> Don't know
I.2	In the <u>last 12 months</u> , did any tax agent ask you to make an unofficial payment?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.4 -99. <input type="checkbox"/> Don't know -----> Skip to I.4
I.3	How much did you pay in total in the last 6 months?	____ ____ ____ ____ ____ CFAF
I.4	In the <u>last 12 months</u> , did any tax official Exerted any pressure on you or made an indecent sexual proposition?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99. <input type="checkbox"/> Don't know
I.5	In the <u>last 12 months</u> , did any tax official threaten you to close your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99. <input type="checkbox"/> Don't know
I.6	Do you think that tax officials override their duty and ask you to pay too much tax?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99. <input type="checkbox"/> Don't know
I.7	In the <u>last 12 months</u> , have you ever had any problem with a tax official?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ----> I.11
I.8	When you had this problem, did you ask anyone for any help or any advice?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Issue solved by myself) ---> I.10
I.9	Who did you ask for help or advices? [MULTIPLE ANSWERS ARE POSSIBLE]	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Another household member 3. <input type="checkbox"/> Another relative (family, friend, coworker...) 4. <input type="checkbox"/> A CGA advisor 5. <input type="checkbox"/> Other Specify _____
I.10	Which of the following situation best fits the way the problem was solved? [READ THE OPTIONS]	1. <input type="checkbox"/> The problem has not been solved yet 2. <input type="checkbox"/> The compromise was fully satisfactory for me 3. <input type="checkbox"/> The compromise was partially satisfactory for me 4. <input type="checkbox"/> The decision was unsatisfactory
I.11	Imagine that in the future you experience a problem with a tax official. Would you ask anyone for some help or advices?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ---> I.13
I.12	Who would you ask for help or advices? [MULTIPLE ANSWERS ARE POSSIBLE]	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Another household member 3. <input type="checkbox"/> Another relative (family, friend, coworker...)

Comments: _____

		4. <input type="checkbox"/> A CGA advisor 5. <input type="checkbox"/> Other Specify_____
I.13	Since your business was created, have you ever paid any tax? [CONSIDER ALL TYPES OF TAX INCLUDING TAXES FOR THE CITY HALL]	1. <input type="checkbox"/> Yes -----> Skip to I.15 2. <input type="checkbox"/> No -99. <input type="checkbox"/> Don't know
I.14	Why did your business never pay any tax?	1. <input type="checkbox"/> No tax official ever came to my business ---> Skip to I.34 2. <input type="checkbox"/> The business was close on the day tax officials came ---> Skip to I.34 3. <input type="checkbox"/> My business is too small --> Skip to I.34 4. <input type="checkbox"/> I'm not making enough profit---> Skip to I.34 5. <input type="checkbox"/> I have a tax exemption because I just become formal / I registered to the CGA ----> Skip to I.34 6. <input type="checkbox"/> I refused to pay/ don't have enough money - ----> Skip to I.34 7. <input type="checkbox"/> Other : Specify in I.14.a -99. <input type="checkbox"/> Don't know---> Skip to I.34
I.14.a	Specify	---> Skip to I.34
I.15	Did your business pay any tax in the last year (2005)?	1. <input type="checkbox"/> Yes -----> Skip to I.17 2. <input type="checkbox"/> No
I.16	Why your business did not pay any tax in the last year?	1. <input type="checkbox"/> No tax official came to my business ---> Skip to I.34 2. <input type="checkbox"/> The business was close on the day tax officials came ---> Skip to I.34 3. <input type="checkbox"/> My business is too small --> Skip to I.34 4. <input type="checkbox"/> I'm not making enough profit---> Skip to I.34 5. <input type="checkbox"/> I have a tax exemption because I just become formal / I registered to the CGA ----> Skip to I.34 6. <input type="checkbox"/> I refused to pay/ don't have enough money - ----> Skip to I.34 7. <input type="checkbox"/> Other : ---> specify in I.16.a -99. <input type="checkbox"/> Don't know---> Skip to I.34
I.16.a	Specify	---> Skip to I.34
I.17	Do you have the feeling that you paid more taxes than what you should have paid according to the law?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99. <input type="checkbox"/> Don't know
I.18	Is your business paying the TPU?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.20 3. <input type="checkbox"/> Don't know that tax ----> Skip to I.20 -99. <input type="checkbox"/> Don't know -----> Skip to I.20
I.19	How much did your business pay for the TPU in the last year?	_ _ _ _ _ _ _ _ CFAF
I.20	Have you ever heard of the TPS (<i>Taxe Professionnelle Synthétique</i>)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.22 -99. <input type="checkbox"/> Don't know -----> Skip to I.22

I.21	Do you think that your business will have to pay the TPS for the current year?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99. <input type="checkbox"/> Don't know
I.22	Is your business paying the patente? (DIFFERENT FROM "PATENTE FORAINE")	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.24 3. <input type="checkbox"/> Don't know that tax -----> Skip to I.24 -99. <input type="checkbox"/> Don't know -----> Skip to I.24
I.23	How much did your business pay for the patente in the last year?	_ _ _ _ _ _ _ CFAF
I.24	Is your business paying the patente foraine?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.26 3. <input type="checkbox"/> Don't know that tax ----> Skip to I.26 -99. <input type="checkbox"/> Don't know -----> Skip to I.26
I.25	How much did your business pay for the patente foraine in the last year?	_ _ _ _ _ _ _ CFAF
I.26	Is your business paying the tax for public space usage? THIS TAX IS PAID TO THE CITY HALL	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.28 3. <input type="checkbox"/> Don't know that tax -----> Skip to I.28 -99. <input type="checkbox"/> Don't know -----> Skip to I.28
I.27	How much did your business pay for the tax for public space usage in the last year?	_ _ _ _ _ _ _ CFAF
I.28	Is your business paying the tax "forfait des revendeurs de tissus et divers (RTD) » ?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.30 3. <input type="checkbox"/> Don't know that tax ----> Skip to I.30 -99. <input type="checkbox"/> Don't know -----> Skip to I.30
I.29	How much did your business pay for "forfait des revendeurs de tissus et divers (RTD)" in the last year?	_ _ _ _ _ _ _ CFAF
I.30	Is your business paying any other tax?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to I.33 -99. <input type="checkbox"/> Don't know -----> Skip to I.33
I.31	What tax is it?	
I.32	How much did your business pay for this other tax in the last year?	_ _ _ _ _ _ _ CFAF
I.33	How much tax did you pay in total during the last year (2015)? [THIS AMOUNT MUST BE THE SAME AS THE TOTAL OF ALL TAXES]	_ _ _ _ _ _ _ CFAF
I.34	Do you think that you will have to pay any tax for the current year? [IF DON'T KNOW ASK WHAT IS THE MORE LIKELY]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ---> Skip to J
I.35	Which of the following propositions best describes your situation? [READ THE OPTIONS]	1. <input type="checkbox"/> I can anticipate the period when the tax official will come to my business 2. <input type="checkbox"/> I cannot anticipate the period when the tax official will come to my business
I.36	Which of the following propositions best describes your situation? [READ THE OPTIONS]	1. <input type="checkbox"/> I can anticipate the amount of taxes I'll have to pay 2. <input type="checkbox"/> I cannot anticipate the amount of taxes I'll have to pay

J. Business Situation

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

J.1	Have you ever heard of the <i>Entreprenant</i> status?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to J.3
J.2	How? RECORD THE FIRST ANSWER	1. <input type="checkbox"/> From a CGA advisor 2. <input type="checkbox"/> From a family member 3. <input type="checkbox"/> From another person (Neighbor, Other firm...) 4. <input type="checkbox"/> On the radio or TV 5. <input type="checkbox"/> In a newspaper 6. <input type="checkbox"/> Other -----> Specify in J.2.a
J.2.a	Specify	
J2_2	Could you describe what is the <i>Entreprenant</i> status?	1. <input type="checkbox"/> The respondent spoke about a new formal status for small businesses 2. <input type="checkbox"/> The respondent spoke about something else -99 <input type="checkbox"/> Don't know
J.3	Is your business registered in the chamber of commerce (or RCCM or "one-stop-shop" or "GUFE")?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
J.4	What is the legal status of your business?	1. <input type="checkbox"/> Informal/ no formal status --> Skip to J.11 2. <input type="checkbox"/> Individual enterprise 3. <input type="checkbox"/> Limited liability company (SARL) 4. <input type="checkbox"/> <i>Entreprenant</i> status 5. <input type="checkbox"/> Anonymous company 6. <input type="checkbox"/> "Société civile immobilière" 7. <input type="checkbox"/> "Société unipersonnelle à responsabilité limitée" 8. <input type="checkbox"/> "Groupement d'intérêt économique" 9. <input type="checkbox"/> "Société en Nom Collectif (SNC) » 10. <input type="checkbox"/> "Société en Commandite Simple (SCS)" 11. <input type="checkbox"/> "Société en participation" 12. <input type="checkbox"/> "Société de fait" 13. <input type="checkbox"/> Other statut formel---> Specify in J.4.a -99 <input type="checkbox"/> Don't know
J.4.a	Other specify	
J.5	Can you show me your registry certificate from the chamber of commerce or the card showing your formal status?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
J.6	Is the name recorded on the document or card is the same as the name recorded on the firm identification form? [SHOW THE IDENTIFICATION FORM]	1. <input type="checkbox"/> Yes -----> Skip to J.8 2. <input type="checkbox"/> No
J.7	What last name and first name(s) are recorded on the document or card? COPY DIRECTLY FROM THE CARD IF AVAILABLE	
J.8	When did your business become formal (month and year)? [IF NECESSARY APPROXIMATE]	_ _ / _ _ _ _ _ (month/year)
J.9	How many days did it take for your business to become formal from the day you submitted your application until the day you get the card?	_ _ _ days
J.10	How much did you have to pay to get your formal status/card?	_ . _ _ _ . _ _ _ CFAF

Comments: _____

[illegible]

<p>J.20</p> <p>Could you cite all the things you consider as a <u>benefit or advantage</u> of becoming formal? (by registering at the chamber of commerce (or GUFÉ))</p> <p>[DO NOT READ THE ANSWERS] [MULTIPLE ANSWERS ARE POSSIBLE]</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Being able to open a bank account. 2. <input type="checkbox"/> it is easier to get a loan from a commercial bank 3. <input type="checkbox"/> To conform with the law 4. <input type="checkbox"/> Being able to answer to call for proposals from the public sector. 5. <input type="checkbox"/> Being able to export or import goods 6. <input type="checkbox"/> being able to sell to big companies 7. <input type="checkbox"/> less chances to be fined. 8. <input type="checkbox"/> Less chances to be asked for informal payments. 9. <input type="checkbox"/> Better reputation for the business 10. <input type="checkbox"/> the company will be more accepted socially 11. <input type="checkbox"/> Being able to benefit from government program 12. <input type="checkbox"/> Being able to make partnership with international NGO 13. <input type="checkbox"/> Being more visible, at a large scale, without being afraid 14. <input type="checkbox"/> You can use court and the legal system to enforce contracts 15. <input type="checkbox"/> It is possible to do some advertising without attracting government's attention 16. <input type="checkbox"/> Being able to benefit from CGA trainings 17. <input type="checkbox"/> Being able to benefit from CGA support and advises. 18. <input type="checkbox"/> Being able to benefit from CGA protection in case of problem with the tax authority 19. <input type="checkbox"/> Other -----> Specify in J.20.a <p>OR</p> <p>20. <input type="checkbox"/> Thinks that there is no benefit or advantage</p> <p>-99. <input type="checkbox"/> Don't know</p>
--	--

J.20.a	Specify	
J.21	<p>Could you cite all the things you consider as a <u>cost or inconvenient</u> of becoming formal? (by registering at the chamber of commerce (or GUFÉ))</p> <p>[DO NOT READ THE ANSWERS] [MULTIPLE ANSWERS ARE POSSIBLE]</p>	<ol style="list-style-type: none"> <input type="checkbox"/> High registration costs <input type="checkbox"/> The registration takes too much time <input type="checkbox"/> The registration process is too complicated <input type="checkbox"/> You have to pay tax <input type="checkbox"/> It increases the amount of tax to pay <input type="checkbox"/> You have to pay a fee to the chamber of commerce. <input type="checkbox"/> It increases the risks of visit from labor or hygiene inspectors. <input type="checkbox"/> It require more paper work/you have to do accounting <input type="checkbox"/> It forces you to be confronted with corruption <input type="checkbox"/> Other -----> Specify in J.21.a OR <input type="checkbox"/> Thinks that there is no cost or inconvenient
J.21.a	Specify	
	SKIP : is the business formal?	<ol style="list-style-type: none"> <input type="checkbox"/> Yes formal business <input type="checkbox"/> No, informal business----->Skip to J.23
J.22	<p>What are the 2 main reasons that convinced you to become formal?</p> <p>[02 RESPONSES MAXIMUM]</p>	<ol style="list-style-type: none"> <input type="checkbox"/> Being able to open a bank account. ---> J.24 <input type="checkbox"/> it is easier to get a loan from a commercial bank---> J.24 <input type="checkbox"/> To conform with the law---> J.24 <input type="checkbox"/> Being able to answer to call for proposals from the public sector---> J.24 <input type="checkbox"/> Being able to export or import goods---> J.24 <input type="checkbox"/> being able to sell to big companies ---> J.24 <input type="checkbox"/> less chances to be fined. ---> J.24 <input type="checkbox"/> Less chances to be asked for informal payments. ---> J.24 <input type="checkbox"/> Better reputation for the business---> J.24 <input type="checkbox"/> the company will be more accepted socially---> J.24 <input type="checkbox"/> Being able to benefit from government program---> J.24 <input type="checkbox"/> Being able to make partnership with international NGO---> J.24 <input type="checkbox"/> Being more visible, at a large scale, without being afraid---> J.24 <input type="checkbox"/> You can use court and the legal system to enforce contracts---> J.24 <input type="checkbox"/> It is possible to do advertising without attracting government's attention---> J.24 <input type="checkbox"/> Being able to benefit from CGA trainings---> J.24 <input type="checkbox"/> Being able to benefit from CGA support and advises. ---> J.24 <input type="checkbox"/> Being able to benefit from CGA protection in case of problem with the tax authority ---> J.24 <input type="checkbox"/> Other -----> Specify in J.22.a
J.22.a	Specify	---> J.24
J.23	<p>Quelles sont les deux raisons principales pour lesquelles votre entreprise est informelle ?</p> <p>[02 REPONSES MAXIMUM]</p>	<ol style="list-style-type: none"> <input type="checkbox"/> I'm going to become formal soon <input type="checkbox"/> High registration costs <input type="checkbox"/> The registration takes too much time <input type="checkbox"/> The registration process is too complicated <input type="checkbox"/> You have to pay tax <input type="checkbox"/> It increases the amount of tax to pay <input type="checkbox"/> You have to pay a fee to the chamber of commerce. <input type="checkbox"/> It increases the risks of visit from labor or hygiene inspectors. <input type="checkbox"/> It require more paper work/you have to do accounting <input type="checkbox"/> It forces you to be confronted with corruption <input type="checkbox"/> Other -----> Specify in J.23.a
J.23.a	Specify	

Comments: _____

J.24	How many times was your business inspected by a work inspector or a hygiene inspector?	__ __ visits
J.25	Are you or your business member of an association or group of person doing the same type of activity?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

K. Firm characteristics and practices

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

K.1	In average, how many different customers do you have during a usual week? APPROXIMATE IF NECESSARY	__ __ different customers per week in average
K.2	In the last 3 months , did you attract any <u>new regular customer</u> ? WHO WAS NOT ALREADY A CUSTOMER	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.3	In the last 3 months , did you sell goods or services to a public administration?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.4	In the last 3 months , did you sell goods or services to a large company with more than 50 employees?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.5	In the last month , did any of your customers ask for a receipt or invoice after buying something from your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99. <input type="checkbox"/> Don't know

	In the following list of actions, which one have you done in the last 3 months ?	
K.6	Visiting a competitor to see the prices it practices?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> There is no competitor -99 <input type="checkbox"/> Don't know
K.7	Visiting a competitor to see the product it sells?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> There is no competitor -99 <input type="checkbox"/> Don't know
K.8	Ask your customers if there are other goods or services that they would like you to sell or to produce?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.9	Ask a former customer why she stopped to buy from your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No former customers -99 <input type="checkbox"/> Don't know
K.10	Ask a supplier what are the goods or services that the market wants in your sector of activity?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No supplier -99 <input type="checkbox"/> Don't know
K.11	Make a special offer to attract a customer?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.12	In the last 6 months, have you done any type of advertising for your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

Comments: _____

K.13	In the last <u>12 months</u> , have you introduced any new product or service that is now sold by your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to K.15
K.14	What is this new product or service?	_____
K.15	To what extend would you say that you are willing to take risks for your business? [READ THE OPTIONS]	1. <input type="checkbox"/> I'm willing to take lot of risks 2. <input type="checkbox"/> I'm willing to take moderate risks 3. <input type="checkbox"/> I'm willing to take only a small amount of risks 4. <input type="checkbox"/> I'm not willing to take any risk
K.15.2	Usually, when you are not available for a short period of time like if you are sick or traveling, is your business operating normally as if you were present?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

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

K.16	In the last 3 months, have you tried to negotiate smaller prices with a supplier?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No supplier
K.17	In the last 3 months, have you ever compared the quality or prices offered by one of your suppliers with those of another similar supplier?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -88 <input type="checkbox"/> No supplier
K.18	In general, does your business have stocks of goods to sale or raw materials?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to K.27
K.19	Do you ever run out of goods or row materials so you are not able to sell or to work during more than a day?	1. <input type="checkbox"/> Never, always have enough stocks → K.22 2. <input type="checkbox"/> Rarely, once every 6 months 3. <input type="checkbox"/> Every 3 months 4. <input type="checkbox"/> Monthly or more frequently
K.20	In the last month, have you ever missed a sale because the product that the customer wanted was out of stock?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.21	In general, how much time do you need to get goods or raw materials when you are out of stocks?	1. <input type="checkbox"/> One day or less 2. <input type="checkbox"/> More than one day but less than a week 3. <input type="checkbox"/> One week. 4. <input type="checkbox"/> Between one week and one month. 5. <input type="checkbox"/> One month or more.

K.22	Is the business selling retail goods?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to K.27
K.23	Do you have a system to know how much goods you have in stock? [WRITTEN OR NOT]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to K.25
K.24	Is this system written?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.25	How often to you check the level of your stocks?	1. <input type="checkbox"/> Every day 2. <input type="checkbox"/> Every week 3. <input type="checkbox"/> Every month 4. <input type="checkbox"/> Less than once a month 5. <input type="checkbox"/> Never check stock level
K.26	Do you know at what unit price you are buying your main goods?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

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

K.27	Do you ever sell goods or services on credit?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No --> Skip to K.29
------	---	---

K.28	Do you have a register or a book in which you record how much each client owe you?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.29	Do you ever purchase goods or services to a supplier on credit?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.30	Do you keep any type of written register for your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to L
K.31	Do you record all purchases and/or sales made by your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.32	Do you use your registers to know if for some products your sales are increasing or decreasing from one month to another?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.33	Would it be possible for you to use your registers to know at any time how much money your business has?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.34	Do you know the good or service for which your business make the highest profit per unit sold?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.35	Do you have a budget on which is recorded the amount to be paid monthly for costs such as office rent, electricity, transportation costs or advertising?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.36	Imagine that you wanted to apply to a loan from a commercial bank. Would your registers or accounting books allow you to show to the bank that you have enough money to reimburse the loan?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> Don't know
K.37	Do you ever gather all your books and/or employees in order to think about the performances of your businesses and what could be improved?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Once a year or less frequently 3. <input type="checkbox"/> 2 or 3 times a year 4. <input type="checkbox"/> Every month or more often
K.38	Do you set targets for your business in terms of sales or revenues?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to K.40
K.39	How often do you compare your sales target with the actual performance of your business?	1. <input type="checkbox"/> Never or don't compare 2. <input type="checkbox"/> Once a year or less frequently 3. <input type="checkbox"/> 2 or 3 time a year 4. <input type="checkbox"/> Every month or more often
K.40	Do you have a budget in which you record your costs during the following year? (Salaries, rent, electricity, raw materials...)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
K.41	In the following list of documents, which one do you prepare at least once a year? [READ THE OPTIONS] [MULTIPLE ANSWERS ARE POSSIBLE]	1. <input type="checkbox"/> Profit and loss account 2. <input type="checkbox"/> Cash flow statement 3. <input type="checkbox"/> Balance sheet 4. <input type="checkbox"/> Cash book balance OR 5. <input type="checkbox"/> Do not prepare any of these documents

L. Cantril ladder

[SHOW THE LADDER TO THE RESPONDENT]

	Imagine for a minute that you are living the best life you can possibly imagine. Now imagine that your life is the worst it could possibly be. Imagine a ladder with 10 steps. Suppose we say that the top of the ladder (step 10) represents the best possible life for you and the bottom (step 0) represents the worst possible life for you. Which step on the ladder best represents where you personally stand at the present time?										
L1	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

	<p>Worst possible situation ←————→ Best possible situation</p>										
	<p>Think about your life five years from today. Which step best represents where you personally will be on the ladder five years from now?</p>										
L2	0 []	1 []	2 []	3 []	4 []	5 []	6 []	7 []	8 []	9 []	10 []
	<p>Worst possible situation ←————→ Best possible situation</p>										

	Number of person in respondent's household <i>[DO NOT INCLUDE THE RESPONDENT]</i>	A. Nombre de membre du ménage <u>(hors répondant)</u>	B. Dont nombre dépendant financièrement de vous ?
M.1	Adults between 18 and 60 years old <i>[DO NOT COUNT THE REPONDANT]</i>	_ _	Including _ _
M.2	Adults more than 60 years old	_ _	Including _ _
M.3	Children between 5 and 17 years old	_ _	Including _ _
M.4	Children younger than 5 years old	_ _	Including _ _

M.5	What is your family situation?	1. <input type="checkbox"/> Single / never married → M.14 2. <input type="checkbox"/> married (civil, religious or traditional) 3. <input type="checkbox"/> Living with partner → M.9 4. <input type="checkbox"/> Widow → M.14 5. <input type="checkbox"/> Divorced / Separated → M.14
M.6	Did you get married in the last two years?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.7	For men: How many wives do you have? <i>[only if D.8=1]</i>	_ _
M.8	For women: how many wives does your husband have including you? <i>[only if D.8=2]</i>	_ _
M.9	Is your partner living with you in general? [IF MORE THAN ONE PARTNER, AT LEAST ONE]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.10	What is your partner's current activity? [READ THE OPTIONS] [IF MULTIPLE WIFE CONSIDER THE CLOSER WIFE ACCORDING TO THE RESPONDENT]	1. <input type="checkbox"/> He/she is working as a business owner (self-employment) or for someone else (private sector, public sector, NGO...) (Include all types of paid work) 2. <input type="checkbox"/> he/she is helping in a family business and he/she is not paid → M.14 3. <input type="checkbox"/> He/she take care of my family (spouse, child, parents...) or household chores (housewife) → M.14 4. <input type="checkbox"/> He/she is unemployed → M.14
M.11	For what type of organization is he/she working? [READ THE OPTIONS]	1. <input type="checkbox"/> he/she manages a micro business (< 5 employees) 2. <input type="checkbox"/> he/she manages a bigger company (>= 5 employees) 3. <input type="checkbox"/> Employee in a micro business (less than 5 employees) 4. <input type="checkbox"/> Employee in a bigger business (more than 5 employees)

	[IF MULTIPLE WIVES CONSIDER THE CLOSER WIFE ACCORDING TO THE RESPONDENT]	5. <input type="checkbox"/> Public sector employee (public administration, city office...) 6. <input type="checkbox"/> Employee in a NGO or association 7. <input type="checkbox"/> Other specify
M.11.a	Specify	
M.12	Overall in 2015, who make most money between you and your partner? [IF MULTIPLE WIVES CONSIDER THE CLOSER WIFE ACCORDING TO THE RESPONDENT]	1. <input type="checkbox"/> Myself 2. <input type="checkbox"/> My partner / spouse 3. <input type="checkbox"/> We earned the same amount of money -99. <input type="checkbox"/> Don't know
M.13	In the last 2 years, would you say that the income of your partner increased, stayed stable or decreased? [IF MULTIPLE WIVES CONSIDER THE CLOSER WIFE ACCORDING TO THE RESPONDENT]	1. <input type="checkbox"/> Increased 2. <input type="checkbox"/> Stayed stable 3. <input type="checkbox"/> Decreased -99 <input type="checkbox"/> Don't know
M.14	Do you have any child?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to M.17
M.15	How many children do you have?	__ __
M.16	Do you have any child younger than 2 years old?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.17	Do you have any brother and sister?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to M.21
M.18	How many brothers and sisters do you have?	__ __
M.19	Among all your brothers and sisters how many manage (own) a business?	__ __
M.20	What is your birth rank among your brothers and sisters? [RECORD 1 IF FIRST BORN]	__ __
M.21	Is your father still alive?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown father / don't know ---> M.27
M.22	What is the highest level of education attained by your father?	1. <input type="checkbox"/> Never went to school 2. <input type="checkbox"/> Primary school level(classes: CI to CM2) 3. <input type="checkbox"/> Junior High school before BEPC (classes: 6 to 3) 4. <input type="checkbox"/> Junior High school after BEPC (2 nd to Terminale), or «CAP» 5. <input type="checkbox"/> Higher level (après le Bac ou DTI, Université) -99. <input type="checkbox"/> Don't know
M.23	Was your father polygamous?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.24	What was your father's main activity? [IF RESPONDENT'S ANSWER IS NOT AMONG THE FIRST 6 OPTIONS, ASK IF HIS JOB WAS IN THE PUBLIC OR PRIVATE SECTOR AND IF HE WAS AN ENTREPRENEUR AND SPECIFY IN M.24.a.]	1. <input type="checkbox"/> Craftsman 2. <input type="checkbox"/> trader / retailer 3. <input type="checkbox"/> Farmer 4. <input type="checkbox"/> Teacher 5. <input type="checkbox"/> Nurse/doctor 6. <input type="checkbox"/> Housewife 7. <input type="checkbox"/> Public servant -----> Specify in M.24.a 8. <input type="checkbox"/> Employed in private sector----> Specify in M.24.a 9. <input type="checkbox"/> business owner -> Specify in M.24.a
M.24.a	Specify	
M.25	Does your father owned or did own a business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ----> Skip to M.27

M.26	In what sector of activity was this business?	1. <input type="checkbox"/> Trade (private) 2. <input type="checkbox"/> Craft 3. <input type="checkbox"/> Industry and manufacture 4. <input type="checkbox"/> Services 5. <input type="checkbox"/> Construction 6. <input type="checkbox"/> farming/livestock/ fishery 7. <input type="checkbox"/> Other -----> Specify in M.26.a
M.26.a	Specify	
M.27	Is your mother still alive?	4. <input type="checkbox"/> Yes 5. <input type="checkbox"/> No 1. <input type="checkbox"/> Unknown mother / don't know ---> M.27
M.28	What is the highest level of education attained by your mother?	6. <input type="checkbox"/> Never went to school 7. <input type="checkbox"/> Primary school level(classes: CI to CM2) 8. <input type="checkbox"/> Junior High school before BEPC (classes: 6 to 3) 9. <input type="checkbox"/> Junior High school after BEPC (2 nd to Terminale), or «CAP» 10. <input type="checkbox"/> Higher level (après le Bac ou DTI, Université) -99. <input type="checkbox"/> Don't know
M.29	What was your mother's main activity? [IF RESPONDENT'S ANSWER IS NOT AMONG THE FIRST 6 OPTIONS, ASK IF HER JOB WAS IN THE PUBLIC OR PRIVATE SECTOR AND IF SHE WAS AN ENTREPRENEUR AND SPECIFY IN M.29.a.]	1. <input type="checkbox"/> Craftsman 2. <input type="checkbox"/> trader / retailer 3. <input type="checkbox"/> Farmer 4. <input type="checkbox"/> Teacher 5. <input type="checkbox"/> Nurse/doctor 6. <input type="checkbox"/> Housewife 7. <input type="checkbox"/> Public servant -----> Specify in M.24.a 8. <input type="checkbox"/> Employed in private sector -----> Specify in M.24.a 9. <input type="checkbox"/> business owner --> Specify in M.24.a
M.29.a	Specify	
M.30	Does your mother owned or did own a business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ---> Skip to M.32
M.31	In what sector of activity was this business?	1. <input type="checkbox"/> Trade (private) 2. <input type="checkbox"/> Craft 3. <input type="checkbox"/> Industry and manufacture 4. <input type="checkbox"/> Services 5. <input type="checkbox"/> Construction 6. <input type="checkbox"/> farming/livestock/ fishery 7. <input type="checkbox"/> Other -----> Specify in M.31.a
M.31.a	Specify	
M.32	When you were 8 to 18 years old, in which household did you spend most of your time?	1. <input type="checkbox"/> Father/mother 2. <input type="checkbox"/> Uncle 3. <input type="checkbox"/> Aunt 4. <input type="checkbox"/> Brother 5. <input type="checkbox"/> Sister 6. <input type="checkbox"/> Cousin 7. <input type="checkbox"/> Grandparents 8. <input type="checkbox"/> Other -----> Specify in M.32.a
M.32.a	Specify	
M.33	When you will be retired, or if one day you are not able to work anymore, do you think that your business will continue to operate?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to M.36

M.34	Do you already know who will be managing your business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to M.36
M.35	Who will be chosen?	1. <input type="checkbox"/> child 2. <input type="checkbox"/> spouse 3. <input type="checkbox"/> brother 4. <input type="checkbox"/> Sister 5. <input type="checkbox"/> Cousin 6. <input type="checkbox"/> employee 7. <input type="checkbox"/> Apprentice 8. <input type="checkbox"/> Other -> Specify in M.35.a - 99. <input type="checkbox"/> Don't know
M.35.a	Specify	

SKIP :Do not ask if M1a = 0 and M2a=0 (No other Adult in the household) → Skip to M.53		
M.36	Are you the head of your household?	1. <input type="checkbox"/> Yes → Skip to M.38 2. <input type="checkbox"/> No
M.37	What is your relationship with the household head? [READ THE ANSWERS]	1. <input type="checkbox"/> Spouse of the HH head 2. <input type="checkbox"/> father/mother of the HH head 3. <input type="checkbox"/> father in law/mother in law 4. <input type="checkbox"/> Son/daughter 5. <input type="checkbox"/> In law 6. <input type="checkbox"/> brother/sister 7. <input type="checkbox"/> brother in law/sister in law 8. <input type="checkbox"/> Cousin 9. <input type="checkbox"/> Nephew /niece 10. <input type="checkbox"/> great son/great daughter 11. <input type="checkbox"/> Other → Specify in M.37.a
M.37.a	specify	
M.38	In addition to you, is there any other household member who manages (own) a business? [DO NOT COUNT RESPONDENT'S BUSINESS]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → Skip to M.41
M.39	How many (other) businesses are managed by a member of your household? [DO NOT COUNT RESPONDENT'S BUSINESS]	__ __
M.40	Overall, among all the businesses managed by a member of your household, is your business the one making the biggest profit?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -99 <input type="checkbox"/> don't know

	Overall in 2015, can you tell me who contributed to each the following types of expense? And what share of the total?	If no expense in 2015	yourself	Your partner	Other household members	Persons not in your household
M.41	Food expenses		__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %
M.42	Share (%) of total expenses :		__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %
M.43	Heath expenses for household members	-88 <input type="checkbox"/>	__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %
M.44	Share (%) of total expenses :		__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %
M.45	Housing expense (rent, electricity, water)	-88 <input type="checkbox"/>	__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %
M.46	Share (%) of total expenses :		__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %
M.47	Educational expenses for household children	-88 <input type="checkbox"/>	__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %
M.48	Share (%) of total expenses :		__ __ __ %	__ __ __ %	__ __ __ %	__ __ __ %

M.49	Personal expenses of the respondent (clothes, jewelry, shoes...) [DO NOT INCLUDE GIFTS]	-88 <input type="checkbox"/>	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %
M.50	Share (%) of total expenses :					
M.51	Personal expenses of respondent's partner (clothes, jewelry, shoes...) [DO NOT INCLUDE GIFTS]	-88 <input type="checkbox"/>	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %
M.52	Share (%) of total expenses :					

	I'm going to read you a list of events. Can you let me know which one happened in your household in the last 2 years (since 2014)? [EVEN IF THE HOUSEHOLD MEMBER LEFT THE HOUSEHOLD AFTERWARD]	
M.53	A household member migrated to another country?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.54	A household member lost her job?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.55	A household member was seriously sick?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.56	A household member died?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.57	A disaster such as a fire or a flood seriously damaged the household house?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
M.58	An important household asset (vehicle, fridge...) was destruct, which implied important replacement or reparation cost for the household?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

I'm going to ask you some questions about some members of your household

M.59	Do you have any close relative who lives less than 15 minutes from where you live and that you are seeing regularly? (or less than CFAF 100 in moto taxi)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
------	---	---

M.60	Do you regularly give money to someone outside your household? [DO NOT COUNT CEREMONY, WEDDINGS, HORS CEREMONIES, MARIAGES, FUNERALS AND GIFTS TO ASSOCIATIONS OR CHURCH/MOSQUE]	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → M.63
M.61	To whom do you give money? [OUTSIDE THE HOUSEHOLD] MULTIPLE ANSWERS ARE POSSIBLE]	1. <input type="checkbox"/> Parents (outside household) 2. <input type="checkbox"/> parents in law (outside household) 3. <input type="checkbox"/> brothers or sisters (outside household) 4. <input type="checkbox"/> children (outside household) 5. <input type="checkbox"/> Nephew, niece (outside household) 6. <input type="checkbox"/> Others family members (outside household) 7. <input type="checkbox"/> Friends, coworkers ... 8. <input type="checkbox"/> Other specify : → Specify in M.61.a
M.61.a	Specify	
M.62	In total, how much did you give last month? [OUTSIDE THE HOUSEHOLD]	_ _ . _ _ _ _ _ . _ _ _ _ CFAF
M.63	Do you regularly receive money to someone outside your household? [DO NOT COUNT CEREMONY, WEDDINGS, HORS CEREMONIES, MARIAGES, FUNERALS AND GIFTS TO ASSOCIATIONS OR	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → N

	CHURCH/MOSQUE]	
M.64	From whom do you receive money? [OUTSIDE THE HOUSEHOLD] MULTIPLE ANSWERS ARE POSSIBLE]	1. <input type="checkbox"/> Parents (Hors ménage) 2. <input type="checkbox"/> Beaux-parents (Hors ménage) 3. <input type="checkbox"/> Frères ou sœurs (Hors ménage) 4. <input type="checkbox"/> Enfants (Hors ménage) 5. <input type="checkbox"/> Neveux, nièces (Hors ménage) 6. <input type="checkbox"/> Others personnes de la famille (Hors ménage) 7. <input type="checkbox"/> Amis, collègues ... 8. <input type="checkbox"/> Other specify :
M.64.a	Specify	
M.65	In total, how much did you receive last month? [OUTSIDE THE HOUSEHOLD]	_ _ _ _ _ _ _ CFAF

N. Gifts to thanks the respondent

[Things to detail to the respondent] :

- We want to thank you for your collaboration during the last few years.
- However, we don't have enough resources to give a good present to all the firms which participated in this survey (3,600).
- So we decided to organize a lottery with important prizes so we can thank every firm with a chance to win and at least some firms receive an important gift.
- All respondent who agreed to answer completely to the survey receive a lottery ticket.
- There are 3 types of prizes to win: two types of medium prize worth FCFA 40,000 and the jackpot, a motorbike worth FCFA 400,000.
- There are 1 jackpot and 50 medium prizes.
- Note that the total number of participant to the survey (around 3600) is not very high and so chances of winning are sizable.
- The random draw will be conducted by a child or a student in front of a bailiff.

	Is the respondent okay to participate to the lottery?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → 0
N.0	If you are randomly selected, we will call you to let you know and give you your prize. What phone number should we use to reach you ?	_ _ _ _ _ _ _
	SKIP: IF NO SPOUSE OR PARTNER (M5 Dif 2 and 3)	
	Give the lottery ticket to the respondent and -----> Skip to O	

- We leave you some choices on how you would receive your prize if you win.
- BE CAREFUL: your answers are important because i twill determine how you will receive your prizes if you are randomly selected. It will not be possible to change your answers later if you win.

Prize N°1 :

The first type of prize is FCFA 40,000 in cash. The winners will be randomly selected and the FCFA 40,000 will be given

Le premier type de lot est un montant de 40 000 CFAF EN LIQUIDE. Les gagnants sont tirés au sort, and les 40 000 CFAF en liquide leur sont remis in front of their spouse / partner.

N.1	If you are randomly selected, would you prefer to receive the money in front of your spouse or partner or would you prefer to receive it anonymously?	1. <input type="checkbox"/> F40,000 in front of my spouse/partner → Skip to N.6 2. <input type="checkbox"/> F40,000 alone and anonymously
-----	---	---

BE CAREFUL, remember that your answers are important since all your choices will be implemented if you are randomly selected and win the lottery.

The lottery is organized such that winners will receive their prize in front of their spouse or partner. If you win, would you like to receive slightly less money if you can receive it anonymously (ie. secretly without your spouse been informed) instead of receiving it in front of your spouse?

N.2	For example, would you like to receive F 38,000 anonymously instead of F 40,000 in front of your spouse/partner?	1. <input type="checkbox"/> F 40,000 in front of my spouse/partner → N.6 2. <input type="checkbox"/> F 38,000 alone and anonymously
N.3	Also, would you like to receive F 35,000 anonymously instead of F 40,000 in front of your spouse/partner?	1. <input type="checkbox"/> F 40,000 in front of my spouse/partner → N.6 2. <input type="checkbox"/> F 35,000 alone and anonymously
N.4	Would you like to receive F30,000 anonymously instead of F40,000 in front of your spouse/partner?	1. <input type="checkbox"/> F 40,000 in front of my spouse/partner → N.6 2. <input type="checkbox"/> F 30,000 alone and anonymously
N.5	Finally, would you like to receive F 20,000 anonymously instead of F40,000 in front of your spouse/partner?	1. <input type="checkbox"/> F 40,000 in front of my spouse/partner 2. <input type="checkbox"/> F 20,000 alone and anonymously

Prize N°2 :

Now I'm going to present you the type 2 prizes. These prize are independent from the previous type 1 prizes. The amount is also **FCFA 40,000 in cash**, and the winners are also randomly selected. However, the **CFAF 40,000 in cash** are split between the respondent and his/her spouses/partners. So if you win this prize, the **F 40,000** will be spited in **F 20,000** for yourself and **F 20,000** for your spouse/partner. The money will be handed to each spouse/partner.

N.6	If you win, would you prefer to receive all the F 40,000 alone (and 0 for your spouse/partner)?	1. <input type="checkbox"/> No, F 20,000 for each spouse is okay for me → N.11 2. <input type="checkbox"/> I would prefer F 40,000 only for me
-----	---	--

BE CAREFUL, remember that your answers are important since all your choices will be implemented if you are randomly selected and win the lottery.

This lottery is organized such that the **F 40,000** prize will be split between the spouses or partners.

If you win, would you like to receive slightly less money if you can receive all the money (ie. without sharing with your spouse /partner) instead of sharing the prize with your spouse/partner?

N.7	For example, would you prefer to receive F 38,000 yourself instead of F 40,000 split between you and your spouse/partner?	1. <input type="checkbox"/> 40,000 divided in 20 000 and 20000 → N.11 2. <input type="checkbox"/> 38 000F only for me
N.8	Also, would you prefer to receive F 35,000 yourself instead of F 40,000 split between you and your spouse/partner?	1. <input type="checkbox"/> 40,000 divided in 20 000 and 20000 → N.11 2. <input type="checkbox"/> 35 000F only for me

N.9	Would you prefer to receive F 30,000 yourself instead of F 40,000 split between you and your spouse/partner?	1. <input type="checkbox"/> 40,000 divided in 20 000 and 20000 → N.11 2. <input type="checkbox"/> 30 000F only for me
N.10	Finally, would you prefer to receive F 22,000 yourself instead of F 40,000 split between you and your spouse/partner?	1. <input type="checkbox"/> 40,000 divided in 20 000 and 20000 2. <input type="checkbox"/> 22 000F only for me → give the lottery ticket to the respondent
N.11	What are the first and last names of your partner/spouse?	
N.12	What is her/his phone number?	__ __ __ __ __ __

→ Give the lottery ticket to the respondent

O. Surveyor observations about the business

[Surveyor: for this section, YOU DO NOT ASK ANY QUESTION TO THE RESPONDENT, Only look at business premises]

O.0	Does the business have any sign visible from the outside indicating the name or the type of business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to O.2
O.1	Is this sign looking rather new and in good shape or old and in bad shape?	1. <input type="checkbox"/> Plutôt récente and/ou en bon état 2. <input type="checkbox"/> Plutôt vieille and/ou abimée
O.2	How many owners, employees or apprentices in total are present in the business at the time of the survey? [INCLUDING THE RESPONDENT]	__ __ (minimum 1 since it includes the respondent)
O.3	Overall, would you say that the business premises are well organized?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.4	Overall, would you say that the business premises are clean and in good shape?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.5	Are there any posters or sign advertising particular products or services?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.6	Is this business doing any retail sales? (trader)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -----> Skip to P.0
O.7	Can you see the prices of most products?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.8	Are the product sold grouped by type?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
O.9	Are the goods and products clean without any dust?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

P. Surveyor feedback

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

P.0	What is your feeling about the seriousness of the respondent's answers?	1. <input type="checkbox"/> Very good 2. <input type="checkbox"/> Good 3. <input type="checkbox"/> Bad 4. <input type="checkbox"/> Very bad
-----	---	--

Comments: _____

P.1	In what language was the survey conducted? [IF MORE THAN ONE RECORD THE MOST USED]	1. <input type="checkbox"/> Fon 2. <input type="checkbox"/> Adja 3. <input type="checkbox"/> Goun 4. <input type="checkbox"/> Mina 5. <input type="checkbox"/> Français 6. <input type="checkbox"/> Anglais 7. <input type="checkbox"/> Yoruba 8. <input type="checkbox"/> Other-----> Specify in P.1.a
P.1.a	Specify	
P.2	Where did the survey take place?	1. <input type="checkbox"/> In respondent's premises 2. <input type="checkbox"/> In respondent's house 3. <input type="checkbox"/> Other lieu -----> Specify in P.2.a
P.2.a	Specify	

		1 st visit	2 nd visit	3 rd visit
P.3	Ending time	__ __ h __ __ min	__ __ h __ __ min	__ __ h __ __ min
P.4	Final survey result	1. <input type="checkbox"/> survey completed 2. <input type="checkbox"/> Survey partially completed ----> explain in P.4.a 3. <input type="checkbox"/> Survey dropped out ---> explain in P.4.a		
P.4.a	explain			
P.5	Others comments on the survey			
P6_2	Was the controller present during the survey?	1. <input type="checkbox"/> Yes during all the survey 2. <input type="checkbox"/> Yes during part of the survey (at least 2 sections) 3. <input type="checkbox"/> No (or less than 2 sections)		
SKIP: only ask P6_3 if « BROCHURE =1»				
Give the leaflets of the entrepreneur program to the respondent and use the script in the CODEBOOK.				
P6_3	Have you distributed the leaflets of the entrepreneur program?	1. <input type="checkbox"/> Yes and the respondent took them 2. <input type="checkbox"/> Yes and the respondent refused to took them 3. <input type="checkbox"/> No I forgot		

Survey certification:

P.6	I certify that all the information gathered in this survey from the respondent are as true and precise as possible and that I asked the questions following the instructions I received. 1- <input type="checkbox"/> Yes 2- <input type="checkbox"/> No
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