

**MARKETS PROFILE DATA COLLECTION FORM**

**Name of Market:** \_\_\_\_\_ **Market Code:** \_\_\_\_\_  
**County:** \_\_\_\_\_

**Town/Village:** \_\_\_\_\_ **P-code:** \_\_\_\_\_ **District:** \_\_\_\_\_

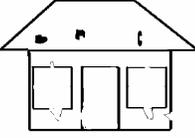
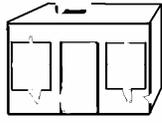
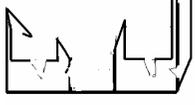
**How long has this market been existing in this place?** \_\_\_\_\_

**Is there a Market Supervisor in place:** YES  NO  **If Yes, please state Name** \_\_\_\_\_

**Type of market place (Please tick all that apply)**

- Building(s)
- Tent(s)
- Rows of Stalls
- Open Field
- Other (Specify \_\_\_\_\_)

**If the market has a structure, please select ONE of the graphics below that best describes its present condition: (Please tick ONE)**

				
<b>Intact/Repaired</b> <input type="checkbox"/>	<b>Minor Damage</b> <input type="checkbox"/>	<b>Major Damage</b> <input type="checkbox"/>	<b>Destroyed</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>

**Is there a sanitation facility attached to the market? (Please tick ONE)**

- YES (In working Condition)  NO (Not Working)  NO (Does Not Exist)

**Is this market accessible by car? (Please tick ONE)**

- YES, during the RAINY season
- YES, during the DRY season
- YES, during ALL seasons (Throughout the year)
- NO, not accessible in any season

**Please select Type of Market and indicate the day of the week the market is held: (Please tick ONE)**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Daily	- (Market happens everyday) -						
<input type="checkbox"/> Weekly							
<input type="checkbox"/> Bi-weekly							
<input type="checkbox"/> Occasionally							

**Category of Marketers (Please tick all that apply)**

- Standing Tables** (Commodities are displayed on tables for sale and usually the seller lives in this community)
- Floaters – Hawkers** (Commodities are usually displayed on containers carried on the seller’s head or hands)
- Floaters – Traveling** (Sellers in this category usually come from out of town)
- Others** (Specify \_\_\_\_\_)

**Estimated Buying Population (Please tick ONE)**

- <100
- 100 – 500
- 500 – 1000
- 1000 & Above

<b>Data Collector:</b> _____	<b>Organization:</b> _____	<b>Date:</b> _____
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