

Generic Questionnaire for Survey on Household Unincorporated Enterprises & the Informal Sector

NOTE: IDENTIFICATION PARTICULARS, INCLUDING RECORD LINKAGES TO RESPONDENT'S LFS QUESTIONNAIRE, QUALITY INDICATORS, AND OTHER STANDARD CONTROL INFORMATION SHOULD BE INCLUDED IN THIS QUESTIONNAIRE.

ILLUSTRATIVE EXAMPLE:

0. GENERAL INFORMATION										
Name of Business:				Identification Code (To be copied from the LFS Form of Operator)						
Name of Operator:										
DATE OF THE INTERVIEW				Aimag Code	SAMPLE PSU No.			Sample Household No.	Person ID No.	Job 1- Main 2-2 nd
Day: _ _	Month: _ _	Year 0 _								
Interviewer's name	_			Characteristics of the operator (To be copied from the LFS Form of Operator)						
Supervisor's name	_			Relationship to head (col 2) _						
Data encoder's name	_ _			Sex (col 3) _						
Date of data entry				Characteristics of the HUEM as Identified in LFS (To be copied from the LFS Form of Operator)						
Day: _ _	Month: _ _	Year: 0 _		Place of work _ _		Accounts _				
QUALITY OF THE INTERVIEW				Activity _ _ _		Registration _				
1- Very Good	4- Bad		_							
2- Good	5- Very Bad									
3- Average										
DURATION OF THE INTERVIEW										
Starting time: _ _ H _ _ MN						Total Duration (MN)				
End time: _ _ H _ _ MN						_ _ _				

Section 1. FILTERS

The questions in this section are to be asked in a 1-2 survey approach when there is a time lag (e.g., one month) between the LFS survey and HUEM survey to ascertain whether or not the sampled business is a HUEM, and therefore, an eligible unit for the survey.

1.1 In your main or secondary job during the {last month}, you were:	CODING ONLY
1- Employer 2- Own account worker 3- Employee 4- Unpaid family worker 5- I did not operate any business/have a job last month 6- Others, specify: _____	_
1.1.1 Ask if response in 1.1 is code 3-6. Why is this different from the employment status recorded during the labour force survey interview?	
1- Unemployed or not active now because business has closed since LFS interview 2- Changed job since the LFS interview 3- Information given in LFS is not correct 4- Others, specify: _____	_
IF CODE 3 OR 4 in 1.1.1, TERMINATE INTERVIEW. OTHERWISE, GO TO 1.2.	
1.2 What is the legal status of your business? {NOTE: Options depend on the business laws of the country.}	
1- Individual business or business in partnership with members of household 2- Ordinary partnership with members of other households 2a- Number of partners living in the same enumeration area: _____ 2b- Number of partners living outside the enumeration area: _____ 3- Corporation 4- Limited liability company/partnership 5- Others, specify: _____	_ 2a _ 2b _
1.2.1 Ask if response in 1.2 is code 3-6. Why is this different from the information on legal status recorded during the labour force survey interview?	
1- Information given in LFS is not correct 2- Others, specify _____	_
IF CODE 1 in 1.2.1, TERMINATE INTERVIEW. OTHERWISE, GO TO 1.3.	
1.3 What type of business-related records or accounts do you keep? {NOTE: Options depend on the business laws, including tax laws, of the country.}	
1- Complete bookkeeping (balance sheet and operating statements) 2- Simplified legal accounts 3- Informal records of orders, sales, purchases 4- No written records are kept	_
1.3.1 Ask if response is code 1 in 1/3. Why is this different from the information provided during the labour force survey interview?	
1- Information given in LFS is not correct 2- Others, specify _____	_
IF CODE 1 in 1.3.1, TERMINATE INTERVIEW. OTHERWISE, GO TO NEXT QUESTION.	

SECTION 2 ORGANIZATION OF BUSINESS

NOTE: Questions 2.1- 2.9 are the minimum recommended data items for this section.

2.1 What is the main activity (product made and/or sold/ service provided for pay) of your business?		_ _ _ _ ISIC Code	
2.2 In which year was this business established?		_ _	
2.3 In which type of premises do you conduct this business activity?		_ _	
<p><u>Without professional premises</u></p> <p>01 Hawking/mobile 02 Improvised post on the road 03 Permanent post on the road 04 Vehicle (car, truck, motor bike, bike) 05 Customer's home 06 In my home without special installation 07 In my home with special installation 08 Improvised post in a market 09 Garbage area 10 Other (specify) _____</p>		<p><u>With professional premises</u></p> <p>11 Permanent premises in a market (shop, kiosk, shed) 12 Workshop, shop, restaurant, hotel 13 Taxi station in permanent structure/ Public transport with fixed route 14 Mining site 15 Other (specify) _____</p>	
2.4 In addition to the main activity you described above, do you carry out other activities in this place of business?	1 Yes 2 No	_	
2.5 Do you have other places of business where you also conduct your main activity?	1 Yes 2 No → <u>Skip to 2.6</u>	_	
2.5.1 If YES to 2.5, how many other places?		_ _	
2.6 Is your business registered in any of the following?		_	
<i>NOTE: Options depend on business registration procedures for country.</i>			
2.6.1 Tax administration	1 Yes 2 No	_	
2.6.2 Social security agency	1 Yes 2 No	_	
2.6.3 Regulatory agency	1 Yes 2 No	_	
2.6.4 Others, specify:	1 Yes 2 No	_	
2.6.1. If NO to 2.6.1-2.6.4: What is the main reason for not registering your business?		_	
1 In the process of being registered	5 Have to pay too much to register		
2 Do not need to register my business	6 Could be bad for my business		
3 Do not know if I have to register	7 Other (specify)		
4 Too many requirements to complete registration	_____		
2.7 Do you have a bank account in the name of this business?	1 Yes 2 No	_	
2.8 What type of accounts do you keep for this business?		_	
1 No accounts			
2 Informal records for personal use			
3 Simplified accounting format required for tax payment			
4 Detailed formal accounts (balance sheets)			
5 Other (specify) _____			
2.9 Do you run a business in other locations which is different from this main activity?	1 Yes 2 No	_	

<p>2.9.1 <i>If YES to 2.9, how many other places?</i></p> <p>NOTE: Administer a separate HUEM questionnaire for each such business.</p>	_ _
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NOTE: Questions covering characteristics related to policy concerns can follow this section; e.g., non-registration, business formation, initial capitalization. Some examples are included below.

ON PLACE OF BUSINESS:

<p><u>Without professional premises.</u> Why do you conduct your business activity in this place?</p> <p>1 Could not find professional premises</p> <p>2 Cannot afford to rent or to buy professional premises</p> <p>3 I do not need it</p> <p>4 It is the most convenient and profitable location</p> <p>5 Other (specify) _____</p>	_
<p><u>With professional premises:</u> What is the occupancy/tenure status of this place?</p> <p>1 I own it/ Am part owner</p> <p>2 Rented with contract (long-term; daily)</p> <p>3 Rent-free, with permission (borrowed)</p> <p>4 Rent-free, without permission (squatting)</p> <p>5 Other (specify) _____</p>	_

ON BUSINESS FORMATION:

<p>Who started this business?</p> <p>1 I started it alone</p> <p>2 I started it with business partners</p> <p>3 Business partners</p> <p>4 My family</p> <p>5 Others, specify:</p>	_
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<p>What was your main reason for engaging in this business?</p> <p>1 Could not get salaried work</p> <p>2 To get higher income</p> <p>3 Prefer to be my own boss</p> <p>4 It is a family tradition</p> <p>5 Need additional income</p> <p>6 Other (specify) _____</p>	_
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ON NON-REGISTRATION:

<p>What is the main reason for not registering your business?</p> <p>1 In the process of being registered</p> <p>2 Do not need to register my business</p> <p>3 Do not know if I have to register</p> <p>4 Too many requirements to complete registration</p> <p>5 Have to pay too much to register</p> <p>6 Could be bad for my business</p> <p>7 Other (specify) _____</p>	_
<p>In your opinion, what is the main advantage of registration?</p> <p>1 No advantage</p> <p>2 Do not know</p> <p>3 Access to loans or financial assistance</p> <p>4 Eligibility for support programs (non-financial)</p> <p>5 Better chance of selling to state enterprise /private companies</p> <p>6 Access to best business location</p> <p>7 Publicity</p> <p>8 Other (specify) _____</p>	_

NOTE: Questions 3.1-3.2 are the minimum recommended data items for this section.

3. EMPLOYMENT AND COMPENSATION										
3.1 How many persons, including yourself, worked in your business even for just an hour during the <u>last month of operation</u> ?								TOTAL:		_ _ _
								How many, wage earners?		_ _ _
3.2 Characteristics of those who worked during the <u>last month</u> your business operated										
Name	Sex	Age (yrs)	Status	Out-worker	Contract	Payment	Total working hours	Wages & Salaries		
(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)	(10)		
1	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _	<p>Sex codes 1- Male 2- Female</p> <p>Status codes 1- Boss/employer 2- Own-account worker 3- Wage earner 4- Paid apprentice 5- Non-paid apprentice 6- Unpaid family worker 7- Partner</p> <p>Outworker codes 1- Employee who works outside business premises (e.g., homemaker) 2- Not outworker</p> <p>Contract codes 1- Operator 2- Written contract without fixed duration 3- Written contract with fixed duration 4- Verbal agreement 5- On trial/probation 6- No contract</p> <p>Payment codes 1- Fixed monthly/weekly salary 2- Daily or per hour of work 3- Per job/task basis 4- Commission 5- Profit share 6- In kind payment 7- No payment</p>	
2	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
3	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
4	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
5	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
6	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
7	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
8	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
9	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
10	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
11	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
12	_	_ _	_	_	_	_	_ _ _	_ _ _ _ _		
3.2.1 MONTHLY TOTAL								_ _ _ _ _		
								x 1,000		

NOTE: Include other characteristics, depending on policy concerns, such as relationship to owner/operator, educational attainment, training, how they were recruited, occupation, etc.

NOTE: This information can also be collected for each worker.

3.3. Allowances and bonuses paid to workers (last month of operation). These include: <ul style="list-style-type: none"> ▪ Social insurance paid by employer ▪ Other allowances and bonuses such as: end of year bonuses, paid leaves. 	CODING ONLY
3.3.1. Total social insurance paid by employer: _ _ _ _ _ _ _ _ _ _ (unit of currency)	_ _ _ _ _ _ _ x 1,000
3.3.2. Total of all other allowances/bonuses: _ _ _ _ _ _ _ _ _ _ unit of currency	_ _ _ _ _ _ _ x 1,000
3.3.3. MONTHLY TOTAL	_ _ _ _ _ _ _ x 1000

NOTE: Depending on policy-related concerns, additional questions may be asked regarding types of benefits received by workers, registration with social security agency, coverage of private social insurance (if applicable), etc. Other issues for which questions may be formulated: problems with workers, how wages of workers are determined, etc. Some examples:

If you employ workers, have you had the following problems with your workers?		
a) Lack of workers, in general	1 Yes 2 No	_
b) Lack of skilled workers	1 Yes 2 No	_
c) High turnover of workers	1 Yes 2 No	_
d) Discipline problems/ workers are not serious about their jobs	1 Yes 2 No	_
e) Wages/salaries are too high	1 Yes 2 No	_
f) Problems with labour unions	1 Yes 2 No	_
g) Other (specify) _____	1 Yes 2 No	_
How do you usually set your workers' salaries/wages?		
1 Following the official salary scale		
2 Comparable to what competitor's pay		
3 According to what I think will be beneficial to the business		
4 Negotiating on case-to-case basis		_
5 Other (specify) _____		
6 There are no wage workers in this enterprise		
Are you planning to increase your manpower within the next 12 months?	1 Yes 2 No	_
If YES, how many additional persons are you planning to hire?		_ _ _
If you were to engage wage-earners, whom will you prefer to hire?		
1 Relatives, recommended people, regardless of experience or qualifications		
2 Former wage-earner of a state enterprise or private corporation		
3 Former wage-earner of a small business		
4 Former apprentice		_
5 Anyone (no particular preference)		
6 Other (specify) _____		

NOTES on Section 4- Production and Sales (Last Month of Operation)

The questions in this section are designed to collect data on revenue/turnover (value of shipments, receipts for services and other revenue).

Questions 4.1-4.4

Question 4.1 asks for a rough estimate of total monthly turnover. Questions 4.2-4.4 obtains more detailed information using a worksheet which is described below

For purposes of reporting, production and sales of main activities are categorized as:

- (1) Products transformed and sold
- (2) Products sold without transformation
- (3) Services provided

The format for recording is a worksheet constructed to aid recall as well as to obtain information on specific goods and services produced. For the last month in which the business operated, the worksheet is completed as follows:

- individual products and services are listed in the appropriate category, and coded using the product classification
- to aid recall, value of sales or receipts for services for the month for each product/service is computed for a period that is most suitable (e.g., daily, weekly)
- for the selected period of recall, a convenient unit of measurement (e.g., piece, kilograms, pack, bottle, trip (for transport)) is selected and information on the unit sales price and quantity sold is recorded
- monthly turnover of each product/service is computed from the above information.
- total monthly turnover for the business in each category is obtained by aggregating all products/services

Given the worksheet, total monthly turnover of the business can be computed by aggregating all three category monthly totals. In addition, data on the destination (or user, e.g., enterprise, household/individual, exports, own final use) of each product/service is also obtained.

More detailed instructions on completing the worksheet during the survey interview will have to be prepared. For example, even a small retail kiosk sells more than 6 products and a suitable prioritization and grouping of goods will have to be identified.

Questions 4.5 and 4.6

To obtain annual estimates from the monthly estimate of turnover, data on monthly fluctuations in the business are needed. For this purpose, activity in each month of the past twelve months is categorized as *no activity, average, maximum and minimum*. Data on estimated maximum and minimum monthly turnover is recorded.

4. PRODUCTION AND SALE (Last month of operation)								CODING ONLY		
Period codes: 1- Day 2- Week 3- Fortnight 4- Month 5- Quarter 6- Year Destination codes: 1- Public or para-public sector 2- Big private enterprise 3- Small private enterprise 4- Household/individual 5- Direct exportation 6- Own final use										
4.1 What was the total amount of your turnover for the last month of operation?						_____		_ _ _ _ _ _ _ _ (x 1,000)		
		(unit of currency)								
4.2 PRODUCTS SOLD AFTER TRANSFORMATION								Product code	Monthly value (x1,000)	Destination
N°	Name of the product	Period	Unit	Quantity	Unit price (unit of currency)	Total value for period (unit of currency)	Destination	_ _ _ _	_ _ _ _ _ _ _	_
1		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
2		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
3		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
4		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
5		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
6		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
O		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
4.2.1 MONTHLY TOTAL:								_ _ _ _ _ _ _		
4.3.PRODUCT SOLD WITHOUT TRANSFORMATION								Product code	Monthly value (x 1,000)	Destination
N°	Name of the product	Period	Unit	Quantity	Unit price (unit of currency)	Total value for period (unit of currency)	Destination	_ _ _ _	_ _ _ _ _ _ _	_
1		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
2		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
3		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
4		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
5		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
6		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
O		_		_ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_	_ _ _ _	_ _ _ _ _ _ _	_
4.3.1 MONTHLY TOTAL:								_ _ _ _ _ _ _		

3. PRODUCTION AND SALE (last month of operation)								CODING ONLY		
Period codes: 1- Day 2- Week 3- Fortnight 4- Month 5- Quarter 6- Year Destination codes: 1- Public or para-public sector 2- Big private enterprise 3- Small private enterprise 4- Household/individual 5- Direct exportation 6- Own final use										
4.4. SERVICES OFFERED								Product code	Monthly value (x 1,000)	Destination
N°	Name of the service	Period	Unit	Quantity	Unit price (unit of currency)	Total value for period (unit of currency)	Destination			
1										
2										
3										
4										
5										
6										
O										
4.4.1 MONTHLY TOTAL:										

4.5. How did your business activity fluctuate within the past 12 months?												
RHYTHM	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
1- Maximum												
2- Average												
3- Minimum												
0- No activity												
Code (0-3)												

4.6. Maximum monthly turnover and minimum monthly turnover: <i>in unit of currency</i>		(x 1,000)
3.6.1. Maximum turnover:		
3.6.2. Minimum turnover:		
4.7.1. Did you employ temporary workers within the past 12 months?		
1 Yes		
2 No → <u>Skip to next section</u>		
4.7.2. If yes, how many temporary workers were there in the month they were at the maximum number?		

NOTE: Additional questions on business received from other enterprises are illustrated below:

In the last month of operation, did some of your customer-enterprises give you raw materials to transform for them?	1 Yes	2 No	_
If YES , What was the share (%) of your total turnover from these customer-enterprises?			_ _ _
If YES , Which type of customer is your most important customer of this type?			_
1 Public or para-public sector	4 Household/Individual		
2 Big private enterprise	5 Direct foreign exporter		
3 Small private enterprise			

(Subcontracting) In the last month of operation did some of your customer enterprises impose on you, in advance, norms or timetables for your production?	1 Yes	2 No	_
If YES , What was the share (%) of your total turnover from these customers?			_ _ _
If YES , Which type of customer is your most important customer of this type?			_
1 Public or para-public sector	4 Household/Individual		
2 Big private enterprise	5 Direct foreign exporter		
3 Small private enterprise			

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NOTES on SECTION 5- Purchases of Raw Materials and Stocks

Questions 5.1 and 5.2 are designed to obtain information on

- (1) Cost of raw materials used in production of transformed products self
- (2) Cost of good bought to be sold without transformation

The format for recording information needed to estimate monthly purchases is similar to the worksheet used in Section 4. Data on the origin or source of these goods is also obtained.

Question 5.3 is designed to obtain information on all intermediate costs.

The first five items in the worksheet are obtained from preceding items in the questionnaire on

- (1) Wages and salaries
- (2) Social insurance contributions of employers
- (3) Bonuses and other allowances
- (4) Cost of raw materials
- (5) Cost of goods bought to be sold without transformation

The other items listed in the worksheet are main intermediate cost items. The detailed breakdowns are to be adapted to the national accounting practices of countries.

5. Expenditures on Raw Materials and Stocks (last month of operation)								CODING ONLY				
Period codes: 1- Day 2- Week 3- Fortnight 4- Month 5- Quarter 6- Year Origin codes: 1- Public or para-public sector 2- Big private enterprise 3- Small private enterprise 4- Household/individual 5- Direct importation 6- Own production												
5.1. How much did you spend on raw materials used for your business?								Product code	Monthly value (x 1,000)	Origin		
N°	Name of the product	Period	Unit	Quantity	Unit price (in unit of currency)	Total value for perio (unit of currency)	Origin					
1		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
2		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
3		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
4		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
5		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
6		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
O		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
5.1.1. MONTHLY TOTAL:									<input type="text"/>	<input type="text"/>		

5.2. For products sold without transformation, how much did you spend to buy your stocks?								Product code	Monthly value (x 1,000)	Origin		
N°	Name of the product	Period	Unit	Quantity	Unit price (in unit of currency)	Total value for period (unit of currency)	Origin					
1		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
2		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
3		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
4		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
5		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
6		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
O		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
5.2.1. MONTHLY TOTAL:									<input type="text"/>	<input type="text"/>		

5.3 Other Business Expenses					CODING ONLY	
What were your other business expenses during the last month of operation?						
N°	Charges	Period	Value in Period In unit of currency	Origin	Monthly value (x 1,000)	Origin
01	Wages and salaries (from 3.2.1)	4			□□□□□□	
02	Social insurance (from 3.3.1)	4			□□□□□□	
03	Bonuses & allowances (from 3.3.2)	4			□□□□□□	
04	Raw materials (from 5.1.1)	4			□□□□□□	
05	Purchase cost of products sold (from 5.2.1)	4			□□□□□□	
06	Fuel, gasoline & lubricants	□□		□□	□□□□□□	□□
07	Water	□□		□□	□□□□□□	□□
08	Electricity	□□		□□	□□□□□□	□□
09	Rental payments (machinery, structures)	□□		□□	□□□□□□	□□
10	Transport services	□□		□□	□□□□□□	□□
11	Post, communication, internet	□□		□□	□□□□□□	□□
12	Other non-industrial services	□□		□□	□□□□□□	□□
13	Repair & maintenance of facilities & equipment	□□		□□	□□□□□□	□□
14	Other industrial services	□□		□□	□□□□□□	□□
15	Paid interests	□□		□□	□□□□□□	□□
16	Taxes	□□		□□	□□□□□□	□□
17	Insurance	□□		□□	□□□□□□	□□
18	Licenses, other fees	□□		□□	□□□□□□	□□
19	Other charges _____ (specify)	□□		□□	□□□□□□	□□
MONTHLY TOTAL:					□□□□□□□□	
<u>Period code</u> : 1- Day 2- Week 3- Fortnight 4- Month 5- Quarter 6- Year <u>Origin codes</u> : 1- Public or para-public sector 2- Big private enterprise 3- Small private enterprise 4- Household/individual 5- Direct importation 6- Own production						

NOTES on Section 6- Capital Formation

Using a worksheet format, this section is designed to obtain information on value of fixed assets and capital expenditures:

- (1) Value of fixed assets at the beginning of the year
- (2) Capital expenditures on new and used fixed assets during the year
- (3) Value of fixed assets sold or disposed or lost during the year

Each fixed asset existing at the beginning of the year is to be listed and date of acquisition and present value is to be recorded. Depreciation will be indirectly estimated, using the information on data of acquisition and present value. A code for mode of transaction of (codes 1-4) is also to be recorded.

Fixed assets that are purchased during the year are listed separately. Date of acquisition, value and mode of transaction (codes 1-4) are to be recorded.

Any existing asset at the beginning of the year that is sold or lost during the year is to be listed again and the date and sale/disposal value recorded. A code for mode of transaction of '5-sold' or '6- loss' is to be recorded.

6. CAPITAL FORMATION						
6.1. What are the capital equipments you used for your business activity during the past 12 months?						
<u>Mode of transaction:</u> 1- Bought new 2- Bought used 3- Made major improvements 4- Own-produced 5- Sold 6- Loss						
<u>Ownership codes:</u> 1- Personal property 2- Rent 3- Lease 4- Share property						
Type	Characteristics (Short Description)	Mode of transaction	Ownership	Date of acquisition/sale/loss (month / year)	Value (replacement cost) x 1,000	
1	Land	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
2	Dwellings	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
3	Other structures	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
4	Transport equipment	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
5	Other machinery and equipment	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
6	Furniture and office equipment	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
7	Others	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
		O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

NOTE. Information on business loans may be obtained, as illustrated below:

Within the past 12 months, did you borrow money for use in your business operations?			1 Yes		2 No → Skip to 7		_	
If YES, how many loans did you take out?							_ _	
Provide information on loans:								
	Amount of loan x 1,000	Amount payable x 1,000	Origin	Use	Contract	Repay- ment	Maturity	Difficulty
Main loan	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_	_	_ _	_
ALL loans	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _						
Origin Code: 1- Family or friends 2- Customers 3- Suppliers 4- Usurers (money lender) 5- Producers' associations 6- Bank 7- Micro-financing institution 8- Other _____								
Use of loan code: 1- Purchase of raw materials 2- Improvement of premises 3- Acquisition or maintenance of equipments 4- Payment of salary 5- Training of manpower 6- Repayment of previous debts 7- Expansion of the activity 8- Other (specify) _____								
Type of contract code: 1- Legally recognised agreement 2- Simple written agreement 3- Verbal agreement 4- No contract								
Mode of repayment code: 1- In cash 2- Goods or services (in kind) 3- Other (specify) _____								
Maturity code: Total duration of the credit in months (code as 99 if 99 months and above)								
(Repayment) Difficulty code 1- Bad business period 2- Interest rate too high 3- Maturity period too short 4- Without difficulty 5- Other (specify) _____								

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NOTES on questions related to policy concerns.

Questions on the registration, business environment, occupational safety, problems and prospects, support structures, social protection, are illustrated in the next sections. These questions can focus on providing data for situation analysis as well as monitoring effects of specific programs and policies that have been initiated.

BUSINESS ENVIRONMENT

BE1. Did you have problems with state agents from the following institutions in the exercise of your business in the past 12 months?				If yes, which type?	How was the problem settled?	In total, what is the amount of gifts and fines that you paid to these state agents in connection with your business during the past 12 months?		
						_ _ _ _ _ _ _ _ _ _ (unit of currency)		
						"Gifts"	Fines	
1	Local administration office	1 Yes	2 No	_	_	_	_ _ _ _ _ _ _	_ _ _ _ _ _ _
2	CUSTOMS	1 Yes	2 No	_	_	_	_ _ _ _ _ _ _	_ _ _ _ _ _ _
3	Professional inspection	1 Yes	2 No	_	_	_	_ _ _ _ _ _ _	_ _ _ _ _ _ _
4	Tax administrations	1 Yes	2 No	_	_	_	_ _ _ _ _ _ _	_ _ _ _ _ _ _
5	Police and justice	1 Yes	2 No	_	_	_	_ _ _ _ _ _ _	_ _ _ _ _ _ _
6	Other _____	1 Yes	2 No	_	_	_	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Type of problem codes				Settlement of the problem codes				
1- Related to the premises				4- Related to the prices		3- Payment of a fine		
2- Related to taxes and licence				5- Related to other rules & regulations		4- Payment of a gift		
3- Related to products used/sold				6- Other (specify) _____		5- No settlement		
						6- Other (specify): _____		

BE2. Customers, Suppliers and Competitors			CODING ONLY
Who is your main customer? (To whom do you mainly sell?)	1 Public or para-public sector 2 Big enterprise 3 Small enterprise	4 Household/individual 5 Direct exportation	_
Who is your principal supplier? (From whom do you mainly buy?)	1 Public or para-public sector 2 Big enterprise 3 Small enterprise	4 Household/individual 5 Direct importation 6 Not applicable	_
Do you export part of your production? 1 Yes 2 No			_
<i>If YES</i> , what percentage?			_ _ _
To which country, mainly? Country codes: (select main export markets)			_
In the local/domestic market, do you have competitors (i.e., enterprises selling same products/offering same services).		1 Yes 2 No	_
IF YES , Who is your main competitor?	1 Public or para-public sector 2 Big enterprise 3 Small enterprise 4 Household/individual		_
Do you sell imported/foreign-made products? 1 Yes 2 No			_
<i>IF YES</i> , To which country, mainly? Country codes: (select main countries)			_

IF WITH DOMESTIC COMPETITORS. With regard to your main competitors in the domestic market indicate how you are situated:			CODING ONLY
With regard to competitors	1- Local/domestic products	2- Imported/foreign products	
Your <u>sale prices</u> are :	1- Higher 2- Average/ about the same 3- Lower 4- Not applicable	1- Higher 2- Average/ about the same 3- Lower 4- Not applicable	<input type="checkbox"/> <input type="checkbox"/>
Your <u>cost prices</u> are :	1- Higher 2- Average/ about the same 3- Lower 4- Not applicable	1- Higher 2- Average/ about the same 3- Lower 4- Not applicable	<input type="checkbox"/> <input type="checkbox"/>
Your <u>quality</u> is :	1- Higher 2- Average/ about the same 3- Lower 4- Not applicable	1- Higher 2- Average/ about the same 3- Lower 4- Not applicable	<input type="checkbox"/> <input type="checkbox"/>
The sale of your products is:	1- Rapid 2- Average/ about the same 3- Slow 4- Not applicable	1- Rapid 2- Average/ about the same 3- Slow 4- Not applicable	<input type="checkbox"/> <input type="checkbox"/>
How are your prices compared with those of your main competitors that are big enterprises selling the same products or services like you?			
<p>1 Higher 2 Average 3 Lower 4 Don't know</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			<input type="checkbox"/>
(a) By how much higher? (% higher)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Why are your prices higher than those of these competitors?</p> <p>1 My equipment are less productive</p> <p>2 I do not have enough customers</p> <p>3 I do not have access to credit</p> <p>4 Quality of my products/services is better</p> <p>5 Cost of my supply is higher</p> <p>6 Other (specify) _____</p>			<input type="checkbox"/>
(b) By how much lower? (% lower)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Why are your prices lower than those of these big competitors?</p> <p>1 I do not pay taxes or pay less taxes</p> <p>2 My labour costs are lower</p> <p>3 My customers are less rich</p> <p>4 Quality of my products/services is lower</p> <p>5 Other (specify) _____</p>			<input type="checkbox"/>
(c) How do you determine the prices of your main products or main services?			
<p>1 By fixing a constant percentage on the cost price</p> <p>2 After bargaining with customers</p> <p>3 According to the competitor's prices</p> <p>4 Following the price fixed by the producers' association</p> <p>5 Other (specify) _____</p>			<input type="checkbox"/>

PROBLEMS & PROSPECTS	CODING ONLY
<p>What is the main reason you chose this business activity?</p> <p>1 Family tradition</p> <p>2 It is the profession that I know</p> <p>3 It gives better income/higher profits than other products or services</p> <p>4 More stable returns than other products/services</p> <p>5 Other (specify) _____</p>	<input type="checkbox"/>
<p>Do you have problems/difficulties related to the following aspects of your business?</p> <p>a) Supply of raw materials (quantity or quality) 1 Yes 2 No</p> <p>b) Sale of products- lack of customers 1 Yes 2 No</p> <p>c) Sale of products- too much competition 1 Yes 2 No</p> <p>d) Financial difficulties (e.g., difficult to get loan) 1 Yes 2 No</p> <p>e) Lack of space, adapted premises 1 Yes 2 No</p> <p>f) Lack of machines or equipment 1 Yes 2 No</p> <p>g) Organization, management difficulty 1 Yes 2 No</p> <p>h) Too much control, taxes 1 Yes 2 No</p> <p>i) Other (specify) _____ 1 Yes 2 No</p>	<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"/>
<p>To solve your present problems, do you wish to have help in the following areas?</p> <p>a) Technical training 1 Yes 2 No</p> <p>b) Training in organizational and financial management 1 Yes 2 No</p> <p>c) Assistance in obtaining supplies 1 Yes 2 No</p> <p>d) Access to modern machines 1 Yes 2 No</p> <p>e) Access to loans 1 Yes 2 No</p> <p>f) Access to information on the market 1 Yes 2 No</p> <p>g) Access to large business orders 1 Yes 2 No</p> <p>h) Registration of business 1 Yes 2 No</p> <p>i) Advertising of new products/services 1 Yes 2 No</p> <p>j) Other (specify) _____ 1 Yes 2 No</p>	<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"/>
<p>Do you belong to a professional organization in your domain of business activity? 1 Yes 2 No</p>	<input type="checkbox"/>
<p>IF YES, For which type of difficulties does this organization help you?</p> <p>a) Technical training 1 Yes 2 No</p> <p>b) Training in organizational and financial management 1 Yes 2 No</p> <p>c) Assistance in obtaining supplies 1 Yes 2 No</p> <p>d) Access to modern machines 1 Yes 2 No</p> <p>e) Access to loans 1 Yes 2 No</p> <p>f) Access to information on the market 1 Yes 2 No</p> <p>g) Access to large business orders 1 Yes 2 No</p> <p>h) Problems/linkages with government 1 Yes 2 No</p> <p>i) Litigation with the competitors 1 Yes 2 No</p> <p>j) Security problems 1 Yes 2 No</p> <p>k) Other (specify) _____ 1 Yes 2 No</p>	<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"/>

BANKS, MICRO-FINANCE SERVICES & OTHER SUPPORT STRUCTURES		CODING ONLY
(a) Have you ever applied for a bank loan for your business? 1 Yes 2 No → Skip to b		<input type="checkbox"/>
IF YES , Did you succeed in obtaining a loan? 1 Yes 2 No → Skip to c		<input type="checkbox"/>
(b) If you never applied for a bank loan , what is the main reason? 1 Procedures are too complicated 2 Interest rates are too high 3 Guarantee/collateral asked for is too much 4 Available loans do not correspond to my needs 5 I am not interested in getting a loan 6 Other (specify) _____		<input type="checkbox"/>
(c) Other than bank services, do you know of any micro-finance services? 1 Yes 2 No → Skip to d		<input type="checkbox"/>
If yes, how did you come to know them? 1 Through 'word-of-mouth' (family, friends, neighbours, etc.) 2 Through professional milieu/environment 3 Through an association of my village 4 Through a visit to one of the institutions 5 Through an advertisement (mass media, internet, poster) 6 Other (specify) _____		<input type="checkbox"/>
Have you applied for a loan? 1 Yes 2 No → Skip to e		<input type="checkbox"/>
If YES , did you get a loan? 1 Yes 2 No → Skip to d		<input type="checkbox"/>
If YES , what was the impact of the loan on your business activity? a) Increase in the volume of production 1 Yes 2 No b) Diversification of production 1 Yes 2 No c) Increase of the volume of sales 1 Yes 2 No d) Improvement of competitiveness/profitability 1 Yes 2 No e) Recruitment of additional manpower 1 Yes 2 No f) Working less time 1 Yes 2 No g) Utilisation of less manpower 1 Yes 2 No h) Financial difficulties 1 Yes 2 No i) Other (specify) _____ 1 Yes 2 No → Skip to e		<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"/>
(d) What was the main reason your application was rejected? 1 Incomplete documents 4 Insufficient initial capital 2 Complete but not convincing documents 5 Activity/enterprise was deemed not viable 3 Insufficient guarantees/collateral 6 Other (specify) _____		<input type="checkbox"/>
→ Skip to f		

(e) If you did not apply for a loan, what was the main reason?				_
1 Amount of loan offered is insufficient	5 Guarantees/collateral required is too much			
2 Procedures are too complicated	6 Do not need a loan			
3 Interest rate is too high	7 Other (specify)	_____		
(f) Apart from the institutions previously mentioned (banks, micro credit institutions), do you know of other support structures to small businesses like yours?		1 Yes	2 No → Next section	_
Did you have contact with any one of these support institutions?		1 Yes	2 No → Next section	_
IF YES, Results of contact with support institutions:				
Institution	Contacted?	If contacted:		
		Type of Assistance Requested	Outcome	
1 International program/project	1- Yes 2- No	_	1- Granted 2- Not granted	_ _ _
2 Government program/project	1- Yes 2- No	_	1- Granted 2- Not granted	_ _ _
3 Local government	1- Yes 2- No	_	1- Granted 2- Not granted	_ _ _
4 Professional association/NGO	1- Yes 2- No	_	1- Granted 2- Not granted	_ _ _
Codes for Type of Assistance Requested: 1- Technical training 2- Training in organizational and financial management 3- Assistance in obtaining supplies 4- Access to modern machines 5- Access to information on the markets 6- Access to large business orders 7- Registration of business 8- Advertising of new products/services 9- Other (specify)				

ON SOCIAL PROTECTION— Questions could include:

1. Knowledge of what social security/ social protection means and benefits available
2. Whether workers and operator are covered, through the business, in available social insurance/ protection schemes
 - 2a. If not, reasons
3. Benefits received/wish to receive under social security/ social protection
4. Amount of monthly premiums that operator will be willing to pay