**APPENDIX 1: Screening Survey module**

**Information for Programmer: a shorter version of this consent form - as per the consent page in Appendix 2 (Business Overview) - will be programmed into one survey page/screen with answer options for “yes” (consent provided) or “no” (consent not provided, in which case survey cannot continue).**

**PARTICIPANT CONSENT FORM**

London Business School is partnering with Grow Movement and Innovations for Poverty Action (IPA) on a research project to better understand small business owners in Uganda. Through this project we hope to assist clients in growing their businesses.

We would like to ask you a few questions about you and your main business. By main business, we mean the business where you spend more than 50% of your time. For example, if you agree to participate, we will ask you questions about your demographics, background and views about business; we will also ask you about the activities of your firm, such as those related to marketing, customers and the management of your operations and finances. In addition, we are interested in learning about the challenges you face in running your business, and also the performance of your firm over time.

There are no risks involved in completing this survey, either to you or your business. By choosing to participate, you could qualify to receive a high quality business consulting package provided free of charge by Grow Movement.

Finally, we would also like to take a photograph of you and your business. If you qualify to receive Grow Movement’s consulting package, this information will help us to reconnect with you to inform you of next steps.

**Please note:**

* Your participation is voluntary.
* Your information will always remain confidential and anonymous. *No information will be shared with any third party.* Your answers on this survey will not affect your chances of receiving services from any organization. *Your answers are for internal research purposes only.*
* You should be as honest and accurate with your answers as possible as this information will be used to develop products and services that better meet the needs of small business owners like you.
* You can choose not to answer a question, or to stop the survey at any time.
* This survey should take approximately 35 minutes of your time, depending on how you respond.

If you have any questions about this project, you can ask us now or contact IPA or UNCST at any time at the details below:

|  |  |
| --- | --- |
| Innovations for Poverty Action  Plot 9 Naguru Drive Close  Kampala, Uganda  Field Manager: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Associate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Uganda National Council for Science and Technology  P.O. Box 6884  Kampala, Uganda  Tel: +256 414 705 513  Web: www.uncst.go.ug |

By signing below, you confirm that you have understood the information above and have agreed to complete the survey. Please sign or write your initials or give a thumbprint below to confirm the truth of the information you are providing.

|  |  |
| --- | --- |
| **I Agree** | **I Do Not Agree** |

|  |  |
| --- | --- |
| **ADMINISTRATION: Surveyor to complete** | |
| **X1. Name of Surveyor** |  |
| **X2. Date of the interview** | **\_\_ \_\_ \_\_ \_\_ (year) / \_\_ \_\_ (month) / \_\_ \_\_ (day)** |
| **X3. Interview Start Time** | **\_\_ \_\_ : \_\_ \_\_ (24 hour clock)** |
| **X4. Interview End Time** | **\_\_ \_\_ : \_\_ \_\_ (24 hour clock)** |
| **X4. Participant number [Enter number: 1 – 1000]** | **\_\_ \_\_ \_\_ \_\_** |

**SECTION 1: CONTACT INFORMATION**

*[5 minutes]*

|  |  |
| --- | --- |
| 1. What is your first and last name? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. What is the name of your business? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3A. What is your mobile phone number? *Please make sure the client provides a ten-digit phone number.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do not have |
| 3B. What is another mobile phone number we could reach you on? *Please make sure the client provides a ten-digit phone number.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do not have |
| 3C. What is your landline number? *Please make sure the client provides a ten-digit phone number.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do not have |
| 4A. What is your email address? *Please make sure the client provides a valid email address.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do not have |
| 4B. What is your Skype ID? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do not have |
| 5A. Maybe we please take a picture of you for our records? | Yes No |
| 5B. Maybe we please take a picture of your business location for our records? | Yes No |

|  |  |
| --- | --- |
| Please enter the names and numbers of two people who we can call to stay in touch with you – just in case your phone number or address changes. | |
| 6A. Contact: Name  (*First name, Last name)* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 6B. Contact: Relationship | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 6C. Contact: Mobile phone number  *Please make sure the client provides a ten-digit phone number.* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 6D. Contact: Name  *(First name, Last name)* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 6E. Contact: Relationship | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 6F. Contact: Mobile phone number  *Please make sure the client provides a ten-digit phone number.* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**7. Location of Business**

We need to know how to get to your business location so it will be easier for you to participate in the future. Please help us by answering the following questions.

|  |  |
| --- | --- |
| 7A. Business Address Street: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 7B. Business Address Town: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 7C. Please include any other information that will be helpful to us in locating your business (i.e. landmarks, color of building, signs, etc.) | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 7D. GPS Latitude *(Decimal Degree)* | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| 7E. GPS Longitude *(Decimal Degree)* | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |

**SECTION 2: BUSINESS OVERVIEW**

*[15 minutes]*

In this section, we are going to ask you some background questions about your business. Please remember to focus on your main business where you spend more than 50% of your time. This is usually your largest business where you get the most money from selling products/services.

|  |  |  |
| --- | --- | --- |
| 1. Who started this business?*Mark one answer.* | | |
|  | 1 | You on your own |
|  | 2 | You and other(s) |
|  | 3 | Family member(s) |
|  | 4 | Other people: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[Please specify.]* |
|  | 997 | Do not know |

| 1. When did you start operating this business?*This is not the date of its registration with the government, but the earliest date when you started selling products/services for this business.* | | |
| --- | --- | --- |
| \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ (year) / \_\_\_\_\_ \_\_\_\_\_ (month) | | |
|  | 997 | Do not know |
|  | 999 | Business is not operating |

|  |  |  |
| --- | --- | --- |
| 1. How much money did you need to start this business? *This refers to the total amount of money you spent to begin the business (or to buy it from someone) and start selling your products/services.* | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | 997 | Do not know |

| 1. Where did you get the money to start this business? *Please tick a box for each option.* | | Yes | No | Do not know |
| --- | --- | --- | --- | --- |
| 1 | 2 | 997 |
| a. | Savings: from myself – personal or household |  |  |  |
| b. | Savings: from family or friends – you do not need to pay it back (free gift) |  |  |  |
| c. | Grant: from government agency or NGO – you do not need to pay it back |  |  |  |
| d. | Loan: from family or friends |  |  |  |
| e. | Loan: from a Savings Group |  |  |  |
| f. | Loan: from money lender (e.g. loan shark) |  |  |  |
| g. | Loan: from government agency or NGO |  |  |  |
| h. | Loan: from microfinance institution or bank |  |  |  |
| i. | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please specify.* |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. In what year and month did this business formally register? | | |
| \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ (year) / \_\_\_\_\_ \_\_\_\_\_ (month) | | |
|  | 997 | Do not know |
|  | 887 | Business is not registered yet |

|  |  |  |
| --- | --- | --- |
| 1. Where do you perform your business activities? *Please select one location.* | | |
|  | 1 | In your own home. |
|  | 2 | In your own home at the market. |
|  | 3 | In your own home, but in a room used only for your business. |
|  | 4 | At the clients’ home (e.g. selling products or providing services). |
|  | 5 | At the clients’ business location (e.g. store, office, factory). |
|  | 6 | On the street – at a roadside stand or cart (e.g. no physical building). |
|  | 7 | On the street – using a car or truck (e.g. taxi driver, delivery person). |
|  | 8 | In a small shop or physical structure (stand alone). |
|  | 9 | In a shipping container (stand alone). |
|  | 10 | In a large shop (stand alone). |
|  | 11 | In a store located within a shopping mall or retail building. |
|  | 12 | In an office located within a larger office building or complex. |
|  | 13 | In a large stand alone building (e.g. factory or office building). |
|  | 14 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_ *[Please specify.]* |

|  |  |  |
| --- | --- | --- |
| 1. How long have you been operating out of this business location? *Write the response in months. For example, if the respondent has been operating there for 2 years, please write 24 months.* | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months | | |
|  | 997 | Do not know |

|  |  |
| --- | --- |
|  | **15.** What do you sell? *Please have the client explain in detail the products or services they sell so that someone can imagine/visualize what this business does and looks like.* |
|  | |
| **16.** What industry is your business in? | |
| Farming | |
| Mining | |
| Engineering | |
| Customer Service | |
| Information Technology | |
| Education | |
| Hospitality & Catering | |
| Tourism | |
| Tailoring | |
| Retail | |
| Health | |
| Welding | |
| Food Processing | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please specify* | |

| 1. How do you sell your products? | | |
| --- | --- | --- |
|  | 1 | I make products / provide services from inputs (materials/supplies) that I buy. |
|  | 2 | I buy and resell goods (stock/inventory). |
|  | 3 | Both |
|  | 997 | Do not know |

| 1. **Who do you sell your products or services to?** *Please select all that apply.* | | | **Where do you sell to these customers?** *Please select all that apply.* |
| --- | --- | --- | --- |
| **a.** | Yes  No | Customer: family / friends | In the same neighborhood (within walking distance)  In the same city (anywhere in the greater metropolitan area)  Outside of the city (in a different city, state, or country) | |
| **b.** | Yes  No | Customer: individuals | In the same neighborhood (within walking distance)  In the same city (anywhere in the greater metropolitan area)  Outside of the city (in a different city, state, or country) | |
| **c.** | Yes  No | Customer: smaller businesses | In the same neighborhood (within walking distance)  In the same city (anywhere in the greater metropolitan area)  Outside of the city (in a different city, state, or country) | |
| **d.** | Yes  No | Customer: larger businesses | In the same neighborhood (within walking distance)  In the same city (anywhere in the greater metropolitan area)  Outside of the city (in a different city, state, or country) | |
| **e.** | Yes  No | Customer: government | In the same neighborhood (within walking distance)  In the same city (anywhere in the greater metropolitan area)  Outside of the city (in a different city, state, or country) | |

|  |  |  |
| --- | --- | --- |
| 1. How many days of the week do you operate? **\_\_\_\_\_\_\_\_\_\_** | | |
| 1. On a typical day, what times of the day do you operate?*Please use 24-hour format, for example, from 07:00 to 17:00*   From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. How often does your business get money in? | | |
|  | 1 | Every day |
|  | 2 | On a weekly basis |
|  | 3 | On a monthly basis |
|  | 4 | On a contract basis |

| 1. When was the last time you made a sale? We mean the last time you exchanged your products/services for money? | | |
| --- | --- | --- |
| \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ (year) / \_\_\_\_\_ \_\_\_\_\_ (month) / \_\_\_\_\_ \_\_\_\_\_ (day) | | |
|  | 997 | Do not know |
|  | 999 | Haven’t made a sale yet |

|  |  |  |
| --- | --- | --- |
| 1. How many employees are working in your business today? Please do not include yourself (the owner) in the count of your total number of employees. *Obtain a response for each employee type listed.* | | |
| **a.** | Permanent full-time employees (paid & work more than 30 hours per week) |  |
| **b.** | Permanent part-time employees (paid & work fewer than 30 hours per week) |  |
| **c.** | Business partners (share the ownership; in charge of running the firm with you) |  |
| **d.** | Seasonal or temporary or contract workers |  |
| **e.** | Informal employees (*not paid*: e.g. friends or family members of the owner) |  |

| 1. During the past 12 months have you borrowed money from any of these sources FOR YOUR BUSINESS? *Give the exact time frame so it is clear to the client.* *Please select all that apply.* | | |
| --- | --- | --- |
|  | **a.** | Loan: from family or friends |
|  | **b.** | Loan: from Savings Group |
|  | **c.** | Loan: from money lender (e.g. loan shark) |
|  | **d.** | Loan: from microfinance institution (MFI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[Please specify.]* |
|  | **e.** | Loan: from bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[Please specify.]* |
|  | **f.** | Did not take out a loan |

|  |  |  |
| --- | --- | --- |
| 1. Which areas do you need most help with in your business? *Please select all that apply.* | | |
| **a.** | Marketing |  |
| **b.** | Finance |  |
| **c.** | Operations |  |
| **d.** | Human Resources |  |
| **e.** | Strategy |  |
| **f.** | New business ideas/research |  |
| **g.** | Business planning |  |
| **h.** | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_ *[Please specify.]* |  |

**SECTION 3: BUSINESS PRACTICES**

*[5 minutes]*

In this section, we would like to know a little bit more about which business practices you are using in your business.

|  |  |  |
| --- | --- | --- |
| 1. How do you keep track of your business finances? What method do you use for managing your business income and expenses – i.e. the money that comes in to and goes out of your business? | | |
|  | 1 | Do not keep records |
|  | 2 | In a storage container (e.g. receipts kept in a shoe box) |
|  | 3 | Handwritten notes (e.g. organized in a notebook) |
|  | 4 | Notes on the computer (e.g. in Excel) |
|  | 5 | An accounting software |
|  | 6 | A professional accountant |
|  | 7 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please specify.* |
|  | 997 | Do not know |

| 1. How do you keep track of your business inventories? For instance, what method do you use for managing your inventories (e.g. stock of raw materials, unfinished products, finished products, merchandise, replacement parts, etc.)? | | |
| --- | --- | --- |
|  | 1 | Do not keep track of business inventories |
|  | 2 | Handwritten notes (e.g. organized in a notebook) |
|  | 3 | Notes on the computer (e.g. in Excel) |
|  | 4 | A computer software |
|  | 5 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please specify.* |
|  | 997 | Do not know |
|  | 888 | Business does not have any inventories |

| 1. During the past year have you done any of these activities? *For each question, please tick one box.* | | Yes | No | Do not know | Does not apply |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 997 | 999 |
| a. | Kept your business finances separate from your personal finances. |  |  |  |  |
| b. | Created Business Records (written or electronic) to track your business finances (e.g. sales, expenses, profits, assets, liabilities and equity) for an entire one-month period or more? |  |  |  |  |
| c. | Used your Business Records to determine which product/service makes the most profit per item sold? |  |  |  |  |
| d. | Set or changed prices based on the fixed and variable costs in the business? |  |  |  |  |
| e. | Made a Business Budget (written or electronic) stating how much is owed each month for costs (e.g. rent, transport, electricity, salaries)? |  |  |  |  |
| f. | Made (or updated) an Income Statement and Balance Sheet to report on your business monthly or annually? |  |  |  |  |

| 1. During the past year have you done any of these activities? *For each question, please tick one box.* | | Yes | No | Do not know | Does not apply |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 997 | 999 |
| a. | Developed any new products or services? |  |  |  |  |
| b. | Attracted new customers? |  |  |  |  |
| c. | Started offering your products/services in a new area in your city or country? |  |  |  |  |
| d. | Started a new marketing campaign (e.g. flyers, billboards, signs, radio, online, etc)? |  |  |  |  |
| e. | Changed the pricing of your products/services to increase sales? |  |  |  |  |
| f. | Visited one of your competitor’s businesses to see what products/services they sell and the prices they charge? |  |  |  |  |

| 1. During the past year have you done any of these activities? *For each question, please tick one box.* | | Yes | No | Do not know | Does not apply |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 997 | 999 |
| a. | Implemented a new process or method for running the business? |  |  |  |  |
| b. | Improved the quality of an existing product/service to make it more profitable or effective? |  |  |  |  |
| c. | Researched different suppliers to ensure that the materials/inputs you buy (and the services you get) are good value for money? |  |  |  |  |
| d. | Hired new employees – or trained existing employees – to improve your firm’s productivity? |  |  |  |  |
| e. | Conducted maintenance checks (and made necessary repairs) on existing machinery/equipment and infrastructure? |  |  |  |  |
| f. | Purchased new machinery/equipment? |  |  |  |  |
| g. | Expanded an existing location (e.g. plant, store, outlet, etc)? |  |  |  |  |

**SECTION 4: BACKGROUND & DEMOGRAPHICS**

*[10 minutes]*

Next, we would like to ask a few questions about your background and your family. Again, please remember that these questions are to better understand the lives of small business owners.

The researchers will not share this information with anyone else.

| 1. What is your gender? | | |
| --- | --- | --- |
|  | 1 | Male |
|  | 2 | Female |
|  | 997 | Do not know |

| 1. What is your date of birth? | | |
| --- | --- | --- |
| \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ (year) / \_\_\_\_\_ \_\_\_\_\_ (month) / \_\_\_\_\_ \_\_\_\_\_ (day) | | |
|  | 997 | Do not know |

| 1. What is your race or ethnicity? | | |
| --- | --- | --- |
|  | 1 | Local/National – Black |
|  | 2 | Local/National – Coloured |
|  | 3 | Local/National – Asian |
|  | 4 | Local/National – White |
|  | 5 | Other African Country – Black \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify country of origin.* |
|  | 6 | Other African Country – Coloured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify country of origin.* |
|  | 7 | Other African Country – Asian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify country of origin.* |
|  | 8 | Other African Country – White \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify country of origin.* |
|  | 9 | Foreigner – Black: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify country of origin.* |
|  | 10 | Foreigner – Coloured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Specify country of origin.* |
|  | 11 | Foreigner – Asian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify country of origin.* |
|  | 12 | Foreigner – White: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify country of origin.* |
|  | 997 | Do not know |

| 1. Have you ever lived outside of this country for longer than 6 months? *This only includes locations outside the country where you are surveying and where you lived for at least 6 continuous months.* | | |
| --- | --- | --- |
|  | 1 | Yes. Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please specify the countries.*  Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 2 | No |
|  | 997 | Do not know |

|  |  |  |
| --- | --- | --- |
| 1. Are you married? | | |
|  | 1 | Yes |
|  | 2 | No |
|  | 997 | Do not know |

| 1. How many children do you have? Include all children (under 18 years of age) whom you are responsible for and financially support. | | |
| --- | --- | --- |
| \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ | | |
|  | 997 | Do not know |

| 1. How many other dependents do you have? Include all adults (over 18 years of age) whom you are responsible for and financially support. | | |
| --- | --- | --- |
| \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ | | |
|  | 997 | Do not know |

| 1. What is the highest qualification that you hold? | | |
| --- | --- | --- |
|  | 1 | No Schooling (NOT literate or numerate) |
|  | 2 | No Schooling (BUT literate or numerate) |
|  | 3 | Primary School (up to 6 grades completed; usually 11-12 years) |
|  | 4 | Middle School (7-9 grades completed; usually 13-15 years) |
|  | 5 | Secondary School (12 grades completed) |
|  | 6 | College (fewer than 2 years completed) |
|  | 7 | College – Associate Degree (2 year diploma) |
|  | 8 | College – Undergraduate Degree (3-4 year diploma) |
|  | 9 | Master’s Degree (graduate, post-undergraduate) |
|  | 10 | Professional Degree (e.g. JD, LLM, CA) |
|  | 11 | Doctorate – PhD (any discipline) |
|  | 12 | Doctorate – MD (medical doctor) |
|  | 13 | Post-Doctorate (specialized, 2nd PhD) |
|  | 997 | Do not know |

|  |  |  |
| --- | --- | --- |
| 1. Have you ever participated in a business education programme before? For example, have you attended (or are you currently attending) a business training, consulting or mentorship programme? *Please select all that apply.* | | |
|  | 1 | Yes: Training |
|  | 2 | Yes: Consulting/Mentorship |
|  | 3 | Yes: Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please specify type of business education program.* |
|  | 4 | No |

|  |  |  |
| --- | --- | --- |
| 1. Have you ever held a salaried job for longer than 3 months?This only includes a job where you were paid a regular wage every month. | | |
|  | 1 | Yes |
|  | 2 | No |
|  | 997 | Do not know |

|  |  |  |
| --- | --- | --- |
| 1. For the salaried job that you held the longest, how large was the company? Including you, how many employees were there in total working at this company? | | |
|  | 1 | 0-5 employees |
|  | 2 | 6-10 employees |
|  | 3 | 11-20 employees |
|  | 4 | 21-50 employees |
|  | 5 | 51-100 employees |
|  | 6 | 101-250 employees |
|  | 7 | 251 or more employees |
|  | 997 | Do not know |

|  |  |  |
| --- | --- | --- |
| 1. Have you previously owned or started any other business? That is, outside of the current business you are operating, have you been in charge of a different business before? | | |
|  | 1 | Yes |
|  | 2 | No |
|  | 997 | Do not know |

| 1. Do you currently run any other businesses or hold any jobs outside this main business? | | |
| --- | --- | --- |
|  | 1 | Yes |
|  | 2 | No |
|  | 997 | Do not know |

Thank you for your time. The survey is now over.

**BUSINESS VERIFICATION**

|  |  |  |
| --- | --- | --- |
| **Z1.** Where was the interview conducted? | | |
|  | **a.** | At business location |
|  | **b.** | At partner organization (Enterprise Uganda) |
|  | **c.** | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please specify.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Z2.** What was your impression of… | | Very bad | Not so good | Good | Excellent |
| Z.2A | …the aspirations of the respondent to grow his/her business substantially (e.g. to increase sales by 20% or to add 1 employee in one year from now)? | 1 | 2 | 3 | 4 |
| Z.2B | …how well the respondent understood the questions? | 1 | 2 | 3 | 4 |
| Z.2C | …the seriousness with which the respondent answered the questions? | 1 | 2 | 3 | 4 |
| Z.2D | …the respondent’s level of English language skills? | 1 | 2 | 3 | 4 |
| Z.2E | …the respondent’s level of Literacy? | 1 | 2 | 3 | 4 |
| Z.2F | …the respondent’s level of Numeracy? | 1 | 2 | 3 | 4 |