******Employee/Entrepreneur**

**Social Impact Survey**

**Follow-Up Survey**

This follow-up survey should be conducted 6 months (or 1 year) after the employee or entrepreneur is hired or becomes affiliated with your organization with the same employees/entrepreneurs who took part in the Baseline Employee/ Entrepreneur Social Impact Survey. In this survey, the focus is on the respondents’ lives now that they have been working with your organization for 6 months (or 1 year).

* The **light blue** modules are optional, as they may or may not be applicable to different organizations’ operations.
* Text in *italics* represents directions for the data collector and does not need to be read aloud to the respondent.
* Text [***bracketed with italicized bold black font***] indicates text that the data collector should customize based on a response the respondent has provided earlier in the survey (e.g., the source where they took a loan).
* Text [*bracketed with italicized orange font*] indicates text that you should customize (e.g., the name of your organization, response options that are most appropriate for the local context, etc.) before beginning the data collection.
* Text in *italicized green font* indicates to the data collector that these questions involve skip patterns.
* The star symbol (\*) denotes questions for which the data collector should list the answer options out loud and have the respondent chose the most applicable answer.
* The triangle symbol (Δ) denotes questions for which the data collector should let the respondent answer the question in his/her own words. The data collector should then select the option that best matches the response. The list of options should NOT be read out loud.

**Before you begin to administer the survey**:

* Enter Employee/Entrepreneur IDs for each respondent. These IDs should be the same as those assigned at the baseline.
* Replace every reference to “6 months (1 year)” in the survey with the time period (either 6 months or 1 year) that your data collection team decided would be suitable prior to conducting the baseline survey; this text will appear in [*bracketed with italicized orange font*].
* For question B4., organizations may want to provide a closed list of options from which the respondent can choose their position/job title.
* For question E11., organizations should replace the categories listed [*bracketed with italicized orange font*] with the same things considered important to a person’s status that were listed during the baseline survey.
* For question F7., organizations can add additional options if the topics in which employees/entrepreneurs were mentored is of particular interest.

**Name of Organization/Enterprise/Implementer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee/Entrepreneur ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Background Information**

**Household Information**

*Read the following directions aloud to the respondent:*

**Please answer the following questions related to your household information.**

|  |  |  |
| --- | --- | --- |
| **A1.** | **How many people live in your household?** *(Write down number)* | **\_\_\_\_\_\_\_\_\_** |
| **A2.** | **Who is the head of your household? ∆***(Let respondent answer and choose the option that best matches the response)* | 1. Respondent (Self)
2. Spouse/partner
3. Joint (respondent and spouse)
4. Respondent’s father
5. Respondent’s mother
6. Spouse’s father
7. Spouse’s mother

97- Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

1. **Livelihoods**

*Read the following directions aloud to the respondent:*

**Please answer the following questions related to your affiliation/employment with [*name of organization*]**

|  |  |  |
| --- | --- | --- |
| **B1.**  | **What is your affiliation with [*name of organization*]? \****(Read the answer options out loud and let respondent choose)**(If needed, insert additional options for categories of employees and entrepreneurs)* | * 1. [*Employee*]
	2. [*Entrepreneur*]

97- Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **B2.** | **How long have you worked for or been affiliated with/had a working relationship with [*name of organization*]? ∆***(Let respondent answer and choose the option that best matches the response)* | 1. Just beginning now
2. Less than 3 months
3. 3-6 months
4. 7-12 months
5. 1-2 years
6. more than 2 years
 |
| **B3.**  | **Is the nature of your work for/with [*name of organization*] seasonal? Are there times of the year when you do more work for/with [*name of organization*] than other times of year?** | 1. Yes, work is seasonal
2. No, work is not seasonal
 |

*Questions for EMPLOYEES only. Skip if the respondent is an entrepreneur:*

|  |  |  |
| --- | --- | --- |
| **B4.** | **What is your position/ job title?** |  |
| **B5.** | **How much do you earn each month? (If you earn commission off of sales, include your salary + average monthly commission.)***(If the respondent lists how much they earn per week, multiply by 4 to get their income per month)* | \_\_\_ \_\_/ month (*local currency*) |

*Questions for SALES AGENTS only (both employees and entrepreneurs involved in selling [the organization]’s products).*

*Skip if the employee/entrepreneur does not sell the [the organization]’s products to users:*

|  |  |  |
| --- | --- | --- |
| **B6.**  | **On average, how many [*name of* *organization*] products/devices do you sell per month?** *(If the respondent lists the number of units sold per week, multiply by 4 to get number of units sold per month)* | **B6a.** ***[Cookstoves]***: \_\_\_\_ \_\_\_\_/ month (# and units) |
| **B6b.*****[Fuels]***: \_\_\_\_\_ \_\_\_\_/month (# and units) |
| **B7.** | **How many days per week do you spend on [*name of organization*]-related work? (e.g., *[marketing/selling]* the *[clean cooking product/device]*) *\*****(Read the answer options out loud and let respondent choose)* | 1. Less than 1 day per week
2. 1-2 days per week
3. 3-5 days per week
4. Every day
 |
| **B8.**  | **Do you do anything else to earn money? If yes, what?**  | 1. Yes *(Specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. No
 |
| **B9.**  | **How much do you earn in an average month, from all of your income generating activities?** (all income streams combined)*(If the respondent lists the amount per week, multiply by 4 to get the amount per month)*  | \_\_\_ \_\_/ month(*local currency*) |
| **B10.** | **How much do you earn in an average month from selling the [*clean cooking product/device*] ONLY?***(If the respondent lists the amount per week, multiply by 4 to get the amount per month)*  | \_\_\_ \_\_/month(*local currency*) |
| **B11.** | **Do you pay anyone to help you with your [*organization*]-related work?**  | 1. Yes(*continue to B12.*)
2. No (*skip to C.*)
 |
| **B12.** | **How many people do you pay to help with your [*organization*]-related work? Do you pay them by the hour/day or on commission?***(Write the number of men and women paid in wages (i.e., paid by the hour or day; write the number of men and women paid on commission)* | **B12a.**Number of people paid in wages:  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ men women |
| **B12b.**Number of people paid on commission:  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ men women |

1. **Access to and Use of Financial Services and Credit**

**Access to and Use of Financial Services**

*Read the following directions aloud to the respondent:*

**Now we want to ask you some questions about financial opportunities and resources that your household may have access to both for personal and business purposes.**

*Read question C1a. for the first kind of account (a. Bank) and mark the answer “1” (yes), “2” (no), or “98” (don’t know) in the C1a. column. If the respondent answers YES, ask question C1b. If the respondent answers NO or DON’T KNOW, move down to the next option (b.-f. for C1a.).*

|  |  |  |
| --- | --- | --- |
| **C1.** | **An account can be used to save money, to make or receive payments, or to receive wages or financial help.****Does your household currently have an account at any of the following places?** *If the respondent answers NO to all options, or if all the accounts are only in the spouse/partner’s name, ask question C2. If the respondent answered YES to any of the options or has ownership (including joint ownership) over at least one account, skip question C2. and move to question C3.*1. Yes
2. No

98- Don’t know | **Whose name is the account in? \****(Read the answer options out loud and let respondent choose)*1. Your name only
2. Spouse/partner’s name only
3. Joint with spouse/partner
4. Joint with another person

97- Other (Specify:\_\_\_\_\_\_\_\_) |
|  | **C1a.** | **C1b.** |
| a. Bank |  |  |
| b. Credit union/self-help group |  |  |
| c. Cooperative |  |  |
| d. Microfinance institution |  |  |
| e. Mobile money account |  |  |
| f. Other - Specify: |  |  |
| **C2.** | *Ask ONLY if respondent answers NO to all options in C1a. OR if the respondent only answers “2” (in the spouse/partner’s name) for all options in C1b.:* **Please tell me the reason why you, personally, do not have an account at a bank or another type of formal financial institution: ∆***(Let the respondent answer and check the boxes that best matches the response;* *Check all options that apply)**After asking this question, skip to C5.* | * Because financial institutions are too far away
* Because financial institutions are too expensive
* Because you don't have the necessary documentation (identity card, wage slip, etc.)
* Because you don't trust financial institutions
* Because of religious reasons
* Because you don't have enough money to use financial institutions
* Because someone else in the family already has an account
* Because you cannot get an account
* Because you have no need for financial services at a formal institution
* Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |

|  |  |  |
| --- | --- | --- |
| **C3.** | **In the past *[6 months (or 1 year)]*, have you made a mobile money transaction?(e.g. *[with MPesa])*****This can include using a mobile phone to make payments, buy things, or to send or receive money.** | 1. Yes
2. No

98- Don’t know |
| **C4.** | **In the past *[6 months (or 1 year)]*, have you, personally, *saved* or set aside any money through a formal financial institution, like a bank account or mobile money transfer?** | 1. Yes
2. No

98- Don’t know |
| **C5.**  | **In the past *[6 months (or 1 year)]*, have you, personally, *saved* or set aside any money through an informal way, like a *[merry-go-round savings group]* or just saved at home?** | 1. Yes
2. No

98- Don’t know |

**Access to and Use of Credit (OPTIONAL):**

*Read the following directions aloud to the respondent:*

**Now I want to ask you a few questions about your access to credit/loans. Please answer these questions in reference to borrowing for personal and/or business purposes:**

|  |  |  |
| --- | --- | --- |
| **C6.** | **In the past *[6 months (or 1 year)]*, have you taken out a loan or used any form of credit from any source?** | 1. Yes
2. No (*Skip to D.*)

98- Don’t know |

**First, I am going to ask you about formal lending sources, and then I’ll ask you about informal lending sources.**

*Read question C7. for the first kind of account (a. Bank) and write in the appropriate code—“1” (yes) through “98” (don’t know) —in the C7. column. If the respondent answers YES, ask questions C.8 and C9. for that kind of account. If the respondent answers NO or DON’T KNOW, move down to the next option (b.-h. for C7.).*

|  |  |  |
| --- | --- | --- |
| **Have you taken a loan or borrowed money/assets from any of the following FORMAL credit sources in the past *[6 months (or 1 year)]*? \****(Read the answer options out loud and let respondent choose)*1. Yes, money
2. Yes, assets/services
3. Yes, money and assets/services
4. No

98- Don’t know | **Who made the decision to borrow from [*source*]? Δ***(Let the respondent answer and choose the option that best matches the response)*1. Self
2. Spouse/partner
3. You and your spouse/partner jointly
4. Other household member
5. Other non-household member
 | **Who makes the decision about what to do with the money/item borrowed from [*source*]? Δ***(Let the respondent answer and choose the option that best matches the response)*1. Self
2. Spouse/partner
3. You and your spouse/partner jointly
4. Other household member
5. Other non-household member
 |
|  | **C7.**  | **C8.**  | **C9.**  |
| **a. Bank** |  |  |  |
| **b. Credit union** |  |  |  |
| **c. Savings and Credit Cooperative (SACCO)** |  |  |  |
| **d. Microfinance institution**  |  |  |  |
| **e.*[Mobile money]*** |  |  |  |
| **f. Your employer, [*name of the enterprise/organization*] (e.g., receiving product inventory on credit)** |  |  |  |
| **g. Non-governmental organization (NGO)** |  |  |  |
| **h. Other formal source- Specify:**  |  |  |  |

*Read question C10. for the first kind of account (a. Group-based microfinance/lending entity) and write in the appropriate code—“1” (yes) through “98” (don’t know) —in the C10. column. If the respondent answers YES, ask questions C11. and C12. for that kind of account. If the respondent answers NO or DON’T KNOW, move down to the next option (b.-h. for C10.).*

|  |  |  |
| --- | --- | --- |
| **Have you taken a loan or borrowed money/assets from any of the following INFORMAL credit sources in the past *[6 months (or 1 year)]*? \****(Read the answer options out loud and let respondent choose)*1. Yes, money
2. Yes, assets/services
3. Yes, money and assets/services
4. No

98- Don’t know | **Who made the decision to borrow from [*source*]? Δ***(Let the respondent answer and choose the option that best matches the response)*1. Self
2. Spouse/partner
3. You and your spouse/partner jointly
4. Other household member
5. Other non-household member
 | **Who makes the decision about what to do with the money/item borrowed from [*source*]? Δ***(Let the respondent answer and choose the option that best matches the response)*1. Self
2. Spouse/partner
3. You and your spouse/partner jointly
4. Other household member
5. Other non-household member
 |
|  | **C10.**  | **C11.** | **C12.** |
| **a. Group-based microfinance or lending entity, such as *[a village savings and loan association (VSLA), saving and internal lending company (SILC), merry-go-round group, or informal benevolent fund]*** |  |  |  |
| **b. Friends or relatives** |  |  |  |
| **c. Informal money lenders** |  |  |  |
| **d. Other informal source- Specify:**  |  |  |  |

1. **Access to and Participation in Networks**

*Read the following directions aloud to the respondent:*

**Now I’m going to ask you about groups in the community. These can be either formal or informal groups. I am going to go through a list of options of different types of groups. Please tell me if you are currently an active member of any groups that would fall into these categories. Being an “active member” means that you attend more than half of scheduled meetings.**

*Read the question for the first kind of group (a. Credit/microfinance group) and mark the answer “1” (yes) or “2” (no), in the D1. column. If the respondent answers YES, ask questions D2. and D3. If the respondent answers NO, move down to the next option (b.-f. for D1.).*

|  |  |  |
| --- | --- | --- |
| **Are you an active member of one of these groups?***If respondent answers NO to all options, skip to E.* 1. Yes
2. No
 | **Over the past *[6 months (or 1 year)],* have you been a leader in this group?**1- Yes2- No | **Over the past *[6 months (or 1 year)],* how often do you speak in front of the group or lead discussions at group meetings?**1- Never2- Sometimes 3- Often 4- Always |
|  | **D1.** | **D2.** | **D3.** |
| **a. Credit or microfinance group (including *[SACCOs/ merry-go-rounds/VSLAs]*) or welfare, mutual help or insurance group (including *[burial societies]*)** |  |  |  |
| **b. Religious group or any civic group or charitable group (with a focus on improving the community or helping others)** |  |  |  |
| **c. Agriculture/ livestock/ fisheries/ water/ forest group*****[insert example of local group]*** |  |  |  |
| **d. Energy group*****[insert example of local group]*** |  |  |  |
| **e. Health group** |  |  |  |
| **f. Trade or business association** |  |  |  |
| **g. Local government group** |  |  |  |
| **h. Other [*men’s/women’s*] group** |  |  |  |
| **i. Any other groups we have not already mentioned** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **D4.** | **Of all these groups that you’ve mentioned, which two are the most important to you and your household?** | **a. Group 1:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Write down name of Group 1)* | **b. Group 2:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Write down name of Group 2)* |
| **D5.** | **What are the main benefits you gain from being a member of this group? Δ***(Let respondent list and then choose the option that best matches their response)* | **a. Group 1:**1. Improves my household’s livelihood and financial stability or access to services/assets
2. Important in times of emergency/in future
3. Improves access to social and/or business networks
4. Benefits the community
5. Enjoyment/Recreation
6. Spiritual
7. Social status
8. Self-esteem
9. Education or training
10. Health services
11. Water supply, irrigation or sanitation
12. Energy (e.g. for cooking, lighting)

97- Other- Specify:  | **b. Group 2:**1. Improves my household’s livelihood and financial stability or access to services/assets
2. Important in times of emergency/in future
3. Improves access to social and/or business networks
4. Benefits the community
5. Enjoyment/Recreation
6. Spiritual
7. Social status
8. Self-esteem
9. Education or training
10. Health services
11. Water supply, irrigation or sanitation
12. Energy (e.g. for cooking, lighting)

97- Other- Specify: |

1. **Empowerment/Agency**

*Read the following directions aloud to the respondent:*

**The next few sets of questions are a little different-we want to understand your perspective on your own life. I want to remind you that there are no “right” or “wrong” answers, we are just curious to know how you perceive different aspects of your life.**

**Self-efficacy (OPTIONAL)**

|  |  |
| --- | --- |
| **E1.** | *Read the following directions aloud to the respondent:***Some people feel they have complete control over their lives, while other people feel that what they do has no real effect on what happens to them. Please use this scale where 1 means "no control at all" and 10 means "a great deal of control" to indicate how much freedom of choice and control you feel you have over the way your life turns out.** *Circle the number selected by the respondent:* |
| **1 2 3 4 5 6 7 8 9 10**No control at all  A great deal of control |

**Communications**

*Read the following directions aloud to the respondent:*

**Now I want to ask you a few questions about communicating with others. I will ask about a situation and then ask you to answer how comfortable you feel speaking in that situation.**

|  |  |  |
| --- | --- | --- |
| **E2.** | **Do you feel comfortable speaking up in public? \****(Read the answer options out loud and let respondent choose)* | 1. No, not at all comfortable
2. Yes, but with a great deal of difficulty
3. Yes, but with a little difficulty
4. Yes, fairly comfortable
5. Yes, very comfortable

98- Don’t know/don’t want to answer |
| **E3.** | **Do you feel comfortable talking with strangers? \****(Read the answer options out loud and let respondent choose)* | 1. No, not at all comfortable
2. Yes, but with a great deal of difficulty
3. Yes, but with a little difficulty
4. Yes, fairly comfortable
5. Yes, very comfortable

98- Don’t know/don’t want to answer |
| **E4.** | **Do you feel comfortable talking to a group of strangers? \****(Read the answer options out loud and let respondent choose)* | 1. No, not at all comfortable
2. Yes, but with a great deal of difficulty
3. Yes, but with a little difficulty
4. Yes, fairly comfortable
5. Yes, very comfortable

98- Don’t know/don’t want to answer |
| **E5.** | **Do you feel comfortable talking with someone who holds a position of importance/authority? \****(Read the answer options out loud and let respondent choose)* | 1. No, not at all comfortable
2. Yes, but with a great deal of difficulty
3. Yes, but with a little difficulty
4. Yes, fairly comfortable
5. Yes, very comfortable

98- Don’t know/don’t want to answer |

**Decision Making**

*Read the following directions aloud to the respondent:*

**Now I want to ask you a few questions about decision making in your family. I will ask you about a scenario and want you to tell me who usually makes decisions in that scenario.**

|  |  |  |
| --- | --- | --- |
| **E6.** | **Who usually decides how the money you earn will be used? \****(Read the answer options out loud and let respondent choose)* | 1. You (respondent)
2. Your spouse/partner
3. You and your spouse/partner jointly

97- Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **E7.** | **Who usually makes decisions about health care for yourself? \****(Read the answer options out loud and let respondent choose)* | 1. You (respondent)
2. Your spouse/partner
3. You and your spouse/partner jointly

97- Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **E8.** | **Who usually makes decisions about your children’s schooling? \****(Read the answer options out loud and let respondent choose)* | 1. You (respondent)
2. Your spouse/partner
3. You and your spouse/partner jointly

97- Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)99- Not applicable |
| **E9.** | **Who usually makes decisions about making major household purchases such as *[insert local example]*? \****(Read the answer options out loud and let respondent choose)* | 1. You (respondent)
2. Your spouse/partner
3. You and your spouse/partner jointly

97- Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **E10.**  | **Who usually makes decisions about visits to your family or relatives? \****(Read the answer options out loud and let respondent choose)* | 1. You (respondent)
2. Your spouse/partner
3. You and your spouse/partner jointly

97- Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**Status**

|  |  |  |
| --- | --- | --- |
| **E11.** | *Read the following directions aloud to the respondent:* **Think of a ladder with 10 steps representing where people stand in society. At the top of the ladder are the people who are the best off – those who have *[the most money, the most knowledge, and the most respected jobs]*. At the bottom of the ladder are the people who are worst off – those who have *[the least money, least knowledge, and the least respected jobs or no job]*.** **The higher up you are on this ladder, the closer you are to people at the very top. The lower you are on the ladder, the closer you are to the bottom. Where would you place yourself on this ladder?***(Circle the number that corresponds to where the respondent places herself/himself on the ladder)* |  10987654321 |

1. **Training and Mentoring**

**Training**

*Read the following directions aloud to the respondent:*

**Now I want to ask you about any trainings you might have attended in the past *[6 months (or 1 year)*].**

|  |  |  |
| --- | --- | --- |
| **F1.**  | **In the past *[6 months (or 1 year)]*, have you attended any trainings offered by [*name of organization*] or that you had access to as a result of your employment/ affiliation with [*name of organization*]? \****(Provide options and let respondent choose)* | 1. Yes, training(s) offered by [*name of organization*]
2. Yes, training(s) offered by another organization (*skip to F6.*)
3. Yes, training(s) offered by BOTH [*name of organization*] and another organization
4. No (*skip to F6.*)

98- Don’t know (*skip to F6.*) |

**Now I am going to ask you to list each training that you attended that was offered by [*name of organization*], what was covered, and how long it lasted.**

*Fill in the code for what the first training covered on the first line below (F2a.), then ask questions to the right (F3.-F5.) about the first training mentioned (a. Training 1). Next, ask about the next training covered (F2b.), and fill in additional information about that training (F3b.-F5b.).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Let’s start with the first training- what did it cover? Δ**(*Let respondent list and then choose the option that best matches the response*)*Check all that apply:*1. Orientation
2. Marketing
3. Customer service and support
4. About the product (its features and its benefits)
5. Business mapping/planning (analyzing opportunities and constraints)
6. Production of technology (creating a product or service)
7. Logistics/distribution of product/service
8. Finance (managing money, costing and pricing, book-keeping tools)
9. Management of self and others
10. Business support and networking
11. Leadership and/or empowerment
12. Action planning for business
13. Other- Specify:
 | **How many days of this training did you attend?** *(Write in the number of days)* | **How many hours did you attend each day?** *(Write in the number of hours per day)* | **Please rate this training on a scale of 1 to 3 where 1 equals not helpful at all, 2 equals somewhat helpful, and 3 equals very helpful.** 1- Not helpful at all2- Somewhat helpful3- Very helpful |
| **F2.** | **F3.**  | **F4.**  | **F5.**  |
| 1. Training 1:
 |  |  |  |
| 1. Training 2:
 |  |  |  |
| 1. Training 3:
 |  |  |  |
| 1. Training 4:
 |  |  |  |
| 1. Training 5:
 |  |  |  |

 **Mentoring (OPTIONAL)**

|  |  |  |
| --- | --- | --- |
| **F6.**  | **In the past *[6 months (or 1 year)]*, have you received any mentoring or one-on-one support from [*the organization*]?** | 1. Yes
2. No *(skip to F10.)*

98- Don’t know |
| **F7.** | **On what topics did you receive mentorship? Δ***(Let respondent list and then choose the option that best matches their response)* | 1. Technology
2. Business
3. Leadership/ empowerment

97- Other- Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Don’t know
 |
| **F8.** | **How frequently did you receive this mentoring? \****(Provide options and let respondent choose)* | 1. Weekly
2. Monthly
3. Every 6 months
4. Once every year
5. Don’t know
 |
| **F9.** | **Please rate this mentoring on a scale of 1 to 3,** **where 1 equals not helpful at all, 2 equals somewhat helpful, and 3 equals very helpful.**  | * 1. Not helpful at all
	2. Somewhat helpful
	3. Very helpful
 |

**“Empowered Entrepreneur Training” and Retention (OPTIONAL)**

|  |  |  |
| --- | --- | --- |
| **F10.**  | **In the past *[6 months (or 1 year)]*, have you taken part in the Empowered Entrepreneur Training?** | 1. Yes
2. No *(skip to F13.)*

98- Don’t know *(skip to F13.)* |
| **F11.** | **Did the fact that [*name of organization*] offered the Empowered Entrepreneur Training improve your view of working for [*name of organization*]?** | 1. Yes
2. No

98- Don’t know  |
| **F12.** | **Has the Empowered Entrepreneur Training made you more interested in continuing to work with [*name of organization*]?** | 1. Yes
2. No

98- Don’t know |

**Other Trainings and Support**

|  |  |  |
| --- | --- | --- |
| **F13.** | **What additional training/support would you like to receive from [*the organization*]?***(Write down the response)* |  |
| **F14.** | **Do you have any other recommendations or suggestions for [*the organization*]?***(Write down the response)* |  |

1. **Business Autonomy and Efficacy (OPTIONAL)**

*Read out loud:*

**I am now going to read some statements and I’d like you to tell me how much you agree with each statement.**

|  |  |  |
| --- | --- | --- |
| **G1.** | **I am confident I can resolve a problem I face in work. \****(Provide options and let respondent choose)* | 1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
 |
| **G2.** | **I do not give up when I face challenges in work. \****(Provide options and let respondent choose)* | 1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
 |
| **G3.** | **I am confident in communicating with my mentor/supervisor on any work conflicts or challenges. \****(Provide options and let respondent choose)* | 1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. Not applicable
 |
| **G4.** | **I help set and meet individual work-related goals for myself in a timely manner. \****(Provide options and let respondent choose)* | 1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. Not applicable
 |
| **G5.** | **I support other entrepreneurs and/or sales agent peers. \****(Provide options and let respondent choose)* | 1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. Not applicable
 |
| **G6.** | **I am confident that I am able to find new customers. \****(Provide options and let respondent choose)* | 1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. Not applicable
 |

*Read aloud to respondent:*

**Thank you so much for your time!**

**Do you have any questions?**