

**Firm-level Adoption of Technology Survey
The World Bank**

Screener Questionnaire

INFORMATION SHEET

INFORMATION ACQUIRED PRIOR TO SCREENING:

S.1	ID
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ID											
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Sampling Information [CODES FROM WBG PROGRESS REPORT]	
Sampling sector	s1a
Sampling size	s1b
Sampling location	s1c

S.2	CONTACT INFORMATION
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	UPDATED CONTACT INFORMATION	
NAME OF THE FIRM/ESTABLISHMENT	s2a	
NO OF HOUSE/FLOOR/DOOR:	s2b	
STREET	s2c	
CITY	s2d	
STATE/PROVINCE	s2e	
COUNTRY	s2f	
TELEPHONE NUMBER	s2g	
FAX NUMBER	s2h	
EMAIL ADDRESS	s2i	
LANGUAGE	s2j	

SCREENER SCRIPT BEGINS HERE

S. SCREENER CONTROL INFORMATION

Good morning/afternoon/evening. I am calling from Kantar Korea, on behalf of the World Bank. We are carrying out a firm-level survey in Korea to better understand the current conditions and key barriers for **technology adoption** to businesses like yours.

Could I please speak to the person who most often represents the firm for official purposes, that is the individual who most often deals with banks or government agencies or institutions?

IF THE REQUESTED PERSON IS UNAVAILABLE, ASK IF THE PERSON ON THE PHONE CAN ANSWER SOME QUESTIONS ABOUT THE BUSINESS OR ARRANGE A CONVENIENT TIME TO CALL BACK.

IF PUT THROUGH, CONTINUE

Good [morning/afternoon/evening]. I'm calling from [insert implementing contractor]. On behalf of the World Bank, we are conducting a survey about technology adoption in [insert country name]. Would you please answer a few questions to determine if we should establish an appointment to complete the survey?

PLEASE CODE THE FOLLOWING. IF ANSWERS ARE NOT CLEAR, PLEASE CONFIRM WITH THE RESPONDENT FIRM OR ESTABLISHMENT

		YES	NO
S.3a	IS FORMALLY REGISTERED WITH [REGISTRATION AGENCY]	1	2
S.3b	IS FULLY OWNED BY THE GOVERNMENT, STATE, OR MUNICIPALITY	1	2
S.3c	IS A WORKER-OWNED COOPERATIVE OR COLLECTIVE	1	2

S.4	Is this establishment part of a multi-establishment firm? (that is, a firm with several establishments, each with its own location, management, activity, and financial statements).
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Yes	1
No	2

IF S.4=2, GO TO S.5
s4

S.4a How many establishments are part of the firm?

Number of establishments	s4a
DON'T KNOW (SPONTANEOUS)	-9

CONDITION: **s4a variable must be larger than 1.**

S.4b Is this establishment the headquarters location?

Yes	1	IF S.4b=2, GO TO S.4f
No	2	
		s4b

S.4c Are the financial statements of the headquarters location separate from the rest of the other establishments?

Yes	1	
No	2	
		s4b

S.4d Does this headquarters location engage in production or sales at this location?

Yes	1	IF S.4d=1, GO TO S.5
No	2	
		s4d

S.4e **INTERVIEW THE ESTABLISHMENT THAT REPRESENTS THE LARGEST SHARE OF PRODUCTION OR SALES, WHICH ALSO MAINTAINS ITS OWN SALES, EMPLOYMENT, AND COST RECORDS.**

Address and name of the establishment	s4e1	Code according to regional strata s4e2	GO TO S.5
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S.4f Are this establishment's financial statements prepared separately from headquarters' statements?

Yes	1	CONTACT HQ TO INTERVIEW THE ESTABLISHMENT THAT REPRESENTS THE LARGEST SHARE OF PRODUCTION OR SALES: GO BACK TO S.4e
No	2	
		s4f

S.5 Please tell me what type of product or service represents this establishment’s greatest share of annual sales?

	Please circle one of the numbers below s5	Detailed description of main activity and product
Agriculture (except Livestock)	1	
Livestock	2	
Food Processing	3	
Wearing apparel	4	
Pharmaceuticals	5	
Motor vehicles	6	
Wholesale or retail	7	
Financial services	8	
Land transport	9	
Health services	10	
Other manufacturing	11	
Other Services or Construction	12	

INTERVIEWER: PLEASE RECORD THE DESCRIPTION OF THE ACTIVITY AND PRODUCT IN DETAIL, FOR EXAMPLE, “RETAIL SALE OF WOMEN'S OUTDOOR CLOTHING” NOT JUST “CLOTHING”. IF MANY GOODS ARE SOLD, SUCH AS IN A GROCERY STORE OR PHARMACY, INDICATE THE TYPE OF STORE. THEN CODE THE INDUSTRY IN THE FOLLOWING TABLE S6.

INTERVIEWER: BASED ON THE MAIN SECTOR OF ACTIVITY (s6a) IDENTIFY WHAT SECTOR SPECIFIC QUESTIONNAIRE WILL APPLY (s6b).

CONDITION: APPLY THE SECTOR-SPECIFIC QUESTIONNAIRE ACCORDING TO TABLE S.6.

S.6 Industry

		Screening sector s6a	What sector specific questionnaire should be used? s6b
Agriculture	Agriculture (except Livestock)	01	1
	Livestock	014	2
Manufacturing	Food	10	3
	Beverage	11	0
	Tobacco	12	0
	Textiles	13	0
	Wearing Apparel	14	4
	Leather	15	11
	Wood	16	0
	Paper	17	0
	Publishing, printing, and recorded media	18	0
	Refined petroleum product	19	0
	Chemicals	20	0

	Pharmaceuticals	21	6
	Plastics & rubber	22	0
	Nonmetallic mineral products	23	0
	Basic metals	24	0
	Fabricated metal products	25	0
	Computer and electronics	26	0
	Electronics	27	0
	Machinery and equipment	28	0
	Motor vehicles	29	5
	Other transport equipment	30	0
	Furniture	31	0
	Other manufacturing	32	0
	Repair of machinery and equipment	33	0
Construction	Construction of building	41	0
	Civil engineering	42	0
	Specialized construction activities	43	0
Services	Wholesale (45 and 46)	46	7
	Retail	47	7
	Land transport	49	9
	Water transport	50	0
	Air transport	51	0
	Warehousing	52	0
	Postal and courier	53	0
	Hotel and Restaurants (Section I, 55-56)	55	0
	Publishing	58	0
	Telecommunications	61	0
	Computer programming	62	0
	Information service activities	63	0
	Monetary Intermediation	641	8
	Travel agency	79	0
	Services Health (hospital activities)	861	10
Repair services	95	0	
	IF FIRM'S PRIMARY ACTIVITY IS OUTSIDE OF THE ENTERPRISE SURVEY UNIVERSE, INPUT CODE 8 INTO PROGRESS REPORT		

S.7 How many workers does this establishment have?

Number of workers

CONDITION: IF FEWER THAN 5, TERMINATE (Enter Code 5 into progress report) TERMINATE.

s7

S.8. APPOINTMENT INFORMATION:

We would like to schedule an appointment for an interview. The purpose of this survey is to better understand the current conditions and key barriers for **technology adoption** to businesses like yours. Your responses, and those of other business leaders, will help to design new policies and programs to improve the business environment. All information and opinions you provide will be anonymized. Neither your name nor the name of your establishment will be used in any document based on this survey.

APPOINTMENT DATE: _____ TIME: _____

NAME OF RESPONDENT: _____

POSITION OF RESPONDENT: _____

**UPDATE THE INFORMATION SHEET IF CONTACT INFORMATION IS DIFFERENT THAN
WHAT IS LISTED**