

# BORDERLANDS COFFEE PROJECT

*Baseline Survey - Colombia*



CONTACT:

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Survey N°

Are you knowledgeable about coffee farming and/or the general management of the farm?

1. Yes  2. No

*(If the respondent answers "NO," find another person in the household who can answer "YES" or end the survey)*

## A. SURVEY QUALITY CONTROL

Surveyor  Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

*(FOR SUPERVISOR USE ONLY)*

Supervisor  Name \_\_\_\_\_ Signature \_\_\_\_\_

Result of the survey  SC: Survey complete  Final review  
SI: Survey incomplete

Observations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### B. GEOGRAPHIC LOCATION

**(Remember to turn on the GPS. You will be taking the farm's coordinates at the end of the survey.)**

(Fill in responses to #1-5 before beginning survey.)

1. Departament \_\_\_\_\_
2. Municipality \_\_\_\_\_
3. Corregimiento \_\_\_\_\_
4. Vereda \_\_\_\_\_
5. The farm is located on what kind of road:      1. Primary       2. Secondary       3. Tertiary
6. Name of the farm \_\_\_\_\_
7. GPS coordinates (Coordinates should be captured in decimal format; register house and coffee plantations if separate)

Coordenada	Casa	Lote/parcela 1	Lote/parcela 2	Lote/parcela 3	Lote/parcela 4
7.1. Name of the house/lot					
7.2. Latitude					
7.3. Longitude					
7.4. Elevation (m.a.s.l.)					

### C. IDENTIFICATION

8. Name of the respondent \_\_\_\_\_
9. Identification # 

--	--	--	--	--	--	--	--	--	--
10. Telephone/cell number 

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11. Does the respondent have a "Coffee grower's identification" issued by the National Coffee Growers' Federation?      1. Yes       2. No

(For the following questions, use an X to indicate the respondent's answer)

12. Are you a participant in the project?    1. Yes     2. No
13. Sex    1. M     2. F
14. Are you the head of household?    1. Sí     2. No     (if the response is "NO," continue to question 14.1, otherwise skip to question 15)

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14.1 What is your relation to the head of household? (check only one box)

- 1. Husband/wife, conjugal
- 2. Son/daughter, stepson/stepdaughter
- 3. Mother or father
- 4. Other family member  Specify \_\_\_\_\_
- 5. Other, non-family member  Specify \_\_\_\_\_

15. How long have you lived in this community? \_\_\_\_\_ 1. Years  2. Months  No response

16. What is your country of origin? \_\_\_\_\_ 16.1 Departament \_\_\_\_\_ 16.2 Municipality \_\_\_\_\_

17. Were you displaced from your community of origin by violence or the threat of violence? 1. Sí  2. No  No response

(if the answer is "YES," continue with question 17.1, if the answer is "NO," skip to question 18)

17.1 When did the displacement occur? 1. Year     2. No response

18. Do you consider yourself: (check just one box)

- 1. Displaced
- 2. Returned
- 3. Native
- 4. None of the above
- 5. Other  → Specify \_\_\_\_\_
- 6. No response

19. How do you consider yourself, based on your culture, ethnic origin or physical characteri (marcar solo una opción)

- 1. Indigenus  → To what indigenus community to you belong? \_\_\_\_\_
- 2. Afro-Colombian, Black, Mulato
- 3. Mestizo, white
- 4. Other  → Specify \_\_\_\_\_
- 5. No response

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## D. FAMILY COMPOSITION

20. How many people live on this farm (including the respondent)?

 people

(complete following the completion of the table below)

21.

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order #	Family relation*	Sex	Age	Years of school completed	Does this person know how to read and write?	Principal occupation**	Is this person enrolled? (This question pertains only to children aged 5-16)	Does the person have access to health care***
1		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
2		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
3		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
4		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
5		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
6		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
7		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
8		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
9		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
10		1. M <input type="checkbox"/> 2. F <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	

\* (1) Head of household (2) Spouse/partner of head of household (3) single children (oldest to youngest) of the head of household and/or spouse/partner (4) Married children, widow/er, divorced/separated from head of household or spouse/partner (oldest to youngest, each followed by respective children); (5) Grandchildren (6) Other family members of the head of household (parent, sibling, aunt/uncle, cousins, in-laws, etc.); (7) Other non-family members of the head of household: friends, cousins of spouse/partner, etc.

\*\* (1) Self-employed farmer; (2) Agricultural day laborer; (3) Contract worker; (4) Business owner; (5) Commercial intermediary; (6) (Semi-)Industrial processor; (7) Private-sector employee with labor contract; (8) Public employee; (9) Domestic work; (10) Homemaker; (11) Retiree with pension; (12) Student; (13) Unemployed (14) N/A (under 5/over 70); (15) Other (specify)

\*\*\* (1) EPS; (2) Sisben; (3) None

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### E. CONNECTIVITY

22. Do one or more members of the household have a cell phone with an active line?

1. Yes




How many people?

2. No

3. No response

23. Do you or do one or more other members of the household use the Internet?

1. Yes 2. No 3. No response 

*(if the answer is "YES," continue to the question 23.1, if "NO" or "No response," skip to question 25)*

23.1 Do you or does another member of the household have an active email account?

1. Yes 2. No 3. No response 

*(if the answer is "YES," continue to the question 23.2, if "NO" or "No response," skip to question 24)*

23.2 What is the email account the family uses most frequently?

\_\_\_\_\_

ej: juancarlos@gmail.com

\_\_\_\_\_

ej: juancarlos@gmail.com

3. No response 

24. Over the past month, how frequently did you or your family members use the Internet?

**(Check only one box)**

1. Never

2. Once

3. Weekly

4. Every 2 or 3 days

5. Daily

6. No response


24.1 For what purposes do you and/or your family use the Internet?

USE						
(mark all that apply)						
1. email (Ej. Hotmail, Gmail, Yahoo, etc.)	1. Yes	<input style="width: 20px; height: 20px;" type="checkbox"/>	2. No	<input style="width: 20px; height: 20px;" type="checkbox"/>	3. Doesn't know/Doesn't answer	<input style="width: 20px; height: 20px;" type="checkbox"/>
2. social networks (Ej. Facebook, messenger, etc.)	1. Yes	<input style="width: 20px; height: 20px;" type="checkbox"/>	2. No	<input style="width: 20px; height: 20px;" type="checkbox"/>	3. DK/DA	<input style="width: 20px; height: 20px;" type="checkbox"/>
3. Seek information over coffee farming and/or the coffee market?	1. Yes	<input style="width: 20px; height: 20px;" type="checkbox"/>	2. No	<input style="width: 20px; height: 20px;" type="checkbox"/>	3. DK/DA	<input style="width: 20px; height: 20px;" type="checkbox"/>
4. Other use (specify) _____	1. Yes	<input style="width: 20px; height: 20px;" type="checkbox"/>	2. No	<input style="width: 20px; height: 20px;" type="checkbox"/>	3. DK/DA	<input style="width: 20px; height: 20px;" type="checkbox"/>



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**G. FOOD SECURITY**
**26. Household Dietary Diversity Survey (HDDS)**

Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and night.

QUESTIONS	CODING CATEGORIES
<b>A. CEREALS</b> Any cereal such as rice, corn, wheat or some other product prepared with these grains, such as bread, arepas, corn tamales, wheat noodles, or any other food made of wheat, corn, rice, sorghum, barely, oats, etc.?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>B. ROOTS and TUBERS</b> Any potatoes, yucca, plaintains or other foods made with roots, tubers or plaintains?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>C. VEGETABLES</b> Any vegetables?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>D. FRUITS</b> Any fruits?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>E. MEATS</b> Any beef, pork, lamb, goat, rabbit, wild game, guinea pig, turkey, chicken, duck or other fowl, liver, kidney, heart or other organ meat?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>F. EGGS</b> Any eggs?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>G. FISH</b> Any fresh or dried fish or shellfish?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>H. LEGUMES</b> Any foods made from beans, peas, lentils or nuts? ¿Alimentos a base de frijoles, arvejas, lentejas o frutos secos?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>I. MILK and DAIRY</b> Any cheese, yogurt, milk or other milk products?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>J. OILS/FATS</b> Any foods made with oil, fat or butter?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>K. SUGAR/HONEY</b> Any sugar, honey or panela?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>
<b>L. OTHER</b> Any other foods, such as condiments, coffee or tea?	1. Sí <input type="checkbox"/> 0. No <input type="checkbox"/>



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**27. Months of adequate household food provisioning (MAHFP)**

Now I would like to ask you about your household's food supply during different months of the year. When responding to these questions, please think back over the past 12 months.

QUESTIONS	CODING CATEGORIES			
1. In the past 12 months, were there months in which you did not have enough food to meet your family's	1. Yes	<input type="checkbox"/>	0. No	<input type="checkbox"/>
<i>(If the answer is "NO" skip ahead to question #28)</i>				
2. If yes, which were the months (in the past 12 months) in which you did not have enough food to meet y alimentos para satisfacer las necesidades de la familia?	January	1. Yes	0. No	<input type="checkbox"/>
	February	1. Yes	0. No	<input type="checkbox"/>
	March	1. Yes	0. No	<input type="checkbox"/>
	April	1. Yes	0. No	<input type="checkbox"/>
	May	1. Yes	0. No	<input type="checkbox"/>
	June	1. Yes	0. No	<input type="checkbox"/>
	July	1. Yes	0. No	<input type="checkbox"/>
	August	1. Yes	0. No	<input type="checkbox"/>
	September	1. Yes	0. No	<input type="checkbox"/>
	October	1. Yes	0. No	<input type="checkbox"/>
	November	1. Yes	0. No	<input type="checkbox"/>
	December	1. Yes	0. No	<input type="checkbox"/>

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## H. FARM OVERVIEW

28.

*(Please register areas in hectares or tenths of a hectare)*

Lot	Land tenure/ownership status	Farm area	Pasture area	Uncultivated area	Conservation area	TOTAL AREA	Does this lot have natural water sources?	If YES, which kind(s)? 1. Natural spring 2. River/stream/creek 3. Lake/lagoon 4. Other-specify	Is this lot within a natural reserve?
1	1. Owns with title <input type="checkbox"/>						1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>
	2. No title <input type="checkbox"/>								
	3. Rents <input type="checkbox"/>								
	4. Other type of tenure (specify) <input type="checkbox"/>								
2	1. Owns with title <input type="checkbox"/>						1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>
	2. No title <input type="checkbox"/>								
	3. Rents <input type="checkbox"/>								
	4. Other type of tenure (specify) <input type="checkbox"/>								
3	1. Owns with title <input type="checkbox"/>						1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>		1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>
	2. No title <input type="checkbox"/>								
	3. Rents <input type="checkbox"/>								
	4. Other type of tenure (specify) <input type="checkbox"/>								
<b>TOTALS</b>									

*(En caso de que el agricultor tenga área de conservación hacer la pregunta 29)*

29. Si usted tiene área de conservación o bosque, ¿Por qué la mantiene? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**I. NON-COFFEE PRODUCTION and INCOME**

30. During the past 12 months, ¿What have been the most important products on your farm DISTINCT FROM COFFEE?

30.1

A. AGRICULTURAL CROPS																											
#	Name of crop	Area (ha)	Is this crop grown in association with coffee?		Annual production (kg)	Divide production by use: (this should be expressed in the same units of measurement as annual production)			INCOME																		
			1. yes	2. no		Family consumption	Market	Other * (specify)	Sales income (Colombian pesos)																Sales prices during the past 12 months (Colombian pesos)		
									January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/YEAR	Avg. Price	low price	hi price			
1																											
2																											
3																											
4																											

\* (1) Animal feed, (2) Sharecropping rent, (3) Gifts, (4) Seed, (5) other

30.2

B. LIVESTOCK/FISH FARMING																									
#	Animal	Annual production	Unit 1. # Animals 2. Lb 4. Kg 5. Other (specify)	Divide production by use: (this should be expressed in the same units of measurement as annual production)			INCOME																		
				Family consumption	Market	Other * (specify)	Sales income (Colombian pesos)																Sales prices during the past 12 months (Colombian pesos)		
							January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/YEAR	Avg. Price	low price	hi price			
1																									
2																									
3																									
4																									

\* (1) Sharecropping rent (2) Gifts (3) other

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30.3

C. FOREST PRODUCTS																							
#	Product	Area (ha)	Is this crop grown in association with coffee?		Annual Production	Unit 1. Troza 2. Tablón 3. Árbol 4. Metro 5. Otro (¿Cuál?)	Divide production by use: (this should be expressed in the same units of measurement as annual production)				INCOME (Colombian pesos)										Sales prices during the past 12 months (Colombian pesos)		
			Sales income (Colombian pesos)																				
			Family consumption	Market			Other *	(specify)	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/YEAR	Avg. Price	low price
1																							
2																							
3																							
4																							

\* (1) Animal feed, (2) Sharecropping rent, (3) Gifts, (4) Seed (5) Other

30.4 Which crops, livestock or forest products would you like to include in your farm that you don't have now? (up to 3/category)

#	Agricultural crops	Livestock/fish	Forest products
1			
2			
3			



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**J. COFFEE - PRODUCTION**

31. Do you have coffee planted on your farm now? 1. Sí  2. No  (If NO, continue to question #31.1; if NO, skip ahead to question #32)

31.1 Have you ever had coffee planted on your farm? 1. Sí  2. No  (If YES, continue to question #31.1; if NO, skip ahead to section M - DIVISION of LABOR)

31.2 How long has it been since you stopped growing coffee? \_\_\_\_\_ years

31.3 Why? \_\_\_\_\_

32. How many years of experience do you have as a coffee farmer? \_\_\_\_\_ years

33. Where did you learn about coffee farming? (Check all that apply)

- 1. Family tradition
- 2. Coffee-farming neighbors
- 3. Local public institutions  Which one(s)? \_\_\_\_\_
- 4. National-level public or public-private organizations  Which one(s)? \_\_\_\_\_
- 5. Farmer associations, cooperatives or sectoral organizations  Which one(s)? \_\_\_\_\_
- 6. Businesses/private enterprises  Which one(s)? \_\_\_\_\_
- 7. NGOs of international development organizations  Which one(s)? \_\_\_\_\_
- 8. Others  Which one(s)? \_\_\_\_\_

34. Do other people come to you for advice related to coffee farming? 1. Yes  2. No

35. When you need information or advice about coffee farming, who do you go to? (identify up to 5 people or institutions)

#	Name of the person/institution	Category (see *)	Where is the person/institution located? (see **)	Is your information source a person?	If YES, does the person belong to an organization?	If YES, please indicate the name of the organization
1				1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>	
2				1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>	
3				1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>	
4				1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>	
5				1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>	

\* (1) Agribusiness vendor/supplier of inputs (2) Coffee buyer/intermediary (3) Federación Nacional de Cafeteros extensionist (4) Local organization extensionist (5) UMATA extensionist (6) Empresas de Nariño extensionist (7) Familiar, (8) Amigo o vecino

\*\* (1) community (2) municipal seat (3) department capital

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36. What varieties of coffee do you have planted?

Lot	What variety(ies) have you planted in this lot? (see *)	Area (ha)	Number of coffee plants	How old is the most recently planted coffee?	How old is the oldest coffee?	Average age of the coffee in this lot	Years since last stumping
1	a.						
	b.						
	c.						
	d. DK/DA <input type="checkbox"/>						
2	a.						
	b.						
	c.						
	d. DK/DA <input type="checkbox"/>						
3	a.						
	b.						
	c.						
	d. DK/DA <input type="checkbox"/>						
4	a.						
	b.						
	c.						
	d. DK/DA <input type="checkbox"/>						

\* (1) Caturra, (2) Castillo, (3) Colombia, (4) Typica, (5) Bourbon, (6) Other (specify)

37.1. The last time you planted coffee, what variety did you plant? \_\_\_\_\_

37.2. The next time you plant new coffee, what variety will you plant? \_\_\_\_\_

37.3 Why? \_\_\_\_\_

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## COFFEE AGRONOMY

### I. PROPAGATION

#### Nursery

38. Do you manage a nursery on your farm? 1. Yes  2. No  (If YES, continue to question #39; if NO, skip ahead to question #41)

39. How do you get your seeds? 1. Purchase  2. Select  3. Receive for free  (If PURCHASE, continue to question #40; if other, skip ahead to question #41)

40. When you buy seed, what kind do you buy? 1. certified  2. local (neighbor, other)

#### Seedbed

41. How do you get your seedlings? 1. Construct seedbed  2. Purchase seedlings  3. Other  specify \_\_\_\_\_

#### Planting

42. What type of fertilizer do you use during the planting process?

1. coffee pulp
2. Synthetic fertilizer
3. organic fertilizer
4. none

### II. RENOVATION/REHABILITATION

43. How frequently do you renovate your coffee plants?  (years)

44. Do you stump your coffee plants? 1. Yes  2. No  (if YES, continue to question #45; if NO, skip ahead to question #47)

45. How many years after you plant a coffee shrub do you stump it for the first time?  (years)

46. How do you implement your stumping practice?

1. On a plant-by-plant basis
2. By row
3. By lot
4. Other  Specify \_\_\_\_\_



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**III. SHADE MANAGEMENT**

47. Does your coffee plantation have shade cover? 1. Yes  2. No  (if YES, continue to question #48; if NO, skip ahead to question #50)

48. How many permanent shade trees does your coffee have per hectare?

49. From the following list, which are the five most common shade trees in your coffee plot?

1. Avocado	<input type="checkbox"/>	7. Guayacán	<input type="checkbox"/>	13. Mango	<input type="checkbox"/>
2. Citrus	<input type="checkbox"/>	8. Carbonero	<input type="checkbox"/>	14. Guayabo	<input type="checkbox"/>
3. Nogal	<input type="checkbox"/>	9. Leucaena	<input type="checkbox"/>	15. Cachimbo	<input type="checkbox"/>
4. Balso	<input type="checkbox"/>	10. Cacao	<input type="checkbox"/>	16. Nacedero	<input type="checkbox"/>
5. Chachafruto	<input type="checkbox"/>	11. Níspero	<input type="checkbox"/>	17. Other	<input type="checkbox"/>
6. Guamo	<input type="checkbox"/>	12. Papaya	<input type="checkbox"/>	99. DK/DA	<input type="checkbox"/>

Specify \_\_\_\_\_

**IV. FERTILIZATION**

50. Do you conduct soil analysis on your farm? 1. Yes  2. No  (If YES, continue to question # 50.1, then NO, skip to question #51)

50.1 . How long has it been since your last soil analysis  (months)

51. Do you apply synthetic/agrochemical fertilizers to your coffee? 1. Yes  2. No  (If YES, continue to question #51.1, if NO, skip ahead to question #52)

51.1 . Identify the chemical fertilizers you apply to your coffee.

Material	Use	Quantity	Unit (g/plant)	Frequency	TOTAL QUANTITY/ HA/YEAR
				1. Weekly 2. Semi-week 3. Monthly 4. Semi-annu 5. Annually	
1	1. Soil <input type="checkbox"/> 2. Leaves <input type="checkbox"/>				
2	1. Soil <input type="checkbox"/> 2. Leaves <input type="checkbox"/>				
3	1. Soil <input type="checkbox"/> 2. Leaves <input type="checkbox"/>				
4	1. Soil <input type="checkbox"/> 2. Leaves <input type="checkbox"/>				

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52. Do you apply organic fertilizers to your coffee? 1. Yes  2. No  (If YES, continue to 52.1, if NO skip ahead to 53)

52.1. Do you prepare or purchase your organic fertilizers? 1.Prepare  2. Buy  3. Both

52.2. Identify the organic fertilizers you apply to your coffee.

Material	Use	Quantity	Unit of measurement	Frequency	TOTAL QUANTITY/ HA
				1. Weekly 2. Semi-week 3. Monthly 4. Semi-annu 5. Annually	
1	1. Soil <input type="checkbox"/> 2. Foliar <input type="checkbox"/>				
2	1. Soil <input type="checkbox"/> 2. Foliar <input type="checkbox"/>				
3	1. Soil <input type="checkbox"/> 2. Foliar <input type="checkbox"/>				
4	1. Soil <input type="checkbox"/> 2. Foliar <input type="checkbox"/>				

53 Do you use a different approach to fertilization of unproductive coffee plants? 1. Sí  2. No  (If YES, continue to 53.1; if NO skip ahead to 54)

53.1.

TYPE of COFFEE PLANTS	MATERIAL	# APPLICATIONS/ YEAR	UNIT (g/plant)	TYPE of FERTILIZER		TOTAL QUANTITY/ HA/YEAR
				Synthetic	Organic	
Unproductive						

54. Do you implement pest/disease management processes on your farm? 1. Yes  2. No  (If YES, continue to 55; if NO skip ahead to 58)

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55. What method(s) do you use to control pests and disease? *(Indicate the most common practices)*

Name of pest/disease	Is your coffee affected by this pest/disease	Method of Control			If agrochemical, indicate level of toxicity
		Cultural	Agrochemical	Biological	
COFFEE BORER BEETLE	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>
COFFEE LEAF RUST	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>
CERCOSPORA LEAF SPOT/ MANCHA DE HIERRO	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>
MUERTE DESCENDENTE	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>
GOTERA	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>
HORMIGA (FUMAGINA)	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>
CHINCHE	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>
OTHERS (specify) _____	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>				I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/>

56. Do you have appropriate equipment/protection for the application of agrochemicals? 1. Yes  2. No  *Verify*

57. Do you have a secure storage area for pesticides and other agrochemicals? 1. Yes  2. No  *Verify*

**VI. SOIL CONSERVATION**

58. What soil conservation practices do you employ?

- 1. Live barriers
- 2. "Dead" barriers
- 3. Mulching
- 4. Terracing
- 5. Contour farming
- 6. Weed management
- 7. None

59. How do you weed your coffee plantation?

- 1. Machete
- 2. Shovel
- 3. Scythe
- 4. Herbicide
- 5. Other  Specify \_\_\_\_\_
- 6. None

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60. Do you currently have problems with soil erosion on your farm?

1. Sí  2. No **VII. HARVEST**

61. Where do you sort coffee during harvest?

1. In the field

2. In the funnel

3. After wet-milling

4. No sorting

**POST-HARVEST PROCESSES****I. WET MILLING**

62. Do you mill your own coffee?

1. Yes 2. No *(If YES, continue to 63; if NO, skip ahead to 70)*

63. Do you have your own wet mill?

1. Yes 2. No 

64. How much time passes between the moment you harvest the coffee and the time you depulp it?

\_\_\_\_\_ horas

65. Where does the water come from that you use to wash your coffee?

1. Piped water

2. Natural spring

3. Stream

4. Other (specify)

\_\_\_\_\_

66. Do you know how much water you use in the wet-milling process?

1. Yes 2. No 

67. How long do you ferment your coffee?

\_\_\_\_\_ hours

68. What do you do with your coffee pulp?

1. organic compost

2. worm compost/vermiculture

3. apply it directly to coffee plants

4. Other (specify)

5. Nothing

\_\_\_\_\_

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69. Wet mill infrastructure inventory

Does the wet mill include the following elements?		Characteristics	General condition
1. Walls	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Concrete <input type="checkbox"/> 2. Wood <input type="checkbox"/> 3. Other <input type="checkbox"/> Specify _____	<input type="checkbox"/> <input type="checkbox"/> 1. Deficient 2. Good
2. Fermentation tank	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> Es tanque Tina? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Concrete <input type="checkbox"/> 2. Wood <input type="checkbox"/> 3. Plastic <input type="checkbox"/> 4. Other <input type="checkbox"/> Specify _____	<input type="checkbox"/> <input type="checkbox"/> 1. Deficient 2. Good  How many tanks? <input type="text"/>
Washing canal	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Concrete <input type="checkbox"/> 2. Wood <input type="checkbox"/> 3. Plastic <input type="checkbox"/> 4. Brick <input type="checkbox"/> 5. Other <input type="checkbox"/> Specify _____	<input type="checkbox"/> <input type="checkbox"/> 1. Deficient 2. Good
4. Roof	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Zinc/corrugated metal <input type="checkbox"/> 2. Tile <input type="checkbox"/> 3. Plastic <input type="checkbox"/> 4. Natural fiber <input type="checkbox"/> 5. Other <input type="checkbox"/> Specify _____	<input type="checkbox"/> <input type="checkbox"/> 1. Deficient 2. Good
5. Tank for pulp	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> Piso en cemento? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Ladrillo <input type="checkbox"/> 2. Cemento <input type="checkbox"/> 3. Fibra natural <input type="checkbox"/> 4. Otro (specify) _____	<input type="checkbox"/> <input type="checkbox"/> 1. Deficient 2. Good  Roof 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
6. Funnel	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Wood <input type="text"/> 2. Metal <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> 1. Deficient 2. Good

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Does the wet mill include the following elements?		Characteristics	General condition	
7. Depulper	1. Yes <input type="checkbox"/>	1. brand <input type="text"/>	<input type="checkbox"/> 1 1. Deficient	<input type="checkbox"/> 2 2. Good
	2. No <input type="checkbox"/>	2. capacity (number/channels) <input type="text"/>		
		3. Manual or motor <input type="text"/>		
8. Mucilage remover	1. Yes <input type="checkbox"/>	1. brand <input type="text"/>	<input type="checkbox"/> 1 1. Deficient	<input type="checkbox"/> 2 2. Good
	2. No <input type="checkbox"/>	2. capacity (vol/hour) <input type="text"/>		
9. Screen on depulper	1. Yes <input type="checkbox"/>		<input type="checkbox"/> 1 1. Deficient	<input type="checkbox"/> 2 2. Good
	2. No <input type="checkbox"/>			

**II. DRY MILLING**

70. Do you generally dry your coffee on your farm?      1. Yes     2. No     *(If YES, continue to 71; if NO, skip ahead to 75)*

71. What drying technology/technologies do you use?

Technologies	General condition	
1. Concrete patio	1. Yes <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 1. Deficient    2. Good
	2. No <input type="checkbox"/>	
2. Raised bed	1. Yes <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 1. Deficient    2. Good
	2. No <input type="checkbox"/>	
3. Mat	1. Yes <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 1. Deficient    2. Good
	2. No <input type="checkbox"/>	
4. Greenhouse	1. Yes <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 1. Deficient    2. Good
	2. No <input type="checkbox"/>	
5. Guardiola/drum dryer	1. Yes <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 1. Deficient    2. Good
	2. No <input type="checkbox"/>	
6. Ground	1. Yes <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 1. Deficient    2. Good
	2. No <input type="checkbox"/>	
7. Other (specify) _____	1. Yes <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 1. Deficient    2. Good
	2. No <input type="checkbox"/>	

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72. What is the average drying time during the dry season? \_\_\_\_\_ days

73. What is the average drying time during the rainy season? \_\_\_\_\_ days

74. How do you determine the level of moisture at which you stop drying your coffee?

- 1. Gravimet
- 2. Moisture meter
- 3. Traditional methods (palms, smell, etc.)
- 4. other (specify) \_\_\_\_\_
- 5. None

**III. STORAGE**

75. Where do you store your coffee before selling it?

- 1. Warehouse
- 2. Mill
- 3. House
- 4. Other (specify) \_\_\_\_\_

75.1 . How would you characterize the general condition of your warehouse? 1. Good

2. Deficient

75.2. How long do you store your coffee before selling it? \_\_\_\_\_ days

**IV. WASTEWATER MANAGEMENT**

76. Indicate which of the following technologies are in use on the farm:

76.1 COFFEE WASTEWATER	
1. Filtration pits	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2. Physical treatment	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
3. Biological treatment	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
4. Biodigestor	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
5. Direct application of untreated wastewater to coffee plants	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
6. None	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
7. Other (identify) _____	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>

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<b>76.2 GREY WATER</b>	
1. Grease trap	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2. Grease trap + filter	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
3. No control	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
4. Other (specify) _____	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>

<b>76.3 BROWN WATER</b>	
1. Sanitation system/piped disposal	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2. Septic pit	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
3. Biodigestor	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
4. No control	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
5. Other (specify) _____	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>

**V. SOLID WASTE MANAGEMENT**

77. Indicate which of the following technologies are applied on-farm:

<b>77.1 ORGANIC WASTE</b>	
1. Composting	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2. Worm composting	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
3. Biodigestor	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
4. No treatment	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
5. Other (specify) _____	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>

<b>77.2 INORGANIC WASTE</b>	
1. Recycling	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2. Burial	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
3. Burning	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
4. Trash collection	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
5. Other (specify) _____	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>



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**K. COFFEE - ORGANIZATION**

78. How do you send the majority of your coffee? 1. Individually  2. Collectively  *(If respondent answered "COLLECTIVELY," continue to question #78.1; otherwise skip ahead to question #79.)*

78.1. Name of the organization to/through which you sell your coffee \_\_\_\_\_ *(community groups/intermediaries other than cooperatives/associations)*

79. Do you belong to an association of coffee farmers? 1. Yes  2. No  *(If "YES," continue to question #79.1; otherwise skip ahead to question #80)*

79.1 Name of farmer association to which you belong \_\_\_\_\_

79.2. How long have you belonged to this organization? \_\_\_\_\_ (years)

79.3. In which of the following ways do you contribute to your association?

CONTRIBUTION	
1. Financial/in-kind contributions	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2. Participation in meetings	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
3. Sale of coffee	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
4. Participation in leadership bodies	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
5. Other (specify) _____	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>

79.4. In general terms, are you satisfied with the services provided by your cooperative? 1. Yes  2. No  3. DK/DA

80. If a coffee farmers' association were created in your community, would you be interested in joining? 1. Yes  2. No  3. DK/DA

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**L. COFFEE MARKETING AND SALES**

81. Do you keep a written record of your coffee sales?      1. Yes     2. No

*(If YES, ask the respondent to produce her/his sales records and use them to fill our the table below)*

82. Coffee sales

Buyer	How long you have been selling to this buyer (years)	Form 1. green/export-ready 2. parchment 3. cherry 4. Other (specify)	Certification 1. C.A.F.E Practices 2. AAA Nespresso 3. organic 4 Fair Trade 5. Rainforest Alliance 6. other (specify) 7. None	Volume sold (kg/year)		TOTAL VOLUME (kg/year)	Average price during main harvest (pesos/kg)	Average price during secondary harvest (pesos/kg)	Who sets the price?		
				Main harvest	Secondary harvest				farmer	both	buyer
1									farmer	both	buyer
2									farmer	both	buyer
3									farmer	both	buyer
4									farmer	both	buyer
5									farmer	both	buyer

83. Why do you think your buyers purchase your coffee?

- 1. Quality
- 2. Volume
- 3. Price
- 4. Other (specify)  \_\_\_\_\_
- 5. DK/DA

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**I. PRODUCTION COSTS**

84. Do you keep a record of your coffee production costs? 1. Yes  2. No  (If "YES," continue to question #85; if "NO" skip to question #87)

85. What was your production cost during the past coffee cycle? \_\_\_\_\_ (pesos/kg)

86. Which of the following do you use to calculate your production costs?

- 1. Informal accounting notebook
- 2. Written accounting system
- 3. Electronic accounting programs  Specify \_\_\_\_\_
- 4. Other  Specify \_\_\_\_\_
- 5. DK/DA

86.1 If you use an electronic accounting software, who or what institution provided it to you? \_\_\_\_\_

**II. CONVERSION**

87. Do you know what a conversion factor is? 1. Yes  2. No  (if YES, continue to 88; if NO, skip ahead to 91)

88. Do you know what the conversion factor was for the coffee you sold last harvest? 1. Yes  2. No  3. DK/DA  (if YES, continue to 88.1; if NO, skip ahead to 89)

88.1 What was your conversion factor? \_\_\_\_\_

89. Have you ever earned a financial premium for your conversion factor? 1. Yes  2. No  3. DK/DA  (if YES, continue to 89.1; if NO, skip ahead to 90)

89.1 How much was the premium? \_\_\_\_\_ (pesos/kg) DK/DA

90. Have you ever penalized financially for your conversion factor? 1. Yes  2. No  3. DK/DA  (if YES, continue to 90.1; if NO, skip ahead to 91)

90.1 How much was the penalty? \_\_\_\_\_ (pesos/kg) DK/DA

91. Do you know what the "almendra sana" purchasing system is? 1. Yes  2. No  (if YES, continue to 92; if NO, skip ahead to 95)

92. Do you know your "almendra sana" score? 1. Yes  2. No  3. DK/DA  (if YES, continue to 92.1; if NO, skip ahead to 93)

92.1. What is your "almendra sana" score? \_\_\_\_\_ DK/DA

93. Have you earned a financial premium for your "almendra sana" score? 1. Yes  2. No  3. DK/DA  (if YES, continue to 93.1; if NO, skip ahead to 94) pase a la pregunta 94)

93.1 How much was the premium? \_\_\_\_\_ DK/DA

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94. Have you ever been financially penalized for your "almendra sana" score? 1. Yes  2. No  3. DK/DA  (if YES, continue to 94.1; if NO, skip to 95)

94.1 How much was the penalty? \_\_\_\_\_ (pesos/kg) DK/DA

**III. PHYSICAL QUALITY**

95. Can you identify 3-5 common physical defects in coffee? 1. Yes  2. No  (If YES, continue to 95.1; if NO, skip ahead to 96)

95.1 Which? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**IV. DIFFERENTIATION**

96. Is your coffee of high quality? 1. Yes  2. No

96.1 Why/why not? \_\_\_\_\_  
\_\_\_\_\_

97. Do you understand the relationship between your practices on the farm and the quality of your coffee in the cup? 1. Yes  2. No

98. What are the three production or post-harvest practices that you consider most important in terms of their impact on cup quality?  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. DK/DA

99. Are you familiar with the coffee cupping process? 1. Sí  2. No

100. Do you know what the categories of evaluation are for the cupping process? 1. Yes  2. No  (If YES, continue to 100.1; if NO, skip ahead to 101)

100.1 Categories of analysis of coffee quality	
1. Aroma/fragrance	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>
2. Acidity	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>
3. Flavor	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>
4. Aftertaste	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>
5. Balance	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>
6. Other (identify) _____	1. Sí <input type="checkbox"/> 2. No <input type="checkbox"/>

(Do not read options to respondent; check all that respondent identifies)

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101. Do you know whether your coffee has ever been cupped?

1. YES it has

2. NO it has not

3. DK/DA

*(If YES, continue; if NO skip to question #103)*

102. Do you know what score your coffee was awarded?

1. Yes

2. No

*(If YES, continue to question #102.1; if NO skip ahead to question #103)*

102.1 What was the score? \_\_\_\_\_

102.2 Who performed the cupping? \_\_\_\_\_

103. Have you ever earned a quality-based premium for your coffee?

1. Yes

2. No

*(If YES, continue to 103.1, if NO skip ahead to question 104)*

103.1 Do you know how much it was? \_\_\_\_\_

(pesos/kg)

DK/DA

104. Have you ever had money deducted from your sales price for qu

1. Sí

2. No

*(if YES continue to 104.1, if NO skip ahead to 105)*

104.1 Do you know how much the deduction was? \_\_\_\_\_

(pesos/kg)

DK/DA

104.2 Why were you penalized? \_\_\_\_\_

DK/DA

105. Do you believe that if you increase the quality of your coffee you can earn a better price in the market?

1. Yes

2. No

105.1 Why or why not? \_\_\_\_\_

106. Is your coffee certified?

1. Yes

2. No

3. DK/DA

*(if YES, continue to question #106.1; if NO skip ahead to question #108)*

106.1 Which certification(s)? \_\_\_\_\_

106.2 Who pays the certifier's fees? \_\_\_\_\_

107. Have you ever earned a premium for your certification(s)?

1. Yes

2. No

*(If YES, continue to question #107.1; if NO, skip ahead to question #108)*

107.1 How much was the premium? \_\_\_\_\_

DK/DA



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## N. SERVICES

109. Have you received or contracted any of the following services related to farm-level production or marketing?

CATEGORY	SERVICES	IF THE ANSWER IS "YES"								IF THE ANSWER IS "NO"			
		Provider*	Did you pay for this service?		Service rating				Would you like to access this service				
					1	2	3	4					
				Poor		Good							
Coffee-related services	technical assistance in coffee agronomy	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	coffee trainings	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	coffee inputs (fertilizer, insecticides, etc.)	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	coffee-related tools or equipment	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	coffee storage	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	coffee marketing	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	certification	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	otro (especificar)	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
Services unrelated to coffee	technical assistance in agronomy	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	trainings	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	inputs (fertilizer, insecticides, etc.)	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	tools or equipment	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	product storage	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	marketing	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	certification	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	otro (especificar)	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
Financial/business development services	financial services (savings, credit, etc.)	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
	business development assistance	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
		1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
		1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
Other services	Other (specify)	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>
		1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>					1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>

(1.) Cooperativa o asociación, (2.) Institución pública - IDENTIFICAR (3.) Empresa privada - IDENTIFICAR, (4.) Organizaciones no gubernamentales o agencias de cooperación - IDENTIFICAR, (5.) Persona natural - IDENTIFICAR

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**O. ACCESS TO CREDIT**

110. Have you applied for credit for any of the following activities?

Activities	Have you applied for credit?	If YES, did you get the loan?	If NO, why? *	Who was the credit source?	If YES, how much credit did you get?	Monthly payment	Number of payments
1. Farm renovation	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
2. Purchase of inputs for coffee production	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
3. Purchase of equipment or tools for coffee harvest	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
4. Investment in coffee-related infrastructure (e.g., wet mill, drying patio, etc.)	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
5. Purchase of inputs for other crops	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
6. Purchase of equipment or tools for other crops	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
7. Purchase of livestock	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
8. Investment in non-agricultural activities	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
9. Purchase of food	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
10. To meet health or education needs	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
11. For rent	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
12. Home improvement	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					
13. Others (specify)	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2.No <input type="checkbox"/>					

\* (1) Incomplete documentation; (2) lack of collateral; (3) lack of co-signer; (4) Debt or low payment capacity; (5) Credit report from data centers such as Datacredit (6) Other, specify

Has the existence of the coffee plantation been verified in the field? 1. Yes  2. No

*Remember to register the farm's coordinates at the conclusion of the interview using the GPS*