**Consumer Tipping Survey for Usability Testing**

Welcome to the 2015 Survey on Consumer Tipping Behaviors. This survey is aimed at determining average expenditures amongst consumers, particularly tipping related expenditures. In this short survey, we will ask you about your expenditures within the past XX days. This survey is being conducted by a third party research group, Fors Marsh Group, LLC.

This survey should only take 10 minutes to complete.

**Screener1**) In the past XX days, have you made any expenditures at a restaurant, casino, hair stylist, hotel/motel, taxi/limousine service, or on a cruise ship.

1A) Please provide details for any expenditures made in the past <day/week/etc.> at a restaurant, casino, hair stylist, hotel/motel, taxi/limousine service, on a cruise ship, or at an auto mechanic. If you have made multiple expenditures on a given type of service in the past <day/week/etc.>, provide separate details for each. If you have not made any expenditures on one of the listed services in the past <day/week/etc.>, select “No Expenditure”.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Establishment/Service Type (restaurant, casino, hair stylist, hotel/motel, taxi/limo, cruise ship)* | *Sub-Type**(e.g., for restaurants: Café/Family-Style/Diners, Traditional Restaurants/Casual Dining, Upscale Casual Dining, Fine Dining, Fast Food, Delivery, Ice Cream, Coffee Shops, Smoothie, Self-Service/Cafeteria/Buffets )* | *Total bill amount (after tax, before automatic or voluntary gratuity)* | *Payment type for bill (cash, debit, credit, check, gift card, smartphone credit or app, paper or online coupon {e.g., Groupon}, non-monetary, other)* | *Amount of automatic gratuity added by establishment* | *Amount of Voluntary Tip*  | *Payment type for Voluntary tip (same options as column 4)* | *Amount of Non-monetary Gift\** | *Description of tip if non-Monetary (text field)* |
| Drop down menu | Drop down menu | Text | Multiple choice (select all that apply) | Text | Text | Multiple choice(select all that apply) | Text | Text |
|  |  |  |  |  |  |  |  |  |
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*\*If a portion of the gratuity or tip took the form of a non-monetary payment (e.g., a coupon or event tickets) indicate the cash equivalent amount in this column. Note that non-monetary transfers should only be counted as tips if they were used as payment for immediate service and are used as a substitute for a monetary tip. Non-monetary transfers that are used as gifts/personal tokens of appreciations should not be counted as tips.*

 **[Note: 1B is an alternative question format that could be tested during the usability phase. This method would ask a variant of question 1 for each of the services and establishments of interest. The goal for this approach is to improve participant recall and have them actively consider each type of establishment we are interested with. If they answer yes, they get a follow-up question asking them to list their expenditures for that type of establishment]**

1B) In the last <day/week/etc.>, have you purchased/visited a <list each *Establishment/Service Type (restaurant, casino, hair stylist, hotel/motel, taxi/limo, cruise ship, auto mechanic)>?*

1. No
2. Yes

*[If Q1 is yes, list the table below for the service from the prior question]*

Please answer the following questions regarding the amount spent and the amount tipped on this purchase/visit.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Sub-Type**(e.g., for restaurants: Café/Family-Style/Diners, Traditional Restaurants/Casual Dining, Upscale Casual Dining, Fine Dining, Fast Food, Delivery, Ice Cream, Coffee Shops, Smoothie, Self-Service/Cafeteria/Buffets)* | *Total bill amount (after tax, before automatic or voluntary gratuity)* | *Payment type for bill (cash, debit, credit, check, gift card, smartphone credit or app, paper or online coupon {e.g., Groupon}, non-monetary, other)* | *Amount of automatic gratuity added by establishment* | *Amount of Voluntary Tip*  |  *Payment type for Voluntary tip (same options as column 4)\** | *Amount of Non-monetary Gift\** | *Description of tip if non-Monetary (text field)* |
| Drop down menu | Text | Multiple choice (select all that apply) | Text |  | Multiple choice(select all that apply) | Text | Text |
|  |  |  |  |  |  |  |  |
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*\*If a portion of the gratuity or tip took the form of a non-monetary payment (e.g., a coupon or event tickets) indicate the cash equivalent amount in this column. Note that non-monetary transfers should only be counted as tips if they were used as payment for immediate service and are used as a substitute for a monetary tip. Non-monetary transfers that are used as gifts/personal tokens of appreciations should not be counted as tips.*

**[Note: Demographic items 2-4 will be captured by the frame file of both survey panels and will not be asked of participants in the actual survey.]**

1. What is your age?

<Text box>

1. In which <county/zip code> do you live?

<Drop-down menu>

1. What is your gender?
2. Male
3. Female
4. Are you of Hispanic or Latino origin (ethnicity)?
5. Yes, of Hispanic origin
6. No, not of Hispanic origin
7. What is your race? Please select one or more. Are you…
8. White
9. Black or African-American
10. Asian
11. Native Hawaiian or Other Pacific Islander
12. American Indian or Alaskan Native
13. Please indicate your highest level of educational attainment:
14. No formal education
15. 1st, 2nd, 3rd, or 4th grade
16. 5th or 6th grade
17. 7th or 8th grade
18. 9th grade
19. 10th grade
20. 11th grade
21. 12th grade NO DIPLOMA
22. HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent GED)
23. Some college, no degree
24. Associate degree
25. Bachelors of degree
26. Master’s degree
27. Professional or Doctorate Degree

1. Please indicate your employment status:

1. Working - as a paid employee

2. Working - self-employed

3. Not working - on temporary layoff from a job

4. Not working - looking for work

5. Not working – retired

6. Not working – disabled

7. Not working – other

1. Please indicate your annual household income:

1. Less than $5,000
2. $5,000 to $7,499
3. $7,500 to $9,999
4. $10,000 to $12,499
5. $12,500 to $14,999
6. $15,000 to $19,999
7. $20,000 to $24,999
8. $25,000 to $29,999
9. $30,000 to $34,999
10. $35,000 to $39,999
11. $40,000 to $49,999
12. $50,000 to $59,999
13. $60,000 to $74,999
14. $75,000 to $84,999
15. $85,000 to $99,999
16. $100,000 to $124,999
17. $125,000 to $149,999
18. $150,000 to $174,999
19. $175,000 or more

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests.  The OMB Control Number for this survey is 1545-1349.  We estimate the time required to be ten minutes. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to:

Internal Revenue Service

Tax Product Coordinating Committee

1111 Constitution Avenue NW

Washington, DC 20224

**Moderator’s Guide for *Consumer Tipping Survey* Usability Test:**

**Week 1**

**Introduction**

Thank you for participating in this study today. My name is \_\_\_\_\_, and I work with the User Experience Team at Fors Marsh Group. Today we will be evaluating a questionnaire that will be used in a web-based survey designed to collect information on recent customer expenditures. Our primary focus in this session will be to determine that the questions and language in the survey and the layout makes sense. We are currently testing different versions of the survey in order to determine which one provides the most accurate information.

You will be given one of two versions of the survey being tested. We will ask you try to complete the survey while speaking aloud and giving us your interpretation of the survey language and the progression of the questions. Afterwards, we will ask a series of questions regarding the survey and your responses. After going through the first survey we will ask you to go through a similar process with the second variant of the survey. Your comments and feedback will help the developers improve the survey. I did not create the survey, so please do not feel like you have to hold back on your thoughts to be polite to me. We’re interested in both your positive and negative reactions to the survey. Difficulties you may run into reflect its design, not your skills or abilities. Please keep in mind that I am not testing you or your knowledge. Rather you are helping us to see how we can make improvements to the survey.

The entire session should take less than 45 minutes. Do you have any questions so far?

**Let’s cover a couple things before we get started.**

* Your participation in this study is totally voluntary. You can choose not to answer any questions you do not want to answer.
* We are making a video recording of this session, but your name and personal information will not be associated with the recordings.
* Only the researchers working on this project will have access to the recordings and information you provide in the study.
	+ Researchers at the Internal Revenue Service may view the sessions and interview notes. The IRS will receive a final report of our findings, which will be stripped of direct identifiers like name and email.
* I am interested in your thoughts and reactions as we proceed. This is important because I can see what you are doing, but I don’t know why you are doing it. So I need your help. While you are working, I would like you to think aloud. I would like you to:
	+ Tell me what you are thinking.
	+ Say what the questions mean to you and how you interpret them.
	+ Ask if there are any words or phrases that do not make sense or you want clarification on.
	+ Describe the steps that you are taking.
	+ Tell me why you are doing what you are doing, what you are going to do, and why.
	+ Tell me if you are having difficulty remembering any of the records that we are asking for.
	+ Basically, just tell me everything you are thinking as you work.
	+ There are no right or wrong answers, and your comments and opinions will only be used in combination with the feedback that we get from other people.

*Notes:*

* *Record any inconsistencies between users’ terminology and the questionnaire’s.*
* *Specifically note any confusion regarding “Non-monetary tip” language as well as the various service industries.*
* *Note which question version the participants are assigned to – the short, one question form or the service-specific prompt form.*

**Introduction**

Moderator: In a moment, I’m going to ask you to begin taking the survey. Please fill it out to the best of your ability and think out loud as you work. The computer that is to your left has Internet access but is not within the view of the cameras and any work you do on it will not be video recorded, in case you want to look up any information. Please flip over the page in front of you to begin the survey. Please let us know if you have any questions or concerns as you fill it out.

**Notes:**

**General Notes:**

**Service Category Notes:**

**Payment Category Notes:**

**Tipping Notes/Payment Questions:**

**Non-Monetary Tip:**

Moderator: Now we would like you to take a moment and answer a few brief questions about the survey that you just completed. Please turn over the second piece of paper and inform me when you have finished.

**Satisfaction Questionnaire (SATQ)**

Please circle the numbers that most appropriately reflect your impressions about this survey.

1. Please rate your overall experience filling out the survey:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did not like it at all | Did not like it | Neutral | Liked it | Liked it a lot |
| 1 | 2 | 3 | 4 | 5 |

1. How accurate do you think your records were?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Accurate | Slightly Accurate | ModeratelyAccurate | Very Accurate | Extremely Accurate |
| 1 | 2 | 3 | 4 | 5 |

 3. How easy was the survey language to understand?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Easy | Slightly Easy | Moderately Easy | Very Easy | Extremely Easy |
| 1 | 2 | 3 | 4 | 5 |

4. How comfortable did you feel describing your transactions from the previous day?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NotAt All Comfortable | SlightlyComfortable | ModeratelyComfortable | VeryComfortable | ExtremelyComfortable |
| 1 | 2 | 3 | 4 | 5 |

Moderator: Now I would like to ask you a few follow-up questions regarding the survey.

**Debrief for Task 1**

1a. Regarding the tipping expenditures that you have just recorded (if they recorded at least one expenditure), how many days prior would you think you could accurately remember your tipping expenditures?

1b. Looking at the service categories that we asked you about, can you think of any services that you have tipped in the past that we have not included?

1c. Do you have any questions about this task or how to fill out this form?

1d. In the past have you ever given a non-monetary tip or gift to someone for their service?

1e. If you received this survey, what would you do to try and complete it? Would you look up any records/receipts or complete it on the spot from memory?

1f. Would there be any reason that you would be reluctant to record any expenditures?

**Introduction**

Moderator: Now we are going to ask you to complete a different, but similar survey. Please flip over the page in front of you to begin. Please let us know if you have any questions or concerns as you fill it out.

**Notes:**

**General Notes:**

**Service Category Notes:**

**Payment Category Notes:**

**Tipping Notes:**

**Non-Monetary Tip:**

Moderator: As with the previous survey we would like you to take a moment and answer a few brief questions about the survey that you just completed. Please turn over the second piece of paper and inform me when you have finished.

**Satisfaction Questionnaire (SATQ)**

Please circle the numbers that most appropriately reflect your impressions about this survey.

1. Please rate your overall experience filling out the survey:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did not like it at all | Did not like it | Neutral | Liked it | Liked it a lot |
| 1 | 2 | 3 | 4 | 5 |

1. How accurate do you think your records were?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Accurate | Slightly Accurate | ModeratelyAccurate | Very Accurate | Extremely Accurate |
| 1 | 2 | 3 | 4 | 5 |

 3. How easy was the survey language to understand?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Easy | Slightly Easy | Moderately Easy | Very Easy | Extremely Easy |
| 1 | 2 | 3 | 4 | 5 |

4. How comfortable did you feel describing your transactions from the previous day?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NotAt All Comfortable | SlightlyComfortable | ModeratelyComfortable | VeryComfortable | ExtremelyComfortable |
| 1 | 2 | 3 | 4 | 5 |

Moderator: Now I would like to ask you a few follow-up questions regarding the survey you just completed. Afterwards, we have a few final debriefing questions before we finish up today. Thank you for your time.

**Debrief for Task 2**

1a. Compare this form to the one you had completed earlier. What would you say are some of the advantages of this form compared to the other? What about the disadvantages?

2b. Which form did you like better? Why?

2c. Do you feel like either form was more helpful than the other in aiding you recall your tipping experiences?

**Debriefing Questionnaire**

(NOTE: Some are used as follow-ups to actions during session and to SATQ responses; participants do not receive all debriefing questions.)

1. How many days would you say that you would accurately remember all of the transactions and purchases that you have made?
2. How easy is it to remember how you paid for your recent transactions?
	1. Did you assume that you had paid with a certain method if you can’t remember?
	2. Is there a certain form of payment that you generally use?
3. Do you have an online banking profile that allows you to keep track of your purchases and expenditures?
	1. If you had received this survey, would you use your banking profile to confirm the accuracy of any of your purchases?
	2. [If yes to both of the above consider asking the respondent to do that for their 5-day recall
4. What do you think the purpose of this survey effort is?
	1. ***If they guess correctly*** – does that knowledge make them more or less likely to fill out the survey accurately?

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests.  The OMB Control Number for this survey is 1545-1349.  We estimate the time required to be 45 minutes. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to:

Internal Revenue Service

Tax Product Coordinating Committee

1111 Constitution Avenue NW

Washington, DC 20224

**Moderator’s Guide for *Consumer Tipping Survey* Usability Test:**

**Weeks 2-3**

**Introduction**

Thank you for participating in this study today. My name is \_\_\_\_\_, and I work with the User Experience Team at Fors Marsh Group. Today we will be evaluating a prototype of a web-based survey that’s designed to collect information on recent customer expenditures. Our primary focus in this session will to determine that the questions and language in the survey make sense and that respondents are able to recall their expenditures accurately. The survey is still in development, and we are testing some of the early features so there may be some missing or broken elements. If you encounter any missing or broken elements, please ignore them and try to complete your task to the best of your ability.

You will be given one of two versions of the survey that are currently being tested, and we will ask that you move through and complete the survey to the best of your ability. Afterwards, we will ask a series of questions regarding the survey and your responses. Your comments and feedback will help the developers improve the survey. I did not create the survey, so please do not feel like you have to hold back on your thoughts to be polite to me. We’re interested in both your positive and negative reactions to the survey. Difficulties you may run into reflect its design, not your skills or abilities. Please keep in mind that I am not testing you or your knowledge. Rather you are helping us to see how we can make improvements to the survey.

The entire session should less than 45 minutes. Do you have any questions so far?

**Let’s cover a couple things before we get started.**

* Your participation in this study is totally voluntary. You can choose not to answer any questions you do not want to answer.
* We are making a video recording of this session, but your name and personal information will not be associated with the recordings.
* Only the researchers working on this project will have access to the recordings and information you provide in the study.
	+ Researchers at the Internal Revenue Service may view the sessions and interview notes. The IRS will receive a final report of our findings, which will be stripped of direct identifiers like name and email.
* I am interested in your thoughts and reactions as we proceed. This is important because I can see what you are doing, but I don’t know why you are doing it. So I need your help. While you are working, I would like you to think aloud. I would like you to:
	+ Tell me what you are thinking.
	+ Say what the questions mean to you and how you interpret them.
	+ Ask if there are any words or phrases that do not make sense or you want clarification on.
	+ Describe the steps that you are taking.
	+ Tell me why you are doing what you are doing, what you are going to do, and why.
	+ Tell me if you are having difficulty remembering any of the records that we are asking for.
	+ Basically, just tell me everything you are thinking as you work.
	+ There are no right or wrong answers, and your comments and opinions will only be used in combination with the feedback that we get from other people.

**We are going to track where you are looking as you work.**

* This is the eye tracker [point to tracker].
* Let’s get you situated in your chair in front of the screen in a good position.
* Please try to refrain from making any large head movements during the session. You do not need to remain perfectly still like a statue, but if you move your head too much, the eye tracker may lose your eyes.
* Let’s do a quick task so the computer can find your eyes. Please follow the red circle as it moves on the screen [calibration].

*Notes:*

* *Record any inconsistencies between users’ terminology and the site’s.*
* *Specifically note any confusion regarding “Non-monetary tip” language as well as the various service industries.*
* *Note which question version the participants are assigned to – the short, one question form or the service-specific prompt form.*

**Introduction**

Moderator: In a moment, I’m going to ask you to begin taking the survey. Please fill it out to the best of your ability and think out loud as you work. The computer that is to your left has Internet access but is not within the view of the cameras and any work you do on it will not be video recorded, in case you want to look up any information. Please open the first page to begin the survey. Please let us know if you have any questions or concerns as you fill it out.

[Have participants complete survey instrument at this time]

[Circle which version they are completing]

[One-question version Multiple-prompt version]

**Debrief for Task 1: Expenditure Question – 1 Day**

Moderator: At this time I would like to ask you a few questions regarding the survey you just completed.

1a. Regarding the tipping expenditures that you have just recorded (if they recorded at least one expenditure), how many days prior would you think you could accurately remember your tipping expenditures? [*Note:* If they noted no tipping expenditures at all, ask how many days it had been since they had spent money on such a service. Skip to the task with the relevant timeframe]

1b. Were there any language or service categories that you were confused about? How would you go about making this language clearer?

1c. Looking at the service categories that we asked you about, can you think of any services that you have tipped in the past that we have not included?

1d. Did you have any questions about this task or how to fill out this form?

Moderator: Now we would like you to take a moment and answer a few brief questions about the survey instrument that you just completed. Please turn over the second piece of paper and inform me when you have finished.

**Satisfaction Questionnaire (SATQ) / Recall Accuracy – Time Frame = 1 day**

Please circle the numbers that most appropriately reflect your impressions about this survey.

1. Please rate your overall experience filling out the survey:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did not like it at all | Did not like it | Neutral | Liked it | Liked it a lot |
| 1 | 2 | 3 | 4 | 5 |

1. How accurate do you think your records were?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Accurate | Slightly Accurate | ModeratelyAccurate | Very Accurate | Extremely Accurate |
| 1 | 2 | 3 | 4 | 5 |

 3. How easy was the survey language to understand?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Easy | Slightly Easy | Moderately Easy | Very Easy | Extremely Easy |
| 1 | 2 | 3 | 4 | 5 |

4. How comfortable did you feel describing your transactions from the previous day?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NotAt All Comfortable | SlightlyComfortable | ModeratelyComfortable | VeryComfortable | ExtremelyComfortable |
| 1 | 2 | 3 | 4 | 5 |

Moderator: Now I am going to ask you to complete a similar survey. The difference is the length of time that we are asking you to recall your expenditures from. Please open the first page to begin the survey. Please let us know if you have any questions or concerns as you fill it out.

[Have participants complete survey instrument at this time]

**Debrief for Task 2: Expenditure Question – 2 Days**

[After respondent completes the survey, moderator should ask the following]

2a. How much more difficult do you think it is to recall expenditures after the first day? What sort of information do you find more difficult to recall after two days?

Moderator: As with the previous survey we would like you to take a moment and answer a few brief questions about the survey instrument that you just completed. Please turn over the second piece of paper and inform me when you have finished.

**Satisfaction Questionnaire (SATQ) / Recall Accuracy – Time Frame = 2 days**

Please circle the numbers that most appropriately reflect your impressions about this survey.

1. How accurate do you think your records were?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Accurate | Slightly Accurate | ModeratelyAccurate | Very Accurate | Extremely Accurate |
| 1 | 2 | 3 | 4 | 5 |

 2. How much less accurate do you feel your recordings were for expenditures two days ago compared to those that filled out in the prior version?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Much Less Accurate | Moderately Less Accurate | Just as Accurate | Moderately More Accurate | Much more Accurate |
| 1 | 2 | 3 | 4 | 5 |

Moderator: As before, I would now like you complete a similar survey in which the difference is the length of time that we are asking you to recall your expenditures from. When you are complete, there are a few quick items I would like you to fill out on a separate sheet of paper, as we did earlier. Please open the first page to begin the survey. Please let us know if you have any questions or concerns as you fill it out.

[Have participants complete survey instrument at this time. Once they are finished, have them complete the SATQ]

**Satisfaction Questionnaire (SATQ) / Recall Accuracy – Time Frame = 3 days**

Please circle the numbers that most appropriately reflect your impressions about this survey.

1. How accurate do you think your records were?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Accurate | Slightly Accurate | ModeratelyAccurate | Very Accurate | Extremely Accurate |
| 1 | 2 | 3 | 4 | 5 |

 2. How much less accurate do you feel your recordings were for expenditures three days ago compared to those that filled out in the prior version?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Much Less Accurate | Moderately Less Accurate | Just as Accurate | Moderately More Accurate | Much more Accurate |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

Moderator: Finally, I would like you to fill out one final survey for us before we complete some debriefing questions. Again, the recall time will vary with this version. When you are complete, there are a few quick items I would like you to fill out on a separate sheet of paper, as we did earlier. Please open the first page to begin the survey. Please let us know if you have any questions or concerns as you fill it out.

[Have participants complete survey instrument at this time. Once they are finished, have them complete the SATQ and asking them the questions in the Debriefing Questionnaire]

**Satisfaction Questionnaire (SATQ) / Recall Accuracy – Time Frame = 5 days**

Please circle the numbers that most appropriately reflect your impressions about this survey.

1. How accurate do you think your records were?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All Accurate | Slightly Accurate | ModeratelyAccurate | Very Accurate | Extremely Accurate |
| 1 | 2 | 3 | 4 | 5 |

 2. How much less accurate do you feel your recordings were for expenditures five days ago compared to those that filled out in the prior version?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Much Less Accurate | Moderately Less Accurate | Just as Accurate | Moderately More Accurate | Much more Accurate |
| 1 | 2 | 3 | 4 | 5 |

**Debriefing Questionnaire**

(NOTE: Some are used as follow-ups to actions during session and to SATQ responses; participants do not receive all debriefing questions.)

1. How many days would you say that you would accurately remember all of the transactions and purchases that you have made?
2. How easy is it to remember how you paid for your recent transactions?
	1. Did you assume that you had paid with a certain method if you can’t remember?
	2. Is there a certain form of payment that you generally use?
3. How about the services and sub-services we have asked about. Were any of the service categories or sub-categories problematic or confusing?
4. When you first say the language for “non-monetary payment”, what did you think that entailed? Did the language make sense?
5. Have you ever tipped someone with a non-Monetary payment?

	1. If so, what did you give?
6. Are there are any other types of services that you have tipped someone for that we did not ask about in the survey?
7. [Show respondents the alternate version of the survey they did not use] Please take a moment to consider this version of the survey format. Do you prefer this version or the one that you just completed? Do you feel like either version makes it easier for you to complete?
8. Do you have an online banking profile that allows you to keep track of your purchases and expenditures?

	1. If you had received this survey, would you use your banking profile to confirm the accuracy of any of your purchases?
	2. [If yes to both of the above consider asking the respondent to do that for their 5-day recall]
	3. If you had received this survey, would you try to locate receipts of your recent expenditures in order to complete the survey?
9. What do you think the purpose of this survey effort is?

	1. ***If they guess correctly*** – does that knowledge make them more or less likely to fill out the survey accurately?

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests.  The OMB Control Number for this survey is 1545-1349.  We estimate the time required to be 45 minutes. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to:

Internal Revenue Service

Tax Product Coordinating Committee

1111 Constitution Avenue NW

Washington, DC 20224

**Recruitment Materials: Email notification, Local Advertisement, Online/Social Media Advertisement, Web-based Screener**

**Email Subject: Consumer Expenditure Survey**

Fors Marsh Group is currently seeking individuals to participate in a usability study for a consumer expenditure survey.  For this study, participants will complete a draft of a survey either on paper or on a desktop computer and respond to questions about their experience.  One-on-one interviews will take place at our Arlington location (near the Ballston metro) from DATE, and will be 45 minutes long.  Compensation ($40 in the form of a check) will be provided to those that participate.  All participation is voluntary.

If you are interested in participating, please click on the link below to access a brief questionnaire; your replies will help us determine if you are a good fit for this study.

**Survey link**

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests.  The OMB Control Number for this survey is 1545-1349.  We estimate the time required to be 45 minutes. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to:

Internal Revenue Service

Tax Product Coordinating Committee

1111 Constitution Avenue NW

Washington, DC 20224

If you have any questions, please let me know!

Julie Brown

Receptionist | Fors Marsh Group

1010 N. Glebe Road Suite 510

Arlington, VA 22201

Desk: 571.858.3776

Email: jbrown@forsmarshgroup.com

forsmarshgroup.com



**Consumers Needed for Usability Testing**

Fors Marsh Group is seeking consumers for usability testing sessions. You will be asked to interact with and provide feedback on a survey investigating recent consumer expenditures. You will be asked to complete a draft survey on paper or on a desktop computer and respond to questions about your experience. The study is conducted with one-on-one sessions. All participation is voluntary.

The study will take place at the Fors Marsh Group’s offices near the Ballston Metro Station, 1010 North Glebe Road, Arlington, VA 22201.

The study is approximately 45 minutes in length. Compensation is $40.

We are currently scheduling participants for **DATE, 2014**.

If interested, please contact us at ux@forsmarshgroup.com. We will ask you to complete a short screener and we will then notify you of available times.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests.  The OMB Control Number for this survey is 1545-1349.  We estimate the time required to be 45 minutes. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to:

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Thank you!

The User Experience Team at Fors Marsh Group

www.forsmarshgroup.com

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**Consumer Tipping Advertisement to be posted on Craigslist**

Need Participants for Paid Study - $40 in Ballston Week of DATE (Arlington, VA (Ballston))

© craigslist - Map data © OpenStreetMap

1010 N Glebe

(google map) (yahoo map)

compensation: $40

Fors Marsh Group is seeking participants for a usability study regarding a survey on recent consumer expenditures. The study will consist of a usability and interview testing session in Arlington, VA, the week of DATE. The session will last about 45 minutes, and we are offering day and evening sessions. If you are eligible and decide to participate, you will receive a $40 honorarium.

To see if you qualify, please copy the link below and paste it into your browser.

**SURVEY LINK**

This short questionnaire will help us decide if you qualify for the study. If you do, we will give you a call to schedule a time that works best for your schedule.

Paperwork Reduction Act Notice. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1349. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the: Internal Revenue Service, Tax Product Coordinating Committee, 1111 Constitution Avenue NW, Washington, DC 20224.

Principals only. Recruiters, please don't contact this job poster.

Do NOT contact us with unsolicited services or offers

Participant Screener for Consumer Tipping Usability Study

Thank you for your interest in participating in a study with Fors Marsh Group. We are conducting a paid study to gather feedback on a study looking at recent consumer expenditures.

The study will consist of a usability and interview testing session between DATE and DATE at our Arlington location (near the Ballston metro). The session will last about 45 minutes, and we are offering day sessions. If you are eligible and decide to participate, you will receive a $40 honorarium. The session will be strictly for research, and all of your comments will be held private to the extent covered by law.

Paperwork Reduction Act Statement (hyperlink to PRA below)

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests.  The OMB Control Number for this survey is 1545-1349.  We estimate the time required to be 45 minutes. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to:

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Would you be interested in participating?

( ) Yes – Continue

( ) No – Terminate

#### Screening Questions

1. To which age group do you belong?

( ) under 18- Terminate: Thank you for your time.

( ) 18-24

( ) 25-34

( ) 35-44

( ) 45-54

( ) 55-64

( ) 60-64

( ) 65-74

( ) 75+

2. Gender?

( ) Female

( ) Male

3. Are you of Hispanic or Latino origin (ethnicity)?

( ) Yes, of Hispanic origin

( ) No, not of Hispanic origin

4. What is your race? Please select one or more. Are you…

( ) White

( ) Black or African-American

( ) Asian

( ) Native Hawaiian or Other Pacific Islander

( ) American Indian or Alaskan Native

5. Please indicate your highest level of educational attainment:

( ) Less than 9th grade

( ) 9th to 12th grade, no degree

( ) High School graduate (or equivalent)

( ) Some College, no degree

( ) Associate’s degree

( ) Bachelors of degree

( ) Master’s/Doctorate/Professional Degree

6. Please indicate your employment status.

( ) Working, full-time

( ) Working, part-time

( ) Not working

( ) Retired

( ) Disabled

( ) Other

**INVITATION**

Thank you for answering our questions. Based on your responses, you qualify for the testing and interview session. We would like to invite you to take part in this study. You will receive an email contacting you about scheduling times. You will receive a $40 honorarium at the end of the session for participating. At this point I need to collect some contact information from you.

**(Note: This information is required only as a part of this study. Your information is kept strictly private to the extent allowed by law. Your phone number is required only for a reminder call that will be made prior to the start of the research study.**)

* First name:
* Last name:
* Date of birth:
* Email:
* Daytime phone:
* Evening phone:
* Mailing Address:
* City:
* State:
* Zip Code:

Thank you for your time. We will be in touch soon to schedule your session.

**TERMINATION TEXT**

Thank you very much for your time, and thank you for answering our questions. Unfortunately, based on the requirements, we are not able to extend you an invitation. Perhaps we can include you in a future research session. Have a good day.

Paperwork Reduction Act Notice. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1349. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the: Internal Revenue Service, Tax Product Coordinating Committee, 1111 Constitution Avenue NW, Washington, DC 20224.

**INFORMED CONSENT FORM**

You are being asked to participate in a research study. This form describes the purpose, procedures, benefits, risks and precautions of the study. It also describes your right to withdraw from the study at any time. A member of the study staff is available to read through this form with you and discuss all the information, if you wish.

**Why is this study being done?**

This study is being done to determine the ideal design of a survey designed for adults across the United States. The study will ask participants to interact with a survey concerning recent consumer expenditures. Receiving feedback on the survey will lead to design solutions that will enhance the ease of completing the survey.

**What do I need to know about this study?**

Adults 18 and older are asked to participate in this study. Each session will last 45 minutes, and participants will work one-on-one with a moderator. The sessions will be video recorded, and individuals’ names will not be used in any description of findings. In accordance with the Paperwork Reduction Act of 1995, the questions asked as part of this study have been approved by the Federal government’s Office of Management and Budget (OMB) under OMB control number 1545-1349. Without this approval, we could not ask these questions.

1010 N. Glebe Road, Suite 510 | Arlington, Virginia 22201 | www.forsmarshgroup.com

Participants will be asked to interact with and provide feedback on a website. While they do so, where they look on the screen will be tracked. The moderator will ask questions while the participant completes assigned activities using the website. Participants will then discuss their thoughts and opinions about the website with the moderator. Other researchers may observe in another room.

**What are the potential risks of being in the study?**

There are minimal risks associated with this study. Participants will complete short questionnaires and provide feedback about the website. Participants do not have to answer any questions that they do not want to answer.

**Does being in this study provide any benefit?**

The study will help to improve the usability of the website. Participants in the study will receive $40 for their participation.

**Will it cost me anything to be in this study?**

There are no costs to participate in the study, other than possible transportation costs to and from the facility.

**Do I have to be in this study?**

Participation is voluntary.

**Who will have access to this study and/or contact information?**

Only the researchers working on this project will have access to the information provided in the study.

**Who do I contact if I have questions about the study?**

If you have questions or concerns about the study, you can contact

Jennifer Romano Bergstrom, Fors Marsh Group, jbergstrom@forsmarshgroup.com, 571-858-3795.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read this form and agree to participate in this study.**

 Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Researcher’s Signature Date