

**Alternative Modes Test – Respondent Debrief**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Schedule ID: |  |  | Collection Mode: | PV  PH  Email |

|  |  |
| --- | --- |
| **1. General reactions** | *What were your general reactions to the survey? Were there things you liked/disliked, found*  *confusing, etc.?* |
|  | |
| **2a. Burden** | *How burdened did you feel providing the information requested for this survey? (Very burdened,*  *somewhat burdened, a little burdened, not at all burdened).* |
|  | |
| **2b. Burden – follow up** | [If R reported Very, Somewhat, or A Little, ask:]  *Why is that – what features of the survey or parts of the reporting process affected how burdened*  *you felt?* |
|  | |
| **3. Confidence** | *Were there any elements or topics in this survey where you felt less confident in your answers?*  *If so, which elements, and what caused you to feel less confident?* |
|  | |
| ***Alternative Modes Test-Specific Items*** | |
| **4. Materials** | *We provided you with information and materials in advance to help explain the objectives of*  *this survey, clarify key survey concepts, and make it easier for you to respond. Now that you have*  *completed the survey, we’d like to get your feedback on those materials, and any suggestions*  *for improving them.* |
| 1. *How helpful were the materials and information we provided in advance (e.g., descriptions of the survey, the Respondent Aid)?*   *Do you have any suggestions for how we might improve these materials?*   1. *Could we have provided any additional materials or resources to help you prepare better, clarify any of the concepts we asked*   *about, make it easier for you to respond, and/or reduce the burden of responding to this survey?* | |

|  |  |
| --- | --- |
| **Time Spent** |  |
| 1. [For PV/PH respondents:] *How much time did it take you to prepare for today’s meeting?* 2. [For email respondents:] *How much time did it take you to prepare for and complete the survey?* 3. [For email respondents:] *Did you complete the survey in a single sitting? If not, why not?* | |
| **Mode Preference** | *Balancing burden on the respondent and high-quality data, what do you think is the best way*  *to collect this data: personal-visit, via phone/email, or some combination? Why is that?* |
|  | |

**Private Industry sample Establishments:**

|  |  |  |
| --- | --- | --- |
| The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. | ***This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results*** *of* ***this survey comprehensive, accurate and timely.*** | O.M.B. # 1220-0164  Expires 4/30/15 |
| We estimate that it will take an average of 60 minutes to complete this interview, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number. | | |

**State and Local Government sample Establishments:**

|  |  |  |
| --- | --- | --- |
| The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence. | ***This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results*** *of* ***this survey comprehensive, accurate and timely.*** | O.M.B. # 1220-0164  Expires 4/30/15 |
| We estimate that it will take an average of 60 minutes to complete this interview, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number. | | |