

FGP: DEBRIEFING PROTOCOL – PHASE 2
MAY 29, 2015

Introduction

REVIEW FORM AND NOTE RESPONSES FOR CONDITIONAL PROBES

ASK IF RESPONDENT HAS COPY OF FORM THEY COMPLETED, IF NOT OFFER TO EMAIL A BLANK FORM FOR THEIR REFERENCE – IF NO TO BOTH, READ FORM QUESTIONS TO RESPONDENT.

1. Confirm you have reached the correct respondent completing the form (person listed in Q1 on the form).

Background Questions

Respondent

1. Collect or verify (Q1) the respondent's position/title within the establishment.
2. Ask their tenure with the establishment.
3. Collect or verify the location they work (note this may be different from Q2).
 - a. Note whether the respondent's worksite is the same as the sampled worksite (listed in Q2).

Response process

1. Are you the person in the company who first received this form, or did you get this from another person, department, or location within the company?

IF ANOTHER PERSON/DEPARTMENT

- a. Where in this company was this form first received before coming to you?
- b. Why was this form given to you (or your department)?

2. Did you work with anyone else, or seek any information from any other departments within your company to help you to complete this form?

IF YES: SOUGHT HELP OR INFO FROM OTHER DEPARTMENTS

- a. (Who/what department) assisted you with this form?
COLLECT WHAT DEPARTMENT ASSISTING STAFF WORKS IN AND NOTE IF DIFFERENT FROM RESPONDENTS

- b. What information did (they/that department) provide?

3. Do you feel you were the best person to complete this form?
IF NOT COLLECT WHY; WHO/WHAT DEPARTMENT WOULD BE BETTER; WHY THAT PERSON/DEPARTMENT DID NOT COMPLETE THE FORM.

Establishment

COLLECT DETAIL ABOUT THE COMPANY AND WHAT IT DOES: FOR EXAMPLE:

1. Tell me about your company. What does your company do or make.

IF MULTI-UNIT ENTERPRISE OR RESPONDENT LOCATION DIFFERENT FROM SAMPLED LOCATION (I.E. RESPONDENT DOES NOT WORK AT LOCATION LISTED/RECORDED IN Q2)

2. Looking at the worksite listed in question 2, can you tell me about what that worksite does for this company?
3. What is your location's relationship to the worksite listed in question 2?
4. How does this worksite fit in with the larger company? (WHAT IS ITS ROLE/PURPOSE)
5. How is your company organized to conduct your manufacturing?

General Instructions for Form Specific Debriefing Items

- THROUGHOUT THIS FORM, PROBE ON ANY ERRORS, MISSING ITEMS, OR COMMENTS AS YOU GET TO THAT ITEM OR LOCATION OF THE ERROR OR COMMENT.

Manufacturing Activity (Questions 6, 7, and 8)

6 Are any products manufactured or any goods produced at the worksite listed in Question 2?

Yes, Go to 6a, then 6b

No, Go to 7

1. Tell me about what this worksite (the worksite listed in question 2) does.

IF YES TO ANY Q6, Q7, OR Q8

- a. WHAT PRODUCTS ARE MANUFACTURED OR PRODUCED THROUGH THIS WORKSITE?
- b. (HOW DO YOU/DO YOU) ARRANGE FOR THE MANUFACTURE OR PRODUCTION OF GOODS BY OTHER INDEPENDENT MANUFACTURERS?
 - i. DOES THIS WORKSITE GIVE OR MAKE PRODUCT DESIGNS/SPECIFICATIONS.
- c. GET A SENSE OF THE PROCESS FROM START TO FINISH (CONCEPTUALIZATION OR DESIGN STAGE TO FINISHED PRODUCT)
- d. DETERMINE WHETHER THE PRODUCTS ARE FINAL OR INTERMEDIATE PRODUCTS E.G, WHETHER ADDITIONAL STEPS ARE NECESSARY FOR USE OF THE PRODUCT
 - i. WHO DO THESE PRODUCTS GO TO, WHO IS THE CUSTOMER?

IF NO TO ALL Q6, Q7, AND Q8

- a. VERIFY NO MANUFACTURING ACTIVITY AT THE WORKSITE IN Q2: E.G. PROBE FOR WHETHER THEY DO ANY...
 - ASSEMBLY
 - CUTTING
 - MIXING
 - ANY OTHER ACTIVITY THAT MODIFIES A PRODUCT.

QUESTION 6A – IF NO TO Q6, SKIP

6a Does the worksite listed in Question 2 manufacture any products or produce any goods for your company, or for sale by your company?

Yes

No

1. We would like to find out if everyone is interpreting this question in the same way, so what in your own words was this question asking?
 - a. What products were you thinking about?

QUESTION 6B – IF NO TO Q6, SKIP

6b Does the worksite listed in Question 2 manufacture any products or produce any goods under contract for other companies?

Yes

No

1. What in your own words was this question asking?
 - a. What products were you thinking about?
 - b. Could you briefly describe how that contracting process works at your company?

Outsourcing Activity

7 Does the worksite listed in Question 2 arrange for the manufacture of any products or the production of any goods outside of the U.S., either by a manufacturing facility owned by your company or by an independent manufacturer?

Yes
 No

8 Does the worksite listed in Question 2 arrange for the manufacture of any products or the production of any goods inside the U.S. by an independent manufacturer? Exclude products manufactured by facilities owned by your company.

Yes
 No

IF YES TO Q7 OR Q8 – OR MISREPORTED OUTSOURCING ACTIVITY IDENTIFIED IN EARLIER PROBING

1. Describe what is done by the worksite to arrange to have any products manufactured for your company.
 - a. DOES THE WORKSITE DIRECTLY CONTROL THIS?
 - b. DOES THE WORKSITE PROVIDE ANY DESIGNS OR SPECIFICATION FOR THE PRODUCT(S)?
 - c. DOES THIS VARY BY DIFFERENT PRODUCTS

9 For the manufacturing activities described above, does the worksite listed in Question 2:	Yes, for all products	Yes, for some products	No, not for any products	Don't know
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QUESTION 9A

a. Determine the specifications or design for manufactured products or goods?

1. You marked [RESPONSE], tell me about that.
 - a. If you needed to, could worksite managers *independently* change the design or specifications of the product?
IF ANY YES: HOW DOES THE WORKSITE DO THIS?
IF NO OR DK: WHO CONTROLS THE DESIGN/HOW DO THEY DO THIS?

9	For the manufacturing activities described above, does the worksite listed in Question 2:	Yes, for all products	Yes, for some products	No, not for any products	Don't know
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QUESTION 9B

b. Arrange for the manufacturing of products or goods?

1. REVIEW Q7 AND Q8 WITH RESPONSE TO 9B – PROBE ANY INCONSISTENCY
EXAMPLE: Q7 AND Q8 = NO, BUT Q9B = YES

QUESTION 9C

c. Own the products or goods?

1. You marked [RESPONSE], tell me about that.
IF YES-SOME: WHY ARE ONLY SOME PRODUCTS OR GOODS OWNED, BUT NOT OTHERS?
IF NO: WHO OWNS THE PRODUCTS?

QUESTION 9D

d. Set the sales price on the products or goods?

1. You marked [RESPONSE], tell me about that.

QUESTION 9E

e. Arrange for the sale of the products or goods?

1. You marked [RESPONSE], tell me about that.

9	For the manufacturing activities described above, does the worksite listed in Question 2:	Yes, for all products	Yes, for some products	No, not for any products	Don't know
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QUESTION 9F

f. Assume any loss due to defective or unsold products or goods?

1. You marked [RESPONSE], tell me about that.
IF YES-SOME: HOW DOES THIS DIFFER ACROSS PRODUCTS
IF NO: WHO ASSUMES THE LOSS, OR HOW DO YOU MINIMIZE THESE LOSSES

QUESTION 9 - MULTI-UNIT ENTERPRISES ONLY

IF MULTI-UNIT ENTERPRISE (INCLUDING PARENT/SUBSIDIARY RELATIONSHIPS) PROBE FOR WHETHER ANY OTHER WORKSITE IN THE ENTERPRISE DOES ACTIVITIES LISTED IN 9A - 9F.

QUESTION 10

10 What percent of the total revenue for the worksite listed in Question 2 comes from each of the sources below?

If you are unable to provide revenue percentage estimates, please complete BOX B on Page 4

IF NOT ANSWERED

REVIEW BOX B TO SEE IF RESPONDENT COMPLETED SINCE Q10 WAS NOT ANSWERED. IF BOX B ALSO BLANK, PROBE WHY NO INFORMATION ON REVENUE WAS PROVIDED.

1. This question asked for revenue estimates from different activities for the worksite listed in question 2. Why did you leave these blank?
 - a. Was it difficult to answer?
 - b. Is there a way to organize this table that would make it easier for you to provide this information?
2. Was there anyone else in the company who could have provided this information?
 - a. What department/area/worksite are they a part of?

IF ANY ANSWERED

1. Looking at this table, was there anything that you found particularly confusing or difficult about these questions?
2. Was there anything that you found particularly useful or helpful?
3. Do you feel there is an easier way to report or organize this information?
 - a. HOW?
4. Tell me about how the worksite tracks revenue?
 - a. Do you track revenue by product or product line?
 - b. **IF HEADQUARTERS:** ARE YOU ABLE TO PROVIDE THIS INFORMATION FOR EACH/OTHER WORKSITE(S)?
5. How did you come up with the percentages reported?
 - a. NOTE GUESSING/ESTIMATES ARE OK – WHAT ARE THESE BASED ON?
 - b. WERE ANY RECORDS USED/REFERENCED?
 - c. HOW CONFIDENT ARE THEY IN THE ACCURACY OF THESE PERCENTAGES?
6. About how long did you spend answering this question (INCLUDING TIME TO LOOK-UP INFORMATION).

INCOMPLETE/UNLIKELY SUMS

1. IF REPORTED REVENUE PERCENT DOES NOT EQUAL 100%
 - a. The total amount reported for these revenue sources totals XXX%, can you tell me what happened?

QUESTION 10E

e. Other manufacturing, specify: %

1. IF ANSWERED >0: Tell me about this manufacturing activity
 - a. WHY DID YOU INCLUDE THIS HERE?
2. IF BLANK: Do you have any non-manufacturing activities that generate revenue for this worksite? IF YES PROBE WHY NOT REPORTED HERE.

QUESTION 10F

f. Largest single source of non-manufacturing revenue, specify: %

1. IF ANSWERED >0: You reported XXX%, can you tell me about this activity?

QUESTION 10G

g. All other revenue-generating activities %

1. IF ANSWERED >0: You reported XXX%, can you tell me about this activity?

QUESTION 11

11 In order to assign the correct North American Industry Classification System (NAICS) code to this worksite, we need information on the products your company sells.

For all manufacturing activities described in Questions 6, 7, and 8, including those done at the worksite listed in Question 2 and those done elsewhere under contract for the worksite, what are the three best-selling product lines?

Product Line	For each product line report	→ % of sales revenue
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1. How did you decide on (the product lines/what) you reported here?

BOX B

BOX B From which of the following activities does the worksite in Question 2 generate revenue?
Mark all that apply.

REVIEW EACH ACTIVITY MARKED

1. Roughly, how much revenue does this activity account for?

FORM OVERALL

ASK RESPONDENT ROUGHLY HOW MUCH TIME DID IT TAKE TO COMPLETE FORM, INCLUDING TIME TO LOOK-UP ANY INFORMATION TO COMPLETE FORM.