



West Coast **POVERTY CENTER**

UNIVERSITY of WASHINGTON

THE EVALUATION OF SEATTLE'S SECURE SCHEDULING ORDINANCE:

Data Collection Instruments for Baseline Report

March 2018



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Instruments

This document contains the instruments used to collect baseline data for the evaluation of Seattle's Secure Scheduling Ordinance:

- **BASELINE WORKER SURVEY**

This document lists the questions included in the online Qualtrics survey of covered workers.

- **FRONTLINE MANAGER SURVEY**

This document shows the information collected from frontline managers at covered businesses about their workforce and scheduling practices.

- **INTERVIEW GUIDE FOR FRONTLINE MANAGERS**

This is the guide interviewers used in their interviews with frontline managers at covered businesses.

**Seattle Secure Scheduling Evaluation
Worker Baseline Survey
PIs: Daniel Schneider and Kristen Harknett**

This document displays the survey questions from our web-based survey instrument. Our research design involves administering this survey to workers employed in retail and food services industries in Seattle and in a comparison sample from other large cities. Workers in Seattle and the comparison cities will be surveyed in the Spring 2017 before the Secure Scheduling legislation is implemented and again in Spring 2018 after the legislation is in place.

The survey will be self-administered on computers, tablets, or smart phones. This document displays the content of the survey, but the actual survey will be formatted for these devices and the skip patterns, display logic, and “piped in” text such as employer name will be automated. The skip patterns and question display logic serve to minimize respondent burden in that only questions that are applicable, given earlier answers, will be asked. For example, respondents with no children will skip out of all questions in Module 11: Parenting.

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CONSENT

Q1 We are a group of University of California, Berkeley researchers interested in understanding work scheduling practices. A full description of the study is available here: [Consent](#) Please read this document and download or print a version for your records. If you wish to participate in this study, please click the arrow below to continue

[Q2 Browser Meta Info – NOT SHOWN TO RESPONDENTS]

MODULE 1: EMPLOYMENT BASICS

Q3 What is the name of your main employer?

[THE LIST OF EMPLOYERS INCLUDED AS RESPONSE CATEGORIES WILL BE TAILORED DEPENDING ON THE AD TARGETING TO EITHER FAST FOOD, GROCERY, APPAREL, RESTAURANT, AND OTHER SPECIFIC CATEGORIES OF WORKPLACES.]

Q4 How long have you been working at [EMPLOYER NAME]?

- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 or more years

Display This Question:

If How long have you been working at [EMPLOYER NAME]? less than 1 year Is Selected

Q5 How many months have you worked at [EMPLOYER NAME]?

- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months

Q6 Are you a manager at [EMPLOYER NAME]?

- Yes
- No
- Don't know/Refuse

Q7 What is your job title at [EMPLOYER NAME]?

Q8 Are you paid by the hour at [EMPLOYER NAME]?

- Yes
- No
- Don't know/Refuse

Display This Question:

If Are you paid by the hour at [EMPLOYER NAME]? Yes Is Selected

Q9 How much are you paid per hour at [EMPLOYER NAME]? Please enter dollars per hour.

\$

Display This Question:

If How much are you paid per hour at [EMPLOYER NAME]? Please enter do... \$ Is Greater Than 50

Q10 You indicated that you make [HOURLY WAGE] dollars per hour. Is this right?

- Yes
- No

Display This Question:

If You indicated that you make [HOURLY WAGE] dollars per hour. Is this right? No Is Selected

Q11 How much are you paid per hour at [EMPLOYER NAME]? Please enter dollars per hour.

\$

Display This Question:

If GeolP LocationState/RegionIs Equal to WA

[I.e., This question is only displayed to respondents with an IP address in Washington State]

Q12 Is your [EMPLOYER NAME] workplace within Seattle city limits?

- Yes
- No
- Don't know/refuse

Q13 What [EMPLOYER NAME] store number do you work at?

Store number:

Display This Question:

If What [EMPLOYER NAME] store number do you work at? Store number: Is Empty

Q14 Where is the store you work at located?

Street address

City or town

State

Display This Question:

If Where is the store you work at located? Street address Is Empty

Q15 What are the nearest cross streets to the [EMPLOYER NAME] store you work at?

Cross Streets/nearest intersection

MODULE 2: WORK SCHEDULE BASICS

Q16 Which of the following best describes your work schedule at [EMPLOYER NAME]?

- Variable schedule (one that changes from day to day)
- Regular daytime schedule
- Regular evening shift
- Regular night shift
- Rotating shift (one that changes regularly from days to evenings or nights)
- Split shift (one consisting of two distinct periods each day)
- Other (specify) _____
- Don't know/Refuse

Q17 How many hours per week do you usually work at [EMPLOYER NAME]? Please enter number of hours

Display This Question:

If How many hours per week do you usually work at... Text Response Is Greater Than 60
And How many hours per week do you usually work at Text Response Is Empty

Q18 It looks like the number you entered was out of range. How many hours per week do you usually work at [EMPLOYER NAME]? Please enter a number between 0 and 60 hours per week

Q19 In the last month, what is the greatest number of hours you've worked in a week at [EMPLOYER NAME]? (Please consider all hours, including any extra hours, overtime, work you did at home, and so forth). Please enter number of hours.

Display This Question:

If In the last month, what is the greatest number of hours you've worked in a week at ... Text Response Is Greater Than 60

Q20 It looks like the number you entered was out of range In the last month, what is the greatest number of hours you've worked in a week at [EMPLOYER NAME]? Please enter a number of hours between 0 and 60.

Q21 In the last month, what is the fewest hours you've worked in a week at [EMPLOYER NAME]? (Please do not include weeks in which you missed work because of illness or vacation.) Please enter number of hours.

Display This Question:

If In the last month, what is the fewest hours you've worked in a week at ... Text Response Is Greater Than 60

Q22 It looks like the number you entered was out of range In the last month, what is the fewest hours you've worked in a week at [EMPLOYER NAME]? Please enter a number of hours between 0 and 60.

Q23 How far in advance do you usually know what days and hours you will need to work at [EMPLOYER NAME]?

- Less than 1 week
- At least 1 week but less than 2 weeks
- At least 2 weeks but less than 3 weeks
- At least 3 weeks but less than 4 weeks
- 4 weeks or more
- Don't know/Refuse

Display This Question: If How far in advance do you usually know what days and hours you will need to work at [EMPLOYER NAME]? One week or less Is Selected

Q24 How many days in advance do you usually know your work schedule at [EMPLOYER NAME]?

- Less than 1 day
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- Don't know/refuse

Q25 Some employees may feel they have to keep their schedule open to be available for their job. Do you keep your schedule open and available for your job?

- Yes
- No
- Don't know/refuse

Q26 Thinking about your job at [EMPLOYER NAME], please say whether you usually, sometimes, rarely, or never work...

	usually	sometimes	rarely	never
daytime hours between 8 a.m. and 6 p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
evening hours after 6 p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
overnight hours between midnight and 8 a.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
early morning hours before 8 a.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BASELINE WORKER SURVEY

Last Revised March 1, 2017

Q27 Still thinking about your job at [EMPLOYER NAME], please say whether you usually, sometimes, rarely, or never work...

	usually	sometimes	rarely	never
Mondays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fridays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULE 3: SECURE SCHEDULING

Q28 In the past month or so, have you ever been asked to be "on-call" for work at [EMPLOYER NAME]? By "on-call", we mean you have to be available to work, and you find out if you are needed to work just a few hours before your shift.

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month of so, have you ever been asked to be "on-call" for work? Yes Is Selected

Q29 In the past month or so, have you ever been asked to be "on-call" for work at [EMPLOYER NAME], but then your employer did not need you to work?

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month or so, have you ever been asked to be "on-call" for work at ... Yes Is Selected

Q30 The last time this happened, how much were you paid for being "on-call"?

- I was not paid
- I was paid for half of my originally-scheduled hours
- I was paid for all of my originally-scheduled hours
- Other (please explain) _____
- Don't know/refuse

Q31 In the past month or so, did your employer ever cancel one of your scheduled shifts at [EMPLOYER NAME]?

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever cancel one of your scheduled shifts? Yes
Is Selected

Q32 The last time this happened, how far in advance did you find out about the shift being canceled at [EMPLOYER NAME]?

- Less than 24 hours
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- at least 1 week but less than 2 weeks
- 2 weeks or more
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever cancel one of your scheduled shifts? Yes
Is Selected

And The last time this happened, how far in advance did you find out about the shift being canceled? 2 weeks or more
Is Not Selected

Q33 The last time this happened, how much were you paid for the cancelled shift?

- I was not paid
- I was paid for at least half of my originally-scheduled hours
- Other (please explain) _____
- Don't know/refuse

Q34 In the past month or so, did your employer ever shorten your scheduled shift at [EMPLOYER NAME]? For example, your employer asked you to come in later or leave earlier than the hours you were originally scheduled for.

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever shorten your scheduled shift?... Yes Is Selected

Q35 The last time this happened, how far in advance did you find out about your shift getting shortened at [EMPLOYER NAME]?

- Less than 24 hours
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- at least 1 week but less than 2 weeks
- 2 weeks or more
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever shorten your scheduled shift?... Yes Is Selected

And The last time this happened, how far in advance did you find out about your shift getting shortened? 2 weeks or more Is Not Selected

Q36 The last time this happened, how much were you paid?

- I was paid only for the hours I actually worked
- I was paid for all of the hours I worked, plus some extra pay for the shift change
- Other (please explain) _____
- Don't know/refuse

Q37 In the past month or so, did your employer ever change the timing of your shift at [EMPLOYER NAME]? For example, changing your morning shift to an afternoon shift or something like that?

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever change the timing of your shift? For example, changing your morning shift to an afternoon shift or something like that? Yes Is Selected

Q38 The last time this happened, how far in advance did you find out about the timing of your shift being changed at [EMPLOYER NAME]?

- Less than 24 hours
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- at least 1 week but less than 2 weeks
- 2 weeks or more
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever change the timing of your shift? For example, changing your morning shift to an afternoon shift or something like that? Yes Is Selected

And The last time this happened, how far in advance did you find out about the timing of your shift being changed? 2 weeks or more Is Not Selected

Q39 The last time this happened, how much were you paid?

- I was paid only for the actual hours I worked
- I was paid for the actual hours I worked, plus some extra pay because my shift got moved
- Other (please explain) _____
- Don't know/refuse

Q40 In the past month or so, did your employer ever lengthen your scheduled shift at [EMPLOYER NAME]? For example, your employer asked you to come in earlier or stay later than the hours you were originally scheduled for.

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever lengthen your scheduled shift at ... Yes Is Selected

Q41 The last time this happened, how far in advance did you find out about your shift getting lengthened at [EMPLOYER NAME]?

- Less than 24 hours
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- at least 1 week but less than 2 weeks
- 2 weeks or more
- Don't know/refuse

Display This Question:

If In the past month or so, did your employer ever lengthen your scheduled shift?... Yes Is Selected

And The last time this happened, how far in advance did you find out about your shift getting lengthened? 2 weeks or more Is Not Selected

Q42 The last time that happened, how much were you paid?

- I was paid only for the hours I actually worked
- I was paid for all of the hours I worked, plus some extra pay for the shift change
- Other (please explain) _____
- Don't know/refuse

Q43 In the past month or so, have you ever worked a closing shift and then worked the very next opening shift with less than 10 hours off in between your shifts at [EMPLOYER NAME]? This is sometimes called "clopening."

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month or so, have you ever worked two separate shifts for your main employer, with le... Yes Is Selected

Q44 The last time this happened, how much were you paid for these shifts?

- I was paid only for the hours I actually worked
- I was paid for the hours I worked plus some extra pay because I didn't get at least 10 hours off between shifts
- Other (please explain) _____
- Don't know/refuse

Q45 In the past month or so, has your employer hired any new employees to do work that is similar to the job you do at [EMPLOYER NAME]?

- Yes
- No
- Don't know/refuse

Display This Question:

If In the past month or so, has your employer hired any new workers to do work that is similar to th... Yes Is Selected

Q46 Did your employer offer current employees more hours first, before hiring the new employee or employees at [EMPLOYER NAME]?

- Yes
- No
- Don't know/refuse

MODULE 4: SCHEDULE CONTROL AND WORK AND SCHEDULE SATISFACTION

Q47 Which of the following statements best describes how the times you start and finish work are decided at [EMPLOYER NAME]?

- Starting and finishing times are decided by my employer and I cannot change them on my own.
- Starting and finishing times are decided by my employer but with my input.
- I can decide the time I start and finish work, within certain limits.
- I am entirely free to decide when I start and finish work.
- When I start and finish work depends on things outside of my control and outside of my employer's control.
- Don't know/Refuse

Q48 In the past month, did you ever work at [EMPLOYER NAME] even though you were feeling sick?

- Yes
- No, I was sick but I stayed home
- No, I haven't been sick in the past month

Q49 All in all, how satisfied would you say you are with your job at [EMPLOYER NAME]?

- Very satisfied
- Somewhat satisfied
- Not too satisfied
- Not at all satisfied

Q50 The next questions ask whether you agree or disagree with some statements about your job at [EMPLOYER NAME].

	Strongly agree	Agree	Disagree	Strongly disagree
I would like to work more hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to have a more stable and predictable work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to get time off from work when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q51 How often are these statements true for you at your [EMPLOYER NAME] job?

	Always true	Often true	Sometimes true	Never true
My shift and work schedule cause extra stress for me and my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My shift and work schedule make it hard for me to provide caregiving for my family or relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where I work, it is difficult to deal with family or personal matters during working hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my work schedule, I have enough flexibility to handle family needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor treats me fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q52 In all, how satisfied are you with your work schedule at [EMPLOYER NAME]?

- Very satisfied
- Somewhat satisfied
- Not too satisfied
- Not at all satisfied

Q53 Is your immediate supervisor at [EMPLOYER NAME] male or female?

- Male
- Female
- I do not have an immediate supervisor or do not have just one immediate supervisor

Display This Question:

If Is your immediate supervisor male or female? I do not have an immediate supervisor or do not have just one immediate supervisor Is Not Selected

Q54 How would you describe the race/ethnicity of your immediate supervisor at [EMPLOYER NAME]? Please check all that apply.

- White
- Hispanic or Latino/Latina
- Black or African American
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other

Q55 Do you belong to a labor union at [EMPLOYER NAME]?

- Yes
- No

Q56 Taking everything into consideration, how likely is it you will make a genuine effort to find a new job within the next 3 months?

- Very likely
- Somewhat likely
- Not at all likely

MODULE 5: SECOND JOBS

Q59 In addition to your job at [EMPLOYER NAME], do you also have another paid job?

Yes

No

Display This Question:

If In addition to your main job, do you also have another paid job? Yes Is Selected

Q60 How many hours per week do you usually work at this second job?

Display This Question:

If How many hours per week do you usually work at this second job? Text Response Is Greater Than 60

Q61 It looks like the number you entered was out of range How many hours per week do you usually work at this second job? Please enter number of hours between 0 and 60.

MODULE 6: DEMOGRAPHICS

Q62 What is your gender?

- Male
- Female
- Other
- Don't know/Refuse

Q63 How would you describe your race or ethnicity? Please select all that apply.

- White
- Hispanic or Latino/Latina
- Black or African American
- Asian or Pacific Islander
- American Indian or Alaskan native
- Other

Q64 How old are you?

Enter your age in years:

Display This Question:

If How old are you? Please enter your age in years: Click to write Choice 1 Is Empty
Or How old are you? Please enter your age in years: Click to write Choice 1 Is Less Than
18

Or How old are you? Please enter your age in years: Click to write Choice 1 Is Greater
Than 100

Q65 Choose your age group:

- 18-19 years old
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70+ years old
- Don't know/Refuse

Q66 Are you currently enrolled in school?

- Yes
- No

Display This Question: If Are you currently enrolled in school: Yes is selected

Q66a. How much do you agree with the following statement?: My work schedule at my main job makes it difficult for me to attend classes, study, and complete my school work.

- Strongly Agree (1)
- Agree (2)
- Disagree (3)
- Strongly Disagree (4)

Q67 What is the highest grade of school you completed?

- No degree or diploma earned
- High school diploma/GED
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree/Advanced degree

Q68 Do you speak a language other than English at home?

- Yes
- No

Q69 Are you living with a spouse or a partner?

- Married, living with spouse
- Living with a partner
- Not living with a spouse or partner

Display This Question:

If What is your relationship status? Married Is Selected

Or What is your relationship status? Living with a partner, not married Is Selected

Q70 Is your spouse or partner employed?

- Yes
- No

Display This Question:

If Is your spouse or partner employed? Yes Is Selected

Q71 Which of the following best describes your spouse or partner's work schedule?

- Variable schedule (one that changes from day to day)
- Regular daytime schedule
- Regular evening shift
- Regular night shift
- Rotating shift (one that changes regularly from days to evenings or nights)
- Split shift (one consisting of two distinct periods each day)
- Other (please specify) _____

Display This Question:

If Is your spouse or partner employed? Yes Is Selected

Q72 How far in advance does your spouse or partner know what days and hours they will need to work?

- Less than 1 week
- At least 1 week but less than 2 weeks
- At least 2 weeks but less than 3 weeks
- At least 3 weeks but less than 4 weeks
- 4 weeks or more

MODULE 7: CHILD ROSTER

Q73 Do you have any children? These might be your biological children, step-children, adopted children, or foster children.

- Yes
- No
- Don't know/refuse

Display This Question:
 If Do you have any children? These might be your biological children, step-children, adopted childre... Yes Is Selected

Q74 Are any of your children under the age of 5?

- Yes
- No
- Don't know/refuse

Display This Question:
 If Are any of your children under the age of 5? Yes Is Selected

Q75 For each of your children under the age of five, please tell us the age, gender, and whether you live with that child all or most of the time

	Gender		Age					Check the box if you live with this child
	Male	Female	under 1	1	2	3	4	
Child #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Display This Question:

If Do you have any children? These might be your biological children, step-children, adopted childre... Yes Is Selected

Q76 Are any of your children between the ages of 5 and 9?

- Yes
- No
- Don't know/refuse

Display This Question:

If Are any of your children between the ages of 5 and 9? Yes Is Selected

Q77 For each of your children between the ages of 5 and 9, please tell us the age, gender, and whether you live with that child all or most of the time

	Gender		Age					Check the box if you live with this child
	Male	Female	5	6	7	8	9	
Child #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Display This Question:

If Do you have any children? These might be your biological children, step-children, adopted childre... Yes Is Selected

Q78 Are any of your children between the ages of 10 and 14?

- Yes
- No
- Don't know/refuse

Display This Question:

If Are any of your children between the ages of 10 and 14? Yes Is Selected

Q79 For each of your children between the ages of 10 and 14, please tell us the age, gender, and whether you live with that child all or most of the time

	Gender		Age					Check the box if you live with this child
	Male	Female	10	11	12	13	14	
Child #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Display This Question:

If Do you have any children? These might be your biological children, step-children, adopted childre... Yes Is Selected

Q80 Are any of your children age 15 or older?

- Yes
- No
- Don't know/refuse

Display This Question:

If Are any of your children age 15 or older? Yes Is Selected

Q81 For each of your children age 15 or older, please tell us the age, gender, and whether you live with that child all or most of the time

	Gender		Age					Check the box if you live with this child
	Male	Female	15	16	17	18	18+	
Child #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Child #4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

MODULE 8: INCOME

Q82 What is your household's approximate annual income, including earnings from a job and any other sources of income? Would you say it is:

- Less than \$15,000 per year
- At least \$15,000 but less than \$25,000 per year
- At least \$25,000 but less than \$35,000 per year
- At least \$35,000 but less than \$50,000 per year
- At least \$50,000 but less than \$75,000 per year
- At least 75,000 but less than \$100,000 per year
- At least \$100,000 but less than \$150,000 per year
- \$150,000 or more per year
- Don't know/Refuse

Q83 In a typical month, how difficult is it for you to cover your expenses and pay all your bills?

- Very difficult
- Somewhat difficult
- Not at all difficult
- Don't know/Refuse

Q84 Would you say that week-to-week your household income is...

- Basically the same
- Goes up and down
- Don't know/Refuse

MODULE 9: BENEFITS, HARDSHIP, FINANCIAL SERVICES

Q85 In the past 12 months, have you received help from the SNAP program? This is sometimes called "food stamps".

- Yes
- No

Q86 In the past 12 months, did you do any of the following because there wasn't enough money?

	yes	no
Did you receive free food or meals?	<input type="radio"/>	<input type="radio"/>
Were you ever hungry, but didn't eat because you couldn't afford enough food?	<input type="radio"/>	<input type="radio"/>
Did you not pay the full amount of gas, oil, or electricity bill?	<input type="radio"/>	<input type="radio"/>
Did you borrow money from friends or family to help pay bills?	<input type="radio"/>	<input type="radio"/>
Did you move in with other people even for a little while because of financial problems?	<input type="radio"/>	<input type="radio"/>
Did you stay in a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?	<input type="radio"/>	<input type="radio"/>
Was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?	<input type="radio"/>	<input type="radio"/>

Q87 Do you own a car?

- Yes
- No

Q88 Do you have a checking or savings account at a bank or a credit union?

- Yes
- No

Q89 In the past 12 months, have you ever...

	yes	no	don't know/refuse
Overdrawn your checking or savings account [ONLY DISPLAY IF HAS CHECKING ACCOUNT]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken out an auto-title loan [ONLY DISPLAY IF HAS CAR]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken out a payday loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a pawn shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q93 Do you have a credit card?

- Yes
- No

Display This Question:
If Do you have a credit card? Yes Is Selected

Q94 In the past 12 months, have you ever...

	yes	no
Paid only the minimum on a credit card	<input type="radio"/>	<input type="radio"/>
Been charged a late fee on credit card	<input type="radio"/>	<input type="radio"/>
Been charged an over-the-limit fee on credit card	<input type="radio"/>	<input type="radio"/>

Q95 How confident are you that you could come up with \$400 if an unexpected need arose within the next month?

- I am certain I could come up with the full \$400
- I could probably come up with \$400
- I could probably not come up with \$400
- I am certain I could not come up with \$400
- Don't know/Refuse

MODULE 10: HEALTH

Q96 In general, how is your health? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/Refuse

Q97 Do you now have any type of health plan or health coverage?

- Yes
- No
- Don't know/refuse

Display This Question:

If Do you now have any type of health plan or health coverage? No Is Selected

Q98 What is the main reason you do not have a health plan from your job at [EMPLOYER NAME]?

- I do not work enough hours to qualify
- I have not worked here long enough to qualify
- It's too expensive
- I have a pre-existing condition
- My employer does not offer a health plan
- Other (specify:) _____

Display This Question:

If Do you now have any type of health plan or health coverage? Yes Is Selected

Q99 Did you get that health coverage through your job at [EMPLOYER NAME] or did you get it some other way?

- I get health coverage through my job at [EMPLOYER NAME]
- I bought a health plan myself
- I get health coverage through my spouse or parent's health plan
- I get health coverage from Apple Health, Medicaid, or another state or government health plan
- Other (specify:) _____

Q100 During the past month, how often have you felt emotionally drained from your work?

- Often
- Sometimes
- Rarely
- Never

Q101 During the past month, how would you rate your sleep quality overall?

- Very good
- Good
- Fair
- Poor
- Don't know/Refuse

Q102 During the past month, how often

	All of the time	Most of the time	Some of the time	A Little of the time	None of the time
have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel restless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[THIS QUESTION IS AN "ATTENTION FILTER" WHICH IS INCLUDED AS A QUALITY CONTROL MEASURE]

Q103 For this question, please select "A little of the time"

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Q104 Taken all together, how would you say things are these days? Would you say you are...

- Very happy
- Pretty happy
- Not too happy

MODULE 11: PARENTING

THIS MODULE IS ONLY DISPLAYED ONLY FOR THOSE WHO REPORT HAVING ANY CHILDREN

Q105 Do you agree or disagree?: I wish I could spend more time with my child/children

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know/Refuse

Q106 In the past month, how often did you have a meal with your child/children?

- Never in past month
- 1-2 times in past month
- Once a week
- Several times a week
- Every day
- Don't know/Refuse

Q107 In the past month, how often did you and your child/children work on homework or read a book together?

- Never in past month
- 1-2 times in past month
- Once a week
- Several times a week
- Every day
- Don't know/Refuse

Q108 In the past month, how often did you and your child/children participate in indoor activities together (such as arts and crafts or board games)?

- Never in past month
- 1-2 times in past month
- Once a week
- Several times a week
- Every day

Q109 In the past month, how often did you and your child/children participate in outdoor activities together (like going for a walk or to a playground)?

- Never in past month
- 1-2 times in past month
- Once a week
- Several times a week
- Every day

DISPLAY THIS QUESTION IF RESPONDENT HAS ANY CHILDREN AT LEAST 2 YEARS OF AGE

Q110 In the past six months, outside of school hours, has your child/children ever participated in....

	Yes	No
Dance lessons	<input type="radio"/>	<input type="radio"/>
Organized athletics	<input type="radio"/>	<input type="radio"/>
Organized clubs	<input type="radio"/>	<input type="radio"/>
Music or singing lessons	<input type="radio"/>	<input type="radio"/>
Drama lessons	<input type="radio"/>	<input type="radio"/>
Art or crafts classes	<input type="radio"/>	<input type="radio"/>
Organized performing arts	<input type="radio"/>	<input type="radio"/>
After school programs	<input type="radio"/>	<input type="radio"/>

BASED ON EARLIER RESPONSES, THIS QUESTION IS REFERS TO A FOCAL CHILD SELECTED BECAUSE THEY ARE THE CHILD CLOSEST TO 5 YEARS OF AGE.

Q112 For this question, please think about your oldest child. Below is a list of items that describe children and youths. Please rate each item to describe your oldest child now or within the past 1 month. For each item, please mark if the statement is not true, somewhat true, or very true of your child. Please answer all items as well as you can, even if some do not seem to apply to your child.

	Not True	Somewhat True	Very True
Acts too young for his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argues a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fails to finish things he/she starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't concentrate, can't pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't sit still, restless or hyperactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destroys things belonging to his/her family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disobedient at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disobedient at school/care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsive or acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feels too guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inattentive or easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stubborn, sullen, or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q121 Do you agree or disagree?: Being a parent is harder than I thought it would be.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q122 Do you agree or disagree?: I feel trapped by my responsibilities as a parent.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q123 Do you agree or disagree?: I find that taking care of my child/children is much more work than pleasure.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q124 Do you agree or disagree?: I often feel tired, worn out, or exhausted from raising a family.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

DISPLAY IF ANY CHILDREN AGE 14 OR YOUNGER

Q125 Thinking about the past month, how difficult was it to arrange child care during your scheduled work hours?

- Very difficult
- Somewhat difficult
- A little bit difficult
- Not at all difficult
- Don't know/Refuse

DISPLAY IF ANY CHILDREN AGE 14 OR YOUNGER

Q126 In the past month, have you ever had to miss work because you needed to care for your child/children and you couldn't arrange child care?

- Yes
- No
- Don't know/Refuse

DISPLAY IF ANY CHILDREN AGE 14 OR YOUNGER

Q127 In the past month, did one of your children ever go to school or daycare even though he or she was feeling sick?

- Yes
- No, my child was sick but stayed home
- No, my child/children haven't been sick in the past month
- Don't know/Refuse

DISPLAY IF ANY CHILDREN AGE 9 OR YOUNGER

Q128 This question is about your youngest child. Sometimes children behave pretty well and sometimes they don't. In the past month, have you spanked your youngest child because of bad behavior or acting up?

- Yes
- No

DISPLAY IF ANY CHILDREN AGE 14 OR YOUNGER

Q129 The next question is about child care for your youngest child. In a typical week, how often do you usually use each type of child care for your youngest child?

	5-7 days	2-4 days	1 day	Never	Don't know/Refuse
My spouse or partner, or my child's other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's grandparent or other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child cares for self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babysitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daycare center, school-based program, or Head Start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISPLAY IF ANY CHILDREN AGE 14 OR YOUNGER

Q130 In general, would you say your youngest child's health is....

- Excellent
- Very good
- Good
- Fair
- Poor

MODULE 12: Knowledge of Seattle Ordinances

Display This Question:

If GeoIP LocationState/RegionIs Equal to WA (i.e., Only displayed if IP address in WA state)

Q57 Have you heard anything about the following recent Seattle ordinances?

	Yes	No	Don't know/refuse
Paid Sick and Safe Time Ordinance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimum Wage Ordinance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure Scheduling Ordinance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wage Theft Ordinance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Have you heard anything about the following recent Seattle ordinances? Secure Scheduling Ordinance - Yes Is Selected

Q58 How did you hear about the Secure Scheduling Ordinance? Mark all that apply.

- From my manager
- From a posting at work
- From a co-worker
- From a friend/family member
- From the media (news, internet, etc)
- From a community organization or non-profit
- From a labor union
- Other (specify) _____
- Don't know/refuse

CLOSING SCRIPT

Q131 Thank you so much for completing our survey! Please enter your email address below for a chance to win an Apple iPad!

Q132 Finally, could you please also enter your cell phone number? We will only use this to notify you if you are an iPad winner or to invite you to participate in our follow-up survey.

FRONTLINE MANAGER SURVEY

Manager Survey - Seattle Scheduling Ordinance Evaluation (v5.18.17)

We are part of a team of researchers evaluating Seattle's Secure Scheduling Ordinance, which is overseen by the City of Seattle. Our findings will generate feedback to the City on possible adjustments to administrative rules to smooth future implementation and to businesses on promising implementation strategies. It is critical that the study document both the benefits and costs to employers of implementing the new law and gather data on implementation strategies that serve the needs of employers and workers. Below you will find a brief pre-interview survey focused on the scheduling practices at your place of business. Your participation in the survey, as well as the interview, is completely voluntary. The survey should take less than 10 minutes to complete. As a token of our appreciation, we will give you \$100 after you complete both the survey and the 45-60 minute interview. Note that your participation is completely voluntary and you can skip any questions you prefer not to answer. We will report the general results of the study to the city, but your specific responses will be kept confidential. If you have questions about this research or would like to know more about how we ensure the confidentiality of your information, feel free to contact the research team at seattlescheduling@ssa.uchicago.edu.

I understand that by entering my assigned four-digit survey ID below I am consenting to participate in this survey. Manager's survey ID: _____

How many employees...

...are on your store/restaurant's payroll? That is, how many employees are currently able to be scheduled (for any number of hours)? _____

... are typically included on the weekly schedule for the store/restaurant? _____

How many managers...

...help supervise employees in your store/restaurant? _____

...work full time? _____

...are paid by the hour? _____

...are responsible for scheduling workers in your store/restaurant? _____

Do employees receive a written work schedule, that is, one that is either posted or sent to employees?

- Yes
- No
- Other, please explain: _____

Focusing on hourly workers who are not managers, does the posted/published schedule include:

	Yes (1)	No (2)
... days the employee is scheduled to work?	<input type="radio"/>	<input type="radio"/>
... exact start times, e.g., 9 am, 10 pm?	<input type="radio"/>	<input type="radio"/>
... exact end times, e.g., 11 am, 6 pm?	<input type="radio"/>	<input type="radio"/>
... on-call shifts, that is, times when employees need to be available for work and are then informed whether or not they are needed to work that day?	<input type="radio"/>	<input type="radio"/>
Other, please explain:	<input type="radio"/>	<input type="radio"/>

Does your business have any policies or standard procedures guiding the use of **on-call shifts**, such as limiting them to two per week for each employer?

- Yes
- No

FRONTLINE MANAGER SURVEY

Does your business have any policies or standard procedures guiding **how far in advance of the workweek** hourly workers are to be informed of their work schedule, e.g., when schedules are to be posted/published?

- Yes
- No

IF YES TO ABOVE: According to business policy, how far in advance of the workweek are schedules supposed to be posted? _____

Please select the day of the week the weekly schedule starts.

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

How many weeks of schedules do you post at a time?

- One week
- Two weeks
- Three weeks
- Four weeks
- Other, please explain _____

How many days in advance of the (first) scheduled workweek are schedules posted/published schedule(s)? _____

Please select the day of the week you usually post the schedule(s) for employees to view.

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

How often are adjustments made to the posted/published schedule?

- Daily
- Several times a week
- A few times a week
- About once a week or less

If you had to choose, would you say that most changes to the posted schedule are the result of:
(choose one)

- employee call offs or scheduling requests
- the result of changing business needs such as declines or increases in customers
- changes in deliveries or promotions

Which statement more closely describes your hiring strategy? (choose one)

- I like to keep my sales associate staff on the SMALL side to help ensure that workers get hours
- I like to keep my sales associate staff on the LARGE side so that I have several associates I can tap to work when needed

FRONTLINE MANAGER SURVEY

Once employees are informed of their schedule, how often do you change it for the following reasons?

	Daily	Several times a week	About once a week	A couple of times a month	About once a month	Less than once a month
Business is better than anticipated so you increase hours for some employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business is slower than anticipated so you reduce hours for some employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One of more employees call off of work so you adjust hours for other employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You receive more (or less) merchandise or supplies than anticipated and adjust employees' schedules accordingly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You adjust employees schedules because of unanticipated weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You adjust employees schedules because of changes to the date of sales or promotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You or another manager are called away for a meeting or to work elsewhere and you adjust other employees' schedules to compensate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What percentage of workers at this location (excluding managers)...

_____ ...are paid by the hour?

_____ ...are salaried?

_____ ... get additional compensation such as a commission or tips?

What percentage of hourly workers are classified as...

_____ ...part-time?

_____ ...full-time?

_____ ...temporary or contingent?

What percentage of current hourly employees...

_____ ... held a different job at this location in the past?

_____ ... at this location have worked at other locations of this business in the past?

In the past month, how many hourly employees...

...have been hired at this store/restaurant? _____

...have left this store/restaurant? _____

What percentage of current hourly employees have worked at this location for...

_____ ...0-6 months?

_____ ...6 months-1 year?

_____ ...1 year-2 years?

_____ ... more than 2 years

FRONTLINE MANAGER SURVEY

Approximately what percentage of hourly employees at this location self-identify as:

- _____ Male
 _____ Female

Approximately what percentage of hourly employees at this location self-identify as:

- _____ White, non-Hispanic
 _____ Hispanic
 _____ Black/African American
 _____ Asian/Asian American

Approximately what percentage of hourly employees at this location are:

- _____ younger than 18
 _____ 18-22
 _____ 23-29
 _____ 30-39
 _____ 40-49
 _____ 50 or older

Now, we'd like to ask you several questions about existing policies or standard procedures adopted by your company, either the owner of your location or the sponsor of its franchising agreement.

Please indicate whether your company has existing policies or standard procedures regarding the following. Please focus on policies and procedures governing hourly jobs. Does your company have an existing policy about this – that applies to hourly jobs?

	Yes	No	Don't Know
...providing an estimate to newly-hired hourly employees of the number of hours they can expect to work most weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the conditions under which hourly employees can trade shifts with one another?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the minimum amount of time between the end of one scheduled shift and the start of another?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offering qualified existing employees more hours before hiring new employees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restrictions on the percentage or number of workers who can be classified as full-time, in at least some hourly jobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...compensation to hourly employees for management-driven changes to their posted schedule?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the ability of employees to request a long-term change to their usual work schedule?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Seattle Secure Scheduling Ordinance Evaluation
Frontline Manager Component: Baseline Data Collection
BRIEF VERSION**

Led by Susan J. Lambert, University of Chicago and Anna Haley-Lock, Rutgers University
v.5-18-17pub

[CONSENTING PROCESS, AND 2-COPY SIGNING, COMPLETED FIRST.]

Introduction: The focus of our study is on scheduling practices – the process you go through in making the work schedule for your [store/department/restaurant] and the many factors you have to consider in making the schedule. I have a lot of questions and don't want to overstay my welcome, so I'll be asking questions at a good clip. But please do ask me to slow down or repeat a question.

1. What areas of [the store/restaurant] do you schedule? All of it, or a part/section?
2. How long a period of time do posted schedules cover?
 - a. How many employees are typically included in a schedule?
 - b. How many employees, in total, are on payroll?
3. What tools do you use to make a schedule, such as a spreadsheet or a software program?
 - a. If use a software program, what is the name of the program/vendor?
4. Do employees use any other electronic apps for scheduling, such as to pick up shifts or trade shifts with one another?
5. How far in advance do employees typically get their schedule?
 - a. Is there a policy about of how far in advance the weekly schedule is supposed to be posted/published?
 - i. If YES: How often are you able to post the schedule within this time frame? That is, does it sometimes post after or before the target date, and for what reasons?
6. How do you decide how many total labor hours to schedule in, let's say, a week? (*EX: historic customer traffic; sales to labor ratio targets, etc.; guaranteeing minimum customer service quality*)
 - a. Does your company have a policy about the number of labor hours you can use in staffing your store/department/restaurant?
 - b. IF YES: What is the policy? (*EX: CAP on total hours, a MINIMUM staffing level, both*)
7. To what extent do you feel you have enough staffing hours to complete the work that needs to be done and for customers to be served well?
8. What other factors do you consider when making the schedule?
 - a. Are those factors influenced by company policy?

INTERVIEW GUIDE FOR FRONTLINE MANAGERS

9. Are there any policies guiding the number of hours between employee shifts, such as there have to be at least 10 or 11 hours between employee shifts?
10. How often do employees work back to back shifts – for example, closing the store/restaurant one night and then opening it the next morning?
PROBE: *any particular shifts where this more often happens? How many employees per those paired shifts do that “double”? What types of employees?*
11. When an employee would like to request a **permanent or semi-permanent change to their regular schedule** –say because they’re taking a course for 3 months that conflicts with a normal work shift or have a temporary child care conflict for a few months – how do they make such a request? *(Get details on how this works/plays out)*
 - a. Is there a company policy about this? (How did manager decide these practices?)
12. How about when an employee wants to request short-term time off, so not a change in their regular schedule but just a shift or day off work [when they’d normally be scheduled]? How do they make that request? *(Get details on how this plays out)*
 - a. Is there a company policy about this? (How did manager decide these practices?)
13. How do you handle when an employee is absent from a scheduled shift – both a call-in (or call-off) for various reasons, and no-show/no-calls? *(Get at how many absences before terminated or put on probation.)*
 - a. Is there a company policy about this? (How did manager decide these practices?)
14. Are employees scheduled for on-call shifts -- that is, shifts for which the employee has to check to see if they’re needed to work that day? *(Get details on how this plays out: when employer informs employee about having to call in, when employee has to call in, etc.)*
15. How often do schedule adjustments occur after a schedule has been posted?
 - a. How about changes that **increase** hours for an employee?
 - b. How about changes that decrease hours for an employee ?
(Probe: every day, several times a week, rarely?)
 - c. What are the main reasons adjustments are made to your store/restaurant’s schedule after it’s been posted/published? *(Probe: business/manager- vs. employee-driven; changes to merchandise promotions, inventory and shipment, tables not filled, changes to sales or traffic, employee quits, employee call offs.)*
16. How do you go about **increasing staffing** coverage once the schedule has already been published? For example, do you ask for volunteers, text or call particular employees, or send out a general call to most all employees, or what?
 - a. Is there a company policy about this? (How did manager decide these practices?)
17. How hard is it to get employees to add shifts when you need more coverage than planned?
 - a. What proportion of your employees do you think would like to work more hours at your store/restaurant?

INTERVIEW GUIDE FOR FRONTLINE MANAGERS

18. How do you **decrease** coverage once the schedule has been published? For example, do you ask for volunteers to go home early, reduce hours based on seniority, or what?
 - a. Is there a company policy about this? (How did manager decide these practices?)
19. When a manager makes a change to an employee's schedule, how is the employee informed of the change? For example, does someone call them, send an email or a text? Do they have to check online? what?
 - a. Is this a company policy, or ...?
20. How much turnover is there in your restaurant/store? (*voluntary vs. involuntary*) *Probe: how many employees have left in the last 6 months? Year? How many employees stay in their jobs here for more than 1 year?*
 - a. Is turnover a problem for you? *PROBE: In terms of putting the schedule together; company performance/customer satisfaction; employee satisfaction; other?*
21. Are any of your employees in a union? (If yes, which union?)
22. What factors related to scheduling do you consider when hiring staff? (*prompts: employee availability, performance, seniority...*)
23. Do you provide information to employees when they are hired about the number of hours they can expect to work week to week?
24. Can you tell me a bit about the people who work here? What types of outside responsibilities do they have? Students, parents, second jobs, etc.?
25. Are you aware that the City of Seattle passed the Secure Scheduling Ordinance which, as of July 1, requires companies like yours to implement standards around scheduling practices?
If YES:
 - a) What do you think will be most challenging about implementing the Ordinance in your workplace? [why?]
 - b) What do you think will be easier to deal with about implementation in your workplace? [why?]

NO or YES: Give them info on the ordinance; encourage them to contact the City, where folks are eager to support businesses in implementing the regulation.

NOTE: Provide managers with information about how they can learn more about the Ordinance and get technical assistance in implementation.

If given permission, SCAN copy of schedule before leaving [CONCEAL EMPLOYEE NAMES]

PROVIDE INCENTIVE PAYMENT & DOCUMENT.