## OMB CONTROL NO.: 0584-0523 EXPIRATION DATE: XX/XX/20XX

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## APPENDIX B-1 CNPP FOCUS GROUP CONFIRMATION FORM - ENGLISH

## **CNPP Focus Group Activity Confirmation Form - English**

<DATE>

Dear <NAME>,

Thank you for agreeing to participate in this voluntary focus group research. EurekaFacts is conducting this research on behalf of the United States Department of Agriculture (USDA) to inform them about how Americans make food choices and think about health-related issues. All of the information you provide will be used only for research purposes and will not be disclosed or used, in identifiable form, for any other purpose except as required by Federal guidelines.

You have been scheduled to participate in a focus group study at <TIME> on <DATE>. The discussion will last no more than two hours. To thank you for your time, you will receive S\_\_\_\_ for participating.

The focus group discussion will take place at <LOCATION>.

<address></a>

If you have any further questions, please contact

NAME

CONTACT EMAIL CONTACT TELEPHONE