

**Attachment C-2  
LABEL COMPREHENSION STUDY  
GROUP 3 – Adolescent All-Comer Closing Script and Contact  
Information Sheet**

**VISIT INFORMATION**

**INTERVIEW APPT (MM/DD):**

**INTERVIEW APPT TIME:**

**RECRUITMENT INFO**

**RECRUIT DATE:**

**QUALIFIED (YES/NO):**

**ADOLESCENT CONTACT INFORMATION**

**FIRST NAME:**

**TELEPHONE:**

**EMAIL ADDRESS:**

**BEST TIME:**

**PARENT/GUARDIAN CONTACT INFORMATION**

**FIRST NAME:**

**TELEPHONE:**

**EMAIL ADDRESS:**

**BEST TIME:**

**\*This form should be stored in a locked filing cabinet in a  
separate location from screener\***

IF INELIGIBLE → **Closing for Ineligible Participants:** Thank you for answering our questions. At this time, you do not qualify to be in this research study. However, we appreciate your time and

willingness to help us. We will not keep any of the information that you provided during our call. Goodbye.

IF ELIGIBLE → CONTINUE to Invitation Script:

**Invitation for Eligible Participants**: Thank you for answering all of my questions. We would like to invite you to take part in the research study for a one-time, individual in-person interview. The interview will take place at **[ADDRESS]**.

The session will last no more than 45 minutes. No one will attempt to sell you anything, and no one will call you for other studies as a result of being a part of this study. The interview will be audio recorded, and project team members may observe the interview from behind a one-way mirror or by live-streaming. Written records of the sessions and audio files will have any information that could identify you removed before sending to the FDA. RTI, Concentrics, and FDA will maintain the tapes and written records of sessions securely until they are destroyed at the end of the study. Any forms related to the project that have your name on them will be kept in a locked file cabinet or on a password-protected computer. You will be given \$40 at the end of the interview to reimburse you for expenses related to participation. This is an important research effort and we hope that you will be part of it.

Are you interested in being in this study?

Yes → CONTINUE

No → [Thank respondent and end call]

Because you are under age 18, we will need a parent or guardian's permission for you to be in the study. You will need to have your parent send the signed form to us before the interview or you will need to bring it with you to the interview in order to be allowed to participate.

I'm glad that you will be able to join us. Right now, we have interview slots open on **[Day]**, **[Date]**, at **[Time]**. Would any of those times work well for you?

Yes → Document agreed upon date/time: \_\_\_\_\_

## Contact Information for Adolescent

Thank you for your willingness to be in this study. I would like to collect some simple contact information for our reminder call and email.

**[DO NOT RECORD ON THIS PAGE; RECORD ON PAGE 1 ONLY WHICH IS TO BE STORED SEPARATELY FROM THE SCREENER: FIRST NAME, PHONE NUMBER (FOR REMINDER CALL), EMAIL ADDRESS (FOR REMINDER EMAIL), AND BEST TIME TO CALL.]**

You will get a reminder call and/or email the day before your appointment. We have you scheduled on **[Day]**, **[Date]**, at **[Time]**. The interview will be held at **[Address]**.

I also want to point out some details about the interview day:

- If you said that you needed glasses or contacts to read, please remember to bring them with you for your session.
- If you have any questions or if you need to reschedule your appointment, please call the number you just called **[PHONE NUMBER]** as soon as possible.

I am going to send you a copy of the study assent form by email so that you can review it prior to your appointment. The assent form includes information about the study procedures, as well as information about the risks and benefits of participating. The interviewer will discuss the form with you at the time of your appointment and answer any questions that you have. Then, if you agree to participate, you can sign the form at the interview. Please bring the form with you to your interview.

Now, I would like to give your parent/guardian this information that I just gave you about the interview and the form that they will need to sign.

### **IF PARENT IS NOT AVAILABLE:**

In order to participate in this study, we will need to speak with your parent to provide some additional information. Please call us back at **[PHONE NUMBER]** when your parent is around and able to speak with us.

### **IF PARENT IS AVAILABLE:**

Your child is eligible to participate in the interview and has been scheduled to participate on **[DAY]**, **[DATE]** at **[TIME]**. Because your child is under 18, we must get written permission from you in order for him/her to participate. We will be sending you a permission form to review and sign if you provide permission for your child's participation. If you will be accompanying your child to his/her session, please bring this completed form with you. If you are unable to accompany your child, he/she must bring the signed permission form with him/her in order to

participate. You can either email the form back to us with a note that you have read the form and agree to let your child participate, or you can have your child bring the signed form to their interview appointment. We will also be sending you an assent form for your child's participation. Please remind your child to look over the form beforehand and to bring that form to their interview as well; however, your child should not sign the form in advance, as he or she will sign it at the interview. If your child normally wears glasses or contact lenses to read, please remind them to bring those with them.

### **Contact Information for Parent/Guardian**

We are asking for your contact information only for the purpose of sending you the form that you need to sign so your child can participate and so that we can make reminder calls. We need to have the form signed by you in order for your child to participate in the interview. We will destroy all contact information after the interview has been completed.

**[DO NOT RECORD ON THIS PAGE; RECORD ON PAGE 1 ONLY WHICH IS TO BE STORED SEPARATELY FROM THE SCREENER]:** *FIRST NAME, PHONE NUMBER (FOR REMINDER CALL), EMAIL ADDRESS (FOR REMINDER EMAIL), AND BEST TIME TO CALL.*

Your child will get a reminder call and email the day before his/her appointment. We have him/her scheduled on **[Day]**, **[Date]**, at **[Time]**. The interview will be held at **[Address]**.

I also want to point out some details about the interview day:

- If you are bringing your child to the interview, please try to arrive at least 10 minutes before the starting time.
- If you have any questions or if your child needs to reschedule his/her appointment, please call [facility's phone number] as soon as possible.

Thank you. Goodbye.

### **REMINDER CALL**

Hello this is [NAME] with a reminder call about an in-person interview you recently agreed to be in that is being conducted by RTI International and Concentrics Research for U.S. Food and Drug Administration (FDA).

I'm calling to remind you that you are scheduled for an interview on **[Day]**, **[Date]**, at **[Time]**. The interview will be held at **[Address]**. Please arrive 10 minutes prior to your interview time. If you are more than 10 minutes late, we may need to give your interview slot to another person. If this happens, we won't be able to give you the \$40.

Updated 6/27/17

I also wanted to remind you that if need glasses or contacts to read, please remember to bring them with you for your appointment.

Do you have any questions or concerns that I can help you with about the study?

If you need to be in touch with us before your interview, you can call **[PHONE NUMBER]**.

Thank you. We greatly appreciate you being in this study.

**REMINDER EMAIL**

Dear [NAME]

Thank you for agreeing to be in the research study to review a medicine label that may be available over-the-counter soon, meaning without a prescription. RTI International and Concentrics Research are doing this study for U.S. Food and Drug Administration (FDA).

You are scheduled for a one-on-one interview on **[Day]**, **[Date]**, at **[Time]**. The interview will be held at **[Address]**. Please arrive 10 minutes prior to your interview time. If you are more than 10 minutes late, we may need to give your interview slot to another person. If this happens, we won't be able to give you the \$40.

Please remember that if need glasses or contacts to read, you should bring them with you for your appointment.

If you have any other questions, please let me know. If you need to reach us before your interview, you can reply to this email or call **[PHONE NUMBER]**.

Thank you,

[NAME]

**\*This form should be stored in a locked filing cabinet in a separate location from screener\***