# Focus Group Confirmation and Reminder Email Prescription Drug Device Perspectives

# Focus Group Confirmation Email [ADULT]

## Hello [Insert Participant's Name]

You have been scheduled to participate in a focus group on [DATE] that will be discussing prescription drug-device combination product perceptions. The focus group starts at [TIME] and will last about 90 minutes. Please arrive 15 minutes before the focus group is scheduled to begin. You will receive \$125 at the end of the focus group as a token of appreciation. If you typically wear eyeglasses or hearing aids, please wear them to the focus group. Please also bring a photo ID.

We look forward to your feedback and please call or email [Insert Contact's Name, telephone number, and email] if you have any questions. Below are the directions to the facility.

[FACILITY INSERT DIRECTIONS TO FACILITY]

## Focus Group Confirmation Email [YOUTH - Send to Parents/Guardians]

#### Hello [Insert Parent/Guardian's Name]

Your child [Insert Youth Participant's Name] has been scheduled to participate in a focus group on [DATE] that will be discussing prescription drug-device combination product perceptions. The focus group starts at [TIME] and will last about 90 minutes. Please instruct your child to arrive 15 minutes before the focus group is scheduled to begin. Your child will receive \$125 at the end of the focus group as a token of appreciation. If your child typically wears eyeglasses or hearing aids, please instruct them to wear them to the focus group.

Attached to this email is a parental permission form. Your child will need to bring a signed copy of the parental permission form to the facility the day of the focus group, or have a parent or guardian sign a copy at the facility the day of the focus group to be able to participate. Individuals who do not have a signed parental permission form will not be able to participate in the focus group.

We look forward to their feedback and please call or email [Insert Contact's Name, telephone number, and email] if you have any questions. Below are the directions to the facility.

[FACILITY INSERT DIRECTIONS TO FACILITY]

## Focus Group Reminder Telephone Script [ADULT]

Hello, this is	from [RECRUITMENT FIRM NAME], a market research firm. May I please
speak to	_?

Hello. I'm calling to remind you about your upcoming participation in a focus group on [DATE] that will be discussing prescription drug-device combination product perceptions. The focus group starts at [TIME] and will last about 90 minutes. Please arrive 15 minutes before the focus group is scheduled to begin. As a reminder, you will receive \$125 at the end of the focus group as a token of appreciation. If you typically wear eyeglasses or hearing aids, please wear them to the focus group. Please also bring a photo ID.

Are you still able to attend the focus group?

	Yes – Continue
	No – [IF SPACE IN REMAINING FOCUS GROUP(S), FOLLOW PROMPT BELOW ABOUT
RE	CHEDULING. IF NO SPACE IN REMAING FOCUS GROUP(S), THANK THEM AND END THE CALL)
	[IF NO AND SPACE AVAILABLE] Are you able to attend a different group at [FILL IN DATE,
	TIME]?
	Yes - Continue
	No – [THANK THEM AND END THE CALL)

Great! Did you receive a confirmation email with the date and time of the focus group and the directions to the facility?

Yes - Continue

No – Re-verify contact information and offer to resend the confirmation email [if confirmation email is re-sent by email, stay on the line to ensure the email is received]

Do you have any additional questions I can answer about the focus group at this time?

Yes - Answer questions and end call.

No – Thank the adult and end call.

Thank you again for your participation and we will plan to see you on [DATE] and [TIME].

# Focus Group Reminder Telephone Script [YOUTH - Call Parent/Guardian]

Hello, this is \_\_\_\_\_\_ from [RECRUITMENT FIRM NAME], a market research firm. May I please speak to\_ ?

Hello. I'm calling to remind you about your child [Insert Youth Participant's Name]'s upcoming participation in a focus group on [DATE] that will be discussing prescription drug-device combination product perceptions. The focus group starts at [TIME] and will last about 90 minutes. Please instruct your child to arrive 15 minutes before the focus group is scheduled to begin. As a reminder, your child will receive \$125 at the end of the focus group as a token of appreciation. If your child typically wears eyeglasses or hearing aids, please remind them to wear them to the focus group.

Please also instruct your child to bring a signed parental permission form the day of the focus group or have a parent or guardian sign a copy at the facility the day of the focus group. Individuals who do not have a signed parental permission form will not be able to participate.

Is your child still able to attend the focus group?

Yes - Contin	ue
No – [IF SPA	CE IN REMAINING FOCUS GROUP(S), FOLLOW PROMPT BELOW ABOUT
RESCHEDULING. IF N	IO SPACE IN REMAING FOCUS GROUP(S), THANK THEM AND END THE CALL)
	IO AND SPACE AVAILABLE] Is your child able to attend a different group at [FILL IN E, TIME]?
	Yes – Continue
	No – [THANK THEM AND END THE CALL)

Great! Did you receive a confirmation email with the date and time of the focus group and the directions to the facility?

Yes - Continue

No - Re-verify contact information and offer to resend the confirmation email [if confirmation email is re-sent by email, stay on the line to ensure the email is received]

Do you have any additional questions I can answer about the focus group at this time?

Yes – Answer questions and	end	call.
No - Thank participant and	end	call

- Thank participant and end call.

We look forward to seeing them on [DATE] and [TIME].

# Focus Group Reminder Email [ADULTS]

## Hello [Insert Participant's Name]

This is a reminder of your upcoming participation in a focus group on [DATE] that will be discussing prescription drug-device combination product perceptions. The focus group starts at [TIME] and will last about 90 minutes. Please arrive 15 minutes before the focus group is scheduled to begin. You will receive \$125 at the end of the focus group as a token of appreciation. If you typically wear eyeglasses or hearing aids, please wear them to the focus group. Please also bring a photo ID.

We look forward to your feedback and please call or email [Insert Contact's Name, telephone number, and email] if you have any questions. Below are the directions to the facility.

[FACILITY INSERT DIRECTIONS TO FACILITY]

# Focus Group Confirmation Email [YOUTH - Send to Parents/Guardians]

## Hello [Insert Parent/Guardian's Name]

This is a reminder of [Insert Youth Participant's Name]'s upcoming participation in a focus group on [DATE] that will be discussing prescription drug-device combination product perceptions. The focus group starts at [TIME] and will last about 90 minutes. Please instruct your child to arrive 15 minutes before the focus group is scheduled to begin. Your child will receive \$125 at the end of the focus group as a token of appreciation. If your child typically wears eyeglasses or hearing aids, please instruct them to wear them to the focus group.

Attached to this email is a parental permission form. Your child will need to bring a signed copy of the parental permission form to the facility the day of the focus group, or have a parent or guardian sign a copy at the facility the day of the focus group to be able to participate. Individuals who do not have a signed parental permission form will not be able to participate in the focus group.

We look forward to their feedback and please call or email [Insert Contact's Name, telephone number, and email] if you have any questions. Below are the directions to the facility.

[FACILITY INSERT DIRECTIONS TO FACILITY]