Click ‘View’ ‘Navigation’ ‘Headings’ to jump in document

# 2022 Scheduler Template for ALL Qualitative Recruitment

**PM /Programming NOTES IN BLUE**

*<Project Manager reviews and updates text inserts in light blue- these will remain in blue inside program until PM updates wording or confirms choices, then programmer will set to black text.>*

*<Insert and pipe instructions in purple with brackets.>*

*<Project manager will include show/hide instructions in a highlighter color or strike thru.>*

*<If programming overlays, complete English version 1st, then overlay foreign languages. Keep OUS statements inside English version for testing, execute overlays through internal sources or overlay teams.>*

Upon Redirect from a client programmed screener, must start at beginning

**\*\*\*\*\* QUOTA INFORMATION \*\*\*\*\***

# PM TO DEFINE QUOTAS WHEN WORKING WITH QS TOOL

**(copy/paste grid from tech request and then edit or delete extraneous info)**

**Version 2**

**Version 3**

**2210335 - Concepts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country | Specialty | Target | Incentive | Logic Statement |
| US | Pulmonologists | 25 | $375 |  |
| US | **SEGMENT=OFFICE** | 12 |  | IF S8=1 |
| US | **SEGMENT=MIX** | 13 |  | IF S8=2 OR 3 |
| CAN | Pulmonologists | 10 | 500 CAD |  |
| CAN | **SEGMENT=OFFICE** | 5 |  | IF S8=1 |
| CAN | **SEGMENT=MIX** | 5 |  | IF S8=2 OR 3 |

**2210336 – Messaging**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country | Specialty | Target | Incentive | Logic Statement |
| US | Pulmonologists | 25 | $425 |  |
| US | **SEGMENT=OFFICE** | 12 |  | IF S8=1 |
| US | **SEGMENT=MIX** | 13 |  | IF S8=2 OR 3 |
| CAN | Pulmonologists | 10 | 600 CAD |  |
| CAN | **SEGMENT=OFFICE** | 5 |  | IF S8=1 |
| CAN | **SEGMENT=MIX** | 5 |  | IF S8=2 OR 3 |

PM NOTE: You should get quota screen link from programmer and be able to edit

# \*\*\* HIDDEN BACKGROUND QUESTIONS FOR PIPING AND CODING \*\*\*

**PM TO ADD CUSTOM WHERE APPLICABLE:**

* FOR PROJECTS WITH CLIENT LISTS, EACH LIST SOURCE AND ANY NEEDED LIST VARIABLE SHOULD BE CODED INTO THE DATA FILE.

## **Country**

FOR GLOBAL PROJECTS, EACH LANGUAGE SHOULD BE OVERLAID AND DISPLAYED.

1. US/ English
2. France/ French
3. Germany/ German
4. Italy/ Italian
5. Spain/Spanish
6. UK/ English
7. Brazil/ Portuguese
8. Canada/ English
9. Canada/ French

## **Currency**

MAP EACH CURRENCY AND CODE ABBREVIATION; **PM DO NOTHING- IT IS AUTO CODED**

|  |  |  |
| --- | --- | --- |
| **Country** | **Currency** | **Pipe Currency Abbreviation** |
| USA | Dollars | USD |
| France, Germany, Italy, Spain | Euros | EUR |
| UK | Pounds | GBP |
| Brazil | Reais | BRL |
| Canada | Dollars | CAD |

## **QBook [Hidden question to drive whether QS tool will be used or not]**

1. Booking tool used
2. Not used

## **Honorarium [Hidden question to pass incentive amount for each respondent/ specialty]**

1. <Incentive passed here> **Tech will pass / PM DO NOTHING- IT IS AUTO CODED**

## **QInfo [Hidden question to drive contact info collection and incentive info – most partners are defaulted, and this is controlled by TECH – if you are bringing on a new partner, tell tech the qinfo value]**

1. Show all *(PM NOTE: Panelists, or we are paying vendor respondents)*
2. Show none *(PM NOTE: We are not contacting or paying respondents)*
3. Collect contact info only *(PM NOTE: We are scheduling but not paying respondents)*

## **QProgrammedBy [HIDDEN CODE: PM highlight who is programming screener]**

1. inhouse
2. client

GDPR section auto-hidden, click triangle left of \*\*\* to hide entire section in document

## **QAudience [HIDDEN TO CODE: PM highlight audience source]**

1. HCP
2. Patient

# \*\*\* GDPR CONSENT HIDDEN \*\*\*

## **QClientPrivacy [Hidden to store Client privacy policy link- GDPR]**

1. <<https://www.narrative-health.com/privacy-policy/>>

## **QCEmail [Hidden to store Client’s Privacy Email Address- GDPR]**

1. <[team@narrative-health.com](mailto:team@narrative-health.com) >

## **GermanyAE [Hidden to select Does Germany Require AE option to be shown? GDPR6/7]**

1. Yes
2. No

# \*\*\* CONSENT SECTION HIDDEN QUESTIONS \*\*\*

## **QPNmber [Hidden to store Project Number]**

1. <2210335/2210336>

## **QPMname [Hidden question to store PM name to contact]**

1. <Alyson Tyler>

## **QPMemail [Hidden to store SHG PM email to contact- highlight which is to be used]**

1. [Qual@surveyhealthcareglobal.com](mailto:Qual@surveyhealthcareglobal.com)
2. [QualEU@surveyhealthcareglobal.com](mailto:QualEU@surveyhealthcareglobal.com)
3. <alyson.tyler@surveyhealthcareglobal.com>

## **QPMphone [Hidden question to store PM phone to contact]**

1. <19868883933>

## **QClientName [Hidden to store Client name – Consent3]**

1. <Narrative Health>

## **QClientCountry [Hidden to store Client Country- Consent3]**

1. <US>

## **QPersonalData [Hidden to store Link to How client handles personal data- Consent3]**

1. <<https://www.narrative-health.com/privacy-policy/>>
2. <Insert how personal data is handled if different from above>

## **QPurpose1 [Hidden question to Purpose of Research Statement- Consent3]**

1. inform the market research team regarding trends in healthcare
2. <Identify & optimize the strongest DSE messages, creative concepts, and story flow that resonate with HCPs to prepare market for two product launches in COPD>

## **QPurpose2 [Hidden to store Purpose of Audio/Video Recordings- Consent3]**

1. observing, analysis, and report writing
2. <Insert purpose statement if different from above >

## **QDuration [Hidden question to store Video/Audio Retention Length- Consent3]**

1. two years
2. <insert XX months/years if different from above>

## **QRoles [Hidden to store Role who will listen to or view the recordings- Consent3]**

1. End clients, research analysts, report writers
2. <insert if different from above roles>

## **QRecordType [Hidden question to store type of recordings- Consent3]**

1. video and/or audio
2. < audio >

## **QSponsor [Hidden to store name of Sponsor if research is not blind]**

PM note: Sponsor must be revealed if respondent asks in x-US markets and then client may decide to proceed or not. We attempt to reveal at end.

1. <insert name of the sponsor>

## **QRType [Hidden to store Type of research for hosting consent]**

1. Online Community
2. Online Bulletin Board
3. Online Diary
4. video/audio interview
5. < audio interview >

## **QBBName [Hidden to store What client calls a BB]**

1. Online Community
2. Online Bulletin Board
3. Online Diary
4. <insert if different from above terminology>

**QMethod [Hidden to select Methodology & then ask corresponding invite screen #]**

1. a pre-test or medical consult with a professional moderator
2. a computer assisted telephone interview
3. a ‘telephone only’ interview with a professional moderator- no computer needed
4. a telephone -in-depth- interview with your computer and also use of a video camera
5. a group discussion with at least one other person
6. an in-person session, where you will be invited to appear at a facility convenient to you
7. an ethnography-based research, where you will be interviewed in your own environment
8. a chat session with a professional moderator
9. an interactive- voice- response interview, prompted by a phone call
10. a bulletin board, where you will be logging onto an online community
11. an advisory board

## **QLOI [Hidden to select Length of Interview LOI] These are the only options to use**

1. 15 minutes
2. 30 minutes
3. 45 minutes
4. 60 minutes
5. 75 minutes
6. 90 minutes
7. 120 minutes

## **QPlatformCountry: [Hidden question to Select Country Platform is based in in]**

1. USA
2. <Insert Country, if different than above>

## **QPlatformRequire: [Hidden question to Select Platform requirements]**

1. name, surname, telephone number, email
2. <Insert Requirements, if different than above>

## **QPlatform: [Hidden question to Select platform to be piped in]**

**PM: Highlight platform being used- they will be piped in**

**CODE SINGLEPUNCH**

1. None
2. Zoom **[For 2210336 – 75 min LOI]**
3. Civicom/ Adobe Connect
4. Forsta/InterVu/ Adobe Connect **[For 2210335 – 60 min LOI]**
5. Mercuri
6. Webex
7. GoToMeeting
8. Microsoft Teams
9. Glance
10. Join.Me
11. Revelation
12. Aha!
13. Remesh

**PROGRAMMER: AUTO CODE SAME OPTION HERE AS CODED IN QPLATFORM**

QPlatformPrivacy: **[Hidden question to Select Privacy links to be piped in]**

**CODE SINGLEPUNCH**

1. None
2. <https://explore.zoom.us/en/privacy/>
3. <https://www.civicommrs.com/privacy-policy/>
4. <https://legal.forsta.com/legal/privacy-notice/>
5. <https://mercuri.net/privacy-cookie-policy/>
6. <https://www.cisco.com/c/en/us/about/legal/privacy-full.html>
7. <https://www.logmein.com/legal/privacy/us>

<https://www.logmein.com/legal/privacy/international>

<https://www.logmein.com/legal/privacy/california>

1. <https://docs.microsoft.com/en-us/microsoftteams/teams-privacy>
2. <https://glance.com/privacy-policy>
3. <https://www.logmein.com/legal/privacy>
4. <https://legal.forsta.com/legal/privacy-notice/>
5. <https://ahaonlineresearch.com/privacy-policy/>
6. <https://live.remesh.chat/privacy-policy>

**PROGRAMMER: AUTO CODE SAME OPTION HERE AS CODED IN QPLATFORM**

QPlatformConditions: **[Hidden question to Select T&C links to be piped in]**

**CODE SINGLEPUNCH**

1. None
2. <https://explore.zoom.us/en/terms/>
3. <https://www.civicommrs.com/terms-of-service/>
4. <https://legal.forsta.com/legal/tos/>
5. <https://www.mercuri.ca/terms-of-use>
6. <https://www.cisco.com/c/en/us/about/legal/cloud-and-software/end_user_license_agreement.html>
7. <https://www.logmein.com/legal/terms-and-conditions>
8. <https://www.microsoft.com/en-us/servicesagreement>
9. <https://ww2.glance.net/terms/>
10. <https://www.logmein.com/legal/terms-and-conditions>
11. <https://legal.forsta.com/legal/tos/>
12. <https://ahaonlineresearch.com/wp-content/uploads/2015/12/RealityCheck-Tech-Online-Terms-and-Conditions-03-17-15-Rev01.pdf>
13. <https://www.remesh.ai/terms-of-use>

# \*\*\*\* General Consent  \*\*\*\*

**English Consent- ask everyone outside USA if client requests, otherwise skip**

**PM NOTE: Quebec must be offered interviews in French Canadian.**

## **COMFORTENG: Comfort with English**

We would like to ascertain your comfort level with English. Would you be comfortable to proceed with the screening in English and converse about this topic in depth with a moderator in English?

1. Yes
2. No

**ConfLang (variable name)**

**Hidden to code language = declang, unless comforteng = yes, then code as English**

|  |  |  |
| --- | --- | --- |
| **Country-Language Code** | | |
| **No.** | **Description** | **Code to pass through API** |
| 1 | English – US | en\_US |
| 2 | Portuguese – Brazil | pt\_BR |
| 3 | German – Germany | de\_DE |
| 4 | French – Canada | fr\_CA |
| 5 | French – France | fr\_FR |
| 6 | Italian – Italy | it\_IT |
| 7 | Spanish – Spain | es\_ES |

**General Consent- ask everyone unless client has this disclosure in their screener**

## **CONSENT6: Confidentiality and copyright terms**

By participating in this research, you agree that any materials, product information, prototype or opinions shared during the research and in general any content will be held in strict confidence by you and will not be divulged to anybody else.

You waive any copyright and other intellectual property rights in your contribution to the project and you allow the client or sponsoring company to edit, copy, report and archive your contribution to this research study in the manner and for the purposes described within the consent disclosures.

In any case your contribution will not be edited in a way that misrepresents your opinion, image or [If UK=behaviour/ If US=behavior].

GDPR section auto-hidden, click on triangle left of \*\*\* to hide entire section in document

1. Continue

# \*\*\* GDPR DISCLOSURES \*\*\*

**For GDPR Compliance, respondents should be asked these compliance questions in the client’s screener. These are questions recommended by BHBIA/EPHMRA & must be shown before the screener begins.** Default will be to HIDE GDPR 1,2,3,6,7 and Sunshine. SHG has these in an educational doc for the client and they have responsibility to add to their screener to inform the respondent. SHG best practice is to hide these unless client adds SHG questions and wording to their screener.

If the client sends their own GDPR questions - and they cover all what is needed - we should keep our GDPR questions hidden and use the client's provided questions as they word them. This is the client’s responsibility. Only unhide GDPR 1,2,3,6,7 and/or Sunshine questions if client requests to use ours, and fill in additional hidden backgroun piping.

## **QGDPR1: Introduction [SHOW ONLY IF PM SAYS]**

**Introduction** *PM NOTE: USA clients generally prefer to not reveal the name of the sponsor. Outside USA, sponsor must be revealed, when asked, and then need to determine if respondent can continue or not.*

We are conducting this market research on behalf of a *<*pipe in QClientName*>* and would really value your opinion. This study is sponsored by a healthcare/pharmaceutical company.

*(Show if needed)* To minimize the risk of potential response bias, we would prefer to reveal the name of the Sponsor only at the end of the interview.

The purpose of the research is to *< pipe in QPurpose1 >* and it will take the form of *<pipe in Qmethod>.*

The duration of the interview is:*~~<pipe in QLOI>~~* ~~and~~~~you will receive an incentive as detailed in your invitation~~***~~.~~***

* A **60-minute** web-assisted telephone interview scheduled at a time to suit you. You will need a stable internet connection and the interview must be conducted via a laptop or desktop computer (A mobile phone or tablet will not be appropriate).
* **or** a **75-minute** web-assisted telephone interview scheduled at a time to suit you. You will need a stable internet connection and the interview must be conducted via a laptop or desktop computer (A mobile phone or tablet will not be appropriate).

Is this acceptable to you?

1. Yes

2. No [TERMINATE]

## **~~QGDPR2: Your rights [SHOW ONLY IF PM SAYS]~~ DO NOT SHOW**

**~~Your rights~~**

~~Include to inform respondents of codes of conduct, their rights, and how to withdraw.~~

~~This market research will comply with Market Research industry’s codes such as [For EU and US and Brazil: EphMRA Code of Conduct] [For UK: BHBIA Legal and Ethical Guidelines][For Germany: ADM Guidelines], and with the applicable Privacy Laws.~~

~~We will keep this survey anonymous and the answers you provide will be combined with feedback from others like yourself.~~

~~The information that you provide will only be used for the purpose of this market research and will not be passed to any other [If UK=organisation/If US= organization] without your permission.~~

* ~~You have the right to refuse to answer to any questions or withdraw at any time.~~
* ~~You can exercise your rights of access your personal data, erasure and rectification by contacting the~~ *~~<~~*~~pipe in QClientName~~*~~>~~* ~~at < Pipe QCEmail >.~~
* ~~For more information about your rights please see~~ *~~<~~*~~pipe in QClientName~~*~~>~~* ~~Privacy Policy. [HYPERLINK TO QCLIENTPRIVACY IN SEPARATE WINDOW] Click here to review the privacy policy.~~
* *~~<~~*~~pipe in QClientName~~*~~>~~* ~~will keep your personal information for no longer than~~ *~~< pipe QDuration >~~* ~~or longer if required by Law.~~

~~If you have any questions or concerns about this project or your participation in it, please contact the~~ *~~OpinionSite/SHG~~* ~~booking project manager:~~ **~~<~~**~~pipe QPMname~~**~~>~~** ~~by email at <pipe QPMemail> and/or call this number <pipe QPMphone >~~**~~.~~**

~~FOR PATIENTS AUTOMATICALLY ADD STATEMENT: By participating in this research, you will be asked to provide feedback regarding your attitudes, interests, opinions, and experiences regarding health conditions, as well as your demographic information. Some of the information you provide to us as part of this research could be considered sensitive. Our privacy notice explains how we safeguard your information and protect your privacy.~~

~~1. I wish to continue~~

~~2. I want to quit now [TERMINATE]~~

## ~~QGDPR3: International Data Transfer – SHG Panellists [SHOW ONLY IF PM SAYS]~~ **DO NOT SHOW**

~~International Data Transfer – SHG Panellists~~

~~Include this section if personal information is transferred to a client if the client is not based in the same country of residence of the respondent. E.g. a client based in US receiving data of a respondent based in UK or a client based in China receiving data of a participants based in US.~~

~~By completing this research, you agree that the personal information you provide to~~ *~~<~~*~~pipe in QClientName~~*~~>~~* ~~will be retained in <pipe in QClientCountry> for processing and storage.~~

~~The Client supports the rights of the respondents by limiting the use of their information for legitimate market research purposes and makes every effort to conform to industry standards created to uphold ethical survey research. The Client follows generally accepted industry standards to protect the information submitted to them, both during transmission and at rest.~~

~~For more details on this matter, please refer to~~ *~~<~~*~~pipe in QClientName~~*~~>~~* ~~Privacy Policy Link.~~

1. ~~I consent to the processing and storage of my personal information in <pipe in QClientCountry>~~
2. ~~I do not consent to the processing and storage of my personal information in <pipe in QClientCountry> [TERMINATE IMMEDIATELY]~~

## **~~QGDPR4:~~****~~International Data Transfer [ASK IF COUNTRY ≠ 1 (US) AND PCID ≠ 1,2 (NOT INTERNAL SHG PCID’S)]~~ DO NOT SHOW**

**~~International Data Transfer~~**

~~If SHG is using a partner for recruiting non-US respondents, as our data are stored in US, we must inform respondents and show this screen.~~

~~By completing this research, you agree that the personal information you provide to~~ *~~OpinionSite/SHG~~* ~~and its Client will be retained in the USA for processing and storage.~~

*~~OpinionSite/SHG~~* ~~and Client support the rights of the respondents by limiting the use of their information for legitimate market research purposes and makes every effort to conform to industry standards created to uphold ethical survey research.~~ *~~OpinionSite/SHG~~* ~~and Client follows generally accepted industry standards to protect the information submitted to them, both during transmission and at rest.~~

~~For more details on this matter, please refer to:~~

~~Opinionsite/SHG Privacy Policy Link~~

~~[HYPERLINK TO~~ [~~https://healthcare.opinionsite.com/page/26~~](https://healthcare.opinionsite.com/page/26) ~~IN SEPARATE WINDOW] Click here to review the privacy policy.~~

1. ~~I consent to the processing and storage of my personal information in the USA~~
2. ~~I do not consent to the processing and storage of my personal information in the USA~~ **~~[TERMINATE IMMEDIATELY]~~**

## **~~QGDPR5: Incentive Consent [ASK IF QINFO=1 (PAYING RESPONDENTS) AND PCID ≠ 1,2 (NOT INTERNAL SHG PCID’S)]~~ DO NOT SHOW**

**~~Incentive Consent~~**

~~If SHG is using a partner and SHG is paying the respondents, and using augment sample sources, we must inform respondents and show this screen.~~

~~By completing surveys with~~ *~~OpinionSite/SHG~~* ~~you will earn an incentive which will be sent to your email at the conclusion of the research.~~ *~~OpinionSite/SHG~~* ~~uses third party providers such as Tango Card and PayPal to enable the incentive redemption transaction process.~~

~~Your personal information may be transferred to these third parties to enable them to perform the redemption transaction on behalf of~~ *~~OpinionSite/SHG~~*~~. In other cases, you may be required to provide personal information directly to the third parties to enable them to perform the redemption transaction on behalf of~~ *~~OpinionSite/SHG~~*~~.~~

1. ~~I consent to the transfer of my personal information to third parties for the purpose of incentive administration~~
2. ~~I do not consent to the transfer of my personal information to third parties for purpose incentive administration~~ **~~[TERMINATE IMMEDIATELY]~~**

## **~~QGDPR6: Adverse Event HCPs [SHOW ONLY IF PM SAYS]~~ DO NOT SHOW**

**~~Adverse Event HCPs~~**

Show this screen to healthcare professionals if AE should be reported and if the client does not have their own disclosure.

~~This research has been commissioned by a company that manufactures medicines/medical devices. It is a legal requirement that the company keep records of any side effects or complaints that people may have about their medicines/medical device. We must assist the company in meeting its legal obligations.~~

~~Therefore, if, during the interview, you make any reference to a side effect or complaint about a medicine/medical device, we will let the company know about this even if it has already been reported by you directly to the company or the regulatory authorities. You can decide whether or not to give the company your name and contact details.~~

~~Are you happy to proceed with the interview on this basis?~~

1. ~~I agree and I give permission to pass my contact details to the Drug Safety department of the sponsoring company~~ **~~[DO NOT SHOW IN GERMANY]~~**
2. ~~I agree but I don’t give permission to pass my contact details to the Drug Safety department of the sponsoring company~~
3. ~~I agree and allow the recruitment agency to contact me again should the Drug Safety department of the sponsoring company requires more information~~ **~~[GERMANY ONLY, AND ONLY IF CLIENT EXPLICITY REQUIRES THIS OPTION (~~**~~GermanyAE~~ **~~= 1) ]~~**
4. ~~I don’t agree and I wish to terminate the interview~~ **~~[TERMINATE IMMEDIATELY]~~**

## **~~QGDPR7: Adverse Event Patients [SHOW ONLY IF PM SAYS]~~ DO NOT SHOW**

**~~Adverse Event Patients~~**

Show this screen to patients if AE should be reported.

This study is sponsored by a pharmaceutical company and for this reason we are required to pass on any possible side effects, product complaints and safety reports. The details of these will be reported anonymously unless you agree to disclose your personal details, only and exclusively for the purpose of follow-up by the client’s medicine/device safety team. Please select one of the options below:

1. ~~I would like to proceed and agree to be contacted by the medicine/device safety team for follow- up~~ **~~[DO NOT SHOW IN GERMANY]~~**
2. ~~I would like to proceed but do not wish to be contacted by the medicine/device safety team for follow-up~~
3. ~~I agree and allow the recruitment agency to contact me again should the Drug Safety department of the sponsoring company requires more information~~ **~~[GERMANY ONLY, AND ONLY IF CLIENT EXPLICITY REQUIRES THIS OPTION (~~**~~GermanyAE~~ **~~= 1) ]~~**
4. ~~I don’t want to proceed and wish to end the interview here~~ **~~[TERMINATE IMMEDIATELY]~~**

**~~\*\*\*PM PROCESS NOTE\*\*\*~~**

**~~IN ALL COUNTRIES🡪~~** ~~If respondent needs to be contacted regarding AE they have reported, please check this data. Then send consent verification note to respondent. Then follow AE guidelines per Pharma Co Vigilance (PV) Dept.~~

~~SEE "Z:\Shared\SHG\Qual Operations\2022 Template\AE Consent Verification"~~

## **~~QSunshine: US physicians if sponsor is aware of their identity [SHOW ONLY IF PM SAYS]~~ DO NOT SHOW**

Show this screen to healthcare professionals in US if the sponsor will be aware of their identity.

~~Under the U.S. Sunshine Act, final rule published February 1, 2013, beginning August 1, 2013, applicable healthcare industry manufacturers are required to report “transfers of value” to U.S. licensed physicians.~~

*~~(Strike as appropriate)~~* ~~In the event that a sponsor recognizes you / The sponsor will be aware of your identity, entering a contract with you and paying your incentive directly.~~

~~The sponsor is obligated by law, under the Sunshine Act, to report any payments made to you for participation in the market research study.  Please select your preference for how to proceed from the choices below:~~

1. ~~I understand the federal obligation and I agree to allow my name, and the amount of any payments made to me for participation in the market research to be released and reported as per the Sunshine Act requirements~~
2. ~~I understand the federal obligation, but I do NOT agree to have my name, nor the amount of payments made to me released and reported as per the Sunshine Act.  I am still willing to participate in the market research study under the following condition: I agree to forfeit any potential payments for my participation in the study as result of the Sponsor knowing my identity.~~**~~[PM: DO NOT PAY OUT INCENTIVE]~~**
3. ~~I understand the federal obligation, but I do NOT agree to have my name, nor the amount of payments made to me released and reported as per the Sunshine Act. I therefore decline to participate in this market research study~~**~~[TERMINATE IMMEDIATELY]~~**

# SCREENER

## **NHC1 PRIVACY**

We comply with privacy, data use, data protection and informed consent laws and regulations governing your personal information. The research will comply with MR guidelines. Any information you provide us with will be treated as confidential, it will be combined with feedback from others like yourself. You will remain anonymous unless you give permission to be identified. Your information will only be used for market research purposes and will **not** be sold or passed to any other organisation without your permission. You have the right to refuse to answer questions or withdraw at any time. A consent form will be provided explaining what if any personal data will be kept, for how long, for what purpose, who will have access to it and who you may contact with any questions. We need your consent in order for us to collect and use any information about you.

*Are you happy to proceed on this basis?*

**SINGLE CODE**

|  |  |  |
| --- | --- | --- |
| YES | 01 |  |
| NO | 02 | terminate |

## **SHOW IN ONE SCREEN – NHC2 To NHC5.**

To participate in this study, you must acknowledge and agree to the following terms regarding study requirements and the information you will provide during the study:

### NHC2 **Confidentiality of Study Information**

The purpose of this study is purely to gain your feedback and in no way is a marketing or sales pitch by this market research company or our Sponsor. By participating, you agree to hold confidential any information you may obtain through this study, and specifically agree not to discuss with others, or attempt to print, copy, or distribute any of the information contained herein. Please note that during this study, you may be exposed to product information that is investigational in nature and may or may not be approved by the appropriate government agencies for use in clinical practice.

### NHC3 **Data Protection**

We need your consent for us to collect and use any information about you or your patients, which may include your name, your contact information, your professional background and qualifications, your patients’ non-identifiable health information, your opinions and, if recorded, your likeness and voice for purposes of the market research study. We will only collect or process data that is necessary to conduct the study, and not all aforementioned categories will be applicable to all studies. To the extent data about you is collected or processed in conjunction with the market research study, it may be transferred to third parties assisting with the study, such as a moderator or transcriptionist, and will also be transferred to the United States. In such cases, the necessary measures will be taken to ensure the safety of your data in accordance with applicable data protection laws. You can find out more about Narrative Health’s privacy practices around processing and transferring data by reading the Narrative Health Privacy Policy, which is available at <https://www.narrative-health.com/privacy-policy/>

Under applicable data protection laws, you have a right to access your personal data and to request the rectification of any errors and may also have the right to restrict the processing or request the erasure or anonymization of your personal data. Your personal data will be stored only for as long as necessary for the purposes of the market research. Should you wish to exercise any of these rights or have any queries in relation to the use of your personal data, please contact Narrative Health at [hello@narrative-health.com](mailto:hello@narrative-health.com).

### NHC4 **Recording and Sponsor Engagement**

The interview will take place over the phone. You consent to the following:

* This research will be audio recorded. The interview recordings and any other market research content you provide may be shared with Narrative Health’s subcontractors for purposes of the market research study, who will respect the confidentiality of all information exchanged.
* The sponsor of the study will:
  + Observe the interview remotely
  + Listen to an audio recording at their offices

This will include people from marketing, clinical, and sales departments, all of whom will respect the confidentiality of all information exchanged and will not make sales approaches as a consequence of having access to it. The purpose of this observation is so that the sponsor may better understand your views. You may withdraw this consent at any time.

By selecting “I consent” below, you confirm that you have read and understand the information above and agree to the requirements to participate in this market research study.

|  |  |  |
| --- | --- | --- |
| 1 | Yes | **CONTINUE** |
| 2 | No | **THANK AND CLOSE** |

### NHC5 SKIPPED – NOT APPLICABLE FOR THIS STUDY

## **NHC6 Transparency Reporting [SHOW FOR US ONLY, DO NOT SHOW FOR CAN]**

The study that you will be participating in is being conducted as double-blind. This means that neither you nor the Sponsor will be told each other’s identity, unless the Sponsor is required to be identified by applicable law.

Payments or transfers of value made to licensed healthcare professionals for participation in double-blind market research are excluded from reporting under the Federal Open Payments program and applicable state regulations; therefore, payments will not be reported for your participation in this study, unless your identity becomes known to the Sponsor.

In the unlikely event that either your identity becomes known to the Sponsor, such as if the Sponsor viewing or listening to the interview recognizes your identity or the Sponsor’s identity becomes definitively known to you, and you are subject to the Federal Open Payments program or similar state regulations, the payment will then become reportable. If you are a professional not subject to the Federal Open Payments or similar state regulations and your identity becomes known to the Sponsor, the Sponsor may still require payments for your participation in this research project to be disclosed to them.

By selecting “I consent” below, you confirm that you have read and understand the information above and agree to the requirements to participate in this market research study.

|  |  |  |
| --- | --- | --- |
| 1 | Yes | **CONTINUE** |
| 2 | No | **THANK AND CLOSE** |

## **NHC7 Pharmacovigilance and Product Technical Complaints Reporting**

We are required to pass on to the Sponsor details of adverse events, other pharmacovigilance data (also known as PV data), and/or product technical complaints pertaining to their products that are mentioned during the market research study.

"**Adverse Event**" or “**AE**” refers to any untoward medical occurrence in a patient who takes or uses a product, and which does not necessarily have a causal relationship with that product. An adverse event can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding, for example), symptom, or disease, temporally associated with the use of such a product, whether or not considered related to that product.

“**Pharmacovigilance Data**” or “**PV Data**” includes any adverse event (serious or not), any incident (serious or not), or any of the following special situations (with or without adverse events): any report of misuse; any medication error; any off-label use (intentional use outside the labelled indication); any overdose (intentional or not); any drug abuse, dependence, addiction, (withdrawal syndrome); any lack of efficacy; any drug exposure during pregnancy or child exposure during breastfeeding or conception (whether from the male or female); any occupational exposure (unintentional exposure during work); accidental exposure; unexpected therapeutic benefit; any suspected transmission of infectious agents; and/or suspected drug interactions involving active ingredients or their metabolites.

“**Product complaint**”, “**Product Technical Complaint**” or “**PTC**” refers to any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, safety, efficacy or performance of a product, device, its packaging, or any written leaflet or other information provided with such product or device, after it is released for distribution.

Should you mention during the discussion an adverse event or other PV Data or product technical complaint in a specific patient or group of patients about a specific product, we will need to report this even if it has already been reported by you directly to the company or to regulatory authorities.

In such a situation, you will be asked whether you are willing to waive the anonymity given to you under the ICC/ESOMAR International Code on Market and Social Research practice and the EphMRA Code of Conduct specifically in relation to that adverse event/product technical complaint. If you are willing to waive your anonymity, your name and contact information will be provided to the research Sponsor, who may report it to the U.S. Food and Drug Administration and you may be contacted for follow-up questions regarding the adverse event, other PV Data, and/or product technical complaint. If you are not willing to waive your anonymity, the adverse event, other PV Data, and/or product technical complaint will be reported anonymously. Regardless, everything else you say during the study will continue to remain anonymous.

The sponsor may wish to request further information from you. This will have no impact on the anonymity associated with the study itself. Please indicate whether you consent to us disclosing your name, contact information, and adverse event details to the sponsor in such situations.

|  |  |  |
| --- | --- | --- |
| 1 | Yes | **CONTINUE** |
| 2 | No | **CONTINUE** |

## **NHC8** SKIPPED – NOT APPLICABLE FOR THIS STUDY

# **S1.** Please indicate the country in which your practice is located:

Select one.

|  |  |  |
| --- | --- | --- |
| 1 | United States (US) | **CONTINUE** |
| 2 | Germany (DE) | **CONTINUE** |
| 3 | Japan (JP) | **CONTINUE** |
| 4 | France (FR) | **CONTINUE** |
| 5 | China (CH) | **CONTINUE** |
| 6 | Canada (CA) | **CONTINUE** |
| 7 | Other | **TERMINATE** |

# S2. [ASK IF S1=1] In what state(s) do you practice medicine?

Select all that apply.

|  |  |  |
| --- | --- | --- |
|  | **PHYSICIANS CAN SELECT MULTIPLE STATES** | **Select all that apply** |
| 1 | State of practice | **STATE PULL-DOWN LIST** |

THANK AND CLOSE IF ANY OF THE FOLLOWING STATES IS SELECTED: Maine, Minnesota, Vermont

# S3. [ASK IF S1=1] What is your occupation? SELECT ONE

|  |  |  |
| --- | --- | --- |
| 1 | Physician | **CONTINUE** |
| 2 | Nurse Practitioner / Physician Assistant (NP/PA) | **TERMINATE** |
| 3 | Nurse (e.g., Registered Nurse) | **TERMINATE** |
| 4 | Certified Nurse Assistant (CNA) | **TERMINATE** |
| 5 | Other | **TERMINATE** |

# S4. SKIPPED – NOT APPLICABLE FOR STUDY

# S5. Which of the below best describes your **primary** medical specialty? SELECT ONE

|  |  |  |
| --- | --- | --- |
| 1 | Pulmonology | **CONTINUE** |
| 2 | Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) **RESPONSE REQUIRED** | TERM @ END |

# S6. [ASK IF S1=1] Are you board certified or board eligible in your medical specialty? SELECT ONE

|  |  |  |
| --- | --- | --- |
| 1 | Board Certified | **CONTINUE** |
| 2 | Board Eligible | **CONTINUE** |
| 3 | Neither | **TERMINATE** |

# S7. How many years have you been in practice post residency? SELECT ONE

|  |  |  |
| --- | --- | --- |
|  | Years of experience **(RANGE 0-100)** | **TERM @ END IF LESS THAN 3 OR GREATER THAN 30** |

# S8. Which of the following best describes your practice setting?

|  |  |  |
| --- | --- | --- |
| 1 | Primarily office-based private practice | **SET HIDSEGMENT=OFFICE** |
| 2 | Primarily hospital setting | **SET HIDSEGMENT=MIX** |
| 3 | Mixed office and hospital based | **SET HIDSEGMENT=MIX** |

ENSURE 50/50 MIX ACROSS SAMPLE FOR CODE 1 (“Primarily office-based private practice”) AND CODE 2 / CODE 3 (“Primarily hospital setting” / “Mixed office and hospital based”)

# S9. Which of the following best describes the setting in which you spend most of your time treating patients? SELECT ONE

|  |  |  |
| --- | --- | --- |
| 1 | Academic or Teaching hospital | **CONTINUE** |
| 2 | Community Non-Teaching Hospital | **CONTINUE** |
| 3 | Community-Based Solo Private Practice | **CONTINUE** |
| 4 | Community-Based Group Private Practice | **CONTINUE** |
| 5 | Other, please specify [text box] | **Record, term @ end** |

RECRUIT A MIX ACROSS SAMPLE SELECTING CODE 1 (“Academic or Teaching hospital”) AND CODES 2, 3, AND 4 (“Community Non-Teaching Hospital”, “Community-Based Solo Private Practice”, “Community-Based Group Private Practice “) TO OBTAIN A MIX OF ACADEMIC AND COMMUNITY SETTINGS

# S10. SKIPPED – NOT APPLICABLE FOR STUDY

# S11. What percent of your professional time is spent in **direct patient care**?

|  |  |  |
| --- | --- | --- |
|  | % of time **(RANGE 0-100)** | **TERM @ END IF BETWEEN 50% AND 75%**  **TERM IMMEDIATELY IF < 50%** |

# S12. SKIPPED – NOT APPLICABLE FOR STUDY

# S13. In a **typical month**, how many patients do you **personally actively manage** with each of the following condition?

* *Consider unique patients, not total patient visits.*

|  |  |  |
| --- | --- | --- |
|  | **Condition**  **(RANDOMIZE)** | **# of Unique Patients** |
| 1 | Pulmonary Hypertension | \_\_\_\_ |
| 2 | Lung Cancer | \_\_\_\_ |
| 3 | Asthma | \_\_\_\_ |
| 4 | Pneumonia | \_\_\_\_ |
| 5 | Chronic Obstructive Pulmonary Disease (COPD) | \_\_\_\_ |
| 6 | Sleep Apnea | \_\_\_\_ |
| **Total** | | **AUTO SUM** |

TERMINATE @ END IF S13=5 IS BETWEEN 20 AND 30

TERMINATE IMMEDIATELY IF S13=5 IS,<20

# S14. Of the **Chronic Obstructive Pulmonary Disease (COPD)** **patients** you manage or treat in a typical month, what percentage of these patients would you classify as mild, moderate, severe, or very severe? **Please note: GOLD stands for Global Initiative for Chronic Obstructive Lung Disease.**

* *Please enter a percentage in each row; your responses should sum to 100%.*

|  |  |  |
| --- | --- | --- |
|  | **Severity** | **% of COPD Patients** |
| 1 | Mild COPD (GOLD 1; FEV1 ≥ 80% predicted) | \_\_\_\_ % |
| 2 | Moderate COPD (GOLD 2; 50% ≤ FEV1 < 80% predicted) | \_\_\_\_ % |
| 3 | Severe COPD (GOLD 3; 30% ≤ FEV1 < 50% predicted) | \_\_\_\_ % |
| 4 | Very Severe COPD (GOLD 4; FEV1 < 30% predicted) | \_\_\_\_ % |
| **Total** | | **MUST SUM TO 100%** |

TERMINATE @ END IF S14\_2 + S14\_3 IS BETWEEN 30 AND 40%

TERMINATE IMMEDIATELY IF S14\_2 + S14\_3 < 40%

TERMINATE IMMEDIATELY IF S14\_2 or s14\_3 =0%

# S15. Which of the following therapies have you used to treat your **Chronic Obstructive Pulmonary Disease (COPD) patients**? Please include all therapies **used currently and previously**. Please select all that apply.

|  |  |  |
| --- | --- | --- |
|  | **Therapies** | **Select all that apply** |
| **Single Therapy:** | | |
| 1 | Long-acting Muscarinic Antagonists (LAMAs) (e.g., Tiotropium, Aclidinium, Glycopyrronium, Nebulized Glycopyrronium, Revefenacin, Umeclidinium) |  |
| 2 | Long-acting Beta Agonists (LABAs) (e.g., Indacaterol, Olodaterol) |  |
| 3 | Short-acting muscarinic antagonists (SAMAs) (e.g., Ipratropium) |  |
| 4 | Short-acting Beta Agonists (SABAs) (e.g., Albuterol, Levalbuterol) |  |
| 5 | Inhaled Corticosteroids (ICSs) (e.g., Fluticasone, Budesonide) |  |
| **Combination Therapy:** | | |
| 6 | Double therapy with LAMA + LABA (LAMA + LABA) |  |
| 7 | Double therapy with LAMA + ICS (LAMA + ICS) |  |
| 8 | Double therapy with LABA + ICS (LABA + ICS) |  |
| 9 | Triple therapy with LAMA + LABA + ICS (LAMA + LABA + ICS) |  |
| **Other:** | | |
| 10 | Oral Phosphodiesterase-4 (PDE4) Inhibitors (e.g., Roflumilast) |  |
| 11 | Methylxanthines (e.g., Theophylline) |  |
| 12 | Oral corticosteroids (e.g., Prednisone) |  |
| 13 | Antibiotics (e.g., Erythromycin, Azithromycin) |  |
| 14 | Biologics |  |

# S16. Are you currently affiliated with any pharmaceutical manufacturer, biotechnology manufacturer, or government agency (as an employee, clinical researcher, paid consultant, member of a speaker panel, etc.)? Select one.

|  |  |  |
| --- | --- | --- |
| 1 | Yes | **THANK AND CLOSE** |
| 2 | No | **CONTINUE** |

# S17. Thank you for completing the screener. As mentioned at the study introduction, we have a range of interviews available. Please kindly indicate which length of interview suits you the best between 6th December and 16th December. Depending on your choice, you will be redirected to a specific moderator’s calendar, where you will be able to book your interview.

*Before you will be redirected to moderators calendar – you will see one last screen with the full consent form.*

* **60-minute** web-assisted telephone interview with the potential 10 minutes follow up (5-7 days after main interview completion) **[SHOW S17B]**
* **75-minute** web-assisted telephone interview **[SHOW NH CONSENT FORM]**
* No strong preference – happy to participate in either one. [**SHOW NH CONSENT FORM, SETHID LABEL=”MANUAL REVIEW” AND TERM@END**]

# S17B. Would you be willing to participate in a 10-minute follow-up telephone interview approximately 5 to 7 days after your initial 60-minute interview?

|  |  |  |
| --- | --- | --- |
| 1 | Yes | **[CONTINUE, SHOW NH CONSENT FORM]** |
| 2 | No | **[CONTINUE, SHOW NH CONSENT FORM]** |

# \*\*\* CONSENT SECTION \*\*\*

**~~IF CLIENT DOES NOT HAVE CONSENT, OR IS MISSING PART, USE SHG CONSENT TO AID~~**

**~~If in doubt, contact~~** [**~~compliance@surveyhealthcareglobal.com~~**](mailto:compliance@surveyhealthcareglobus.com) **~~for help.~~**

**~~If using a hosting platform ask, otherwise PM will strike to hide.~~**

**~~Programmer: insert platform name, links from the platform hidden questions.~~**

## **~~CONSENT1: Hosting Platform [SHOWN FOR ALL RESEARCH W/ HOSTING PLATFORMS]~~**

**~~Hosting Platform~~**

**~~We are using a virtual platform to host the~~** ~~<pipe QRType>~~ **~~and we would like you to read the below statements:~~**

~~The <pipe QRType> is hosted by~~ **~~<~~**~~Pipe in QPlatform~~**~~>~~** ~~and they are based in < Pipe in QPlatformCountry>.~~

~~An invitation will be sent to you with the instructions for the research.~~

*~~[IF PLATFORM = 3,4,11 SHOW STATEMENT]~~***~~<~~**~~Pipe in QPlatform~~**~~>~~** ~~will need your contact information to coordinate a test of your computer connection ahead of the interview, and for calling you at the time of the interview to connect you with the moderator.~~

~~The information that will be provided to the platform are: < Pipe in QPlatformRequire>.~~

~~You may be required to download the hosting software onto your computer before participating in the research, however you may uninstall the software immediately after participating.~~

~~Your personal information will be stored by~~ **~~<~~**~~Pipe in QPlatform~~**~~>~~** ~~and will be deleted immediately after the study.~~

~~You will not be contacted for any purpose other than participating in this research and you will not be asked to register for any other services or platforms.~~

~~Please review the~~ **~~Privacy Notice~~** ~~and the~~ **~~Term of Use~~** ~~of the hosting platform:~~ **~~<~~**~~Pipe in QPlatform~~**~~>~~**

~~[HYPERLINK TO QPlatformPrivacy IN SEPARATE WINDOW] Click here to review the privacy notice.~~

~~[HYPERLINK TO QplatformConditions IN SEPARATE WINDOW] Click here to review the terms of use.~~

**~~Do you give your consent for your personal data to be processed as above?~~**

1. ~~Yes~~
2. ~~No~~ **~~[TERMINATE]~~**

**~~If audio/video recording, ask, otherwise PM will strike to hide.~~**

## **~~CONSENT3: Consent Disclosure~~**

**~~Consent Disclosure~~**

~~This research will be <pipe in QRecordType> recorded and the recording will be under the care of~~ *~~<~~*~~pipe in QClientName~~*~~>,~~* ~~based in <pipe in QClientCountry>, and for the duration of <~~*~~pipe QDuration~~*~~> years.~~

~~The recording will be used for the following purposes:~~ *~~<pipe in QPurpose2>.~~*

~~The people in the company who will listen or observe the interview will be in the following functions/roles: <pipe in QRoles>.~~

*~~(strike as appropriate)~~* ~~The company that has commissioned the Market Research will have access to the <pipe in QRecordType> recordings and the opinions that you have expressed during the study and any images collected.~~

~~Our client~~ *~~<~~*~~pipe in QClientName~~*~~>~~* ~~may observe or listen to the interview live.~~

~~Further information about your rights and how the client or others having access to the data handle personal data is available online at < pipe in QPersonalData >.~~

*~~(strike as appropriate)~~* ~~The sponsoring company <pipe in QSponsor> may observe or listen to the interview live.~~

*~~(strike as appropriate)~~* ~~The sponsor of this research most likely will be aware of your identity.~~

*~~(strike as appropriate)~~* ~~To [UK=minimise/ US=minimize] the risk of potential response bias, we would prefer to reveal the name of the sponsoring company only at the end of the interview.~~

~~Recordings and observations will only be carried out in compliance with:~~

* ~~For EU and US: EphMRA Code of Conduct~~
* ~~For UK: BHBIA Legal and Ethical Guidelines~~
* ~~For Germany: ADM Guideline on Recordings and Observations in Market and Social Research~~

~~As result of those listening, watching or viewing the recording, the confidentiality of all information exchanged during this market research study will be respected and no sales approaches will ever be made to you as a consequence of the company having this access.~~

~~Please provide your consent:~~

***~~SHOW EACH QUESTION ON SAME SCREEN, NEXT APPEARS AS EACH IS ANSWERED~~***

1. ~~I give my consent to record the interview~~
   1. ~~I consent~~
   2. ~~I decline~~ **~~[TERMINATE- check with client to see if we could proceed]~~**
2. I give my consent to release the recording to the sponsoring company *(strike as appropriate)*
   1. I consent
   2. I decline **[TERMINATE- check with client to see if we could proceed]**
3. I give my consent for live listening and/or observation *(strike as appropriate)*
   1. I consent
   2. I decline **[TERMINATE- check with client to see if we could proceed]**

**\*\*\*PM PROCESS NOTE\*\*\***

**ALL MARKETS 🡪**

All MR Clients, Consultants will need to be sent a link to sign ONE form to protect the confidentiality of the recordings on each project. We are looking to add this into the master service agreements for each client so they do not have to sign on project basis. Fabio is creating the form to cover all projects in all markets.

**Show to all BB respondents unless client has their own BB specific consent.**

## **BBCONSENT2: Accessing your data**

**Accessing your data**

*(Strike if needed)* During the activity of the <pipe QBBName> the <client, moderator, others> will have live access to the tasks that you will complete for the purpose of *< pipe in QPurpose2>* the study data.

You may choose to terminate at any time, if you wish to do so but you might not receive your full incentive.

The data you submit on the <pipe QBBName> platform (answers/photos/videos etc.) may be visible to other study participants within the community on the <pipe QBBName> for the duration of the study.

The moderator reserves the right to remove participants from the community for aggressive behave, hate speech or inappropriate content at any time without the need to provide a reason (please note you will be paid pro rata for the study activities completed).

Content from the research will be securely stored for < *pipe QDuration* >.

The people who will have access to the community and study data will be in the following functions/roles: < pipe in QRoles >

Your data will be kept under the care of the <client, sponsoring company, SHG.>

Further information about your rights and how the <client or other having access to the data> handle personal data is available online at < pipe in QPersonalData >.

*(Strike if needed)* Your identity will be kept confidential and not shared with the sponsoring company.

*(Strike if needed)* The client will have live access to the<pipe QBBName> in order to observe the task that you will complete. Furthermore the study data will be stored and used for the purpose of *<pipe in QPurpose1>*.

*(Strike if needed)* The sponsoring company **will NOT** have live access to the online community, and they will receive [If UK= anonymised/ If US=anonymized] data in aggregated form. Your identity will not be disclosed to sponsoring company.

*(Show if needed, strike is default)* Their identity will be revealed to you upon completion of the market research study.

*(Strike if needed)* The sponsoring company < pipe in QSponsor > **will** have access to the content/data (including videos or photos), if you submit these items requested, from the research and they might become aware of your identity.

As result of those listening, watching or viewing the recording, the confidentiality of all information exchanged during this market research study will be respected and no sales approaches will ever be made to you as a consequence of the company having this access.

You can exercise your right of access, communication, rectification or deletion of your personal data collected, at any time, by contacting the *OpinionSite/SHG* booking project manager: **<**pipe QPMname**>** by email at <pipe QPMemail> and/or call this number <pipe QPMphone >**.**

**Do you agree that your data will be stored, accessed, and used in the manner and for the purposes described?**

1. Yes
2. No **[TERMINATE]**

**\*\* IF CLIENT HAS THEIR OWN CONSENT FORM, INSERT CLIENT SUPPLIED CONSENT FORM HERE AND HIGHLIGHT TO ADD INTO PROGRAM, MAKE SURE ALL DISLOSURES ARE COVERED, IF ANY DOUBT, CONTACT COMPLIANCE TEAM\*\***

## NH CONSENT FORM – SHOW ALL IN ONE PAGE

**Project Title: COPD**

|  |
| --- |
| Narrative Health, an independent market research agency based in the US/UK, is conducting a market research study on behalf of a pharmaceutical company.  The purpose of this research is to understand more about the treatment and management of COPD, and it will take the form of:   * **[SHOW IF S17=1] Web-assisted telephone interview, 60 minutes. Platform: InterVu, Focus Vision** * **[SHOW IF S17=2] Web-assisted telephone interview, 75 minutes. Platform: InterVu, Focus Vision** * **[SHOW IF S17=3] OR Web-assisted telephone interview, 75 minutes. Platform: InterVu, Focus Vision**   Taking this opportunity to have your voice heard would greatly help us further our research and your participation would be hugely appreciated. If you have any questions, please contact Alyson Tyler by email [alyson.tyler@surveyhealthcareglobal.com](mailto:alyson.tyler@surveyhealthcareglobal.com) or phone at 19868883933.  Please do not mention any identifiable information (such as your full name or contact details) during the interview to protect your anonymity.  **Are you happy to proceed to on this basis?**  **Yes**  **No** |
| **PRIVACY**  The research will comply with applicable Data Protection/Privacy law and with the guidelines and codes of conduct of the BHBIA, EphMRA, ABPI, MRS and the Insights Association.  Any information you provide us with will be treated as confidential and will be combined with feedback from others like yourself. You will remain anonymous unless you give permission to be identified.  Your information will only be used for market research purposes and will not be passed to any other organization without your permission.  We (the client) need your consent in order for us to collect and use any information about you. We won’t keep any personal data you give us for longer than 10 years. If you make a request for information to us after this time, we might be unable to identify any information attributed to you because we have permanently deleted any information about you.  You have the right to refuse to answer questions or withdraw at any time. For more information about your rights please see our privacy notice, it is available at:  <https://www.narrative-health.com/privacy-policy/>  **OBSERVATION/RECORDING OF INTERVIEW**  The interview will be observed live via audio streaming and audio recorded for market research purposes, analysis and internal training by the sponsoring company and Narrative Health’s research team. By consenting to participate, you understand that the sponsoring company and Narrative Health’s research team will have access to recordings of this market research interview and information that you share.  The sponsoring company that commissioned this market research study may:   * **Listen in to the live interview or listen to an audio recording**   Those listening to the live interview and/or listening to the recordings may be located in countries outside the country in which you live, which may not have data protection laws equivalent to those in your country. In such cases, the necessary measures will be taken to ensure the safety of your data in accordance with applicable data protection laws.  The people in the company, based in the UK and in the US, who will listen to or view the recordings will be in the following functions/roles:   * **Market research/insights** * **Medical team** * **Marketing team** * **Research and Development** * **Communications agency**   You understand that all those listening or the live interview and/or the recording must respect the confidentiality of all information exchanged in market research interviews/recordings:   * All those listening to the live interview or listening to these recordings agree to abide by the BHBIA, MRS, Insights Association, EphMRA and all other relevant Codes of Conduct for market research. * Your confidentiality and anonymity will be respected at all times and no information can or will be directly attributed to you by name, nor will your name be made available to any third party, for any purpose. * The footage will be stored retained by Narrative Health for up to 10 years and then it will be permanently deleted. Narrative Health is responsible for processing the video and audio recordings in accordance with Art. 4 (7) EU General Data Protection Regulation (GDPR).   You understand that you can withdraw your consent at any stage or request further information on how your data will be processed, stored and your privacy rights by emailing [team@narrative-health.com](mailto:team@narrative-health.com) or reading the privacy statement located on our website – <https://www.narrative-health.com/privacy-policy/>  **ADVERSE EVENTS**  This research has been commissioned by a company that manufactures medicines/medical devices. It is a legal requirement that the company keep records of any side effects or complaints that people may have about their medicines/medical device. We must assist the company in meeting its legal obligations.  Therefore, if, during the interview, you make any reference to a side effect or complaint about a medicine/medical device, we will let the company know about this even if it has already been reported by you directly to the company or the regulatory authorities. You can decide whether or not to give the company your name and contact details. If you do provide your name and details with the AE, please rest assured everything else you say during the course of the survey will remain confidential.  You will be required to have access to a computer with internet access during your interview. You will be asked to connect to **InterVu, FocusVision** platform to connect via video/audio. Please **only enter your first name** and do not enter any contact details when connecting. These platforms will ensure that any information you provide to them will be held securely. For more information, please see the privacy notice below:  FocusVision: <https://www.focusvision.com/privacy-statement/>  **RECONTACT**  It may be necessary, if there is a question that comes up in the course of our analysis or in regard to any Adverse Events mentioned during the interview, to contact you again for clarification on a point you have made.  **Do you give us your consent to re-contact you on this basis?**  **Yes**  **No**  I confirm that I have read this document and have had the opportunity to ask questions.  Please sign below to confirm you agree with the terms above and would like to proceed with the interview:  **First Name:**  **Surname:**  **Signature:**  **Date:**  **PROGRAMMING NOTE – LOOK AT QSPATH FOR SPECIFIC INSTRUCTION ON QSTool redirects** |

# \*\*\* SHG OPTIONAL CRITERIA QUESTIONS \*\*\*

**Ask If Respondent needs to pull patient records**

## **~~QCHARTS:~~**

~~For this research, you will be asked to pull patient record forms/ charts and have them available at the time of the session. Here are the details regarding which records will need to be pulled:~~

~~[INSERT SPECIFIC CHART PULL DETAILS; MUST BE SENT IN CONFIRMATION EMAIL AS WELL]~~

*~~Note: Absolutely no personally identifying patient information will be requested. You may be asked about age, gender, or demographic factors, but nothing identifiable.~~*

~~Do you agree to have the patient records available as described?~~

1. ~~Yes~~
2. ~~No [TERMINATE]~~

**~~Ask If Project requires collection of homework~~**

## **~~QHOMEWORK:~~**

~~We will send you a link to fill out a short homework assignment before the research session proceeds. This homework assignment is important to the research and will prepare the team for the session with you, therefore must be completed quickly. Instructions will be provided.~~

~~Failure to return the assignment may result in rescheduling of your appointment and/or forfeiture of your incentive.~~

~~Please acknowledge that you understand this information and its importance.~~

1. ~~Yes, I will complete the assignment promptly~~
2. ~~No, I no longer wish to participate [TERMINATE]~~

**~~Optional to ask If Project uses a hosting platform~~**

## **~~QMEET:~~**

**~~The interview will require the use of your desktop or laptop computer with high-speed internet access so~~** ~~the moderator can connect with you online. This is called an “online meeting,” or screen-sharing with the moderator.~~

~~For this project, we will be using the platform called:~~ **~~<~~**~~Pipe in QPlatform~~**~~>~~**~~.~~

~~How familiar are you with~~ **~~<~~**~~Pipe in QPlatform~~**~~>~~** ~~and its usage?~~

*~~(This question will not determine your qualification for the study.)~~*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **~~Never Use <~~**~~Pipe in QPlatform~~**~~> Screen Sharing~~** | **~~SHOW SLIDER SCALE AND RECORD AS NUMERIC VALUE 1-10~~** | | | | | | | | **~~Use <~~**~~Pipe in QPlatform~~**~~> Screen Sharing Often~~** |
| **~~1~~** | **~~2~~** | **~~3~~** | **~~4~~** | **~~5~~** | **~~6~~** | **~~7~~** | **~~8~~** | **~~9~~** | **~~10~~** |

*~~RECRUITER: PREFER PEOPLE WITH EXPERIENCE~~*

**Ask If Project uses computer**

## **QACCESS:**

**Will you commit to having access to telephone, high-speed internet, and a desktop or laptop computer** at the time of your interview session?

*Note that we recommend using a* ***laptop or desktop computer*** *for this type of research.*

*Telephone audio access via computer will be suitable, as long as the connection is reliable.*

1. Yes
2. No [TERMINATE]

## **QCONTACTCONSENT**

You agree that only the least amount of information necessary will be shared to proceed with the research. Your contact information, including name, email and phone *will be used to schedule and/or confirm session bookings.*

It may also be provided to the following, as needed:

* *(SHOW ONLY IF* **QPlatform** *=3,4,5,11,12,13)* conferencing service for connecting you with the moderator for the research session
* *(Strike if NOT needed)* moderator for contacting you for the research session (only your name and phone number)
* *~~(Strike if NOT needed)~~* ~~client for deduplication or validation purposes (only your name)~~
* ~~parties who process payments for incentives~~

Your contact information will be held in strict confidence and will not be divulged or shared for any other reasons.

**Do you agree with these terms?**

1. Yes, I agree to participate
2. No, I prefer ending this research here **[TERMINATE]**

**[SHOW ON SAME SCREEN AS QCONTACTCONSENT]**

**[SHOW IF QINFO=1 or 3] – SHOW ALL DATA ENTRY FIELDS ON ONE SCREEN:**

## **CONTACT SCREEN: Please provide your contact information below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Label | Display | Requirement | Validate/Hide |
| FName | First Name | REQUIRED | [NO VALIDATION] |
| LName | Last Name | REQUIRED | [NO VALIDATION] |
| QPName | Full Practice Name | REQUIRED | [HIDE FOR QAUDIENCE=2]  [NO VALIDATION] |
| QPCity | Practice City/Post Town | REQUIRED | [HIDE FOR QAUDIENCE=2]  [NO VALIDATION] |
| QPState | Practice State/Province/Territory | REQUIRED | [HIDE FOR QAUDIENCE=2]  [NO VALIDATION] |
| QEmail | Email Address | REQUIRED | VALIDATE |
| QPhone1 | Primary Contact Phone (Please include your country code) | REQUIRED | [NO VALIDATION] |
| QPhone2 | Alternate Contact Phone | NOT REQUIRED |  |
| QZone | Time Zone | REQUIRED –  [Drop-down of all EU5/ US /Canada Time Zones]  Eastern-US/Canada  Central- US/Canada  Mountain- US/Canada  Pacific- US/Canada  Alaska- US  Hawaii- US  Eastern European Time (UTC+2)  Central European Time (UTC+1)  Western European Time (UTC)  Greenwich Mean Time (UTC)  Other |  |

**PM ADD LOGIC TO DEFINE WHICH RESPONDENT IS =1 AND WHICH RESPONDENT IS =2**

Terminate@End and Overquota will be auto-coded as QPATH=2

## **QSPath: [Hidden to drive if Client needs to approve respondents or not]**

1. No client approval needed
2. Require client approval

ADDITIONAL SET UP AS DISCUSSED WITH DAVID:

* If S17=1 (60min) & QSpath=1 & completed screener, RECORD AS “For 2210335 - Concepts” - they go to booking tool: www.apolloqualscheduler.com/#/scheduler/user/25/qstool/575
* If S17=2 (75min) & QSpath=1 & completed screener RECORD AS “ For 2210336 – Messaging” they go to booking tool: www.apolloqualscheduler.com/#/scheduler/user/25/qstool/551
* If S17=3, Terminate@End- then ask QPAUSE, wait for client or PM approval

**>>> ALL QUOTA EVALUATION and TERMINATION EVALULATION COMPLETED HERE, EVERY TIME <<<**

Terminate@End and Overquota will be auto-coded as QPATH=2

Completes, over-quota and TERMINATE @ END OF SCREENING HERE all evaluate here at one point.

* If QSpath=1 & completed screener they go to booking tool:
* If QSpath=2 & completed screener then ask QPAUSE, wait for client or PM approval
* If Terminate@End- then ask QPAUSE, wait for client or PM approval
* If Overquota- then ask QPAUSE, wait for client or PM approval

PM always has option to go back to anyone who has gone through the screening & consent process.

**IF TERM@END ASK QPAUSE, IF QSPATH=2, ASK QPAUSE, IF OVERQUOTA, ASK QPAUSE**

**QPAUSE: (PAUSE FOR APPROVAL) [NEEDS TO BE SENT TO CLIENT FOR REVIEW]**

**Based on your responses, our project management staff will need to send in your screener data to the research team for review.**

Your screening answers will be checked and then the client’s team will make a determination if they would like to include you in the research project. The quota may be filled, or the criteria may be very close to how you have responded. Please allow time for the research team to review and then re-contact you. It is important that the research is representative of a mix of respondents.

1. CONTINUE

**>>SEND TO FINAL STATUS AND CREATE LINK IN DATA FILE FOR PM IF QBOOK=1**

# \*\*\*INVITE SECTION\*\*\*

## **INVITE1: (PRE-TEST OR MED-CONSULT) [SHOW IF QMethod=1]**

**Based on your responses, you have qualified for the sessions with the moderator.**

*(strike as appropriate)* You will be asked to go through the survey with the moderator to help provide feedback regarding content, language, and answer choices used before any other participants view the questions. / You will be asked to help with survey structure and content or with educating the client on the topic matter, before or after the survey is programmed.

Your participation in this preliminary review is *extremely* important to help aid in development of the survey design. Yours will be scheduled as one of a select few sessions.

1. CONTINUE **>>>SKIP TO BOOK AND SCHEDULE** **>>>**

## **INVITE2: (TDI w/ COMPUTER) [SHOW IF QMethod=2]**

**Based on your responses, you have qualified for the in-depth telephone interview with a professional moderator.**

We are scheduling in-depth telephone interviews and there are a range of dates and times available.

This interview will be administered via a computer assisted telephone interview.

*(strike as appropriate)* You would also be asked to call in to a conference line to talk with a moderator at the time of your session. / The moderator will also call you directly on a telephone number you provide.

Your opinions and expertise contributed to this research are very important.

1. CONTINUE >>>SKIP TO BOOK AND SCHEDULE >>>

## **INVITE3: (TDI- PHONE ONLY) [SHOW IF QMethod=3]**

**Based on your responses, you have qualified for the in-depth telephone interview with a professional moderator.**

We are scheduling in-depth telephone interviews and there are a range of dates and times available.

This interview will be administered via a ‘Telephone only’ interview with a professional moderator- no computer needed.

Your opinions and expertise contributed to this research are very important.

1. CONTINUE >>>SKIP TO BOOK AND SCHEDULE >>>

## **INVITE4: (VIDEO CAMERA TDI) [SHOW IF QMethod=4]**

**Based on your responses, you have qualified for the in-depth telephone and video camera interview with a professional moderator.**

We are scheduling in-depth interviews which will be conducted via telephone **and video camera**. There are a range of dates and times available.

This interview will be administered via a computer assisted telephone interview.

Your opinions and expertise contributed to this research are very important.

*(HIDDEN BY DEFAULT, ADD IF NEEDED) If you do not have a video camera, one may be provided to you if shipping time allows.*

1. Yes – I have a video camera and will appear on video >>>SKIP TO BOOK AND SCHEDULE >>>
2. *(HIDDEN BY DEFAULT, ADD IF NEEDED)* Ship a video camera to me so that I may participate >>>SKIP TO BOOK AND SCHEDULE >>>
3. Prefer to participate without the video camera option if possible >SKIP TO BOOK AND SCHEDULE >
4. No – no camera and/or I do not wish to participate [TERMINATE]

## **INVITE5: (DYAD/TRYAD/FOCUS GROUP) [SHOW IF QMethod=5]**

**Based on your responses, you have qualified for an online group interview session with a professional moderator.**

Your opinions and expertise contributed to this research are very important.

1. CONTINUE >>>SKIP TO BOOK AND SCHEDULE >>>

## **INVITE6: (IN-PERSON/CENTRAL LOCATION) [SHOW IF QMethod=6]**

**Based on your responses, you have qualified for an IN-PERSON interview with a professional moderator.**

There are a range of dates and times available, and the in-person interviews will be held at:

* INSERT RESEARCH FACILITY
* INSERT ADDRESS
* INSERT PHONE

Your opinions and expertise contributed to this research are very important.

1. CONTINUE **>>>SKIP TO BOOK AND SCHEDULE** **>>>**

## **INVITE7: (ETHNOGRAPHY IN-PERSON/HOME OR BUSINESS) [SHOW IF QMethod=7]**

**Based on your responses, you have qualified for a FACE-TO-FACE interview with a professional moderator.**

There are a range of dates and times available. The interview would be conducted at your own <house/ business location> with a professional moderator.

Your opinions and expertise contributed to this research are very important.

1. CONTINUE **>>>SKIP TO BOOK AND SCHEDULE** **>>>**

## **INVITE8: (CHAT SESSION) [SHOW IF QMethod=8]**

**Based on your responses, you have qualified for an in-depth, chat-style interview with a professional moderator.**

We are scheduling the chat sessions at convenient times, however you must be at your desktop or laptop computer and online to participate. Participation includes communicating back and forth with a moderator in a chat window forum. They will ask questions and will expect you to type in answers with no distraction throughout the session.

Your opinions and expertise contributed to this research are very important.

1. CONTINUE >>>SKIP TO BOOK AND SCHEDULE >>>

## **INVITE9: (IVR RECRUIT – INSIGHT ON DEMAND BY S & S WELLNESS) [SHOW IF QMethod=9]**

You have qualified for participation in this research. The purpose of the survey is to get your feedback on treatments for <insert topic>**.**

Your involvement will require completion of a phone-based survey:

* At the latest, the survey link will be shared with you by <insert date>**.**

**How it works:**

1. You will receive a text message from Saatchi & Saatchi Wellness that invites you to participate in the study. This will be sent to the mobile number you provide to us for this purpose.

2. The message will contain a link to a landing page which will contain the creative content for you to review.

3. When you are ready, there will be a button at the bottom of the landing page that initiates an outgoing call from your mobile phone to begin the interactive voice-response survey.

4. During the call you will be prompted to leave verbal responses to the creative content, similar to the way you would leave a voicemail.

The survey will require approximately <pipe QLOI>of your time to complete. You must finish the survey as soon as possible, **within 24 hours** from the time you receive the text message invitation.

Do you agree to participate on this basis?

1. Yes **>>>SKIP TO BOOK AND SCHEDULE** **>>>**
2. No [TERMINATE]

## **INVITE10: (BULLETIN BOARD) [SHOW IF QMethod=10]**

**Based on your responses, you have qualified for participation in <Online Community/Online Bulletin Board/Diary> with a professional moderator.**

This research project may require you to <post photos/ video> and answer questions in a secure online forum. Your posts and responses will only be visible to those <moderating/participating in> the study. The <Online Community/Online Bulletin Board/Diary> is set up for a <pipe QLOI>question-and-answer session each day, to complete at your convenience over the course of XX days.

If you miss a day, you can make up for it the following day. As long as all questions are answered by the XXth day, you will qualify for the incentive.

To ensure a valuable outcome, we simply ask that you answer all the moderator’s questions fully and refrain from providing single-word responses. We are looking for paragraphs, sentences, and a rich discussion on the board. This will provide superior content for the sponsor and a fun experience for you!

The online board is scheduled for Dates.

Would you like to participate in this study?

1. Yes **>>>SKIP TO BOOK AND SCHEDULE** **>>>**
2. No [TERMINATE]

## **INVITE11: (ADVISORY BOARD) [SHOW IF QMethod=11]**

**Based on your responses, you have qualified for selection process review to an IN-PERSON Advisory Board!**

All participants will be meeting for a 2-day Advisory Board in City, State. If you are selected to participate, you will be compensated for your time based on fair market values and all of your travel expenses will be covered.

We would kindly request that you provide your long-form curriculum vitae (CV) for an evaluation process. Our research partners will then review and make the final selections. If you are selected as a participant for the board, you will be sent a contractual agreement to sign, plus all travel arrangements and details before your participation.

**Successful completion of the screener and submission of your CV do not guarantee participation. Please understand that we must select a mix of physicians from around the country to contribute their expertise to this research.**

The Advisory Board is tentatively scheduled for dates.

Would you like to participate in this study and will you submit your CV within next 24-48 hours?

1. Yes **>>>SKIP TO BOOK AND SCHEDULE >>>**
2. No [TERMINATE]

# \*\*\*BOOK AND SCHEDULE\*\*\*

**IF QBOOK=1 GO TO QSTOOL NOW, IF QBOOK=2 CONTINUE**

## **MultiDates:**

Please select all the dates and times that would work best for you to participate in the <insert LOI> session.  ***SELECT ALL THAT APPLY.***

**[INSERT TIME SLOTS FOR MULTI-PUNCH ANSWER CHOICES]**

IF YOU WANT QUOTAS: [Set quota = x, once selected, do not show]

1. Monday, January 1st 7:00 am Eastern
2. Monday, January 1st 8:00 am Eastern
3. Monday, January 1st 9:00 am Eastern
4. NUMBER OUT THROUGH 98 TIME SLOTS IN THE TEMPLATE PROGRAM
5. Other time (Specify) [RECORD]

## **Qappt:**

What dates and times would work best for you to participate in the <insert LOI> session?

**[IF BOOKING USA RESPONDENTS:]**

*Please enter your requested times in Eastern time reference.*

The moderators will be available from XXam – XXpm Eastern time, Monday – Friday from DATES.

**[IF BOOKING GLOBAL RESPONDENTS:]**

*Please enter your requested times in your local time zone.*

The moderators will be available from XXam – XXpm, Monday – Friday from DATES.

**[RECORD OPEN END]**

**REDIRECT TO QSTOOL IS EXECUTED IF QBOOK =1 AND THEN RETURN TO THIS POINT**

**IF QBOOK=1, SKIP TO QHONO (BOOKING COMPLETED BY QS TOOL)**

**IF QBOOK=2, SHOW QWARN**

## **QWARN:**

**PLEASE NOTE: You are not officially scheduled for the research session until our** [INSERT IF QINFO=1 OR 3: OpinionSite/SHG] **recruitment team contacts you to confirm your booking.**

We will reach out to you via email or phone to confirm that the time/date are booked.

Your response to this communication is required in order to finalize your appointment.

Providing your availability to us does not mean you have secured an appointment.

*We pad our recruitment pools with a few more people than are required for a project due to last-minute emergencies, schedule conflicts, client quotas, and deadlines that must be met. Not everyone who has qualified will be selected to participate.*

□ I acknowledge that I have read and understand the above statement

**IF QBOOK=1, REDIRECT BACK FROM QSTOOL BACK IN TO THIS POINT**

**[SHOW IF QINFO=1]**

## **QHONO:**

Do you have any questions about how *OpinionSite* credits your incentive after the project is completed? *If so, we can explain this on the next screen for you.*

1. Yes
2. No

**[ASK IF HONO=1, YES AND QINFO=1]**

## **QHONOINFO:**

**If you are already a member of our panel** and you received your invitation from the email associated with your *OpinionSite* account, your incentive will be credited to your *OpinionSite* account once the sessions are all finished and the project has concluded.

The account functions on a debit/credit basis, and your incentives from all online and in-depth survey participation are credited to this repository. You can log in and redeem your incentives whenever you choose, or you may let the incentives bank there until you wish to request a disbursement.

**If you are not one of our panel members** and this is the first time you are being invited to a project by *OpinionSite/SHG,* you will be compensated in the form of an *e-gift card to Amazon* for the amount stated in your invitation and confirmation email letter. The gift card will be fulfilled after you have completed the interview and the project has concluded. The recruitment booking manager will be able to provide details on the timeline for this.

**If you have additional questions at any time**, you may always reach out to <http://www.opinionsite.com/help/> for assistance with your inquiries.

1. Must continue to save your screener responses

# THANK YOU SCREEN – FOR QUALIFIED ONLY [TEXT TO SHOW IF QBOOK=2(Booked by team):]

**This is the end of the qualification screener. You may print this screen for your records.**

Please expect an email or telephone call from the recruitment team **[INSERT IF QINFO=1 OR 3:** at*OpinionSite/SHG***] if you are selected to participate** in the research.

They will email and/or phone you to confirm a time and date for your session, and will share detailed instructions for participation. *We ask that you read all instructions carefully and reach out to the recruiter with any questions you may have*.

Incentives are credited after completion of the project and the research may be in field for several weeks. The recruitment booking manager will be able to provide timelines upon request.

Should you wish to *withdraw your consent* to participate in this research at any time, please contact the booking project manager to be removed from the project.

**[INSERT *OpinionSite* LOGO IF QINFO=1]**

**[INSERT IF QINFO=1 or 3]:Contact if you have any questions and reference project # <pipe QPNumber>**

**<**pipe QPMname**>** by email at <pipe QPMemail> and/or call this number <pipe QPMphone >**.**

1. **Please click “continue” to save your screening responses.**

**TERMINATE SCREEN TEXT – FOR SCREENED-OUT RESPONDENTS, SHOW THIS TEXT INSTEAD OF THANK YOU SCREEN AFER THE CONTACT INFO COLLECTION SCREEN.**

**Terminate text:**

Thank you for answering the screening questions! We will review your responses, then contact you to schedule an appointment should the sponsor wish to include you in this research.

**Alternate Terminate text if $X screening hono is being offered:**

Thank you for answering the screening questions! We will credit your account with $5 for your time if you are not selected for participation. We will review your responses, then contact you at a later time to schedule an appointment should the sponsor wish to include you in this research.

# \* VARIABLES SENT VIA CUSTOM URL API CALL TO QS TOOL WHEN QBOOK=1 \*

|  |  |
| --- | --- |
| QVar1 | incentive amount for each respondent/ specialty |
| Identifier | Respondent K\_ID to link data files together, value included for all respondents (sequential for patient and EU) |
| Sesskey | Value should be included for all panelists (K\_ID appears here for patient and EU) |
| FName | First Name |
| LName | Last Name |
| QEmail | Email Address |
| QPhone1 | Primary Contact Phone |
| QSPath | 1=No client approval needed- go to QStool booking process and redirect to Decipher  2=Required client/PM approval- go to QStool and show QStool thank you page after booking |
| Currency | Currency abbreviation to populate in confirmation |
| ConfLang | Language to display on confirmation emails from booking tool |

**\*\*\* PROGRAMMER:** Create links in variable called **QSToolLink** which will store full link to QS tool along with **QSPATH** + **CURRENCY** values. QS tool needs to know if we need to redirect back to Decipher (QSPATH=1) or simply show ‘thank you’ page within QS tool itself (QSPATH=2)

**\*\*\* PROGRAMMER:** If language not supported, or if t=4 on return from booking tool, send email to PM to correct language on email confirmation inside QStool immediately

**\*\*\* PROGRAMMER:** If xhnr=0 send email to tech leads to correct honorarium immediately

## **THANK YOU SCREEN – QS TOOL BOOKED RESPONDENTS - SHOW TO QBOOK=1 (Booked by QStool) RESPONDENTS**

**This is the end of the qualification screener. You may print this screen for your records.**

Please expect an email from [**qual@surveyhealthcareglobal.com**](mailto:qual@surveyhealthcareglobal.com)to confirm time and date for your session. *We ask that you read all instructions carefully and reach out to the booking project manager with any questions you may have*.

Incentives are credited after completion of the project and the research may be in field for several weeks. The booking project manager will be able to provide timelines upon request.

**Contact for withdraw or rescheduling: qual@surveyhealthcareglobal.com and reference your confirmation project # <pipe QPNumber>**

**IF RETURNED AS TERMINATE FROM THE QS TOOL SHOW STANDARD MESSAGING:**

We’re sorry to inform you that you did not meet the qualifications for this particular survey. However, we will be offering more opportunities for market research in the future. We appreciate your interest in participating and we look forward to working with you in the future. Thank you for your time and cooperation.

**IF RETURNED AS OVER QUOTA FROM THE QS TOOL SHOW STANDARD MESSAGING:**

Thank you for your interest in participating today. Unfortunately, this study has filled up quicker than anticipated and we cannot accept additional responses. If this changes, we will let you know. We look forward to working with you in the future. Thank you for your time and cooperation.