



PROJECT #: _____

Market Resource Associates, Inc.

ON-SITE PREPARATIONS CHECKLIST FOR FOCUS GROUPS

This letter serves as a checklist of the things we need to know to make your research study runs as smoothly as possible. All special requests will be accommodated given advance warning. Please fill in the information below to the best of your ability.

Group Topic:	
Group Date & Time:	
Recruiting:	_____ to seat _____

Moderator's Name:	
Number of Clients:	
Client Arrival Time:	

Incentive Amount:	\$ _____ /person	
Total Incentive Needed:	[\$ _____] → these are needed 3 business days prior to group <input type="checkbox"/> Received – Thank you!	
Incentives Distributed to participants:	<input type="checkbox"/> Before group	<input type="checkbox"/> After group

Room Supplies:	<input type="checkbox"/> Pads & Pencils	<input type="checkbox"/> Easel & Markers	<input type="checkbox"/> Other _____
Video Taping:	<input type="checkbox"/> None <input type="checkbox"/> ½ inch (VHS) w/o operator <input type="checkbox"/> ½ inch (VHS) w/ operator <input type="checkbox"/> ¾ inch w/o operator <input type="checkbox"/> ¾ inch w/ operator <input type="checkbox"/> Video being hired by client. Instructions: _____		
Equipment Needs for Participants:	<input type="checkbox"/> Video Viewing – ½ inch (VHS) <input type="checkbox"/> Video Viewing – ¾ inch <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Audio – Describe: _____ <input type="checkbox"/> NONE		
Active Group:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

At check-in, do participants have:	<input type="checkbox"/> Questionnaires to fill out <input type="checkbox"/> Special assignments/tasks to do <input type="checkbox"/> additional screeners to fill out <input type="checkbox"/> other _____ <input type="checkbox"/> No special check-in tasks
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Participant Food (Please check appropriate option for each):		
Group 1	<input type="checkbox"/> Meal (Specify): _____	<input type="checkbox"/> Snacks (Specify): _____
Group 2	<input type="checkbox"/> Meal (Specify): _____	<input type="checkbox"/> Snacks (Specify): _____
Group 3	<input type="checkbox"/> Meal (Specify): _____	<input type="checkbox"/> Snacks (Specify): _____
Group 4	<input type="checkbox"/> Meal (Specify): _____	<input type="checkbox"/> Snacks (Specify): _____

Client Food:		
Food Served:	<input type="checkbox"/> Individual Servings	<input type="checkbox"/> Family-Style
Food Choices:	<input type="checkbox"/> Order off of menus later	<input type="checkbox"/> Choose food preferences now

Client Food & Meal Preferences (Please check all appropriate choices):				
Breakfast	<input type="checkbox"/> Bagels	<input type="checkbox"/> Pastries	<input type="checkbox"/> Fruit	<input type="checkbox"/> Other _____
	Serving Time: _____			

Lunch	<input type="checkbox"/> Gourmet Sandwiches	<input type="checkbox"/> Italian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other _____
	Dessert: _____			
	Serving Time: _____			

Dinner	<input type="checkbox"/> Gourmet Sandwiches	<input type="checkbox"/> Italian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other _____
	Dessert: _____			
	Serving Time: _____			

Specialty Trays	<input type="checkbox"/> Veggies	<input type="checkbox"/> Fruit	<input type="checkbox"/> Cheese & Crackers	<input type="checkbox"/> Other _____
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