

OMB Number Expiration Date

CDER Health Information Survey

You have accessed this survey through a certain FDA web-based publication. Your response to this brief survey should take only a few minutes of your time and should relate to the specific FDA web-based publication. Completion of the survey is voluntary, and your responses will be kept confidential and anonymous.

1) What is your overall impression of the *format or presentation* of the information in this FDA publication on a scale from 1 to 5 where 1 is poor, 3 is average and 5 is excellent?

	Poor 1	2	Average 3	4	Excellent 5
Easy to read	m	m	m	m	m
Easy to find what I need	m	m	m	m	m
Organization of information	m	m	m	m	m
Font and font size	m	m	m	m	m
Length	m	m	m	m	m

2) What about the *format or presentation* of this FDA publication do you like?

3) What about the *format or presentation* of this FDA publication do you dislike?

4) What is your overall impression of the *content* of this FDA publication on a scale from 1 to 5 where 1 is poor, 3 is average and 5 is excellent?

	Poor 1	2	Average 3	4	Excellent 5
Relevance to	m	m	m	m	m

your specialty or area of expertise					
Understandable	m	m	m	m	m
Timeliness	m	m	m	m	m
Helpful	m	m	m	m	m
Amount of background information	m	m	m	m	m

5) Do you ever share the information (*content*) of this publication with others?

m Yes

m No

6) How do you share it with others?

7) Have you sought additional information on a particular topic after reading the FDA communication?

m Yes

m No

8) Which sources did you consult for additional information?

9) If you are a prescriber, did you find FDA's communication of information helpful in making treatment decisions for your patients?

m Yes

m No

m Not A Prescriber

10) If you are a prescriber, have you changed prescribing behavior based on the information you received from the FDA?

m Yes

m No

11) Which, if any, describes the change in your prescribing behavior?

q Provide additional risk information to patients

q Spend additional time counseling patients

q Monitor patients differently

- Prescribe a different drug
- Other (please specify)

If you selected other, please specify

12) Which FDA publication did you select that brought you to this survey?

- Early Communication about an Ongoing Safety Review (Early Communications)
- Public Health Advisories (PHAs)
- Information for Healthcare Professionals (HCP sheets)
- Drug Safety Newsletter

13) Was it easy to find this FDA publication?

- Yes
- No

14) What difficulties did you encounter accessing this FDA publication?

15) Through which other ways or sources do you receive or access drug safety information?

- Subscription to FDA materials (e.g., MedWatch E-list, FDA email updates, other)
- Internet Searches
- Newspaper articles
- Word of mouth
- Professional Newsletter
- All of the above
- Other (please specify)

If you selected other, please specify

16) Please specify:

- Early Communication about an Ongoing Safety Review (Early Communications)
- Public Health Advisories (PHAs)
- Information for Healthcare Professionals (HCP sheets)
- Drug Safety Newsletter
- Other (please specify)

If you selected other, please specify

17) My occupation is:

- Medical doctor

- Pharmacist
- Nurse
- Nurse Practitioner
- Dentist
- Other (please specify)

If you selected other, please specify

18) My work setting is

- Solo practitioner
- Group practice
- Hospital/medical center
- Other (please specify)

If you selected other, please specify

19) My age is:

- Less than 18 years
- 18-24 years old
- 25-34 years old
- 35-49 years old
- 50-64 years old
- 65 years old or older
- No answer

*Thank you for providing feedback on the various communication tools used by the FDA to communicate drug safety information to the public. FDA continuously evaluates its communication efforts to enhance their accessibility and effectiveness. Your response to this brief survey will help us improve our communication about drug safety issues. **Please click below to submit your survey responses.***