

INTRODUCTION

The U.S. Food and Drug Administration, also known as the FDA, is conducting an important study on people's opinions of its communications. Your opinions, and the opinions of people like you, are very important to the FDA.

This study is sponsored by the FDA but is being conducted by Knowledge Networks, a survey research organization. Providing responses to survey questions is voluntary and the survey will only take about 15 minutes. If you have questions about the study, you can contact the study supervisor toll-free at 1-XXX-XXX-XXXX. If you have questions about your rights as a study participant, you can call 1- XXX-XXX-XXXX.

All of your answers will be kept private. Only the overall study data will be reported, not your individual responses. By participating in the survey, you will help the FDA design better communications to improve the Nation's health. Your responses will not affect any benefits or services you are currently receiving.

1. When you go outside for more than 1 hour on a sunny day, how often do you use sunscreen?'

- Always
- Often
- Sometimes
- Rarely
- Never
- Does not apply; I don't go outside on sunny days
- Don't know

2. [Ask if Q1 = Always, Often, Sometimes, or Rarely] Before you use a sunscreen for the first time, how often do you read the label?

- Always
- Often
- Sometimes
- Rarely
- Never
- Don't know

3. How sure or unsure are you about what to look for on a label when buying a sunscreen?

- Very sure
- Somewhat sure
- Somewhat unsure
- Very unsure
- Don't know

4. [Ask if Q1 = Always, Often, Sometimes, or Rarely] What is the Sun Protection Factor (SPF) of the sunscreen you wear most often?

- Lower than SPF 15
- SPF 15 to 29
- SPF 30 to 50
- Higher than SPF 50
- Don't know

5. [Ask if Q1 = Always, Often, Sometimes, or Rarely] How important are the following factors to you when buying a sunscreen? [RANDOMIZE a.-h.]

	Very important	Somewhat important	Somewhat unimportant	Very unimportant	Don't know
a. Cost.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Brand name.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Packaging.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. SPF value.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Types of UV rays it protects against.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Water proof/resistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sweat proof/resistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Ingredients.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Other (please specify).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

VIDEO 1

Click "play" and watch the video below. Then click "next page" to answer questions about the video.

6. How well or poorly did this video provide you with...?

	Very well	Well	Poorly	Very poorly	Don't know
a. Advice on selecting a sunscreen.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Information on other ways to avoid skin damage.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Information on changes to the sunscreen label	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

7. Compared to before you saw this video, are you any more or less sure about what to look for on a label when buying a sunscreen?

- More sure
- No difference
- Less sure
- Don't know

8. After seeing the video, which of the following sunscreens would you say is recommended by FDA?

- Broad Spectrum SPF 8
- SPF 15
- Broad Spectrum SPF 30
- SPF 50+
- Don't know

9. Do you have any recommendations for improving this video?

- No
- Yes (please specify)

VIDEO 2

Click "play" and watch the video below. Then click "next page" to answer questions about the video.

10. How well or poorly did this video provide you with...?

	Don't know				
	Very poorly				
	Poorly				
	Well				
	Very well				
a. Advice on selecting a sunscreen.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Information on other ways to avoid skin damage.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Information on changes to the sunscreen label.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

11. Do you have any recommendations for improving this video?

- No
- Yes (please specify)

COMPARING VIDEO 1 AND VIDEO 2

12. Which video seemed more...? [RANDOMIZE]

	Don't know			
	Video 2			
	About the same			
	Video 1			
a. Consumer-friendly.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Official.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Memorable.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Informative.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

13. Overall, which video did you prefer?

- Definitely preferred Video 1
- Somewhat preferred Video 1
- No preference
- Somewhat preferred Video 2
- Definitely preferred Video 2
- I don't know

14. [Ask if Q13 = Definitely or Somewhat preferred Video 1] Please describe what you preferred about Video 1.

15. [Ask if Q13 = Definitely or Somewhat preferred Video 2] Please describe what you preferred about Video 2.

16. Do you have any comments or concerns that you were not able to express in answering this survey?

Thank you for taking time to complete and submit this survey.

If you have questions related to your rights as a survey respondent, you may call 1-XXX-XXX-XXXX. If you have further questions about the study, you may contact a study team member toll-free at 1-XXX-XXX-XXXX.

