

## Screener

### Eligibility Criteria

- Participants must be age 18 and over.
- For Study 1, participants must have been diagnosed with insomnia or have experienced the symptoms of insomnia in the past month.
- For Study 2, participants must have been diagnosed with high blood pressure by a healthcare professional.
- Participants must be able to read, understand, and speak English.
- Participants must not be healthcare professionals.
- Participants must not work for a pharmaceutical company, an advertising agency, or a market research company.
- An attempt should be made to have an equal number of males and females.
- The sample should have some range of education and race/ethnicity represented.
- Each interview will last approximately 20 minutes.
- Obtain participant's consent.

### SCREENING QUESTIONS

S1. Are you at least 18 years old?

- Yes → continue
- No → eliminate [thank respondent politely]

S2. In what year were you born? \_\_\_\_\_

If Year is < or = 1994 continue

If Year is > 1994 eliminate [thank respondent politely]

DO NOT READ Don't Know 8 eliminate [thank respondent politely]  
DO NOT READ Refused 9 eliminate [thank respondent politely]

[INTERVIEWER: Recruit range of ages]

S3. Has a doctor or other healthcare provider ever said you have any of the following health problems?

- a. Asthma \_\_\_\_\_ Yes \_\_\_\_\_ No [filler]
- b. Diabetes \_\_\_\_\_ Yes \_\_\_\_\_ No [filler]
- c. Insomnia \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. High blood pressure \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Acid reflux or GERD \_\_\_\_\_ Yes \_\_\_\_\_ No [filler]

[STUDY 1: INTERVIEWER: If "no" to S3c, ask S4]

[STUDY 2: INTERVIEWER: If "no" to S3d, eliminate and thank respondent politely]

S4. Have you had any of the following health symptoms for the past month:

[randomize]

- |    |                                     |       |     |       |             |
|----|-------------------------------------|-------|-----|-------|-------------|
| a. | Trouble falling asleep              | _____ | Yes | _____ | No          |
| b. | Dizziness                           | _____ | Yes | _____ | No [filler] |
| c. | Trouble staying asleep              | _____ | Yes | _____ | No          |
| d. | Not feeling rested when you wake up | _____ | Yes | _____ | No          |
| e. | Numbness or tingling in your legs   | _____ | Yes | _____ | No [filler] |
| f. | Frequent heartburn                  | _____ | Yes | _____ | No [filler] |

[STUDY 1: INTERVIEWER: If “no” to S4a, S4c **AND** S4d, eliminate and thank respondent politely]

S5. Are you trained or employed as a health care professional?

- Yes → eliminate [thank respondent politely]
- No → continue

S6. Do you work for a pharmaceutical company, an advertising agency, or a market research company?

- Yes → eliminate [thank respondent politely]
- No → continue

S7. Can you read, understand, and speak English?

- Yes → continue
- No → eliminate [thank respondent politely]

[S8 and S9 for Mall intercept participants only]

S8. Do you usually wear glasses or contact lenses for reading or watching television?

- Yes → ask S9
- No → continue

S9. Do you have your glasses or contact lenses with you today?

- Yes → continue
- No → eliminate [thank respondent politely]

## DEMOGRAPHICS

S10. Gender

- Male
- Female

S11. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school

- High school graduate—high school diploma or the equivalent (for example: GED)
- Some college but no degree
- Associate degree in college
- Bachelor's degree (for example: BA, AB, BS)
  
- Advanced or post-graduate degree (for example: Master's degree, MD, DDS, JD, PhD, EdD)

S12. Are you Hispanic or Latino?

- No
- Yes

S13. What is your race? You may select one or more races.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Thank you. I would like to invite you to participate in this study.