

## APPENDIX B

### SCREENING / INTRODUCTION: Main Study

[Programmer: On screen:

This research is authorized by Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)). Confidentiality is protected by 5 U.S.C. 552(a) and (b) and 21 CFR part 20. OMB Control No. \_\_\_\_\_. Expires xx/xx/xx. ]

Thank you for agreeing to participate in this study today. Make sure you are comfortable and can read the screen from where you sit. This study will take about 20 minutes to complete. We ask you to please complete the study in one sitting (without taking any breaks) in order to avoid distractions.

This study is about direct-to-consumer advertising.

First, please answer the following questions.

S1. Which of the following best describes your profession?

- \_\_\_\_\_ Medical Doctor/Doctor of Osteopathy [CONTINUE]
- \_\_\_\_\_ Physician Assistant [CONTINUE]
- \_\_\_\_\_ Nurse Practitioner [CONTINUE]
- \_\_\_\_\_ Other [TERMINATE]

S2a. Do you consider yourself a primary care provider or specialist?

- \_\_\_\_\_ Primary Care Provider [CONTINUE TO S2b] [ASSIGN AS PRIMARY CARE]
- \_\_\_\_\_ Specialist [CONTINUE TO S2c] [ASSIGN AS SPECIALIST]

S2b. Which of the following best describes your practice?

- \_\_\_\_\_ Family Practice [CONTINUE]
- \_\_\_\_\_ General Practice [CONTINUE]
- \_\_\_\_\_ Internal Medicine [CONTINUE]
- \_\_\_\_\_ OB-GYN [CONTINUE]

S2c. Which of the following categories best describes your primary area of specialization:

- \_\_\_\_\_ Pediatrics [TERMINATE]
- \_\_\_\_\_ Allergy or Pulmonology [CONTINUE]
- \_\_\_\_\_ Psychiatry [CONTINUE]
- \_\_\_\_\_ Endocrinology [CONTINUE]
- \_\_\_\_\_ Dermatology [CONTINUE]
- \_\_\_\_\_ Rheumatology [CONTINUE]
- \_\_\_\_\_ Cardiology [CONTINUE]
- \_\_\_\_\_ Otolaryngology [CONTINUE]

- ☐ Urology [CONTINUE]
- ☐ Neurology [CONTINUE]
- ☐ Oncology [CONTINUE]
- ☐ Gastroenterology [TERMINATE]
- ☐ Podiatry [TERMINATE]
- ☐ Pain management [CONTINUE]
- ☐ OB-GYN [CONTINUE]
- ☐ Other [TERMINATE]

S3. In what state is your practice based? \_\_\_\_\_

[NPS AND PAS only answer S3a and S3b]

S3a. In the state where you work, do you have authority to prescribe medications?

- ☐ Yes [CONTINUE]
- ☐ No [TERMINATE]

S3b. Please choose the answer that best describes your level of prescribing authority (check all that apply):

- ☐ Unrestricted, unlimited [CONTINUE]
- ☐ Only in conjunction with a medical doctor [CONTINUE]
- ☐ Cannot prescribe controlled substances [CONTINUE]
- ☐ Only as part of a Collaborative Drug Therapy Management (CDTM) agreement [CONTINUE]
- ☐ Cannot prescribe medication [TERMINATE]

S4. In an average week, what percent of your time is spent on direct patient care, such as seeing patients and reviewing their medical records? If you are not sure, please provide your best guess.  
\_\_\_\_\_ % [IF LESS THAN 50%, TERMINATE]

S5. Which of the following best describes your primary type of practice:

- ☐ Office-based practice [CONTINUE]
- ☐ Hospital [TERMINATE]
- ☐ Nursing home or hospice care [TERMINATE]
- ☐ Veterans Affairs [TERMINATE]
- ☐ Research [TERMINATE]
- ☐ Other (specify): \_\_\_\_\_ [TERMINATE]