

FDA Disclosure Study

Cognitive Testing – Recruitment Screener

[Ask to speak to an adult age 18 or older living in the household.]

Hello, my name is _____ and I'm from [name of company]. I'm calling on behalf of RTI International, a non-profit research organization, about a study being sponsored by a public health agency. We're calling to recruit people to take part in a research study about advertisements. We are not selling or promoting any product. The study involves reviewing a few advertisements on a computer and answering some questions about what you watched.

RTI will be conducting interviews with several people, and we would like to see if you are eligible. We have various time slots available and will work with you to find a time that fits your schedule. The interview will last up to one hour. In appreciation for your participation, you will be reimbursed for your time, effort, and travel expenses.

To see if you are eligible for this study, I need to ask you a few questions. All of your responses will be kept private. My questions will only take a few minutes. May I proceed?

Yes → CONTINUE

No → [Thank respondent and end call.]

1. Have you ever been told by a doctor that you have any of the following conditions?

| | | |
|------------------|--------------------------|--|
| Diabetes | <input type="checkbox"/> | → TERMINATE IF HIGH CHOLESTEROL, INSOMNIA, OR DEPRESSION ARE NOT CHECKED |
| Asthma | <input type="checkbox"/> | → TERMINATE IF HIGH CHOLESTEROL, INSOMNIA, OR DEPRESSION ARE NOT CHECKED |
| Osteoporosis | <input type="checkbox"/> | → TERMINATE IF HIGH CHOLESTEROL, INSOMNIA, OR DEPRESSION ARE NOT CHECKED |
| Allergies | <input type="checkbox"/> | → TERMINATE IF HIGH CHOLESTEROL, INSOMNIA, OR DEPRESSION ARE NOT CHECKED |
| High Cholesterol | <input type="checkbox"/> | → Continue [High Cholesterol Group] |
| Insomnia | <input type="checkbox"/> | → Continue [Insomnia Group] |

Depression

→ Continue [Depression Group]

[IF RESPONDENTS CHECK MORE THAN ONE CONDITION, ASSIGN THEM TO THE LOWEST PREVALENCE CONDITION FIRST. THE PREVALENCE ORDER IS DEPRESSION < INSOMNIA < HIGH CHOLESTEROL]

2. How old were you on your last birthday? _____

[ASSIGN RESPONSE TO AGE RANGE BELOW]

| | | |
|---------------|--------------------------|--------------------|
| 17 or younger | <input type="checkbox"/> | → TERMINATE |
| 18-20 | <input type="checkbox"/> | → CONTINUE |
| 21-29 | <input type="checkbox"/> | → CONTINUE |
| 30-39 | <input type="checkbox"/> | → CONTINUE |
| 40-49 | <input type="checkbox"/> | → CONTINUE |
| 50-59 | <input type="checkbox"/> | → CONTINUE |
| 60 or older | <input type="checkbox"/> | → CONTINUE |

[ATTEMPT MIX]

3. What is the highest level of education you have completed?

_____ Degree

[ASSIGN RESPONSE TO EDUCATION LEVEL BELOW]

| | | |
|-------------------------|--------------------------|------------|
| Less than high school | <input type="checkbox"/> | → CONTINUE |
| High school graduate | <input type="checkbox"/> | → CONTINUE |
| Some college | <input type="checkbox"/> | → CONTINUE |
| College (2-year) degree | <input type="checkbox"/> | → CONTINUE |
| College (4-year) degree | <input type="checkbox"/> | → CONTINUE |
| Some post-college | <input type="checkbox"/> | → CONTINUE |
| Post-college degree | <input type="checkbox"/> | → CONTINUE |

[AIM FOR AT LEAST ONE-THIRD OF TOTAL RESPONDENTS WITH SOME COLLEGE OR LESS. NO MORE THAN TWO WITH A 4-YEAR COLLEGE DEGREE OR MORE]

4. How would you describe your race?

| | | |
|------------------------------------|--------------------------|------------|
| American Indian / Alaskan Native | <input type="checkbox"/> | ➔ CONTINUE |
| Asian | <input type="checkbox"/> | ➔ CONTINUE |
| Black or African American | <input type="checkbox"/> | ➔ CONTINUE |
| Native Hawaiian / Pacific Islander | <input type="checkbox"/> | ➔ CONTINUE |
| White | <input type="checkbox"/> | ➔ CONTINUE |
| Other | <input type="checkbox"/> | ➔ CONTINUE |

[NO MORE THAN FIVE PARTICIPANTS OF A SINGLE RACE]

5. What is your sex?

| | | |
|--------|--------------------------|------------|
| Male | <input type="checkbox"/> | ➔ CONTINUE |
| Female | <input type="checkbox"/> | ➔ CONTINUE |

[ATTEMPT 5/4 SPLIT]

6. Do you currently work in or for...

| | | |
|---|--------------------------|-------------|
| Market research company | <input type="checkbox"/> | ➔ TERMINATE |
| Department of Health and Human Services | <input type="checkbox"/> | ➔ TERMINATE |
| Pharmaceutical company | <input type="checkbox"/> | ➔ TERMINATE |
| A job that involves direct patient care (e.g., doctor, nurse) | <input type="checkbox"/> | ➔ TERMINATE |
| RTI International | <input type="checkbox"/> | ➔ TERMINATE |
| None of the above | <input type="checkbox"/> | ➔ CONTINUE |

Invitation for Eligible Participants:

Thank you for answering all of my questions. We would like to invite you to take part in an informal, personal interview. The interviews are being scheduled on [DATES].

The discussion will last up to one hour. No one will attempt to sell you anything, and no one will call you for other studies as a result of your participation in this study. In appreciation for your time, effort, and travel expenses, you will receive \$75 at the time of the interview. This is an important research effort, and we hope that you will be part of it. I also want to let you know that the interviews will be audio recorded. They will only be listened to by project staff and will be deleted at the end of the project.

Can we schedule your attendance?

Yes → CONTINUE

No → [Thank respondent and end call]

[IF ELIGIBLE AND AVAILABLE, SCHEDULE INTERVIEW]

During the interview, we will ask you to review some sample advertisements and read a survey about the advertisements. **If you wear reading glasses, please remember to bring them to the interview.**

Closing for Ineligible Participants:

Thank you for answering our questions. At this time, you are not eligible to be in this study. However, we appreciate your willingness to help us. Have a good day.