

# Measures Study

## Survey

### INTRODUCTION

Thank you for agreeing to participate in this study today. Make sure you are comfortable and can read the screen from where you sit. The survey will include some audio, so please make sure the sound is on and the speaker volume is turned up.

This study will take about 30 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 a new prescription drug. The study has two parts: First, we will show you an advertisement about the new prescription drug. Then, we will ask you some questions about the drug.

On the next screen, you will see an advertisement for a new drug. The ad may take 15-30 seconds to start playing. Please click the Next button to view the ad.

[PROGRAMMER: Display ad correspondent to the participant's experimental condition. Record duration of time spent watching ad and also time spent on each screen answering questions. Each ad should run twice. Also, please disable the "Next" button while each ad is playing to prevent participant from skipping ahead.]

We would like you to watch the ad a second time. Please click the Next button to view the ad.

[PROGRAMMER: Show ad twice.]

**[NOTE: Items will be divided among several survey versions (for example pretest participants may not answer any validity items or moderator questions). All surveys will include a form A and form B, to randomly assign participants to groups of questions so that participants never answer a survey of more than 30 minutes in length]**

## SURVEY QUESTIONS

### Perceived Risk Likelihood

Survey instruction sets A, B and C to be randomized across question sections and repeated at the top of each new page:

Survey instruction set A:

Most people cannot say how a prescription drug will affect them until they've taken the drug. But we'd like to know about your **first impressions** based on the ad you just saw. Please tell us about your **first impressions** of the drug.

Survey instruction set B:

The next few questions ask about the benefits of [DRUG]. When answering the questions, please tell us what you think the **advertiser is trying to tell you** about [DRUG]'s benefits.

Survey instruction set C:

Most people don't know how a prescription drug will affect them until they've taken the drug. But we'd like you to make your **best guess** based on the ad you just saw. Please answer the following questions **based on what you saw in the ad.**

1. How likely is it that taking [Coravaz / Dolafex] would cause permanent negative side effects?

1                      2                      3                      4                      5                      6

Not at all likely

Extremely likely

2. [Coravaz / Dolafex] has very few risks and negative side effects.

1                      2                      3                      4                      5                      6

Strongly  
disagree

Strongly agree

3. How likely is it that you would experience at least one negative side effect if you took [Coravaz / Dolafex]?

1                      2                      3                      4                      5                      6

Not at all likely

Extremely likely

4. How often do you think [Coravaz / Dolafex] causes unwanted side effects?

1                      2                      3                      4                      5                      6

Never

Always

5. There is a good chance that I would develop at least one negative side effect from taking [Coravaz / Dolafex].

1 2 3 4 5 6

Strongly disagree

Strongly agree

6. How likely it is that taking [Coravaz / Dolafex] would cause temporary negative side effects?

1 2 3 4 5 6

Not at all likely

Extremely likely

7. If 100 people take [Coravaz / Dolafex], how many do you think will have at least one negative side effect? Please enter a number from 0 to 100: ( \_\_ people)

8. [Coravaz / Dolafex] has fewer side effects than other prescription drugs for [chronic pain / high blood pressure].

1 2 3 4 5 6

Strongly disagree

Strongly agree

9. If I took [Coravaz / Dolafex], it is very unlikely that I would have any side effects.

1 2 3 4 5 6

Strongly disagree

Strongly agree

10. What is the chance that you would develop each of the following side effects from taking [Coravaz/Dolafex]?

a. [Heart failure / Suicidal thoughts]

1 2 3 4 5 6

Very low chance

Very high chance

b. [Extreme fatigue / Restlessness or agitation]

1 2 3 4 5 6

Very low chance

Very high chance

c. Dry mouth

1                      2                      3                      4                      5                      6

Very low chance

Very high chance

11. How likely is it that you would experience the following side effects if you took [Coravaz/Dolafex]?

a. [Heart failure / Suicidal thoughts]

1                      2                      3                      4                      5                      6

Not at all likely

Extremely likely

b. [Extreme fatigue / Restlessness or agitation]

1                      2                      3                      4                      5                      6

Not at all likely

Extremely likely

c. Dry mouth

1                      2                      3                      4                      5                      6

Not at all likely

Extremely likely

**Perceived Risk Magnitude**

12. How serious are [Coravaz / Dolafex]'s negative side effects?

1                      2                      3                      4                      5                      6

Not at all serious

Extremely serious

13. How serious are each of the following side effects of [Coravaz/Dolafex]?

a. [Heart failure / Suicidal thoughts]

1                      2                      3                      4                      5                      6

Not at all serious

Extremely serious

b. [Extreme fatigue / Restlessness or agitation]

1	2	3	4	5	6
Not at all serious					Extremely serious

c. Dry mouth

1	2	3	4	5	6
Not at all serious					Extremely serious

14. If I took [Coravaz / Dolafex] and had any negative side effects, they would probably be minor.

1	2	3	4	5	6
Strongly disagree					Strongly agree

15. To what extent do you think [Coravaz / Dolafex]'s side effects would affect your physical health and ability to function (strength, energy levels, etc.)?

1	2	3	4	5	6
Not at all					Extremely

16. If [Coravaz / Dolafex] did cause you to have negative side effects, how serious would they be?

1	2	3	4	5	6
Not at all serious					Extremely serious

17. To what extent do you think [Coravaz / Dolafex]'s side effects would affect your ability to think clearly?

1	2	3	4	5	6
Not at all					Extremely

18. If [Coravaz / Dolafex] caused you to have the following side effects, how serious would each of them be?

a. [Heart failure / Suicidal thoughts]

1	2	3	4	5	6
---	---	---	---	---	---

Not at all serious

Extremely serious

b. [Extreme fatigue / Restlessness or agitation]

1 2 3 4 5 6

Not at all serious

Extremely serious

c. Dry mouth

1 2 3 4 5 6

Not at all serious

Extremely serious

19. If I took [Coravaz / Dolafex] and had any negative side effects, they would probably be serious.

1 2 3 4 5 6

Strongly disagree

Strongly agree

20. To what extent do you think [Coravaz / Dolafex]'s side effects would affect your ability to function (strength, energy levels, etc.)?

1 2 3 4 5 6

Not at all

Extremley

**Perceived Risk Onset**

21. If negative side effects were to occur, how soon after taking [Coravaz / Dolafex] would they start?

Minutes Hours Days Weeks

22. How soon after taking [Coravaz / Dolafex] would you expect negative side effects to occur?

1	2	3	4	5	6
Never					Very soon

23. If [Coravaz / Dolafex] did cause you to have negative side effects, how quickly would they occur after taking the drug?

1	2	3	4	5	6
Not at all quickly					Very quickly

### Perceived Risk Duration

24. How long will [Coravaz / Dolafex]'s negative side effects last once they begin?

1	2	3	4	5	6	7
Minutes	Hours	Days	Weeks	Months	Years	Never

25. Do you think [Coravaz / Dolafex]'s negative side effects would be short lived or long lasting?

1	2	3	4	5	6
Short-lived					Long-lasting

26. If [Coravaz / Dolafex] did cause you to have negative side effects, how long would those side effects last?

1	2	3	4	5	6
Not long at all					Very long

### Perceived Efficacy Likelihood

27. How effective would [Coravaz / Dolafex] be in treating your [chronic pain/high blood pressure]?

1	2	3	4	5	6
Not at all effective					Very Effective



28. How likely is it that [Coravaz / Dolafex] would [relieve your chronic pain/lower your high blood pressure] if you took it?

1 2 3 4 5 6  
Not at all likely Extremely likely

29. There is a good chance that [Coravaz / Dolafex] will [relieve my chronic pain/lower my high blood pressure].

1 2 3 4 5 6  
Strongly disagree Strongly agree

30. How often do you think [Coravaz / Dolafex] [lowers blood pressure/reduces chronic pain]?

1 2 3 4 5 6  
Never Always

31. If 100 people take [Coravaz / Dolafex], for how many will the drug [lower blood pressure/reduce chronic pain]? Please enter a number in the box below.  
(\_\_ people)

32. I would be able to participate in my usual activities after taking [Coravaz / Dolafex].

1 2 3 4 5 6  
Strongly disagree Strongly agree

33. [Coravaz / Dolafex is more likely to help my [chronic pain / high blood pressure] than other prescription drugs.

1 2 3 4 5 6  
Strongly disagree Strongly agree

**Perceived Efficacy Magnitude**

34. How well would [Coravaz / Dolafex] relieve [chronic pain/treat high blood pressure]?

1	2	3	4	5	6
Not at all well					Extremely well

35. How effective would [Coravaz / Dolafex] be in treating your [chronic pain / high blood pressure]?

1	2	3	4	5	6
Not at all effective					Extremely effective

36. How much relief would [Coravaz / Dolafex] give you from your [chronic pain / high blood pressure]?

1	2	3	4	5	6
Very little relief					Complete relief

37. Taking [Coravaz / Dolafex] for [ high blood pressure / chronic pain] ] would improve my [high blood pressure / chronic pain]

1	2	3	4	5	6
A little					A lot

38. Taking [Coravaz / Dolafex] for [chronic pain/high blood pressure] would be...

1	2	3	4	5	6
Not at all helpful					Extremely helpful

39. If I took [Coravaz / Dolafex], it would help my [chronic pain/high blood pressure].

1	2	3	4	5	6
Strongly disagree					Strongly agree

40. How well would [Coravaz / Dolafex] prevent the need for other treatments for your [chronic pain/high blood pressure]?

1	2	3	4	5	6
Not at all well					Extremely well

41. If I used [Coravaz / Dolafex], I would not need to take any other prescription drugs for my [high blood pressure/chronic pain].

1	2	3	4	5	6
Strongly disagree					Strongly agree

42. How much would [Coravaz / Dolafex] improve your [ high blood pressure / chronic pain]?

1	2	3	4	5	6
No improvement					Substantial Improvement

43. How consistently would [Coravaz / Dolafex] [relieve your chronic pain/ treat you high blood pressure]? (For example, would it work sometimes but not other times?)

1	2	3	4	5	6
Does not work consistently					Works very consistently

44. If I took [Coravaz / Dolafex], it would probably help my [chronic pain / high blood pressure] a lot.

1	2	3	4	5	6
Strongly disagree					Strongly agree

### Perceived Efficacy Onset

45. How quickly would you notice if [Coravaz / Dolafex] was working?

1	2	3	4	5	6
Within minutes	Within hours	Within days	Within weeks	Within months	Within Years

46. [Coravaz / Dolafex] would work fast.

1	2	3	4	5	6
Strongly disagree					Strongly agree

47. How long do you think it would take for [Coravaz / Dolafex] to improve your [chronic pain/high blood pressure]?

1	2	3	4	5	6
A very long time					A very short time

48. How fast would [Coravaz / Dolafex] [relieve your chronic pain/ lower your high blood pressure]?

1	2	3	4	5	6
Very slow					Very fast

### Perceived Efficacy Duration

49. How long would [Coravaz / Dolafex]'s positive effects last, once the drug started working?

1	2	3	4	5	6	7
Minutes	Hours	Days	Weeks	Months	Years	Never

50. How long would one dose of [Coravaz / Dolafex] last before your [chronic pain / high blood pressure] symptoms returned?

1	2	3	4	5	6
A short time					A long time

51. How long would [Coravaz / Dolafex] treat your [chronic pain / high blood pressure] before you needed to take another dose?

1	2	3	4	5	6
---	---	---	---	---	---

A short time

A long time

52. Do you think [Coravaz / Dolafex]'s positive effect on [chronic pain/high blood pressure] would be short lived or long lasting?

1

2

3

4

5

6

Short-lived

Long-lasting

### Perceived Benefit General

53. [Coravaz / Dolafex] has extra benefits besides treating [chronic pain/high blood pressure].

1

2

3

4

5

6

Strongly disagree

Strongly agree

54. In addition to treating [chronic pain/high blood pressure] there are other advantages to taking [Coravaz / Dolafex].

1

2

3

4

5

6

Strongly disagree

Strongly agree

55. If [Coravaz / Dolafex] did have benefits other than treating [chronic pain/high blood pressure], how valuable would they be?

1

2

3

4

5

6

Not at all valuable

Very valuable

### Perceived Benefit Positive Characteristics

56. How difficult or easy would it be to take [Coravaz / Dolafex]?

1

2

3

4

5

6

Extremely difficult

Extremely easy



**Risk / Benefit Tradeoff**

63. The good things about this drug outweigh the bad things.

1	2	3	4	5	6
Strongly disagree					Strongly agree

64. The benefits of [Coravaz / Dolafex] outweigh all the things I have to do to obtain it (appointments, prescriptions, leave).

1	2	3	4	5	6
Strongly disagree					Strongly agree

65. The benefits of [Coravaz / Dolafex] outweigh the money it costs.

1	2	3	4	5	6
Strongly disagree					Strongly agree

66. The benefits of [Coravaz / Dolafex] outweigh any side effects it may have.

1	2	3	4	5	6
Strongly disagree					Strongly agree

**Validity Testing**

67.

<b>[RANDOMIZE ORDER]</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	Strongly disagree					Strongly agree
a. The majority of prescription drugs work the way they are supposed to work.						
b. Prescription drugs are the best option for treating most health conditions.						
c. Prescription drugs are an effective way to treat most health conditions.						
d. Prescription drugs are a safe way to treat most health conditions (reverse coded)						
e. Most people who take a prescription drug will experience at least one side effect.						
f. Most prescription drug side effects that people experience are minor (reverse code).						
g. Over the counter products are safer than prescription drugs.						



68. We would like to ask you about your personal views on prescription medicines in general. These are statements other people have made about their medicines. Please indicate the extent to which you agree or disagree with them by checking the appropriate box. There are no right or wrong answers. We are interested in your personal views.

[RANDOMIZE ORDER]	1	2	3	4	5	6	7
	Strongly disagree						Strongly agree
a. If doctors had more time, they would prescribe fewer medicines.							
b. Doctors place too much trust in medicines.							
c. Doctors use too many medicines							
d. Natural remedies are safer than medicines.							
e. Most medicines are addictive.							
f. Medicines do more harm than good.							
g. All medicines are poisons.							
h. People who take medicines should stop their treatment for a while every now and again.							

69. Are you currently taking or have you ever taken any drugs for [chronic pain/high blood pressure]?

- |                  |   |             |
|------------------|---|-------------|
| 1                | 2   | 3           |
| Currently taking | Previously taken but not currently taking | Never taken |

70. How satisfied are you with the ability of your current drug(s) to treat your [chronic pain / high blood pressure]?

1                      2                      3                      4                      5                      6

Very dissatisfied

Very satisfied

71. How much does your [chronic pain/high blood pressure] affect your daily life?

1                      2                      3                      4                      5                      6

Not at all

Very much

72. How much does your [chronic pain/high blood pressure] limit your daily activities?

1                      2                      3                      4                      5                      6

Not at all

Very much

73. How severe is your [chronic pain/high blood pressure] without medication?

Not at all severe (1)...very severe (6)

1                      2                      3                      4                      5                      6

Not at all severe

Very severe

74. I can cope without my [chronic pain/high blood pressure] medication.

1                      2                      3                      4                      5                      6

Strongly disagree

Strongly agree

75. [RANDOMIZE ORDER]	1	2	3	4	5	6
	Strongly disagree					Strongly agree

a.	a. Seeing the list of [Coravaz / Dolafex]'s negative side effects is overwhelming.						
	b. I would be very worried about experiencing negative side effects if I took [Coravaz / Dolafex].						
	c. Thinking about the negative side effects from [Coravaz / Dolafex] makes me anxious.						

76.

	[RANDOMIZE ORDER]	1	2	3	4	5	6
		Very unlikely					Very likely
a.	Based on the advertising, please rate how likely or unlikely you are to ask your doctor for more information about [Coravaz / Dolafex].						
b.	Based on the advertising, please rate how likely or unlikely you are to ask your doctor to prescribe [Coravaz / Dolafex].						
c.	Based on the advertising, please rate how likely or unlikely you are to look for information about [Coravaz / Dolafex] on the Internet.						
d.	Based on the advertising, please rate how likely or unlikely you are to talk with a friend or family member about [Coravaz / Dolafex].						

e. Based on the advertising, please rate how likely or unlikely you are to ask other people who've taken [Coravaz / Dolafex] about their experience.							
f. Based on the advertising, please rate how likely or unlikely you are to ask your pharmacist about [Coravaz / Dolafex].							
g. Based on the advertising, please rate how likely or unlikely you would be to try [Coravaz / Dolafex] if your doctor gave you a prescription for it.							

**Moderators**

77. I experience prescription drug side effects more frequently than other people my age.

1	2	3	4	5	6
Strongly disagree					Strongly agree

78. Whenever I take prescription drugs, they tend to work the way they are supposed to work.

1	2	3	4	5	6
Strongly disagree					Strongly agree

<b>79. [RANDOMIZE ORDER]</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	Strongly disagree						Strongly agree
a. We can depend on getting the truth in most prescription drug advertising.							

b. Prescription drug advertising's aim is to inform the consumer.							
c. I believe prescription drug advertising is informative.							
d. Prescription drug advertising is generally truthful.							
e. Prescription drug advertising is a reliable source of information about the risks and benefits of drugs.							
f. Prescription drug advertising is truth well told.							
g. In general, prescription drug advertising presents a true picture of the drug being advertised.							
h. I feel I've been accurately informed after viewing most prescription drug advertising.							
i. Most prescription drug advertising provides consumers with essential information.							
j. Most prescription drug advertising provides consumers with essential information.							

80. How many prescription drugs are you currently taking?

81. How many prescription drugs are you currently taking for [chronic pain / high blood pressure]?

82. How long have you been taking your current prescription drug for [chronic pain/high blood pressure]?

83. Have you ever experienced a serious side effect from a prescription drug?

Yes / No

<b>84. [RANDOMIZE ORDER]</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	Strongly disagree					Strongly agree
a. There are many effective treatments available for [chronic pain / high blood pressure].						
b. I have a lot of options when it comes to treating my [chronic pain / high blood pressure].						

85. [Ask only of those currently taking drug for target condition] How satisfied are you with your current prescription drug for [chronic pain / high blood pressure]?

1	2	3	4	5	6
Very dissatisfied					Very satisfied

Early adopter questions (for use in GfK's calibration/weighting process):

<b>86. [RANDOMIZE ORDER]</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I usually try new products before other people do					
b. I often try new brands because I like variety and get bored with the same old thing					

c. When I shop I look for what is new					
d. I like to be the first among my friends and family to try something new					
e. I like to tell others about new brands or technology					

[FOR Pretests and Waves 1 and 2 only:]

S3. When were you first diagnosed with [high blood pressure / chronic pain]?

Less than 6 months ago → CONTINUE

7-12 months ago → CONTINUE

One year ago or longer → CONTINUE

**CLOSING**

Those are all the questions we have for you today. The purpose of this study is to learn how consumers interpret and use prescription drug information. In order to get a real-life reaction, we used pretend products in this study. [Coravaz / Dolafex] is not a real product and is not available for sale.

Please see your healthcare provider for any questions about [chronic pain / high blood pressure] and treatments for this condition.

You have been very helpful. Thank you very much for your participation!