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**44276 Generic Drugs**

**SUBJECTS FOR QUESTIONNAIRE:**

SECTION 100: SAMPLE PRELOADS AND SCREENING

SECTION 200: PILL APPEARANCE PREFERENCES AND PERCEPTIONS

SECTION 300: PILL APPEARANCE CHANGES

SECTION 400: GENERAL QUESTIONS ABOUT BRAND-NAME AND GENERIC DRUGS

SECTION 500: DEMOGRAPHICS

**SECTION 100: SAMPLE PRELOAD AND SCREENING QUESTIONS**

**BASE:  ALL RESPONDENTS**

**Q105** Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a national research firm. We are conducting a survey about prescription medications. We are working with a team of physicians at Harvard Medical School and Brigham and Women’s Hospital on a study funded by the Food and Drug Administration. Your participation is voluntary. Is now a good time for you to answer some questions?

(IF NEEDED: The survey takes approximately 10-20 minutes, depending on your responses.)

(IF NEEDED: All of your answers will be kept confidential. Your answers will be grouped with hundreds of other people’s answers so that there is no possibility of identifying you or your answers.)

## (IF NEEDED: The information you provide will only be used for research purposes.)

(IF NEEDED: Your telephone number was randomly generated by our computer system.)

1 Yes [GO TO Q268]

2 No [GO TO Q110]

8 Not sure (VOL)

9 Decline to answer (VOL) (INT: SCHEDULE CALL BACK) [TERM]

BASE: NOT A GOOD TIME TO ANSWER QUESTIONS (q105/2)

Q110 Is there someone else in the household who can answer some questions?

1 Yes [LOOP BACK TO Q105]

2 No

8 Not sure (VOL)

9 Decline to answer (VOL) [TERMINATE]

BASE: ALL RESPONDENTS

Q115 DO NOT ASK, RECORD FROM VOICE.

1 Male

2 Female

BASE: all CONTINUING respondents

**Q120** Which of the following describes your age? (INTERVIEWER: READ LIST UNTIL RESPONSE IS GIVEN)

1 25 or under

2 26-33

3 34-41

4 42-49

5 50-57

6 58-65

7 66 and above

8 Not sure (VOL)

9 Decline to answer (VOL)

BASE: age 50+ (Q120/5,6,7)

**Q130** Have you been diagnosed by a healthcare professional with any of the following conditions?

 **Q131**

 1 Yes

 2 No

 8 Not sure (VOL)

 9 Decline to answer (VOL)

1 Epilepsy or seizure disorder

2 Diabetes

3 Hypertension

4 Hyperlipidemia

5 Depression

6 HIV

7 Cancer

8 Fibromyalgia

BASE: HAS BEEN DIAGNOSED WITH EPILEPSY OR DIABETES OR HYPERTENSION OR HYPERLIPIDEMIA OR DEPRESSION OR HIV (Q130/1-6 AND Q131/1)

**Q135** Do you take generic medications for the following conditions?

 **Q136**

 1 Yes

 2 No

 8 Not sure (VOL)

 9 Decline to answer (VOL)

[PN: INSERT YES RESPONSES FROM Q130/1-6

1 Epilepsy or seizure disorder

2 Diabetes

3 Hypertension

4 Hyperlipidemia

5 Depression

6 HIV

**BASE: ALL RESPONDENTS**

**Q165** Qualification Status (does not appear on screen)

[PN: IF age 50 or older (Q120/5,6,7) and takes generic drugs for EPILEPSY OR DIABETES OR HYPERTENSION OR HYPERLIPIDEMIA OR DEPRESSION OR HIV (Q135/1-6 AND Q136/1), get code 1.

All otherS, GET CODE 2.

1 QUALIFIED

2 not Qualified

**SECTION 200: PILL APPEARANCE PREFERENCES AND PERCEPTIONS**

## BASE: ALL QUALIFIED RESPONDENTS

**Q205** We are working with teams at Harvard Medical School and the FDA. The goal is to learn about your views on how your prescription drugs look. This survey will help guide future work aimed at promoting positive health outcomes among patients like you. Your answers will be confidential and grouped with hundreds of other people’s answers so there is no possibility of identifying you.

## Before we begin, I would like to mention that there are two types of prescription drugs: 1. brand-name drugs, and 2. generic drugs. A brand-name drug is made by a single company, usually the first to sell the drug. After the company’s patent on the brand-name drug runs out, other companies can make and sell the drug; this is called the generic version of the drug. Generic drugs typically look different from the brand-name version. Generic versions of the same drug from different manufacturers can look different from each other. These differences in appearance can include pill color, shape, size, and any markings (such as text, lines, grooves, or designs) printed on the pill. This survey is about these differences. Note: When I say the word “pill” in this survey, I mean drugs like capsules or tablets.

## BASE: ALL QUALIFIED RESPONDENTS

**Q210** The first series of questions has to do with pill **appearance**. Appearance includes the pill’s **color**, **shape, size,** and any **markings (such as text, lines, grooves, or designs)** printed on the pill.

Thinking about the last year, which of the following best describes how pill appearance relates to your medication use? Do you…? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Always rely on pill appearance to make sure you take the correct medication

2 Usually rely on pill appearance to make sure you take the correct medication

3 Rarely rely on pill appearance to make sure you take the correct medication

4 Never rely on pill appearance to make sure you take the correct medication

8Don’t know or don’t recall(VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q215** In the last year, how frequently did you refill a prescription in which the pill you received differed in **appearance** from the pills you received with the **immediately prior** prescription? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 4 or more times

2 2-3 times

3 1 time

4 Never

8 Don’t know or don’t recall (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

## Q220 Do you associate the appearance of your pills with the drug company making them (for example: ‘because this pill is green, I know it is from Merck’)? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-2 AND FOR HALF FLIP THE SCALE TO DISPLAY 2-1.]

1 Yes

2 No

8 Not sure

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q225** Imagine you were ready for a normal refill of a prescription drug you had been on for a long time. How much would you prefer for the pills in the refill to have the same…?

[PN: AT Q226, SHOW HALF RESPONDENTS CODES 1-5 AND FOR HALF FLIP THE SCALE TO DISPLAY 5-1.]

 **Q226**

 1 Definitely would prefer

 2 Probably would prefer

 3 Have no preference

 4 Probably would not prefer

 5 Definitely would not prefer

 8 Not sure/Don’t know

 9 Decline to answer (VOL)

1 Color as usual

2 Shape as usual

3 Size as usual

4 Pill markings as usual

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q230** In the past year, when the appearance of one of your pills changed in **appearance** from one refill to another, did you think that change meant that a different manufacturer was making the pill? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-2 AND FOR HALF FLIP THE SCALE TO DISPLAY 2-1.]

1 Yes

2 No

8 Not sure

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q235** In the future, if your pill **appearance** changes from one refill to another, which of the following best describes what you’d think? Would you…? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-5 AND FOR HALF FLIP THE SCALE TO DISPLAY 5-1.]

1 Definitely like to be notified of this change by the pharmacy

2 Probably like to be notified of this change by the pharmacy

3 Probably not like to be notified of this change by the pharmacy

4 Definitely not like to be notified of this change by the pharmacy

5 Have no preference to be notified of this change by the pharmacy

8 Not sure/Don’t know (VOL)

9 Decline to answer (VOL)

**BASE: PROBABLY/DEFINITELY WOULD/HAVE NO PREFERENCE (Q235/1,2,5)**

**Q236** If your pharmacy notified you about the pill appearance change, how would you prefer to be notified? (INTERVIEWER: READ LIST)

1 Verbally, in person or on the phone

2 Using a sticker on the prescription bottle

**3** No preference

8 Not sure/Don’t know (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q240** Do you think that if your generic pill changed in its **appearance** during a routine refill that the new pill would be less **effective**? (INTERVIEWER: READ LIST)

1 Yes

2 No

8 Not sure

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q245** Do you think that if your generic pill changed in its **appearance** during a routine refill that the new pill would be less **safe**? (INTERVIEWER: READ LIST)

1 Yes

2 No

8 Not sure

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q250** Assume that generic pill A costs you $10 per month. It would cost the manufacturers an extra $5 per month to ensure that the appearance of generic pill A remains constant every time you refill it. Would you pay $15 per month for generic pill A to ensure that your pill has the same size, shape, and color at each refill? (INTERVIEWER: READ LIST)

1 Yes

2 No

8 Not sure

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q255** Assume that generic pill B costs you $15 per month. It would cost the manufacturers an extra $10 per month to ensure that the appearance of generic pill B remains constant every time you refill it. Would you pay $25 per month for generic pill B to ensure that your pill has the same size, shape, and color at each refill? (INTERVIEWER: READ LIST)

1 Yes

2 No

8 Not sure

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q260** Assume that generic pill C costs you $5 per month. It would cost the manufacturers an extra $1 per month to ensure that the appearance of generic pill C remains constant every time you refill it. Would you pay $6 per month for generic pill C to ensure that your pill has the same size, shape, and color at each refill? (INTERVIEWER: READ LIST)

1 Yes

2 No

8 Not sure

9 Decline to answer (VOL)

**SECTION 300: PILL APPEARANCE CHANGES**

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q305** The next series of questions is about a pill’s appearance. First, I’d like to remind you that pill **appearance** includes the pill’s **color**, **shape**, **size**, and any **markings (such as text, lines, grooves, or designs)** printed on the pill.

Please think back to the last time you refilled a medication you had been taking regularly and, during a routine refill, it changed in **appearance**.

What was the name of the drug? (INTERVIEWER: PROBE IF NECESSARY)

[TEXT BOX]

8 Not sure (VOL)

9 Decline to answer (VOL)

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q315** Approximately how long ago was the change in appearance? (INTERVIEWER: PROBE IF NECESSARY)

[RANGE: 0-x] [RANGE: 0-x] [RANGE: 0-x]

|\_\_|\_\_| years |\_\_|\_\_|months |\_\_|\_\_|weeks

8 Not sure (VOL)

9 Decline to answer (VOL)

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q325** As best you recall, did your pill change in…? (INTERVIEWER: READ LIST)

[MULTIPLE RESPONSE]

1 Color

2Shape

3 Size

4Any markings (such as text, lines, grooves, or designs) printed on the pill

8 Not sure (VOL)

9 Decline to answer (VOL)

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q330** When your pill changed in appearance, as best you recall, did **your pharmacist**…?

 **Q331**

 1 Yes

 2 No

 3 Don’t recall (VOL)

 9 Decline to answer (VOL)

1 Talk to you about the change, in person or on the phone

2 Put a sticker on the pill bottle to let you know about the change

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q335** When your pill changed in appearance, as best you recall, did **you**…?

 **Q336**

 1 Yes

 2 No

 3 Don’t recall (VOL)

 9 Decline to answer (VOL)

1 Think the pill you got was the same as before, even though it looked different

2 Think you got the wrong pill

3 Ask your pharmacist about the new pill’s appearance

## BASE: ASKED PHARMACIST ABOUT NEW PILL’S APPEARANCE (Q335/3 AND Q336/1)

**Q340** Did your pharmacist relieve your concerns about the new pill’s appearance?

1 Yes

2 No

3 Don’t recall (VOL)

9 Decline to answer (VOL)

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q345** Thinking back again to the last time you refilled a medication you had been taking and it changed in **appearance**. Did you contact your physician or prescriber to ask about the new pill’s appearance?

1 Yes

2 No

3 Don’t recall (VOL)

9 Decline to answer (VOL)

## BASE: CONTACTED PHYSICIAN/PRESCRIBER ABOUT NEW PILL’S APPEARANCE (Q345/1)

**Q350** Did your physician or prescriber relieve your concerns about the new pill’s appearance?

1 Yes

2 No

3 Don’t recall (VOL)

9 Decline to answer (VOL)

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q355** Thinking back again to the last time you refilled a medication you had been taking and it changed in **appearance**. Did you…?

 **Q356**

 1 Yes

 2 No

 3 Don’t recall (VOL)

 9 Decline to answer (VOL)

1 Search the Internet to figure out the identity of the new pill

2 Not take the pill home, or tried to return it to the pharmacy after taking it home

3 Have concerns that the new pill would not work as well as the pill you were taking

4 Have concerns that the new pills would cause more side effects than the pill you were taking

5 Use the pill less frequently

6 Stop using the pill

7 Switch back to the prior pill version

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q360** After taking the pill with the new appearance, did you notice any changes in how you felt?

1 Yes

2 No

8 Not sure (VOL)

9 Decline to answer (VOL)

## BASE: NOTICED CHANGES IN HOW FELT/NS/DTA (Q360/1,8,9)

## Q365 Did you experience any of the following new side effects? (INTERVIEWER: READ LIST)

[MULTIPLE RESPONSE]

[RANDOMIZE]

1Chest pain

2 Nausea

3 Headache

4 Allergic reaction

5 Swelling

6 Rash

7 Abdominal pain

8 Blurry or double vision

9 Diarrhea

10 Dizziness

11 Drowsiness

12 Runny nose

13 Indigestion

14 Insomnia

15 Shift in mood

16 Bleeding

17 Drowsiness

18 Dry mouth

19 Loss of appetite

97 None of the above EXCLUSIVE, ANCHOR

99 Decline to answer (VOL) EXCLUSIVE, ANCHOR

## BASE: PILL DIFFERED IN APPEARANCE FROM PRIOR PRESCRIPTION (Q215/1,2,3,8,9)

**Q370** After taking the pill with the new appearance, did you need to…?

 **Q371**

 1 Yes

 2 No

 8 Not sure (VOL)

 9 Decline to answer (VOL)

1 Have the dose of your pill adjusted by your doctor

2 Have another new medication for your condition added by your doctor

**SECTION 400: GENERAL QUESTIONS ABOUT BRAND-NAME AND GENERIC DRUGS**

## BASE: ALL QUALIFIED RESPONDENTS

**Q405** The next questions are general questions about brand-name and generic drugs.Which of the following statements best describes what you think about generic and brand-name drug **effectiveness**? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Generic drugs are **definitely** as effective as their brand-name versions

2 Generic drugs are **probably** as effective as their brand-name versions

3 Generic drugs are **probably not** as effective as their brand-name versions

4 Generic drugs are **definitely not** as effective as their brand-name versions

8 Not sure or don’t know (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q410** Which statement best describes what you think about generic and brand-name drug **safety**? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Generic drugs are **definitely** as safe as their brand-name versions

2 Generic drugs are **probably** as safe as their brand-name versions

3 Generic drugs are **probably not** as safe as their brand-name versions

4 Generic drugs are **definitely not** as safe as their brand-name versions

8 Not sure or don’t know (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q415** Which statement best describes what you think about brand-name drug **costs**? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Brand-name drugs are more expensive than they should be

2 Brand-name drugs are priced about right

3 Brand-name drugs are less expensive than they should be

8 Not sure or don’t know (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q417** Which statement best describes what you think about generic drug **costs**? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Generic drugs are more expensive than they should be

2 Generic drugs are priced about right

3 Generic drugs are less expensive than they should be

8 Not sure or don’t know (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q420** Which statement best describes what you think about the **active ingredient** in generic and brand-name drugs? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Generic drugs are **definitely** made of the same active ingredient and dose strength as their brand-name versions

2 Generic drugs are **probably** made of the same active ingredient and dose strength as their brand-name versions

3 Generic drugs are **probably not** made of the same active ingredient and dose strength as their brand-name versions

4 Generic drugs are **definitely not** made of the same active ingredient and dose strength as their brand-name versions

8 Not sure or don’t know (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q420** Which statement best describes what you think about the **side effects** of generic and brand-name drugs? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Generic drugs **definitely** have the same side effects as their brand-name versions

2 Generic drugs **probably** have the same side effects as their brand-name versions

3 Generic drugs **probably do not** have the same side effects as their brand-name versions

4 Generic drugs **definitely do not** have the same side effects as their brand-name versions

8 Not sure or don’t know (VOL)

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q425** In general, in choosing between taking a generic vs. brand-name drug, would you say you…? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 Greatly prefer a brand-name drug

2 Slightly prefer a brand-name drug

3 Slightly prefer a generic drug

4 Greatly prefer a generic drug

5 Don’t prefer one or the other

9 Decline to answer (VOL)

## BASE: ALL QUALIFIED RESPONDENTS

**Q430** In the last year, how many times have you asked your doctor to prescribe a brand-name drug rather than a generic? (INTERVIEWER: READ LIST)

[PN: SHOW HALF RESPONDENTS CODES 1-4 AND FOR HALF FLIP THE SCALE TO DISPLAY 4-1.]

1 4 or more times

2 2-3 times

3 1 time

4 Never

8 Don’t know or don’t recall (VOL)

9 Decline to answer (VOL)

**SECTION 500: DEMOGRAPHICS**

**BASE: ALL QUALIFIED RESPONDENTS**

**Q505** Finally, we have a few questions about you.

Please tell me the 5-digit zip code for the primary location in which you live.

[RANGE: 00000-99999]

|\_\_|\_\_|\_\_|\_\_|

(INTERVIEWER: CONFIRM BEFORE MOVING TO THE NEXT SCREEN.]

**BASE: ALL QUALIFIED RESPONDENTS**

**Q507** HIDDEN COMPUTE FOR REGION

1 East 1

2 East 2

3 Midwest 1

4 Midwest 2

5 South 1

6 South 2

7 West 1

8 West 2

**BASE: ALL QUALIFIED RESPONDENTS**

**Q508** Including yourself, how many people age 18 or older live in your household? (INTERVIEWER: ENTER 98 FOR NOT SURE AND 99 FOR DECLINE TO ANSWER)

[RANGE: 1-50, 98, 99]

[NON-MANDATORY]

|\_|\_|

**BASE: ALL QUALIFIED RESPONDENTS**

**Q474** Are you of Spanish or Hispanic origin, such as Latin American, Mexican, Puerto Rican, or Cuban?

1 Yes, of Hispanic origin

2 No, not of Hispanic origin

1. Decline to answer

**BASE: ALL QUALIFIED RESPONDENTS**

**Q480** Do you consider yourself…? (INTERVIEWER: READ LIST)

1 White/Caucasian

2 Black/African-American

3 Asian or Pacific Islander

4 Native American/American Indian/Alaskan native

5 Mixed racial background [ANCHOR]

6 Some other race [ANCHOR]

94 Decline to Answer [ANCHOR]

**BASE: ETHNICITY IS TO BE ASKED AND HAVE ETHNIC CODES**

**Q485** [HIDDEN COMPUTE question]

[IF ANSWERED HISPANIC (Q474/1) ANSWER TO Q485 IS CODE 7, OTHERWISE Q485=Q480.]

1. White/Caucasian
2. Black/African-American
3. Asian or Pacific Islander
4. Native American/American Indian/Alaskan native
5. Mixed racial background
6. Some other race
7. Hispanic/Latino

94 Decline to Answer

**BASE: ALL QUALIFIED RESPONDENTS**

**Q515** What is your occupation? (INTERVIEWER: IF RESPONDENT IS RETIRED, ASK WHAT WAS HIS OR HER OCCUPATION.)

[TEXT BOX]

**BASE: ALL QUALIFIED RESPONDENTS**

**Q520** What is the highest level of schooling you have completed? (INTERVIEWER: READ LIST UNTIL RESPONSE IS GIVEN)

1 Less than high school

2 High School/GED

3 Some college or 2 year college degree (Associates)

4 4 year college degree

5 Masters degree

6 Advanced health-related degree (for example, MD, DDS, health-related PhD)

7 Advanced health-related degree (for example, JD, non-health-related PhD)

8 Not sure (VOL)

9 Decline to answer (VOL)

**BASE: ALL QUALIFIED RESPONDENTS**

**Q525** Please estimate your total household income from all sources in 2014. (INTERVIEWER: READ LIST UNTIL RESPONSE IS GIVEN)

1 Less than $15,000

2 $15,000 to $29,999

3 $30,000 to $49,999

4 $50,000 to $74,999

5 $75,000 to $99,999

6 $100,000 or more

98 Not sure (VOL)

99 Decline to answer (VOL)

**BASE: ALL QUALIFIED RESPONDENTS**

**Q462** Which of the following income categories best describes your total [INSERT LAST YEAR] household income before taxes? (INTERVIEWER: READ LIST UNTIL RESPONSE IS GIVEN)

1 Less than $15,000

2 $15,000 to $29,999

3 $30,000 to $49,999

4 $50,000 to $74,999

5 $75,000 to $99,999

6 $100,000 or more

98 Not sure (VOL)

99 Decline to answer (VOL)

**IF INCLUDING CELL PHONE SAMPLE ALSO ASK THE FOLLOWING:**

**BASE: ALL QUALIFIED RESPONDENTS**

**Q360** At any time during the last two years, have you lived somewhere without a landline phone? By this I mean, did you live anywhere in which there was no phone that you would plug into a wall socket in order to make and receive calls?

1 Yes, lived somewhere without a landline phone

2 No, have not lived somewhere without a landline phone

8 Not sure (VOL)

9      Decline to answer (VOL)

**BASE: ALL QUALIFIED PHONE RESPONDENTS (Qxxx/x)**

**PHONLNS** In the home in which you currently live, how many separate telephone lines (not cell phones) with different telephone numbers do you have that can receive phone calls?  Do not count those that are only used for faxes or modems. (INTERVIEWER: READ LIST)

1      None

2      One

3      Two

4      Three or more

8      Not sure (VOL)

9      Decline to answer (VOL)

**BASE: ALL QUALIFIED LANDLINE RESPONDENTS (Qxxx/x)**

**Q1502** Do you personally have a working cell phone?

1 Yes

2 No

98 Don’t know or Not sure (VOL)

99 Decline to answer (VOL)

**BASE: ALL QUALIFIED LANDLINE RESPONDENTS (Qxxx/x)**

**Q1503** Does anyone else in your household have a working cell phone?

1 Yes

2 No

98 Not sure (VOL)

99 Decline to answer (VOL)

**BASE: ALL QUALIFIED CELL PHONE RESPONDENTS (Qxxx/x)**

**Q1504** Is there at least one telephone inside your home that is currently working and is not a cell phone?

1 Yes

2 No

98 Not sure (VOL)

99 Decline to answer (VOL)

**BASE: ALL QUALIFIED RESPONDENTS**

**Q1506** Of all the telephone calls that you/your household receives, are…? (INTERVIEWER: READ LIST)

1. All or almost all calls received on cell phones
2. Some received on cell phones and some on regular home phones
3. Very few or none received on cell phones

98 Don’t know or Not sure (VOL)

99 Decline to answer (VOL)

**BASE: ALL QUALIFIED RESPONDENTS**

**Q530** Before we finish, please let me know if you have any additional comments about your views about or experiences with changes in pill appearance.

[TEXT BOX]