

## National Survey of Patients about Pill Appearance

Thank you for your participation in our survey. **Before you begin, please read this:** There are two types of prescription medicines: (1) brand-name drugs, and (2) generic drugs. A **brand-name** drug is manufactured by a single pharmaceutical company that is usually the first to sell the drug. After the company's patent on the brand-name drug ends, other companies can make and sell the drug; this is called the **generic** version of the drug. Generic drugs are usually interchangeable with brand-name drugs, but may look different. Also, generic versions of the same drug made by different companies can look different from each other. These differences in **appearance** can include pill **color, shape, size, and markings (such as letters/words, lines, grooves, or designs** printed on the pill). This survey is about changes in pill appearance. Note: When we say the word "pill" in this survey, we mean drugs in the form of capsules or tablets.

Mark your responses using an  or check in the appropriate boxes. Unless otherwise stated, please provide only ONE response per question.

### Section 1. Pill appearance preferences and perceptions.

As a reminder, pill appearance includes the pill's **color, shape, size, and any markings such as, letters/words, lines, grooves, or designs** printed on the pill.

	Always	Usually	Rarely	Never
1. How often do you rely on pill appearance to make sure you are taking the correct medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In the last year, how frequently have you refilled a prescription where the pills differed in **appearance** from the pills you received in the *immediately prior* prescription?

- 4 or more times
- 2-3 times
- 1 time
- Never
- Don't know or don't recall

3. Do you associate the appearance of your pills with the drug companies making them (for example: "because this pill is green, I know it is from Merck")?

- Yes
- No
- Not sure

4. In the past year, when the **appearance** of one of your pills changed from one refill to another, did you think that change meant that a different manufacturer was making the pill?

- Yes
- No
- Not sure
- I did not notice a change in pill appearance in the past year.

5. If you received a generic pill with a new **appearance** during a routine refill, would you think the new pill could be less **effective**?

- Yes
- No
- Not sure

6. If you received a generic pill with a new **appearance** during a routine refill, would you think the new pill could be less **safe**?

- Yes
- No
- Not sure

Now, imagine you got a normal refill of a prescription drug you had been on for a long time.

	Definitely yes	Probably yes	Have no preference	Probably no	Definitely no
7. Would you like the pill <b>color</b> to be the same as usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Would you like the pill <b>shape</b> to be the same as usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you like the pill <b>size</b> to be the same as usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you like the pill <b>markings (letters/ words, lines, grooves, or designs)</b> to be the same as usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If your pill appearance changed, would you like to be notified of the change by the pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If your pharmacy were to notify you about a pill appearance change, how would you prefer to be notified?

- Verbally, in person, or on the phone
- Using a sticker on the prescription bottle
- Email or mailed letter
- No preference

13. Assume that Generic Pill A costs you \$10 per month. It would cost the manufacturers an extra \$5 per month to make sure the appearance of Generic Pill A remains the same every time you refill it. Would you pay \$15 per month for Generic Pill A to make sure your pill has the same size, shape, and color at each refill?

- Yes
- No
- Not sure

14. Assume that Generic Pill B costs you \$15 per month. It would cost the manufacturers an extra \$10 per month to make sure the appearance of Generic Pill B remains the same every time you refill it. Would you pay \$25 per month for Generic Pill B to make sure your pill has the same size, shape, and color at each refill?

- Yes
- No
- Not sure

15. Assume that Generic Pill C costs you \$5 per month. It would cost the manufacturers an extra \$1 per month to make sure the appearance of Generic Pill C remains the same every time you refill it. Would you pay \$6 per month for Generic Pill C to make sure your pill has the same size, shape, and color at each refill?

- Yes
- No
- Not sure

**Section 2. Pill appearance changes.**

You may have noticed that, in the last few months, the appearance of your **gen-name (Brand-name)** changed. Please think back to this specific change in **appearance**.

16. As best you recall, did your pill change in:

	Yes	No	Don't Recall
a. Color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Size?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any markings such as letters/words, lines, grooves, or designs printed on the pill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. As best you recall, did <b>your pharmacist</b> :	Yes	No	Don't Recall
a. Talk to you about the change, in person or on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Put a sticker on the pill bottle or prescription bag to let you know about the change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. As best you recall, did <b>you</b> :	Yes	No	Don't Recall
a. Think the medication you got was the same as before, even though it looked different?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Think you got the wrong pill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ask your pharmacist about the new pill's appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES: Did your pharmacist relieve your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contact your doctor or prescriber to ask about the new pill's appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES: Did your doctor or prescriber relieve your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Search the Internet to determine the identity of the new pill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Not take the pill home, or return it to the pharmacy after taking it home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Have concerns that the new pill would not work as well as the pill you were taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have concerns that the new pills would cause more side effects than the pill you were taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. After taking the <b>gen name</b> pill with the new appearance, did you:	Yes	No	Don't Recall
a. Experience any new symptoms related to the condition being treated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Experience any new side effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Experience any improvements in your condition being treated by the pill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experience no changes in your condition being treated by the pill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Need to start taking a different drug to treat the same condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Switch back to the pill with the prior appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adjust the dose of your medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use <b>gen name</b> less frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Stop using <b>gen name</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3. General questions about brand-name and generic drugs, and about you.**

In this set of questions, we are interested in your views on generic pills **in general**.

When comparing generic and brand-name pills, do you believe that <b>generic pills</b> :	Definitely <b>yes</b>	Probably <b>yes</b>	Probably <b>not</b>	Definitely <b>not</b>	Don't know/ Not sure
20. Are as <b>effective</b> as brand-name pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are as <b>safe</b> as brand-name pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have the <b>same side effects</b> as brand-name pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are made of the <b>same active ingredients</b> as brand-name pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. In general, how do you feel about taking a generic vs. brand-name drug? Would you say you:

- Much prefer a brand-name drug
- Slightly prefer a brand-name drug
- Don't prefer one or the other
- Slightly prefer a generic drug
- Much prefer a generic drug

25. In the last year, how many times have you asked your doctor to prescribe a brand-name drug **rather than** a generic?

- 4 or more times
- 2-3 times
- 1 time
- Never
- Don't know or don't recall

26. If you have asked your doctor to prescribe a brand-name drug **rather than** a generic drug, how often has your doctor agreed to your request?

- Always
- Usually
- Sometimes
- Never
- Don't know or don't recall

27. Please select your age group:

- 18-25
- 26-33
- 34-41
- 42-49
- 50-57
- 58-64
- 65 or over
- Prefer not to answer

28. Are you:

- Male
- Female

29. Please describe your race or ethnicity: **(Select all that apply)**

- American Indian/Native American
- Asian/Pacific Islander
- Black/African-American
- Hispanic/Latino
- Other
- Prefer not to answer
- White/Caucasian

30. What is the highest level of schooling you have completed?

- Less than high school
- High School/GED
- Some college/2-year degree (associates)
- 4-year college degree
- Master's degree
- Advanced health-related degree (for example, MD, DDS, health-related PhD)
- Advanced non-health-related degree (for example, JD, non-health-related PhD)

31. Please estimate your total household income from all sources in 2014.

- Less than \$15,000
- \$15,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$100,000
- Greater than \$100,000
- Prefer not to answer

**Thank you for your participation!**

Please return your completed survey to:

ANA Research, 6 Pine Tree Dr Ste 200, Arden Hills, MN 55112