

Programming instructions are indicated in green font.

[PROGRAMMER:

- Program progresses to the questioning in a “one-way” manner
- Record time spent on each screen in milliseconds
- Record the start and end time for the total survey in seconds.
- The OMB control number and Expiration Date [OMB Control #0910-0785 Expires 5/31/2018] should appear at the bottom of every screen (maybe above the privacy text). It should be as unobtrusive as possible.

[Screen 1]

[Consent Screen 1]

You are one of about 600 people in the United States who are being asked to take a survey about a prescription medication. First, we will ask you to watch an ad. Second, we will ask you to complete a survey that will take approximately 25 minutes.

DHHS research authorized by Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)). Confidentiality protected by 5 U.S.C. 552(a) and (b) and 21 CFR part 20.

OMB Control #0910-0785 Expires 5/31/2018

[Next Page: Screen 2]

[SCREENING QUESTIONS]

- Research Now (RN) will be prescreening consumers to target English speaking adults (Aged 18+). All of RN respondents have already been previously profiled for these attributes using the questions below:
 - o What is your date of birth? [For age, respondents are asked their date of birth, and the system automatically updates their age annually. Respondents would need to be 18+ to be eligible]
 - o What is your language preference? [English would need to be checked to be eligible]

S1a. Have you been diagnosed by a physician for any of the following conditions?

- a. Asthma Yes No [TERMINATE IF HIGH CHOLESTEROL, INSOMNIA, OR DEPRESSION ARE NOT CHECKED. KEEP DATA.]
- b. Diabetes Yes No [TERMINATE IF HIGH CHOLESTEROL, INSOMNIA, OR DEPRESSION ARE NOT CHECKED. KEEP DATA.]
- c. Insomnia Yes No [If checked, go to S1b.1]
- d. High cholesterol Yes No [If checked, go to S1b.2]
- e. Acid reflux or GERD Yes No [TERMINATE IF HIGH CHOLESTEROL, INSOMNIA, OR DEPRESSION ARE NOT CHECKED. KEEP DATA.]
- f. Depression Yes No [If checked, go to S1b.3]

[PROGRAMMER: if Respondents check more than one condition, assign them to the lowest prevalence condition first. The prevalence order is depression < insomnia < high cholesterol]

S1b. Are you currently taking a prescription drug to treat your [depression/insomnia/high cholesterol]? [Programmer: We are not including any subquotas for the pretest, but based on what we find, we may include subquotas for the depression group in the main study.]

	Yes	No
1. Insomnia	<input type="checkbox"/> _1	<input type="checkbox"/> _2
2. High Cholesterol	<input type="checkbox"/> _1	<input type="checkbox"/> _2
3. Depression	<input type="checkbox"/> _1	<input type="checkbox"/> _2

S2. Are you trained or employed as a health care professional?

- _1 Yes → [terminate and show termination screen. Link to screening responses and keep data]
_2 No → [continue]

S3. Do you work for a pharmaceutical company, an advertising agency, or a market research company?

- _1 Yes → [terminate and show termination screen. Link to screening responses and keep data]
_2 No → [continue]

S4. What is the highest level of school you have completed or the highest degree you have received?

- _1 Less than high school
_2 High school graduate—high school diploma or the equivalent (for example: GED)
_3 Some college but no degree
_4 Associate degree in college
_5 Bachelor's degree (for example: BA, AB, BS)
_6 Advanced or post-graduate degree (for example: Master's degree, MD, DDS, JD, PhD, EdD)

PROG: FOR TERMINATED PARTICIPANTS:-

Thank you for your answers, unfortunately you did not meet the desired demographic criteria that our client was looking for.

[Next Page: Screen 3]
[Consent Screen 2: Invitation]

[DISPLAY]

This survey is being conducted by RTI International (RTI), an independent nonprofit research organization, on behalf of a public health agency. RTI is working with Research Now to conduct this survey but is not affiliated with Research Now in any way. If you have questions about this survey, please contact Dr. Vanessa Boudewyns, the project director. She can be reached between 9 AM and 5 PM Eastern Standard Time Monday – Friday at 1-800-334-8571 ext. 2092.

Possible Risks or Discomforts

We do not expect that any of the survey questions will make you uncomfortable or upset; however, if they do, you can refuse to answer any question or you may take a break at any time during the survey. There is also a potential risk of loss of confidentiality. Every effort will be made to protect your information, but this cannot be guaranteed.

Benefits

Your responses are very important because they will help researchers understand how people make decisions about medications.

Incentive

In appreciation for your time, you will receive \$6.50 in e-Rewards Currency for completing this survey.

Rights as a Participant

If you have any questions about your rights as a participant, you may wish to contact RTI's Office of Research Protection at 1-866-214-2043.

Privacy and Confidentiality

As with other surveys you receive from Research Now, the privacy and confidentiality of your information is of the highest importance, and we are committed to maintaining a secure environment in which you can participate. All information collected in this survey will be kept confidential to the extent provided by law. Your name and your e-mail address will not be shared outside of Research Now, and they will not be associated with your answers or used in any report.

[Next Page: Screen 4]

[Consent Screen 3]

[PARTICIPANT IS REQUIRED TO ANSWER QUESTION TO PROCEED]

Consent1. If you have read the previous screens and agree to participate, please click the **Yes button. If not, click the **No** button.**

- ₁ Yes, I agree to participate. [Continue and randomly assign to experimental condition using simple randomization]
- ₂ No, I do not agree to participate. [End Survey]

[Next Page: Screen 5]

[SCRIPT]

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 is about advertising for prescription medications. Your answers are private and will not be connected with your name. Your input is extremely valuable.

We will ask you questions about the ad after you have finished watching it. **Do your best to remember details about the ad.** Make sure your computer sound is turned on and set at a comfortable volume. It might take a minute or two for the ad to begin playing.

We ask you to complete the study in one sitting (without taking any breaks) to avoid distractions.

Before continuing, here are some helpful tips for taking the survey:

- If you would like to make the font size larger, use your mouse to click on the A A A letters in the upper right-hand corner of the screen.
- Keep in mind that you may need to scroll to see all of the items on a page.
- There are no right or wrong answers and you may skip any question you do not want to answer. If you do skip a question, red text will appear to let you know that the question was skipped, but that you may leave that question blank if you want to. If that question was accidentally left blank, then you can provide an answer before moving to the next page.
- Once you have moved to the next page in the survey, you will **not** be able to return to the previous page.

Let's begin!

[\[Next Page: Screen 6\]](#)

Please click the play button below to view the ad. You should be able to see and hear the video when it begins to play.

[\[Next Page: Screen 7\]](#)

Please answer the following questions based on the [ABILIFY/LUNESTA/CRESTOR] ad you saw.

Q1. Were you able to view the entire ad for [ABILIFY/LUNESTA/CRESTOR]?

- ₁ Yes
₂ No [\[Terminate; Link to screening responses and keep data, though\]](#)

[\[Next Page: Screen 8\]](#)

Q2. I am interested in trying [ABILIFY/LUNESTA/CRESTOR].

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

[\[Next Page: Screen 9\]](#)

Q3a. Have you seen this exact ad before?

- ₁ Yes [\[Go to Q3b\]](#)
₂ No [\[Continue to Q3c\]](#)
₃ Not sure [\[Continue to Q3c\]](#)

[Next Page: Screen 10a]

Q3b. In the last 6 months, how often did you see this exact ad before?

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often
- ₅ Very often

[Next Page: Screen 10b]

Q3c. Have you seen other ads for this product before?

- ₁ Yes
- ₂ No
- ₃ Not sure

[Next Page: Screen 11]

Q4. Please list the thoughts that were going through your mind as you viewed the ad for [ABILIFY/LUNESTA/CRESTOR] and list them below. Use one box for each thought. Use your mouse to move to the next box. You do not need to fill out every box.

[Next page: Screen 12]

Q5. What condition does [ABILIFY/LUNESTA/CRESTOR] treat?

PROGRAMMER: randomize response options.]

- ₁ Seasonal allergies
- ₂ Insomnia
- ₃ Migraine headaches
- ₄ High Cholesterol
- ₅ Diabetes
- ₆ Acid Reflux/GERD
- ₇ Depression
- ₈ Don't know

[Next page: Screen 13a]

[PROGRAMMER: Counterbalance Q6 and Q7]

Q6. What are the benefits of [ABILIFY/LUNESTA/CRESTOR]? Use one box for each benefit you list. Use your mouse to move to the next box. You do not need to fill out every box.

[Next page: Screen 13b]

Q7. What are the risks and side effects of [ABILIFY/LUNESTA/CRESTOR]? Use one box for each risk or side effect you list. Use your mouse to move to the next box. You do not need to fill out every box.

[Next page: Screen 14]

Q8_1. Based strictly on the information in the ABILIFY ad, please indicate whether any of the following were mentioned in the ad as a benefit *or* risk of taking ABILIFY. The list below includes both benefits *and* risks that may have been mentioned in the ABILIFY ad.

[PROGRAMMER: randomize a-k]

	Mentioned in the ad	Not mentioned in the ad
a. Can improve symptoms as quickly as one to two weeks	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Taken along with your antidepressant it can help improve symptoms of depression	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. There are no dietary restrictions while taking Abilify	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
d. Has been found to also treat restless leg syndrome	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
e. Can cause changes in behavior	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Can increase the risk of suicidal thoughts	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Can increase risk of stroke	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Can cause uncontrollable muscle movements	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Can cause nausea or vomiting	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
j. Can increase the risk of developing certain forms of cancer	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
k. Can cause liver problems such as yellowing of skin or eyes	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂

Q8_2. Based strictly on the information in the LUNESTA ad, please indicate whether any of the following were mentioned in the ad as a benefit *or* risk of taking LUNESTA. The list below includes both benefits *and* risks that may have been mentioned in the LUNESTA ad.

[PROGRAMMER: randomize a-k]

	Mentioned in the ad	Not mentioned in the ad
a. Can help you fall asleep at night	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Can help you sleep up to seven hours	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Has been found to also help treat restless leg syndrome	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
d. Starts working within 30 minutes.	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
e. Can cause sleep walking and other activities	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Can cause changes in behavior or mood such as aggressiveness	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Can increase the risk of suicide	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Can cause potentially fatal allergic reactions	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Can cause nausea or vomiting	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
j. Can increase the risk of developing certain forms of cancer	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
k. Can cause liver problems such as yellowing of skin or eyes	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂

Q8_3. Based strictly on the information in the CRESTOR ad, please indicate whether any of the following were mentioned in the ad as a benefit *or* risk of taking CRESTOR. The list below includes both benefits *and* risks that may have been mentioned in the CRESTOR ad.

[PROGRAMMER: randomize a-h]

	Mentioned in the ad	Not mentioned in the ad
a. Can help reduce cholesterol	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Has been found to work better than Lipitor to reduce cholesterol	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. No regular blood tests are needed	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
d. Has been found to relieve problems with urination	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
e. Can cause muscle problems such as pain or weakness	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Can cause liver problems such as yellowing of skin or eyes	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Can cause nausea or vomiting	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂
h. Can increase the risk of developing certain forms of cancer	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₂

[Next page: Screen 15]

[SCRIPT] Most people do not know how a prescription drug will affect them until they have taken the drug. But we would like you to make your **best guess** based on the [ABILIFY/LUNESTA/CRESTOR] ad you just saw.

Please answer the following questions **based on what you saw in the [ABILIFY/LUNESTA/CRESTOR] ad. There are no right or wrong answers.**

[Next page: Screen 16]

[PROGRAMMER: Randomize presentation order of the questions on screen 15]

Q9. Based on the information in the [ABILIFY/LUNESTA/CRESTOR] ad, if [ABILIFY/LUNESTA/CRESTOR] did help a person's [depression/insomnia/high cholesterol], how much would it help?

Would help [condition] a little	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	Would help [condition] a lot
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Q10. Based on the information in the [ABILIFY/LUNESTA/CRESTOR] ad, if [ABILIFY/LUNESTA/CRESTOR] did cause a person with [depression/insomnia/high cholesterol] to have side effects, how serious would the side effects be?

Not at all serious	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	Very serious
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[Next page: Screen 17]

Q11. Thinking overall about the risks and benefits of [ABILIFY/LUNESTA/CRESTOR], would you say it has:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Many more risks than benefits	Somewhat more risks than benefits	Equal risks and benefits	Somewhat more benefits than risks	Many more benefits than risks

[Next page: Screen 18]
 [PROGRAMMER: Randomize order of Q12a-g.]

Q12. Please rate your agreement or disagreement with each of the following statements.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. The ad clearly communicated the <i>benefits</i> of [ABILIFY/LUNESTA/CRESTOR].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The ad clearly communicated the <i>risks and side effects</i> of [ABILIFY/LUNESTA/CRESTOR].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. The ad evenly balanced the <i>risks and benefits</i> of [ABILIFY/LUNESTA/CRESTOR].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The ad did not give enough information about the <i>possible benefits and positive effects</i> of using [ABILIFY/LUNESTA/CRESTOR].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The ad did not give enough information about the possible <i>risks and side effects</i> of using [ABILIFY/LUNESTA/CRESTOR].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. The ad helped me learn about [ABILIFY'S/LUNESTA'S/CRESTOR'S] <i>benefits</i> .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The ad helped me learn about [ABILIFY'S/LUNESTA'S/CRESTOR'S] <i>risks and side effects</i> .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[Next page: Screen 19]

Q13. In my opinion, the [ABILIFY/LUNESTA/CRESTOR] ad mentioned....

Not enough risks and side effects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Too many risks and side effects
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[Next page: Screen 20]

Q14. How much do you agree or disagree that the **risks and side effects** were:

[PROGRAMMER: Randomize order of Q14a-e.]

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. Informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Clear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Confusing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Incomplete	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[Next page: Screen 21]

Q15. Overall, the risks and side effects mentioned in the [ABILIFY/LUNESTA/CRESTOR] ad were....

Not at all serious	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Very serious
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[Next page: Screen 22]

Q16_1. How likely is it that you would experience any of the following risks and side effects if you took ABILIFY? [Depression version]

[PROGRAMMER: Randomize order of Q16_1.a-i.]

	Not at all likely				Very likely
a. Sudden changes in behavior or mood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Increased risk of suicidal thoughts or behavior	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Increased risk of stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. High fever	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Stiff muscles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Confusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Uncontrollable muscle movements	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Decrease in white blood cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Weight gain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q16_2. How likely is it that you would experience any of the following risks and side effects if you took LUNESTA? [Insomnia version]

[PROGRAMMER: Randomize order of Q17_2.a-f.]

	Not at all likely				Very likely
a. Sleep walking and other activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Changes in behavior or mood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Increased risk of suicide in people who are depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Life-threatening allergic reactions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Decrease in white blood cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Headache	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q16_3. How likely is it that you would experience any of the following risks or side effects if you took CRESTOR? [High cholesterol version]
 [PROGRAMMER: Randomize order of Q17_3.a-d.]

	Not at all likely				Very likely
a. Muscle problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Liver problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Decrease in white blood cells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Loss of appetite	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q17_1. In your opinion, how serious are the following risks and side effects? [Depression version]

[PROGRAMMER: Randomize order of Q17_1.a-i.]

	Not at all serious				Very serious
a. Sudden changes in behavior or mood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Increased risk of suicidal thoughts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Increased risk of stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. High fever	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Stiff muscles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Confusion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Uncontrollable muscle movements	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Decrease in white blood cells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Weight gain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q17_2. In your opinion, how serious are the following risks and side effects? [Insomnia version]

[PROGRAMMER: Randomize order of Q17_2.a-f.]

	Not at all serious				Very serious
a. Sleep walking and other activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Changes in behavior or mood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Increased risk of suicide in people who are depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Life-threatening allergic reactions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Decrease in white blood cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Headache	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q17_3. In your opinion, how serious are the following risks and side effects? [High cholesterol version]

[PROGRAMMER: Randomize order of Q17_3.a-b.]

	Not at all serious				Very serious
a. Muscle problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Liver problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Decrease in white blood cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Loss of appetite	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

[Next page: Screen 23]

[SCRIPT] The following are risks or side effects that could happen if you take [ABILIFY/LUNESTA/CRESTOR].

For each of these, we will ask you three statements. Please put a check in the box if you **agree** with the statement. You can check more than one box for each risk or side effect.

Q18_1 [PROGRAMMER: Randomize order of Q18_1.a-i.] [Depression version]

	I would know if I was at increased risk for this	I would be able to recognize if I was experiencing this	I would be able to take action if I were experiencing this
a. Sudden changes in behavior or mood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Suicidal thoughts or behavior	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Signs of a stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. High fever	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Stiff muscles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Confusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Uncontrollable muscle movements	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

h. Decrease in white blood cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Weight gain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q18_2 [PROGRAMMER: Randomize order of Q18_2.a-g.] [Insomnia version]

	I would know if I was at increased risk for this	I would be able to recognize if I was experiencing this	I would be able to take action if I were experiencing this
a. Sleep walking and other activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Changes in behavior or mood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Suicidal thoughts and behaviors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Life-threatening allergic reactions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Uncontrollable muscle movements	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Decrease in white blood cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Headache	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q18_3 [PROGRAMMER: Randomize order of Q18_3.a-b.] [High cholesterol version]

	I would know if I was at increased risk for this	I would be able to recognize if I was experiencing this	I would be able to take action if I were experiencing this
a. Sleep walking and other activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Changes in behavior or mood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Decrease in white blood cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Loss of appetite	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q19: Please let us know how clear you thought this question was.

This question was....

- ₁ Not at all clear
- ₂ Somewhat unclear
- ₃ Somewhat clear
- ₄ Very clear

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[PROGRAMMER: Randomize Q20-Q23]

	Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely
Q20. How likely are you to talk to your doctor about [ABILIFY/LUNESTA/CRESTOR]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q21. How likely are you to read the patient labeling for more information about [ABILIFY/LUNESTA/CRESTOR]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q22. How likely are you to look for more information about [ABILIFY/LUNESTA/CRESTOR]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q23. How likely are you to look for more information about [depression/insomnia/high cholesterol]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q24. If one of your family members or close friends had [depression/insomnia/high cholesterol], how likely would you be to mention [ABILIFY/LUNESTA/CRESTOR] to them?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely

[Next page: Screen 25]

Q25. Would you like to receive the patient labeling for [ABILIFY/LUNESTA/CRESTOR] at the end of this survey to learn more about the complete list of risks and side effects?

- ₁ Yes
₂ No

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[SCRIPT] For the next set of questions, please think about other medicines you know of that treat [depression/insomnia/high cholesterol].

Q26. Are you aware of any other medicines that treat [depression/insomnia/high cholesterol]?

- Yes
 No [If "No" SKIP to Q28]

[Next page: Screen 27]

[PROGRAMMER: Rotate order of Q27 and Q28]

[SCRIPT]

When answering these questions, please base your responses strictly on your impressions from the [ABILIFY/LUNESTA/CRESTOR] ad you saw and not on personal experience.

Q27. [ABILIFY/LUNESTA/CRESTOR] is **more effective** than other medicines that treat [depression/insomnia/high cholesterol].

Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Q28. [ABILIFY/LUNESTA/CRESTOR] is **safer** than other medicines that treat [depression/insomnia/high cholesterol].

Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Q29. What other medicines were you thinking about for the last two questions?

____ [open ended]

[Next page: Screen 28]

Q30. In my opinion, the ad for [ABILIFY/LUNESTA/CRESTOR] was:

[PROGRAMMER: Randomize order of Q30a-j]

a. Good	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Bad
b. Pleasant	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Unpleasant
c. Favorable	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Unfavorable
d. Convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Unconvincing
e. Entertaining	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Boring
f. Interesting	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Uninteresting
g. Honest	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Dishonest
h. Simple	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Complicated
i. Important to me	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Unimportant to me
j. Unique	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	Ordinary

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Q31. How much attention did you pay to the [ABILIFY/LUNESTA/CRESTOR] ad when you were watching it?

A little	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	A lot
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[Next page: Screen 30]

Q32. Do you remember hearing or seeing the statement below in the ad?

"This is not a full list of risks and side effects. Talk to your doctor and read the patient labeling for more information."

_1 Yes [If Yes, **DO NOT SHOW** ad again and SKIP to Q33a]

- ₂ No [If No and in Original Risk +Disclosure Condition (V1) or Revised Risk + Disclosure Condition (V3), show the script on the following page, and replay ad]
- ₃ Not sure [If Not Sure and in Original Risk +Disclosure Condition (V1) or Revised Risk + Disclosure Condition (V3), show the script on the following page, and replay ad]

[PROGRAMMER: Control condition (V2) and Revised Risk Alone condition (V4), SKIP to Q35]

[Next page: Screen 31]

[SCRIPT]

Now we will show you the ad again. This ad did include this statement:

“This is not a full list of risks and side effects. Talk to your doctor and read the patient labeling for more information.”

When answering the next few questions, please think only about that statement.

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Q33a. In your own words, list all thoughts, reactions, and ideas that went through your mind when you heard and/or saw the following statement:

“This is not a full list of risks and side effects. Talk to your doctor and read the patient labeling for more information.”

Please use a separate box for each thought. Use your mouse to move to the next box. You do not need to fill out every box.

[Next page: Screen 33]

Q33b. For each of the thoughts, reactions and ideas you listed, indicate whether the thought was positive, negative, or neutral. [PROGRAMMER: Display responses from Q32a. For each response, include a drop-down choice box or other appropriate choice box with the choices POSITIVE, NEGATIVE, NEUTRAL]

You said...	Is it...
[insert each response from Q32a above in a separate box]	POSITIVE NEGATIVE NEUTRAL

[Next page: Screen 34]
 [PROGRAMMER: Randomize order of Q34a-g.]

Q34. How much do you agree or disagree with the following descriptions of the statement in the ad?

As a reminder, the statement said:

“This is not a full list of risks and side effects. Talk to your doctor and read the patient labeling for more information”

The statement was...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. Noticeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Believable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Distracting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Clear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Too long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Helpful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[Next page: Screen 35]

[SCRIPT]

We are now finished asking you about the [ABILIFY/LUNESTA/CRESTOR] ad. Now we will ask a few questions to help us describe those people who took the survey.

Q35. Please answer the following questions. For each question, please indicate if it is true or false. If you don't know, please just **give your best guess**.

[PROGRAMMER: Randomize order of Q35a-f]

	True	False
a. The FDA only approves prescription drugs that have been found to be extremely effective.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. The FDA only approves prescription drugs that do not have serious side effects.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Only prescription drugs that have been found to be extremely effective can be advertised to consumers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Prescription drugs that have serious side effects cannot be advertised to consumers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. The FDA approves all prescription drug TV commercials before they can be shown to the public.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Prescription drug TV commercials are not required to mention all of the drug's risks and side effects.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q36. How much do you agree or disagree with the following statements?

	I do not agree at all (0)	(1)	Agree somewhat (2)	(3)	Agree (4)	(5)	Very much agree (6)	(7)	Completely agree (8)
a. Only the safest prescription drugs are allowed to be advertised to the public.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. All of the information in prescription drug TV commercials is true and accurate.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. I believe in all of the information provided in prescription drug TV commercials.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

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Q37. How often do you have someone (like a family member or friend) help you read instructions, pamphlets, or other written material from your doctor or pharmacy?

<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Never	Occasionally	Sometimes	Often	Always

Q38. How confident are you filling out medical forms by yourself?

<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Not at all confident	A little confident	Somewhat confident	Quite confident	Extremely confident

Q39. In general, how much do you feel you know about [depression/insomnia/high cholesterol]?

<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Nothing at all	Only a little	Some	A fair amount	A lot

Q40. In general, how much do you feel you know about **treatments** for [depression/insomnia/high cholesterol]?

<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Nothing at all	Only a little	Some	A fair amount	A lot

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Q41. In what year were you diagnosed with [depression/insomnia/high cholesterol]? If you are unsure, please provide your best guess.

[Next page: Screen 38]

[Programmer: Only ask this question for people that said "Yes" to S1b.1/S1b.2/S1b.3. all others SKIP to Q44]

Q42. How long have you been taking prescription drugs for [depression/insomnia/high cholesterol]?

- _1 Less than 2 weeks
- _2 At least 2 weeks but less than 2 months
- _3 At least 2 months but less than 6 months
- _4 At least 6 months but less than 1 year
- _5 At least 1 year but less than 5 years
- _6 At least 5 years

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Q43. Are you currently taking [ABILIFY/LUNESTA/CRESTOR]?

- _1 Yes
- _2 No
- _3 Don't Know

[Next page: Screen 40a]

Q44. Are you now covered by any form of health insurance or health plan? This includes any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid.

- ₁ Yes
- ₂ No [Skip to Q46]
- ₃ Don't Know [Skip to Q46]

[Next page: Screen 40b]

Q45. Does your current insurance plan help pay for prescription drugs?

- ₁ Yes
- ₂ No
- ₃ Don't Know

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46. What did you use to complete today's survey?

- ₁ Desktop computer
- ₂ Laptop computer
- ₃ Tablet computer (such as an Apple iPad or Samsung Galaxy Tab)
- ₄ Mobile phone or smartphone
- ₅ Other: _____

[Next page: Screen 42]

Q47. What is your gender?

- ₁ Male
- ₂ Female

Q48. Are you:

- ₁ Hispanic or Latino
- ₂ Not Hispanic or Latino

Q49. What is your race? You may select one or more races. [PROGRAMMER: If someone checks off a box, score that as "1" if it is blank score that as "0"]

- _a American Indian or Alaska Native
- _b Asian
- _c Black or African American
- _d Native Hawaiian or other Pacific Islander
- _e White

Q50. What is your household income?

- ₁ Less than \$30,000 per year
- ₂ \$30,001 - \$75,000 per year
- ₃ \$75,001 - \$150,000 per year
- ₄ \$150,001+ per year

[End time: _____]

[Next page: Screen 43]

[SCRIPT]

The purpose of this research is to learn about consumer reactions to prescription drug advertising. In order to get your realistic reaction to this information, we used a real product. **However, the [ABILIFY/LUNESTA/CRESTOR] ad was modified for the purpose of this study. Use of the brand name does not imply endorsement of the product by the FDA.** Please see your healthcare professional for questions about [depression/insomnia/high cholesterol].

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

[PROGRAMMER: If Respondent chooses “Yes” to Q46, at the end of the survey, after the debriefing, provide a link [or attach a PDF] to the patient labeling for the drug and include the following script:

You indicated that you would like to receive the patient labeling for [ABILIFY/LUNESTA/CRESTOR] at the end of this survey to learn more about the complete list of risks and side effects. In the link below you will find the patient labeling for [ABILIFY/LUNESTA/CRESTOR]. The FDA and Research Now are not endorsing or promoting the drug. Please see your healthcare professional for questions about [depression/insomnia/high cholesterol].

[COMPLETE] ***Congratulations! You have completed this research study and are fully qualified. Your account has been credited the full credit amount.***

END