**Measures Study**

*Survey*

**INTRODUCTION (TELEVISION ADS)**

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: There are three parts: First, we will show you an advertisement about the new medication. Second, we will ask you some questions about the medication. Finally, we will show you a few more ads for medications and ask you which medications you like best.

**PRODUCT ADVERTISEMENT (TELEVISION ADS)**

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.]

**INTRODUCTION (PRINT ADS)**

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 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 medication. There are three parts: First, we will show you an advertisement about the new medication. Second, we will ask you some questions about the medication. Finally, we will show you a few more ads for medications and ask you which medications you like best.

**PRODUCT ADVERTISEMENT (PRINT ADS)**

On the next screen, you will see an advertisement for a new drug. Please read this ad as if it were in a magazine. You can take as much time as you want to review it.

The ad has two pages. You can enlarge and flip between the pages by clicking on the “Next” and “Back” buttons at the bottom of each page. Once you finish reading, please click “Next” to move to the next part of the study.

**[PROGRAMMER: Display ad correspondent to the participant’s experimental condition. Record time spent viewing ad.]**

**[NOTE: Items will be organized into modules, and we will select which modules to present in each survey wave. We also may randomly assign participants to complete specific modules within each survey wave.]**

**SURVEY QUESTIONS**

**Perceived Risk Likelihood**

**[Present survey instruction before each module.]**

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Never | 2 | 3 | 4 | 5 | 6Always |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

1. 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)
2. What is the chance that you would develop each of the following side effects from taking [Coravaz/Dolafex]?
	1. [Heart failure / Suicidal thoughts]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very low chance | 2 | 3 | 4 | 5 | 6Very high chance |

* 1. [Extreme fatigue / Restlessness or agitation]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very low chance | 2 | 3 | 4 | 5 | 6Very high chance |

* 1. Dry mouth

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very low chance | 2 | 3 | 4 | 5 | 6Very high chance |

1. How likely is it that you would experience the following side effects if you took [Coravaz/Dolafex]?
	1. [Heart failure / Suicidal thoughts]

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

* 1. [Extreme fatigue / Restlessness or agitation]

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

* 1. Dry mouth

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

**Perceived Risk Magnitude**

1. How serious are [Coravaz / Dolafex]’s side effects?

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

1. How serious are each of the following side effects of [Coravaz/Dolafex]?
	1. [Heart failure / Suicidal thoughts]

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

* 1. [Extreme fatigue / Restlessness or agitation]

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

* 1. Dry mouth

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very minor | 2 | 3 | 4 | 5 | 6Very serious |

1. To what extent do you think [Coravaz / Dolafex]’s side effects would affect your physical health ?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Not at all | 2 | 3 | 4 | 5 | 6 Extremely  |

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

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

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

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

* 1. [Extreme fatigue / Restlessness or agitation]

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

* 1. Dry mouth

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Not at all | 2 | 3 | 4 | 5 | 6Extremley |

**Perceived Risk Onset**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Minutes | Hours | Days | Weeks  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Never | 2 | 3 | 4 | 5 | 6Very soon |

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

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

**Perceived Risk Duration**

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

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

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

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

**Perceived Efficacy Likelihood**

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Never | 2 | 3 | 4 | 5 | 6Always |

1. 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)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

**Perceived Efficacy Magnitude**

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

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very little relief | 2 | 3 | 4 | 5 | 6 Complete relief |

1. Taking [Coravaz / Dolafex] for [ high blood pressure / chronic pain] ] would…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Improve my [high blood pressure / chronic pain] a little | 2 | 3 | 4 | 5 | 6 Improve my [high blood pressure / chronic pain] a lot |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1No improvement | 2 | 3 | 4 | 5 | 6Substantial Improvement |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

**Perceived Efficacy Onset**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Within minutes | 2Within hours | 3Within days | 4Within weeks | 5Within months |  |

1. [Coravaz / Dolafex] would work fast.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very slow | 2 | 3 | 4 | 5 | 6Very fast |

**Perceived Efficacy Duration**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1Minutes | Hours | 3Days | Weeks  | Months | Years | Never |

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

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

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

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

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

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

**Perceived Benefit General**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Not at all valuable | 2 | 3 | 4 | 5 | 6Very valuable |

**Perceived Benefit Positive Characteristics**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Extremely difficult | 2 | 3 | 4 | 5 | 6Extremely easy |

1. [Coravaz / Dolafex] is more convenient than other [chronic pain / high blood pressure] prescription drugs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

1. It is easier to take [Coravaz / Dolafex] than other [chronic pain / high blood pressure] prescription drugs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

1. It is easier to tolerate [Coravaz / Dolafex] than other [chronic pain / high blood pressure] prescription drugs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

**Perceived Benefit Secondary Medical Benefits**

1. Taking [Coravaz / Dolafex] would result in medical benefits other than an improvement in [chronic pain/high blood pressure].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

1. How likely it is that taking [Coravaz / Dolafex] would improve your quality of life?

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

1. How likely it is that taking [Coravaz / Dolafex] would make you feel better?

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

**Risk / Benefit Tradeoff**

1. The good things about this drug [(pain relief)/(lower blood pressure)] outweigh the bad things (side effects).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

**Validity Testing**

67.

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

1. 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 |
| 1. If doctors had more time, they would prescribe fewer medicines.
 |  |  |  |  |  |  |  |
| 1. Doctors place too much trust in medicines.
 |  |  |  |  |  |  |  |
| 1. Doctors use too many medicines
 |  |  |  |  |  |  |  |
| 1. Natural remedies are safer than medicines.
 |  |  |  |  |  |  |  |
| 1. Most medicines are addictive.
 |  |  |  |  |  |  |  |
| 1. Medicines do more harm than good.
 |  |  |  |  |  |  |  |
| 1. All medicines are poisons.
 |  |  |  |  |  |  |  |
| 1. People who take medicines should stop their treatment for a while every now and again.
 |  |  |  |  |  |  |  |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very dissatisfied | 2 | 3 | 4 | 5 | 6Very satisfied |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Not at all | 2 | 3 | 4 | 5 | 6Very much |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Not at all | 2 | 3 | 4 | 5 | 6Very much |

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

Not at all severe (1)…very severe (6)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Not at all severe | 2 | 3 | 4 | 5 | 6Very severe |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **[RANDOMIZE ORDER]**
 | **1** | **2** | **3** | **4** | **5** | **6** |
|  | Strongly disagree |  |  |  |  | Strongly agree |
| 1. a. Seeing the list of [Coravaz / Dolafex]’s negative side effects is overwhelming.
 |  |  |  |  |  |  |
| 1. 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. Please mark how likely or unlikely you are to do the following behaviors.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **[RANDOMIZE ORDER]** | **1** | **2** | **3** | **4** | **5** | **6** |
|  | Very unlikely |  |  |  |  | Very likely |
| 1. ask your doctor for more information about [Coravaz / Dolafex].
 |  |  |  |  |  |  |
| 1. ask your doctor toprescribe [Coravaz / Dolafex].
 |  |  |  |  |  |  |
| 1. look for information about [Coravaz / Dolafex] on the Internet.
 |  |  |  |  |  |  |
| 1. talk with a friend or family member about [Coravaz / Dolafex].
 |  |  |  |  |  |  |
| 1. ask other people who’ve taken [Coravaz / Dolafex] about their experience.
 |  |  |  |  |  |  |
| 1. ask your pharmacist about [Coravaz / Dolafex].
 |  |  |  |  |  |  |
| 1. try [Coravaz / Dolafex] if your doctor gave you a prescription for it.
 |  |  |  |  |  |  |

**Moderators**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Strongly disagree | 2 | 3 | 4 | 5 | 6Strongly agree |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **[RANDOMIZE ORDER]**
 | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
|  | 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. |  |  |  |  |  |  |  |
| 1. I feel I’ve been accurately informed after viewing most prescription drug advertising.
 |  |  |  |  |  |  |  |
| 1. Most prescription drug advertising provides consumers with essential information.
 |  |  |  |  |  |  |  |
| 1. Most prescription drug advertising provides consumers with essential information.
 |  |  |  |  |  |  |  |

1. How many prescription drugs are you currently taking?
2. How many prescription drugs are you currently taking for [chronic pain / high blood pressure]?
3. How long have you been taking your current prescription drug for [chronic pain/high blood pressure]?
4. Have you ever experienced a serious side effect from a prescription drug?

Yes / No

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

1. [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]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1Very dissatisfied | 2 | 3 | 4 | 5 | 6Very satisfied |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **[RANDOMIZE ORDER]**
 | **1** | **2** | **3** | **4** | **5** |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| 1. I usually try new products before other people do
 |  |  |  |  |  |
| 1. I often try new brands because I like variety and get bored with the same old thing
 |  |  |  |  |  |
| 1. When I shop I look for what is new
 |  |  |  |  |  |
| 1. I like to be the first among my friends and family to try something new
 |  |  |  |  |  |
| 1. I like to tell others about new brands or technology
 |  |  |  |  |  |

**DRUG CHOICE EXERCISE**

1. Next you will view an ad for another [**chronic pain / high blood pressure**] medication. We will then ask you to answer one question about the new ad.

**[PRESENT KESTERIN OR ZINTRIA AD]**

If they cost the same, which drug would you choose to take?

* [**Coravaz / Dolafex**]
* The other medication, [**Zintria / Kesterin**]
1. Next you will view both the original [**Coravaz / Dolafex**] ad and an ad for a different version of [**Coravaz / Dolafex**]. The second ad is the similar to the first one, but some of the information about [**Coravaz / Dolafex**] is different. We will then ask you to answer one question about the ads.

**[PRESENT ORIGINAL AD]**

**[PRESENT ALTERNATE AD]**

If they cost the same, which drug would you choose to take?

* The version of [**Coravaz / Dolafex**] described in the first ad
* The version of [**Coravaz / Dolafex**] described in the second ad

**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!