

FDA Drug Safety Communications Questionnaire DRAFT

FDA DSC QUESTIONNAIRE

[PROGRAMMER NOTE: Headings (internal use only) are in red. Programming instructions are in blue. Correct responses on recall/understanding questions are indicated in green, but this should not be incorporated into the program.]

SAMPLE POP	N=	LANGUAGE	GENDER	AGE
DIABETES	1300	ENGLISH	M/F	18+
CONSTIPATION	1300	ENGLISH	M/F	18+

[PROGRAMMER: FOR EACH EXPERIMENT, DISPLAY CONDITION CORRESPONDING TO RESPONDENT ID IN LOOKUP TABLE; CONDITIONS IN LOOKUP TABLE HAVE BEEN RANDOMLY ASSIGNED]

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[INTRODUCTION AND CONSENT]

Thank you for participating in this survey. Your opinions are very important to us. The US Food and Drug Administration (FDA) is conducting a research study to gain a better understanding of how consumers understand communications about medicines.

In this survey, we will ask you to review some written materials about a drug that appear on a website, and then to answer questions about the communication. Your responses will be kept strictly confidential. Results will be reported in aggregate form only for all respondents. We will not report your individual responses, nor will we identify you as a participant in the survey. This survey is for research purposes only.

This study will take about 20 minutes to complete and we ask that you complete the survey in one sitting (without taking any breaks) to avoid distractions.

Form Approved: OMB No. 0910-XXXX

Expiration Date: XX/XX/XXXX

Public Disclosure Burden Statement

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
CDER/PRA Comments/HFS-24
5100 Paint Branch Parkway
College Park, MD 20740-3835

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[GENERAL SCREENER]

[ASK ALL] [SINGLE CODE]

S1. What is your gender ?

- _1 Male
- _2 Female

[ASK ALL] [NUMERIC]

S2. What is your date of birth (year and month)?

YEAR
SINGLE PUNCH DROPDOWN PREQUAL

_[ACCEPTABLE RANGE FOR YEARS: 1910

...

_2000

[IF RESPONDENT UNDER 18 YEARS TERMINATE]

[ASK ALL] [OPEN ENDED]

S3. Please enter your zip code.

[CODE OPEN ENDED RESPONSE – 5 digits only]

[ASK ALL] [MULTI CODE]

S4. Are you trained or employed as **(select all that apply)**:

[RANDOMIZE]

[ROWS]

Health care professional [IF YES TERMINATE]

Professional scientist or researcher [IF YES TERMINATE]

Educator

Electrician

Lawyer

[COLUMNS]

Yes

No

[ASK ALL] [MULTI CODE]

S5. Do you work in any of the following industries **(select all that apply)**:

[RANDOMIZE]

[ROWS]

Pharmaceuticals [IF YES TERMINATE]

Advertising [IF YES TERMINATE]

Market research [IF YES TERMINATE]

Publishing

Energy

Engineering

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[COLUMNS]

Yes

No

[CONDITION/DRUG USE SCREENER]

[ASK ALL] [SINGLE CODE]

C1. Have you ever been told by a doctor or other health professional that you have any of the following health problems **(Select one for each)**?

[RANDOMIZE]

[ROWS]

Asthma

Insomnia

Depression

Constipation

Diabetes or sugar diabetes

High blood pressure

[COLUMNS]

Yes

No

Not sure

[ASK IF FEMALE (2) @S1 AND IF YES (1) FOR "DIABETES OR SUGAR DIABETES" @C1] [SINGLE CODE]

C2. Other than during pregnancy, have you ever been told by a doctor or a health professional that you have diabetes or sugar diabetes? **(Select one)**

Yes

No

Not sure

[ASK ALL] [SINGLE CODE]

C3. Have you had any of the following symptoms in the last 3 months **(Select one for each)**??

[RANDOMIZE]

[ROWS]

- Trouble having a bowel movement (straining) during at least 25% of bowel movements
- Lumpy or hard stools in at least 25% of bowel movements
- A sense that everything didn't come out for at least 25% of bowel movements
- Sensation of blockage for at least 25% of bowel movements
- Needing help to have at least 25% of bowel movements (e.g., use of finger to assist, using hands to support rectal or vaginal muscles)
- Fewer than three bowel movements per week

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[COLUMNS]

Yes

No

Not sure

[PROGRAMMER: ELIGIBILITY FOR SURVEY

IF C1="DIABETES" AND S1="MALE", THEN DIABETES-FLAG=1

IF C1 DOES NOT ="DIABETES" AND S1="MALE" OR "FEMALE", THEN
DIABETES-FLAG=0

IF C1="DIABETES" AND S1="FEMALE" AND C2=YES, THEN DIABETES-FLAG=1

IF C1="DIABETES" AND S1="FEMALE" AND C2=NO OR NOT SURE, THEN
DIABETES-FLAG=0

IF C1="CONSTIPATION" OR TWO ITEMS=YES @C3, THEN CONSTIPATION-
FLAG=1

IF C1 DOES NOT = "CONSTIPATION" OR LESS THAN TWO ITEMS=YES @C3,
THEN CONSTIPATION-FLAG=0]

[PROGRAMMER: FILTERING INTO QUOTA CONDITION

IF DIABETES-FLAG=1 AND CONSTIPATION_FLAG=0, THEN QUOTA
CONDITION=DIABETES

IF DIABETES-FLAG=0 AND CONSTIPATION_FLAG=1, THEN QUOTA
CONDITION=CONSTIPATION

IF DIABETES-FLAG=1 AND CONSTIPATION_FLAG=1 AND BOTH CONDITIONS
ARE OPEN, RANDOMLY ASSIGN QUOTA CONDITION

IF DIABETES-FLAG=1 AND CONSTIPATION_FLAG=1 AND ONE CONDITION IS
CLOSE, ASSIGN TO OPEN CONDITION]

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[MAIN QUESTIONNAIRE]

[EXPERIMENT 1 – DSC FORMATS]

[PROGRAMMER: DISPLAY THE FOLLOWING INSTRUCTION SCREEN BEFORE THE EXPERIMENT ONE STIMULUS]

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 communications dealing with a drug. We will show you a communication and then ask you some questions about it. Your input is extremely valuable.

Please make sure to review the entire communication before moving on to the next screen.

[PROGRAMMER: DISPLAY EXPERIMENT ONE STIMULUS BASED ON ASSIGNED CONDITION IN THE LOOKUP TABLE. THE TABLE BELOW INDICATES THE RELEVANT STIMULI]

Experiment	Stimulus #	Content
1	1	Control No Headings No Bullets No Bold
1	2	No Headings No Bullets Bold
1	3	No Headings Bullets Bold
1	4	Headings Bullets Bold
1	5	Headings Bullets No Bold
1	6	No Headings Bullets No Bold
1	7	Headings No Bullets Bold
1	8	Headings No Bullets No Bold

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[EXPERIMENT ONE RECALL AND UNDERSTANDING]

[ASK ALL] [SINGLE CODE]

1. How did FDA become aware of the increased risk described in this communication?
(Select one)

[RANDOMIZE]

FDA conducted a study that identified adverse effects of [CONSTIPATION="Sodium Phosphate"] [DIABETES="SGLT2 Inhibitors"]

The drug manufacturer conducted a study that identified adverse effects of [CONSTIPATION="Sodium Phosphate"] [DIABETES="SGLT2 Inhibitors"]

The drug manufacturer recalled [CONSTIPATION="Sodium Phosphate"]

[DIABETES="SGLT2 Inhibitors"]

Cases of adverse events from taking [CONSTIPATION="Sodium Phosphate"]

[DIABETES="SGLT2 Inhibitors"] were reported to FDA

None of these [DO NOT RANDOMIZE]

[ASK ALL] [SINGLE CODE]

2. In this communication, what is the FDA saying? (Select one)

[CONSTIPATION ONLY]

[RANDOMIZE]

Adverse events can result from taking more than one dose of sodium phosphate in a single day

Sodium phosphate should only be taken orally

Sodium phosphate can be used to treat kidney and heart issues

Sodium phosphate is being taken off the market as a treatment for constipation

People taking steroids to treat arthritis should not take sodium phosphate without consulting a health care professional

Individuals over age 55 should take a larger dose of sodium phosphate for it to be effective

None of these [DO NOT RANDOMIZE]

[DIABETES ONLY]

[RANDOMIZE]

Taking certain diabetes medications, known as SGLT2 inhibitors, may lead to high levels of acid in the blood, which could require hospitalization

SGLT2 inhibitors should only be taken along with other diabetes medicines such as metformin

Taking certain diabetes medications, known as SGLT2 inhibitors, can prevent high levels of acid in the blood, a condition which could lead to hospitalization

Certain diabetes medicines known as SGLT2 inhibitors are being taken off the market

People taking steroids to treat arthritis should not take certain diabetes medicines known as SGLT2 inhibitors without consulting a health care professional

Individuals over age 55 should take a larger dose of SGLT2 inhibitors to effectively treat diabetes

None of these [DO NOT RANDOMIZE]

[CONSTIPATION ONLY] [SINGLE CODE]

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3. Please indicate which of the following groups is at an increased risk of adverse events. **(Select one)**

[RANDOMIZE]

Young children

Patients who are dehydrated

Patients over 55

Patients with kidney disease

All of the above [DO NOT RANDOMIZE]

None of the above [DO NOT RANDOMIZE]

[DIABETES ONLY] [SINGLE CODE]

3. What symptom(s) should patients look out for? **(Select one)**

[RANDOMIZE]

Difficulty breathing

Nausea

Abdominal pain

Confusion

All of the above [DO NOT RANDOMIZE]

None of the above [DO NOT RANDOMIZE]

[ASK ALL] [SINGLE CODE]

4. What did the communication recommend patients to do? **(Select one)**

[CONSTIPATION ONLY]

[RANDOMIZE]

Do not use more sodium phosphate than what is written on the label

Stop using sodium phosphate and switch to another constipation drug

Do nothing – continue taking sodium phosphate as before

Use more sodium phosphate in order to ensure it works

All of the above [DO NOT RANDOMIZE]

None of the above [DO NOT RANDOMIZE]

[DIABETES ONLY]

[RANDOMIZE]

Seek medical attention if you experience signs and symptoms of ketoacidosis (high levels of blood acids)

Stop taking SGLT2 inhibitors if you experience signs and symptoms of ketoacidosis (high levels of blood acids)

Do nothing – continue taking SGLT2 inhibitors as before

Take more SGLT2 inhibitors in order to ensure they work

All of the above [DO NOT RANDOMIZE]

None of the above [DO NOT RANDOMIZE]

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[EXPERIMENT ONE RISK PERCEPTION]

[ASK ALL] [NUMERIC, 0-100]

5. In your opinion, if 100 people take [CONSTIPATION="Sodium Phosphate"] [DIABETES="SGLT2 Inhibitors"], how many will experience adverse events? (please enter a number between 0 and 100)

[NUMERIC RESPONSE, RANGE: 0-100]

[ASK ALL] [SINGLE CODE]

6. In your opinion, if [CONSTIPATION="Sodium Phosphate"] [DIABETES="SGLT2 Inhibitors"] did cause you to experience adverse events, how serious would they be? (Select one)

- 1 – Not at all serious
- 2
- 3
- 4
- 5
- 6 – Very serious

[EXPERIMENT ONE BEHAVIORAL INTENTION]

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[ASK ALL] [SINGLE CODE]

7. If you were taking the drug discussed in the communication, please rate how likely or unlikely you would be to take each of the following actions based on the information in the communication. **(Select one for each)**

[ROWS]

[RANDOMIZE]

Look for more information regarding [CONSTIPATION="Sodium Phosphate"]

[DIABETES="SGLT2 Inhibitors"]

Talk with a friend or family member about [CONSTIPATION="Sodium Phosphate"]

[DIABETES="SGLT2 Inhibitors"]

Talk to a health care professional regarding [CONSTIPATION="Sodium Phosphate"]

[DIABETES="SGLT2 Inhibitors"]

Stop taking [CONSTIPATION="Sodium Phosphate"] [DIABETES="SGLT2 Inhibitors"]

Take [CONSTIPATION="Sodium Phosphate"] [DIABETES="SGLT2 Inhibitors"] less often

Take a lower dose of [CONSTIPATION="Sodium Phosphate"] [DIABETES="SGLT2 Inhibitors"]

Do nothing immediately, but wait for more information

Do nothing immediately, but watch for side effects

Do nothing, continue to take [CONSTIPATION="Sodium Phosphate"]

[DIABETES="SGLT2 Inhibitors"] as normal

Do something else: [SPECIFY]_____

[COLUMNS]

1 – Not at all likely

2

3

4

5 – Very likely

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[EXPERIMENT 2 – EFFECT OF ADDITIONAL INFORMATION]

[PROGRAMMER: DISPLAY THE FOLLOWING INSTRUCTION SCREEN BEFORE THE EXPERIMENT TWO STIMULUS]

The text on the following screen is a portion of a made-up FDA Drug Safety Communication. .When you are done viewing it, you will be asked some questions about it.

The information in this communication has been developed for this survey and should not be considered accurate medical information.

Please make sure to review the entire communication before moving on to the next screen.

[PROGRAMMER: DISPLAY EXPERIMENT TWO STIMULUS BASED ON ASSIGNED CONDITION IN THE LOOKUP TABLE. THE TABLE BELOW INDICATES THE RELEVANT STIMULI]

Experiment	Stimulus #	Content
2	1	Normalize
2	2	Additional instructions
2	3	Additional symptom information
2	4	Control

[EXPERIMENT TWO RISK PERCEPTION]

[ASK ALL] [NUMERIC, 0-100]

8. In your opinion, if 100 people take Drug A, how many will experience adverse events? **(please enter a number between 0 and 100)**

[NUMERIC RESPONSE, RANGE: 0-100]

[ASK ALL] [SINGLE CODE]

9. In your opinion, if Drug A did cause you to experience adverse events, how serious would they be? **(Select one)**

- 1 – Not at all serious
- 2
- 3
- 4
- 5
- 6 – Very serious

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[EXPERIMENT 3 – QUANTITATIVE INFORMATION]

[PROGRAMMER: DISPLAY THE FOLLOWING INSTRUCTION SCREEN BEFORE THE EXPERIMENT THREE STIMULUS]

On the next screen you will see a portion of another made-up FDA Drug Safety Communication. When you are done viewing it, you will be asked some questions about it.

The information in this communication has been developed for this survey and should not be considered accurate medical information.

Please make sure to review the entire communication before moving on to the next screen.

[PROGRAMMER: DISPLAY EXPERIMENT THREE STIMULUS BASED ON ASSIGNED CONDITION IN THE LOOKUP TABLE. THE TABLE BELOW INDICATES THE RELEVANT STIMULI]

Experiment	Stimulus #	Content
3	1	Quant info + FAERS
3	2	Quant info, no FAERS
3	3	No Quant, no FAERS

[EXPERIMENT THREE RECALL AND UNDERSTANDING]

[ONLY SHOW FOR STIMULUS 1 and STIMULUS 2] [SINGLE CODE]

XX. Which of the following statements is most accurate? **(Select one)**

[CONSTIPATION ONLY]

[RANDOMIZE]

- A total of 20 people have experienced acidosis after taking DRUG B
- 20 cases of people experiencing acidosis after taking DRUG B were reported to the FDA
- 20% of people who take DRUG B experience acidosis
- In one year, 20 people who take DRUG B will experience acidosis
- None of these statements are accurate [DO NOT RANDOMIZE]

[DIABETES ONLY]

[RANDOMIZE]

- A total of 54 people have experienced adverse events after taking DRUG B
- 54 cases of adverse events related to taking DRUG B were identified in medical publications or an FDA database
- 54% of people who take DRUG B experience adverse events
- In one year, 54 people who take DRUG B will experience adverse events
- None of these statements are accurate [DO NOT RANDOMIZE]

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[EXPERIMENT THREE RISK PERCEPTION]

[ASK ALL] [NUMERIC, 0-100]

10. In your opinion, if 100 people take DRUG B, how many will experience adverse events? **(please enter a number between 0 and 100)**

[NUMERIC RESPONSE, RANGE: 0-100]

[ASK ALL] [SINGLE CODE]

11. In your opinion, if DRUG B did cause you to experience adverse events, how serious would they be? **(Select one)**

1 – Not at all serious

2

3

4

5

6 – Very serious

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[EXPERIMENT 4 – TERMS]

[PROGRAMMER: DISPLAY THE FOLLOWING INSTRUCTION SCREEN BEFORE THE EXPERIMENT FOUR STIMULUS]

On the following screens you will see some sentences relating to drugs. After viewing each sentence, you will be asked a question about it.

The information in the sentences has been developed for this survey and should not be considered accurate medical information.

[PROGRAMMER: SELECT THE SENTENCES FROM THE EXPERIMENT 4 FILE BASED ON THE ASSIGNED CONDITION IN THE LOOKUP TABLE. DISPLAY ONE SENTENCE PER SCREEN, WITH THE QUESTION DISPLAYED ON THE SAME SCREEN BELOW THE SENTENCE. RANDOMIZE THE ORDER OF THE SENTENCES. THE TABLE BELOW INDICATES THE RELEVANT STIMULI]

Experiment	Stimulus #	Content
4	1	Cautioning, warning, alerting
4	2	Recommending, Advising, Suggesting
4	3	Alerting, Notifying, Informing
4	4	Evaluating, Conducting a review of, Informing
4	5	Concluded, Determined, Found

[ASK ALL] [SINGLE CODE]

12. In your opinion, if DRUG C did cause you to experience adverse events, how serious would they be? **(Select one)**

- 1 – Not at all serious
- 2
- 3
- 4
- 5
- 6 – Very serious

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[EXPERIMENT 5 – RISK RATING SCALE]

[PROGRAMMER: DISPLAY THE FOLLOWING INSTRUCTION SCREEN BEFORE THE EXPERIMENT FIVE STIMULUS]

On the next screen you will see a portion of another made-up FDA Drug Safety Communication. When you are done viewing it, you will be asked some questions about it.

The information in this communication has been developed for this survey and should not be considered accurate medical information.

Please make sure to review the entire communication before moving on to the next screen.

[PROGRAMMER: DISPLAY EXPERIMENT FIVE STIMULUS BASED ON ASSIGNED CONDITION IN THE LOOKUP TABLE. THE TABLE BELOW INDICATES THE RELEVANT STIMULI]

Experiment	Stimulus #	Content
5	1	Text
5	2	Face
5	3	Color
5	4	Number
5	5	Meter
5	6	Symbol
5	7	Control - no risk rating scale

[EXPERIMENT FIVE
RISK PERCEPTION]

[ASK ALL]
[NUMERIC, 0-100]

13. In your opinion, if
100 people take

DRUG D, how many will experience adverse events? **(please enter a number between 0 and 100)**

[NUMERIC RESPONSE, RANGE: 0-100]

[ASK ALL] [SINGLE CODE]

14. In your opinion, if DRUG D did cause you to experience adverse events, how serious would they be? **(Select one)**

1 – Not at all serious

2

3

4

5

6 – Very serious

[EXPERIMENT FIVE SUBJECTIVE EASE OF UNDERSTANDING]

[ASK ALL] [SINGLE CODE]

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15. Please rate how easy or difficult it was to understand the communication. **(Select one for each)**

[COLUMNS]

- 1 – Very difficult
- 2
- 3
- 4
- 5
- 6
- 7 – Very easy

[EXPERIMENT FIVE SUBJECTIVE PREFERENCE]

[ASK ALL] [SHOW SCREEN]

16. A number of different formats may be used to indicate the level of risk in a risk rating scale. Please review the six scale examples below. When you have finished, please click to the next screen

[SHOW EACH SCALE; ACTUALLY INSERT GRAPHICS]

[RANDOMIZE]

- Text
- Face
- Color
- Number
- Meter
- Symbol

[ASK ALL] [SINGLE CODE]

17. For each scale, please rate how much you liked it. **(Select one for each)**

[ROWS]

[SHOW EACH SCALE WITH THE RANKING OPTIONS]

[USE ORDER FROM PREVIOUS SCREEN]

- Text
- Face
- Color
- Number
- Meter
- Symbol

[COLUMNS]

- 1 – Strongly dislike
- 2
- 3
- 4
- 5
- 6 – Strongly like

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[GENERAL QUESTIONS]

[ASK SECTION TO ALL]

[PERCEIVED COMMUNICATION MOTIVATION]

[ASK ALL] [OPEN END]

18. Why do you think the FDA releases these types of communications?

[OPEN END]

[WEBSITE USAGE]

[ASK ALL] [SINGLE CODE]

19. Have you ever been to the FDA website before? **(Select one)**

Yes

No

I don't know/Not sure

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[COVARIATES]

[HEALTH KNOWLEDGE AND BEHAVIORS]

[ASK ALL] [SINGLE CODE]

20. In general, would you say your overall health is... **(Select one)**

- 1 – Excellent
- 2 – Very Good
- 3 – Good
- 4 – Fair
- 5 – Poor

[ASK ALL] [SINGLE CODE]

21. Have you ever taken any medication (prescription or over the counter) to treat
[DIABETES: diabetes] [CONSTIPATION: constipation]? **(Select one)**

- Yes
- No
- Not sure

[DIABETES ONLY] [SINGLE CODE]

22. Do you currently take or have you ever taken SGLT2 inhibitors (such as the brands
Invokana, Invokamet, Farxiga, Xigduo XR, Jardiance, Glyxambi) to treat diabetes?
(Select one)

- Yes
- No
- Not sure

[CONSTIPATION ONLY] [SINGLE CODE]

23. Do you currently take or have you ever taken sodium phosphate (such as the brand
Fleet) to treat constipation? **(Select one)**

- Yes
- No
- Not sure

[ASK ALL] [SINGLE CODE]

24. How often do you have problems learning about your medical condition because of
difficulty understanding written information?? **(Select one)**

- 1 – All of the time
- 2 – Most of the time
- 3 – Some of the time
- 4 – A little of the time
- 5 – None of the time

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[ASK ALL] [SINGLE CODE]

25. How often do you do your own research on a health or medical topic after seeing your doctor? **(Select one)**

- 1 – Always
- 2 – Usually
- 3 – Sometimes
- 4 – Never

[ASK ALL] [SINGLE CODE]

26. How often do you have someone help you read health materials? **(Select one)**

- 1 – All of the time
- 2 – Most of the time
- 3 – Some of the time
- 4 – A little of the time
- 5 – None of the time

[ASK ALL] [SINGLE CODE]

27. How confident are you filling out medical forms by yourself? **(Select one)**

- 1 – Extremely
- 2 – Quite a bit
- 3 – Somewhat
- 4 – A little bit
- 5 – Not at all

[ASK ALL] [SINGLE CODE]

28. Do you have any of the following health insurance or health care coverage plans? **(Select one)**

- Insurance through a current or former employer or union (of you or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- Medicare
- Insurance through a state or federal health exchange (by you or another family member)
- Medicaid, Medical Assistance or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- VA (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- I have no health insurance
- Other, please list **[SPECIFY]**

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[DEMOGRAPHICS]

[ASK ALL] [SINGLE CODE]

D1. What is the highest level of school you have completed or the highest degree you have received? **(Select one)**

Less than high school

High school graduate—high school diploma or the equivalent (for example: GED)

Some college but no degree

Associate degree in college

Bachelor's degree (for example: BA, AB, BS)

Advanced or post-graduate degree (for example: Master's degree, MD, DDS, JD, PhD, EdD)

[ASK ALL] [SINGLE CODE]

D2. Are you a parent or caregiver of a child under the age of 5? **(Select one)**

Yes

No

Not sure

[ASK ALL] [SHOW SCREEN]

Please answer BOTH questions about Hispanic origin and about race. For this survey, Hispanic origins are not Races.

[ASK ALL] [SHOW SCREEN]

D3. Are you of Hispanic, Latino or Spanish origin? **(Select one)**

Yes

No

[ASK ALL] [MULTI CODE]

D4. What is your race? You may select one or more races **(Select all that apply)**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Prefer not to answer

[ASK ALL] [SINGLE CODE]

D5. Please indicate your annual household income before taxes? **(Select one)**

_1 Less than \$5,000

_2 \$5,000-\$9,999

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- _3 \$10,000-\$14,999
- _4 \$15,000-\$19,999
- _5 \$20,000-\$24,999
- _6 \$25,000-\$29,999
- _7 \$30,000-\$34,999
- _8 \$35,000-\$39,999
- _9 \$40,000-\$44,999
- _10 \$45,000-\$49,999
- _11 \$50,000-\$54,999
- _12 \$55,000-\$59,999
- _13 \$60,000-\$64,999
- _14 \$65,000-\$69,999
- _15 \$70,000-\$74,999
- _16 \$75,000-\$79,999
- _17 \$80,000-\$89,999
- _18 \$90,000-\$99,999
- _19 \$100,000-\$124,999
- _20 \$125,000-\$149,999
- _21 \$150,000-\$199,999
- _22 \$200,000-\$249,999
- _23 \$250,000 or more
- _24 Prefer not to answer