

FDA Drug Safety Communications Questionnaire DRAFT

FDA DSC QUESTIONNAIRE SCREENER

[PROGRAMMER NOTE: Headings (internal use only) are in red. Programming instructions are in blue.

[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]

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Pharmaceuticals [IF YES TERMINATE]

Advertising [IF YES TERMINATE]

Market research [IF YES TERMINATE]

Publishing

Energy

Engineering

[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

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- 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

[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]