**Cognitive Interviews:**

**Telephone Screener**

### Introduction

Ask to speak to someone 18 years or older.

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I’m from [name of company]. I’m calling on behalf of RTI International, a non-profit research organization, about a study being sponsored by a public health agency. We’re calling to recruit people to take part in a research study about advertisements. I’m not selling or promoting any product. RTI will be conducting interviews with several people, and we would like to see if you are eligible. We have various time slots available and will work with you to find a time that fits your schedule. To see if you are eligible, I’d like to ask you some questions. If you are eligible and choose to participate, all of your comments will be kept private and we will reimburse $75 at the end of the interview.

May I continue?

Yes 🡺 CONTINUE

No 🡺 [Thank respondent and end call.]

**CORE ELIGIBILITY CRITERIA**

1. **Have you participated in any market research interviews such as a focus groups or one-on-one interview in the past three months?**

|  |  |
| --- | --- |
| **Yes** | **🡺 TERMINATE** |
| **No** | **🡺 CONTINUE** |

1. **What is your current occupation?**

|  |
| --- |
| **Healthcare Provider (e.g., Physician, Nurse, Counselor, Physical therapist) 🡺 TERMINATE**  **Pharmaceutical Employee (e.g., Pharma Rep) 🡺 TERMINATE**  **Market Research employee/Advertising employee 🡺 TERMINATE**  **All Other Occupations (including student, unemployed, or retired) 🡺 CONTINUE** |

1. **How old are you?**

|  |  |
| --- | --- |
| **17 YEARS OR YOUNGER** | **🡺 TERMINATE** |
| **18-25 YEARS** | **🡺 CONTINUE** |
| **26-39 YEARS** | **🡺 TERMINATE** |
| **40-49 YEARS** | **🡺 TERMINATE** |
| **50-59 YEARS** | **🡺 TERMINATE** |
| **60-74 YEARS** | **🡺 CONTINUE** |
| **75 YEARS OR OLDER** | **🡺 TERMINATE** |
| **\*RECORD TO FILL QUOTAS\*** | |

1. **What is your sex?**

|  |  |
| --- | --- |
| **Male** | **🡺 CONTINUE** |
| **Female** | **🡺 CONTINUE** |
| **SCREEN FOR A MIX** | |

1. **What is the highest level of education you have attained?**

|  |  |
| --- | --- |
| **Less than high school** | **🡺 CONTINUE** |
| **High school graduate (or GED)** | **🡺 CONTINUE** |
| **Some college or technical school (No degree)** | **🡺 CONTINUE** |
| **College graduate (2- or 4-year degree)** | **🡺 CONTINUE** |
| **Some graduate school (No degree)** | **🡺 CONTINUE** |
| **Graduate school degree** | **🡺 CONTINUE** |
| **SCREEN FOR A MIX** | |

1. **Which of these racial groups best describes you? [Read options below]**

|  |  |
| --- | --- |
| **White** | **🡺 CONTINUE** |
| **Black / African American** | **🡺 CONTINUE** |
| **American Indian or Alaskan Native** | **🡺 CONTINUE** |
| **Asian** | **🡺 CONTINUE** |
| **Native Hawaiian or Pacific Islander** | **🡺 CONTINUE** |
| **Other** | **🡺 CONTINUE** |
| **SCREEN FOR A MIX** | |

1. **Have you ever been diagnosed with a hearing loss or hearing impairment?**

|  |  |
| --- | --- |
| **Yes** | **🡺 CONTINUE** |
| **No** | **🡺 CONTINUE** |

1. **Do you currently use or wear a hearing aid or other listening device?**

|  |  |
| --- | --- |
| **Yes** | **🡺 CONTINUE** |
| **No** | **🡺 CONTINUE** |

**Interview Invitation:**

Thank you for answering all of my questions. Based on your responses, you appear eligible to participate in our study.

Each interview will last about 60 minutes and should be very interesting. The study involves reviewing a few advertisements on a computer and answering some questions about what you watched. If you normally wear or use a hearing aid or listening device, it is important that you bring it with you that day.

No one will try to sell you anything, and no one will call you later because you participated. We will reimburse you $75 at the end of the discussion for your time and participation. If it’s okay, we would like to record the discussion. Can I schedule your participation?

The interviews will take place on [DATES AND TIMES TBD]. Which date and time would work best for you?

Your participation in this study is very important. If for some reason you will not be able to attend, please let us know right away. You can call us anytime at [insert phone number], and if we are not here, please leave a message.

**Closing for Ineligible Participants:**

I’m sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible. These reasons were decided earlier by the researchers. However, thank you for your interest in this study and for taking the time to answer our questions today.

**Participant Information**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best time to reach you? What is the best telephone number to reach you at that time?

BEST TIME TO BE REACHED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEST PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there another time and number we can try if we miss you?

ALTERNATE PHONE NUMBER:

*Recruiter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Cognitive Interviews:**

**Informed Consent**

**Introduction and Purpose:**

Thank you for agreeing to participate in this research study. The purpose of the study is to get feedback on survey questions about prescription drug advertisements to make sure that the questions are easy to understand. You will see an advertisement before looking at the survey questions.

RTI International, a non-profit research organization in North Carolina, is conducting the study. We will be conducting interviews in Raleigh, NC, and Baltimore-Washington, DC. You are one of approximately 18 people being asked to participate in this phase of the study.

**Procedures:**

If you agree to participate, you will watch an ad and answer some interview questions. During the interview, we will ask you to complete a survey asking about your reactions to, preferences for, and understanding of the ad. We will ask you to “think aloud” as you answer the survey questions. This helps us to test the survey and ensure that it is understandable. The ad viewing and interview will last approximately **1 hour**.

**Benefits:**

There is no direct benefit to you for participating. However, you may find the interview to be informative or interesting.

**Risks:**

There are no known risks to participating in this study. While the survey questions we ask are not meant to be sensitive, there is always a chance that you may feel uncomfortable with some of the questions. You do not have to answer any question that you don’t want to answer.

**Confidentiality:**

We will try to keep the information you share in this study confidential. The study team will not disclose your name or any of your comments, and your personal information (name, address, phone number) will not be linked to any of your responses.

With your permission, we will audio-tape the interview portion of the study to supplement our notes. Recordings will not include full names and will be stored on password protected computers that only project staff can access. At the end of the project, we will destroy the recordings. All hardcopy forms will be kept in a locked file cabinet that only project staff can access.

**Observation:**

Some project staff may observe the interview portion of the study behind a one way mirror. They will not record your name and will keep all of your comments confidential.

**Reimbursement:**

In appreciation for your time and travel, we will reimburse you **$75** at the end of the interview.

**Right to Refuse or Withdraw:**

Your participation in this study is voluntary. You can choose not to talk about any topic, and you can withdraw from the study for any reason at any time without penalty.

**Persons to Contact:**

If you have questions about the study, you can call the associate project director, Sarah Ray, at 1-800-334-8571, ext. 24934. She can be reached between 9:00 AM and 5:00 PM Eastern Time Monday to Friday. If you have questions about your rights as a participant, you can call RTI’s Office of Research Protection toll-free at 1-866-214-2043.

I had a chance to ask questions, and my questions were answered. I was given a copy of this consent form. I agree to participate in the study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Person Obtaining Consent Date**

**Cognitive Interviews:**

**Testing Guide**

*Thank you for agreeing to participate in this study today. During today’s interview, we will show you a television advertisement and ask you to complete a survey afterwards. Your feedback will help us to strengthen the survey.*

**[Note: Participants will be blind to FDA’s sponsorship]**

*This survey is being conducted by RTI International (RTI), an independent nonprofit research organization, on behalf of a government agency.*

**[PROGRAMMER: The OMB control number and expiration date should appear at the bottom of every screen. It should be as unobtrusive as possible.]**

This study involves advertising for a new product. You will watch a television advertisement twice and then will be asked to answer the questions that follow.

To begin, please enter your participant ID in the following box.

Participant ID

|  |
| --- |
| Interviewer: Note any confusion as the participant is reading and answering the participant ID question. |

**[NEW SCREEN]**

*Let’s go to the first set of instructions on the computer screen. Could you please read those instructions?*

**[PROGRAMMER: Begin playing audio recording of instructions as soon as the page opens. Play the instructions on a loop.]**

[AUDIO FILE]

Make sure you are comfortable and can read the screen from where you sit. Because the survey will include some audio, we first want to be sure the sound on your computer is active and you can hear the advertisement.

To adjust the volume, please use the laptop keyboard. There is an image of your laptop keyboard at the bottom of this page. You can scroll down to see it. The yellow box on the image of the keyboard shows where the volume keys are located.

To adjust the volume “up,” use the + key. To adjust the volume “down,” use the – key.

Please scroll down to the bottom of this screen and answer the volume question.

.





Q1. As you adjust the volume, you will see a number bar on your screen. When the volume is at a comfortable level, please record the volume number in the box below.

Volume number

I do not want to change the volume

|  |
| --- |
| Cognitive Testing Probes   * How clear or unclear were the instructions for this question? * Did you have any trouble finding the volume button on your keyboard?   Interviewer: Note any confusion as the participant is reading the instructions and answering the question. |

**[NEW SCREEN]**

The study will take about 20 minutes to complete. We ask you to complete the study in one sitting (without taking any breaks) in order to avoid distractions.

On the next screen, you will see the television advertisement. The ad may take 15-30 seconds to start playing.

*Now I would like you to view the ad.*

**[SHOW THE AD ONCE]**

**[NEW SCREEN]**

We would like you to watch the ad a second time. Please click the Next button to view the ad.

**[SHOW THE AD A SECOND TIME]**

**[NEW SCREEN]**

Q2. Did you change the volume after seeing the ad?

Turned volume up

Turned volume down

Did not change volume

|  |
| --- |
| Interviewer: Note any confusion as the participant is reading the instructions and answering the question. |

COGNITIVE TESTING INSTRUCTIONS:

*Now that you have viewed the ad, I would like to ask you some questions about it.*

* *What did you think about seeing the ad at the beginning of this survey?*
* *Did it seem abrupt or natural to view the ad right after you started?*
* *What were your general impressions of that ad?*
* *How did the ad compare to other ads you have seen for prescription medications?*
  + *Was it similar or different?*
  + *Was the ad believable?*
  + *Is there anything about the ad you would change?*

COGNITIVE TESTING INSTRUCTIONS:

*Now I’d like to ask you to answer some survey questions.*

*As we review the survey, I’d like you to read the instructions and questions aloud and then “think aloud” as you answer each question. This may feel a little unnatural, but it will help us to understand how you think about and answer each question. Here’s an example:*

*Question: How many times did you go to a doctor’s office for a scheduled appointment in the past three months?*

*Answer: Well, I see my heart doctor every month, so that’s three visits. I see my primary care doctor twice a year, but I didn’t go in the last three months. I also had to go to urgent care last week for a sinus infection…but that wasn’t a scheduled appointment. I guess my answer is three visits.*

*After each survey question, I also may ask you some follow-up questions. We are interested in your initial impressions and honest opinions. There are no right or wrong answers, and it is ok to have strong opinions. Please feel free to use the entire range of response options. Let’s begin…*

**[MAIN MESSAGE RECALL – GIST MEMORY]**

Q3. What was the main message of the ad you saw?

[OPEN-ENDED RESPONSE]

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * Was this enough space to fill in all of the thoughts you had about the main message? * Did you know how much you should write? Would a character counter help? |

**[CONFIDENCE IN MEMORY JUDGMENTS – MAIN MESSAGE RECALL]**

Q4. How confident are you that you were able to correctly remember the main message of the ad?

0% confident

25% confident

50% confident

75% confident

100% confident

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * What did you think of the answer choices? * Do the percentages make sense? Does the range make sense? |

**[BRAND RECOGNITION – VERBATIM MEMORY]**

Q5. Which of the following drugs did you see advertised?

[PROGRAMMER: RANDOMIZE ORDER, BUT KEEP “NONE OF THE ABOVE” AT THE END OF THE LIST]

- GILARIX

- PEXACOR

- VOTREA

- None of the above

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * How did you choose your answer? * Did you recognize either of the other two drug names? |

**[RECALL OF RISKS – GIST MEMORY]**

The ad you saw was about a prescription drug named VOTREA.

Q6. Based on the ad, what are the side effects of VOTREA? Please list as many side effects as you can remember.

[OPEN-ENDED RESPONSE]

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * What did you think of when you saw the term “side effects”? * Would you use any other word besides “side effects”? * Did you know how much you should write? Would a character counter help? |

**[CONFIDENCE IN MEMORY JUDGMENTS – RISKS RECALL]**

Q7a.How confident are you that you were able to correctly remember the side effects of VOTREA?

Not at all confident

Slightly confident

Moderately confident

Very confident

Extremely confident

Q7b. Using a different scale, how confident are you that you were able to correctly remember the side effects of VOTREA?

0% confident

25% confident

50% confident

75% confident

100% confident

|  |
| --- |
| Cognitive Testing Probes   * Which question is easier to answer, 7a or 7b? Why? |

**[RECALL OF BENEFITS – GIST MEMORY]**

Q8. Based on the ad, what are the benefits of VOTREA? Please list as many benefits as you can remember.

[OPEN-ENDED RESPONSE]

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * Was this enough space to fill in everything you could think of? * What do you think of when you see the term “benefits”? * Would you use any other word besides “benefits”? |

**[CONFIDENCE IN MEMORY JUDGMENTS – BENEFITS RECALL]**

Q9. How confident are you that you were able to correctly remember the benefits of VOTREA?

0% confident

25% confident

50% confident

75% confident

100% confident

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? |

**[PERCEIVED RISK – LIKELIHOOD AND MAGNITUDE]**

Please answer the following questions to the best of your ability, even if you have never taken the drug.

Q10. In your opinion, if 100 people take VOTREA, how many will have any side effects? Please enter a number in the box below.

\_\_ people

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * What would make this question easier to answer? * How did you choose your answer? Was it based on anything specific from the ad? * Which answer would you choose if the answer options were “some people,” “most people” or “all people”? |

Q11. In your opinion, if VOTREA did cause you to have side effects, how serious would they be?

1 2 3 4 5 6

Not at all Very

serious serious

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * How did you select your answer? * What does the word “serious” mean to you? (i.e., What do you think when you see the word “serious”?) |

**[BENEFIT RECALL]**

Please answer the following questions to the best of your ability, even if you have never taken the drug.

Q12. In your opinion, if 100 people take VOTREA, for how many will the drug work? Please enter a number in the box below.

\_\_ people

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * What does “the drug working” mean to you? Do any other words come to mind when you see the words “the drug working”? |

**[PERCEIVED EFFICACY – MAGNITUDE]**

Q13. In your opinion, if you took VOTREA, how effective do you think VOTREA would be in helping to lower your cholesterol?

1 2 3 4 5 6

Not at all Very

effective effective

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult is this question to answer? * What is meant by, “how effective” would VOTREA be in helping your high cholesterol? * What other words come to mind when you see the words “how effective”? |

**[CLAIM RECOGNITION – VERBATIM MEMORY]**

**INTERVIEWER – If the participant sees an ad with a “simple” voiceover then have them answer the first question (Q14a) and skip the second question (Q14b).**

**If the participant sees an ad with a “complex” voiceover then skip the first question (Q14a) and have them answer the second question (Q14b).**

**[PROGRAMMER: IF COMPLEXITY CONDITION = SIMPLE, SHOW Q14A ONLY. IF COMPLEXITY CONDITION = COMPLEX, SHOW Q14B ONLY]**

The next few questions ask about information that may or may not have been in the advertising. Please answer each question, even if you do not remember the information.

**[SIMPLE]**

Q14a. Which of the following claims, if any, were in the ad you saw? Check all that apply.

[PROGRAMMER: RANDOMIZE ORDER, BUT KEEP “NONE OF THE ABOVE” AT THE END OF THE LIST]

* **[CORRECT]** VOTREA reduces bad cholesterol for people with several common risk factors for heart disease.
* **[CORRECT]** Women who could become pregnant should not take VOTREA.
* **[CORRECT]** TTP can occur within two weeks of taking VOTREA.
* **[CORRECT]** Muscle pain is a rare but serious side effect of taking VOTREA.
* **[FOIL]** Blurry vision is a side effect of taking VOTREA.
* **[FOIL]** People with kidney problems should not take VOTREA**.**
* **[FOIL]** None of the above

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * How clear or unclear were the instructions for this question? * How easy or difficult was this question to answer? * Did you guess on any of the statements? If so, which ones? (i.e., were there any that you were unsure of?) |

**[COMPLEX]**

Q14b. Which of the following claims, if any, were in the ad that you saw? Check all that apply.

[PROGRAMMER: RANDOMIZE ORDER, BUT KEEP “NONE OF THE ABOVE” AT THE END OF THE LIST]

* **[CORRECT]** VOTREA reduces bad cholesterol for people with several common risk factors for heart disease.
* **[CORRECT]** VOTREA is not for people who could become pregnant.
* **[CORRECT]** TTP can occur within two weeks of taking VOTREA.
* **[CORRECT]** A rare but serious side effect of taking VOTREA is muscle pain.
* **[FOIL]** Blurry vision is a side effect of taking VOTREA.
* **[FOIL]** People with kidney problems should not take VOTREA.
* **[FOIL]** None of the above

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * How clear or unclear were the instructions for this question? * **Did any of the statements stand out to you? Did any statements seem different from the rest? Did that make a difference in your response?** * How easy or difficult was this question to answer? * Did you guess on any of the statements? If so, which ones? (i.e., were there any that you were unsure of?) |

**[CONFIDENCE IN MEMORY JUDGMENTS – CLAIM RECOGNITION]**

Q15. How confident are you that you were able to correctly remember the claims in the ad?

0% confident

25% confident

50% confident

75% confident

100% confident

|  |
| --- |
| Cognitive Testing Probes   * How did you select your answer? * How clear or unclear was this question in terms of what it was asking about? |

**[CONFIDENCE IN COMPREHENSION JUDGMENTS – CLAIM RECOGNITION]**

Q16. How confident are you that understood the claims in the ad?

0% confident

25% confident

50% confident

75% confident

100% confident

|  |
| --- |
| Cognitive Testing Probes   * How did you select your answer? * How is this question different from the previous question (question 14)? |

**[OVERALL AD COMPREHENSION]**

Q17. Which of the following choices best summarizes the information from the ad?

[PROGRAMMER: RANDOMIZE RESPONSE OPTIONS]

* **[CORRECT]** VOTREA is a treatment for bad cholesterol, but not all people with bad cholesterol should take VOTREA. VOTREA has both common and uncommon side effects.
* **[FOIL]** VOTREA is a treatment for bad cholesterol, but serious side effects from taking VOTREA are common. If you are taking VOTREA, it is necessary to see your doctor regularly to monitor the serious side effects.
* **[FOIL]** VOTREA is a treatment for bad cholesterol, but if you have liver disease, you should get blood tests to check your liver while taking VOTREA.
* **[FOIL]** VOTREA is a treatment for bad cholesterol. VOTREA has some side effects, but none of the side effects are life threatening.

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * How clear or unclear were the instructions? What was this question asking for? * How easy or difficult was this question to answer? * Did you guess on your response? * Did any of the statements seem odd or hard to believe? |

**[CONFIDENCE IN COMPREHENSION JUDGMENTS – CLAIM COMPREHENSION]**

Q18a. How confident are you that you understood the information in the ad?

0% confident

25% confident

50% confident

75% confident

100% confident

Q18b.On a scale from 1 to 5, how confident are you that you understood the information in the ad?

1 2 3 4 5

Not at all Extremely

confident confident

|  |
| --- |
| Cognitive Testing Probes   * Which question is easier to answer, 18a or 18b? Why? * What is the difference between 18a and 18b? |

**[INTENTION FOR DRUG USE]**

Q19. Based on the ads, please rate how likely or unlikely you are to do the following behaviors.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1  Not at all likely | 2 | 3 | 4 | 5 | 6  Extremely Likely |
| b. Ask your doctor to prescribe VOTREA |  |  |  |  |  |  |
| e. Take VOTREA if your doctor prescribed it |  |  |  |  |  |  |

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult were these questions to answer? * How did you choose your answers? * What did you think of the response scale? Are the numbers—1 to 6—easy to understand? |

**[ATTITUDE TOWARD USING DRUG**]

Q20. Please tell us how you feel about using VOTREA. Mark the number that most closely indicates your response.

Using VOTREA would be…

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |
| A | Bad |  |  |  |  |  |  | Good |
| B | Not useful |  |  |  |  |  |  | Useful |

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * How did you choose your answers? * What is meant by “bad”, “good,” “not useful”, “useful”? What do you think of these response choices? * Are there other words you would use instead? |

[**PERCEIVED ATTENTION TO AD**]

Q21. How much attention did you pay to the ad you saw about VOTREA?

* + None
  + Very little
  + Some
  + Quite a bit
  + A great deal

|  |
| --- |
| Cognitive Testing Probes   * Was it difficult to remember how much attention you paid to the ad? * What did you think of the response options? What is the difference between “quite a bit” of attention” and “a great deal” of attention? * How did you choose your answer? |

**[COGNITIVE ABILITY – SELF-REPORTED]**

Q22. How would you rate your ability to think quickly at the present time? Would you say your ability is…

Excellent

Very good

Good

Fair

Poor

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * What does an “ability to think quickly” mean to you? * What do you think of the order of response options? * What does “at the present time” mean to you? |

Q23. How would you rate your memory at the present time? Would you say your memory is…

Excellent

Very good

Good

Fair

Poor

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult was this question to answer? * What does “rate your memory” mean to you? * What do you think of when you see “rate your memory”? * What do you think of the order of response options? |

**[NEW SCREEN]**

Next you will see instructions for a new task.

**[NEW SCREEN]**

**[COGNITIVE ABILITY LETTER DIGIT SUBSTITUTION TASK]**

Please look at the key below. This key includes pairs of letters and numbers. For example “W” and “1” are a pair, “B” and “2” are a pair, and so on.

**KEY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W | B | T | P | V | D | G | C | J |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Use the key as a guide to fill in each blank square with the number that pairs with the letter above it. Try a practice round:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| T | W | C | G | J | V | B | D | P | V |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Cognitive Testing Probes   * How clear or unclear were the instructions here? |

**[NEW SCREEN]**

**KEY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W | B | T | P | V | D | G | C | J |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Over the next few screens you will see the same key and more blank squares. Continue to use the key as a guide to fill in each blank square with the number that pairs with the letter above it. You will be timed. Fill in as many squares as you can in 30 seconds.

When you are ready, click “Next” and the timer will begin.

[CLICK TO NEXT SCREEN]

[PROGRAMMER: This page should have a 30 second timer (that the participant cannot see). At the end of 30 seconds, advance to the next screen automatically.]

**KEY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W | B | T | P | V | D | G | C | J |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Q24. Fill in the blank squares using the key.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| P | D | V | B | T | D | P | W | B | J | D | T | C | V | G |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| J | P | W | C | B | V | J | D | P | C | G | W | T | B | V |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| T | G | V | B | P | W | C | V | D | J | W | J | G | D | C |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| G | T | J | C | W | C | G | D | J | P | B | V | T | C | B |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

[AUTOMATICALLY MOVE TO NEXT SCREEN]

Time is up. On the next screen, you will have 30 seconds to do a similar task.

When you are ready, click “Next” and the timer will begin.

[CLICK TO NEXT SCREEN]

[PROGRAMMER: This page should have a 30 second timer (that the participant cannot see). At the end of 30 seconds, advance to the next screen automatically.]

**KEY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W | B | T | P | V | D | G | C | J |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Q25. Fill in the blank squares using the key.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W | P | G | V | B | J | C | P | T | C | G | W | J | D | V |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| J | P | G | D | G | B | J | C | W | V | T | B | D | T | W |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| T | V | G | W | D | P | V | D | B | J | G | T | J | P | B |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W | C | T | V | P | B | J | G | W | D | V | C | T | P | G |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| P | T | D | C | B |
|  |  |  |  |  |

[AUTOMATICALLY MOVE TO NEXT SCREEN]

Time is up. Click next to continue with the rest of the survey.

|  |
| --- |
| Cognitive Testing Probes   * How clear or unclear were the instructions for this task? * Was it clear that you were being timed as you completed this task? * How easy or difficult was this task to complete? * What did you think of the layout of this task on the computer screen? |

[**SUBJECTIVE HEALTH LITERACY**]

Q26. How often do you have problems learning about any of your medical conditions because of difficulty understanding written information?

Never

Rarely

Sometimes

Often

Always

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * What did you think of when you saw the words “written information”? * What do you think of the response options? |

**[ILLNESS DIAGNOSIS]**

Q27. Have you ever been diagnosed with high cholesterol by a physician or other qualified medical professional?

Yes

No

Don’t know

**INTERVIEWER: Note the skip question here.**

**[PROGRAMMER NOTE: IF Q27=YES, ASK Q28. OTHERWISE, SKIP TO Q31]**

[**TIME SINCE TARGETED CONDITION DIAGNOSIS**]

Q28. When did a healthcare professional first tell you that you had high cholesterol?

Six months ago or less

More than six months ago but less than a year ago

A year ago or more but less than 5 years

Five years ago or longer

**[REPORTED IMPACT OF HIGH CHOLESTEROL]**

Q29. How much does having high cholesterol affect your daily activities?

1 2 3 4 5 6

Not at all A great

deal

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * What do you think of the response scale? What does “A great deal” mean to you? |

**[CURRENT PRESCRIPTION STATUS]**

Q30. Are you currently taking, or have you ever taken, any prescription drugs to lower your cholesterol?

Currently taking

Have taken in the past, but not currently taking

Have never taken

[**FALSE AD RECOGNITION TENDENCY**]

Q31. Have you ever seen any advertising for VOTREA before today?

Yes

No

Not sure

[**GENERAL PERCEPTION OF DRUG ADVERTISING**]

Q32. In general, how do you feel about ads on television for prescription drugs? Would you say the ads are…

1 2 3 4 5 6

Not at all Very useful

useful

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * What do you think of the response scale? * What did you think of when you saw the word “useful”? |

**[SELF-REPORTED HEARING LOSS]**

Q33. Do you feel you have a hearing loss?

Yes

No

Don’t know

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * What did you think of when you saw the term “hearing loss”? |

Q34. Do you need the television volume turned up loud when you are watching the television?

Yes

No

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? |

**[SELF-REPORTED SPEECH RECOGNITION]**

The following questions ask about your ability and experience hearing and listening in different situations. On a scale from 0 to 10, how well can you follow along in each situation?

|  | Not at all |  |  |  |  |  |  |  |  |  | Perfectly |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Q35a. You are talking with one other person and there is a TV on in the same room. Without turning the TV down, can you follow that the person you’re talking to says? |  |  |  |  |  |  |  |  |  |  |  |
| Q35b. You are in a group of about five people in a busy restaurant. You can see everyone else in the group. Can you follow the conversation? |  |  |  |  |  |  |  |  |  |  |  |
| Q35c. You are listening to someone talking to you, while at the same time trying to follow the news on TV. Can you follow what both people are saying? |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Cognitive Testing Probes   * How easy or difficult were these questions to answer? * How did you choose your answers? * What did you think of the response scale? Are the numbers—1 to 10—easy to understand? * Are the scale anchors—“Not at all” and “Perfectly”—easy to understand? |

Q35d. Do you frequently have to ask people to repeat themselves or misunderstand what they say?

Yes

No

Not sure

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * What did you think of when you saw the term “misunderstand”? |

Q35e. Do you have to concentrate hard when listening to a conversation or to the TV?

Yes

No

Not sure

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? * What did you think of when you saw the term “concentrate hard”? |

**[HEARING LOSS DIAGNOSIS]**

Q36. Before today, has a doctor or other health professional ever diagnosed you with a hearing loss?

Yes

No

Don’t know

**[HEARING AID USE]**

Q37. On an average day, do you use any of the following hearing devices? Check all that apply.

One or more hearing aids

Cochlear implant

Personal FM System

TV Ears (or a voice clarifying headset)

Other

None of the above

|  |
| --- |
| Cognitive Testing Probes   * What did you think of the response options? Should we list any other specific types of hearing devices? |

**INTERVIEWER: Note the skip questions here.**

**[PROGRAMMER: IF PARTICIPANT CHECKS ONLY “NONE OF THE ABOVE” IN Q37, SKIP Q38 – Q40.]**

**[FREQUENCY OF HEARING AID USE]**

Q38. Think about how much you used any hearing device over the past two weeks. On an average day, how many hours did you use the hearing device?

None

Less than 1 hour a day

1 to 4 hours a day

4 to 8 hours a day

More than 8 hours a day

|  |
| --- |
| Cognitive Testing Probes   * How did you choose your answer? |

**[HEARING AIDS DURING STUDY]**

**[PROGRAMMER: IF PARTICIPANT CHECKS MORE THAN ONE HEARING DEVICE IN Q37, ASK Q39A AND SKIP Q39B. IF PARTICIPANT CHECKS ONLY ONE HEARING DEVICE IN Q37, SKIP Q39A AND ASK Q39B.]**

Q39a. Are you using one of your hearing devices now (during this study)?

Yes

No

Q39b. Are you using your hearing device now (during this study)?

Yes

No

**INTERVIEWER: For cognitive interviews, skip Q40 and demographics questions but ask intention question at the end.**

**[PROGRAMMER: FOR COGNITIVE INTERVIEWS, SKIP Q40 FOR EVERYONE. PARTICIPANTS WILL NOT WEAR HEADPHONES DURING COGNITIVE INTERVIEWS.]**

Q40. Did the headphones that you wore for this study interfere with your hearing device at any time?

Yes

No

**[GENDER]**

Q41. What is your sex?

Male

Female

**[AGE]**

Q42. Please tell us your age.

\_\_\_ years old.

**[EDUCATION]**

Q43. What is the highest level of education you have completed?

* + Less than high school
  + High school graduate (high school diploma or GED)
  + Some college, but no degree
  + Associate’s degree (2-year)
  + Bachelor’s degree (4-year) (example: BA, BS)
  + Advanced or postgraduate degree (example: MA, MD, DDS, JD, PhD, EdD)

**[RACE/ETHNICITY]**

Q44. What is your race? (Select all that apply)

* American Indian or Alaska Native
* Asian
* Black or African-American
* Native Hawaiian or Other Pacific Islander
* White
* Some Other Race

Q45. Are you:

* + Hispanic or Latino
  + Not Hispanic or Latino

**[DRUG INFORMATION SEARCH BEHAVIOR]**

Q46. Would you like to see more information about VOTREA?

Yes, look for more information now

Yes, look for more information later

No, do not look for more information

**[DEBRIEFING]**

Thank You!

The purpose of this research is to learn about how people feel about information provided in ads and to learn how they use this information to understand how well prescription drugs work. VOTREA is not a real product and is not for sale. Please see your healthcare professional for questions about your health and your medical conditions.

You may exit the survey room to receive your reimbursement.

|  |
| --- |
| Cognitive Testing Probes   * What do you think about this information? * The last survey question asked if you would like to look for more information about VOTREA now or later. What do you think of that question, now that you know it is not a real drug? |