# 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]**

# FDA Drug Safety Communications Questionnaire DRAFT

**[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

[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

[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]

**FDA Drug Safety Communications Questionnaire DRAFT**

<span style="color:red">**[MAIN QUESTIONNAIRE]**</span>

<span style="color:red">**[EXPERIMENT 1 – DSC FORMATS]**</span>

<span style="color:blue">**[PROGRAMMER: DISPLAY THE FOLLOWING INSTRUCTION SCREEN BEFORE THE EXPERIMENT ONE STIMULUS]**</span>

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.

<span style="color:blue">**[PROGRAMMER: DISPLAY EXPERIMENT ONE STIMULUS BASED ON ASSIGNED CONDITION IN THE LOOKUP TABLE. THE TABLE BELOW INDICATES THE RELEVANT STIMULI]**</span>

| Experiment | Stimulus # | Content |
|---|---|---|
| 1 | 1 | Control<br>No Headings<br>No Bullets<br>No Bold |
| 1 | 2 | No Headings<br>No Bullets<br>Bold |
| 1 | 3 | No Headings<br>Bullets<br>Bold |
| 1 | 4 | Headings<br>Bullets<br>Bold |
| 1 | 5 | Headings<br>Bullets<br>No Bold |
| 1 | 6 | No Headings<br>Bullets<br>No Bold |
| 1 | 7 | Headings<br>No Bullets<br>Bold |
| 1 | 8 | Headings<br>No Bullets<br>No Bold |

# FDA Drug Safety Communications Questionnaire DRAFT

**[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]**

**FDA Drug Safety Communications Questionnaire DRAFT**

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]

# FDA Drug Safety Communications Questionnaire DRAFT

**[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]**

# FDA Drug Safety Communications Questionnaire DRAFT

[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

# FDA Drug Safety Communications Questionnaire DRAFT

**[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

# FDA Drug Safety Communications Questionnaire DRAFT

**[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 DRUB 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 DRUB B experience adverse events
- In one year, 54 people who take DRUB B will experience adverse events
- None of these statements are accurate **[DO NOT RANDOMIZE]**

# FDA Drug Safety Communications Questionnaire DRAFT

**[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

# FDA Drug Safety Communications Questionnaire DRAFT

**[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 | Stimulius # | 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

# FDA Drug Safety Communications Questionnaire DRAFT

**[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]**

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

# FDA Drug Safety Communications Questionnaire DRAFT

**[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

# FDA Drug Safety Communications Questionnaire DRAFT

**[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

# FDA Drug Safety Communications Questionnaire DRAFT

[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]

# FDA Drug Safety Communications Questionnaire DRAFT

**[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

_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