**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]**

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]**