Attachment A: Animation in DTC Advertising

Cognitive Interview Screener

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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 research study. I'm not selling or promoting any product. (Ask to speak to someone 18 years or older.)

The purpose of this study is to learn more about how people watch TV. 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 you \$100 at the end of the interview.

May I continue?

Yes → CONTINUE

No → [Thank respondent and end call.]

[SCREENER]

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

Yes → [Thank respondent and end call.]

No **→ CONTINUE**

[ILLNESS DIAGNOSIS]

2. Have you ever been diagnosed with any of the following health conditions by a doctor or other qualified health care provider? (*Select all that apply*) (Read all conditions.)

Angina → TERMINATE

Chronic Dry Eye **→ CONTINUE**

Chronic Pain → TERMINATE

Diabetes → TERMINATE

Hypertension → TERMINATE

Psoriasis **→ CONTINUE**

None of the above **→** TERMINATE

Don't know/Don't remember → TERMINATE

[If participant selects Chronic Dry Eye AND/OR Psoriasis
CONTINUE]

3. Do any of the following statements apply to you? (Read all applicable statements.)

[For people diagnosed with psoriasis only OR people with psoriasis and chronic dry eye]

I am currently taking medication for my psoriasis.
CONTINUE

I currently have psoriasis but I am not taking any medication for this condition. → **CONTINUE**

[For people diagnosed with chronic dry eye only OR people with psoriasis and chronic dry eye]

I am currently taking medication for my chronic dry eye. → CONTINUE I currently have chronic dry eye but I am not taking any medication for this condition. → CONTINUE

[If participant does not select any of the statements → TERMINATE]

[OCCUPATION]

4. What is your current occupation?

Healthcare provider (e.g., physician, nurse, counselor) → TERMINATE
Pharmaceutical employee (e.g., Pharma Rep) → TERMINATE
Department of Health and Human Services employee → TERMINATE
Market research employee or advertising employee → TERMINATE
Refused to answer → TERMINATE
None of the above → CONTINUE

[EDUCATION]

[QUOTA REQUIREMENT: Highest education level for 20% of sample must be high school graduate or less]

5. 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)

[AGE]

[Screen for a mix]

6. What year were you born? _____ [1998 or later → TERMINATE]

[SEX]

[Screen for a mix]

7. What is your sex?

Male

Female

[RACE/ETHNICITY]

[Screen for a mix]

8. Are you Hispanic or Latino?

Yes

No

9. What is your race?

White

Black / African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Pacific Islander

Other

[Closing for INELIGIBLE participants]

We're sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible for this study. 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.

[Closing for ELIGIBLE participants]

Thank you for answering these questions. Based on your responses, you appear to be eligible to participate in our study.

This study involves an advertisement for a new product. You will watch the ad and then you'll be asked some questions about it. The study will take about 60 minutes to complete and you will receive \$100 at the end. No one will try to sell you anything, and no one will call you later because you participated.

May I schedule your participation?

Yes **→ CONTINUE**

No → [Thank respondent and end call.]

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.

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: Recruiter:

Participant Information