Appendix B: Questionnaire

**PROGRAMMING NOTES:**

Overall

* All questions should be programmed onto a new page/screen. Other page/screen breaks (e.g., for instruction text) are noted throughout as applicable.
* Program progresses through the questioning in a “one-way” manner; participants should not be able to return to questions after they have answered them.
* Refused=-99; Valid Skip=-100
* Include one additional variable in the data set not shown in this document:

Respondent\_ID (a unique identifier).

Screener

* Responses to all questions are voluntary; if respondent does not answer a question, the respondent should stay on the same page and be shown the “MISSING ANSWER(S)” validation, after which they should be allowed to move to the next page/screen. If any of the screener questions are missing after validations, please terminate.
* If ineligible, display termination on new page/screen:

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.

Survey

* There are several places where language will need to be piped in depending on condition as outlined below. Text will be highlighted yellow (e.g., **[weight loss/migraines]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CONDITION** | **MEDICAL GROUP** | **DRUG** | **PIPE IN TEXT** |
| **Google** | 1 | Weight Loss | Drug X | Drug name: Drug X  Text Related to: Google, link, weight loss |
| 2 | Migraine | Drug Y | Drug name: Drug Y  Text Related to: Google, link, migraine |
| **Twitter** | 3 | Weight Loss | Drug X | Drug name: Drug X  Text Related to: Twitter, tweet, weight loss |
| 4 | Migraine | Drug Y | Drug name: Drug Y  Text Related to: Twitter, tweet, migraine |

**SCREENER**

**[INTRO TEXT]**

Thank you for your interest in participating in this study. Please make sure to answer all of the following questions during this initial screening process to determine if you are eligible to participate in this study.

**//NEW SCREEN//**

**Question Type:** Open End Numerical

**S1. How old are you?**

**Variable Label:** S1: How old are you?

|  |  |  |
| --- | --- | --- |
|  |  | years old |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |

**[RANDOMIZE ORDER OF S2­\_A, S2\_B]**

**Question Type:** Single Punch

**S2\_A.** **During the past three months, did you have a severe headache or migraine?**

Variable Label: S2\_A: During the past three months, did you have a severe headache or migraine?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| -99 | Refused |

**Question Type:** Single Punch

**S2\_B.**

**During the past 12 months, have you tried to lose weight?** Variable Label: S2\_B: Lose Weight

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| -99 | Refused |

**Question Type:** Single Punch

**S3. Are you trained or employed as a health care professional?**   
**Variable Label:** S3: Are you trained or employed as a health care professional?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| -99 | Refused |

**Question Type:** Single Punch

**S4. Do you work for a pharmaceutical company, an advertising agency, or a market research company?**

**Variable Label:** S4: Do you work for a pharmaceutical company, an advertising agency, or a market research company?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| -99 | Refused |

**Question Type:** Single Punch

**S5.** **When, if ever, was the last time you participated in a marketing research study?**

**Variable Label:** S5: When, if ever, was the last time you participated in a marketing research study?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Within the past three months |
| 02 | More than three months ago |
| 03 | Never |
| -99 | Refused |

**Question Type: Single Punch**

**S6. In the past 12 months, how often have you used the Internet?**

**Variable Label: S6: In the past 12 months, how often have you used the Internet?**

**(online behavior)**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Daily |
| 02 | A few times a week |
| 03 | Once a week |
| 04 | Less than once a week |
| 05 | Never |
| -99 | Refused |
| -100 | Valid Skip |

**[PLEASE TERMINATE IF S6=04 OR S6=05 OR S6=-99 OR S6=-100]**

**Question Type:** Single Punch

**S7. What is the HIGHEST level of school you have completed or the highest degree you have received?**

**Variable Label:** S7: What is the HIGHEST level of school you have completed or the highest degree you have received?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | 11th grade or below |
| 02 | 12th grade, no diploma |
| 03 | GED or equivalent |
| 04 | High School Graduate |
| 05 | Some college, no degree |
| 06 | Associate degree: occupational, technical, or vocational program |
| 07 | Associate degree: academic program |
| 08 | Bachelor's degree (Example: BA, AB, BS, BBA) |
| 09 | Master's, professional school, or doctoral degree (Example: M.A., M.S., M.B.A., M.D., J.D., D.V.M., Ph.D.) |
| -99 | Refused |

**Question Type:** Single Punch

**S8. Are you:**

**Variable Label:** S8: Are you (Male/Female)?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Male |
| 02 | Female |
| -99 | Refused |

**Question Type:** Single Punch

**S9. Are you Hispanic or Latino?**

**Variable Label:** S9: Are you Hispanic or Latino?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Hispanic or Latino |
| 00 | Not Hispanic or Latino |
| -99 | Refused |

**Question Type:** Multiple Punch

**S10. What is your race? You may select one or more races.**

**Variable Label:** S10: What is your race? You may select one or more races.

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | American Indian or Alaska Native |
| 02 | Asian |
| 03 | Black or African American |
| 04 | Native Hawaiian or other Pacific Islander |
| 05 | White |
| 06 | Some other race |
| -99 | Refused |

**Question Type:** Single Punch

**S11. What state do you live in? *Please select only one answer.***

**Variable Label:** S11:What state do you live in?

|  |  |  |  |
| --- | --- | --- | --- |
| **Value** | **Value Label** | **Value** | **Value Label** |
| 01 | Alabama | 27 | Montana |
| 02 | Alaska | 28 | Nebraska |
| 03 | Arizona | 29 | Nevada |
| 04 | Arkansas | 30 | New Hampshire |
| 05 | California | 31 | New Jersey |
| 06 | Colorado | 32 | New Mexico |
| 07 | Connecticut | 33 | New York |
| 08 | Delaware | 34 | North Carolina |
| 09 | District of Columbia (D.C.) | 35 | North Dakota |
| 10 | Florida | 36 | Ohio |
| 11 | Georgia | 37 | Oklahoma |
| 12 | Hawaii | 38 | Oregon |
| 13 | Idaho | 39 | Pennsylvania |
| 14 | Illinois | 40 | Rhode Island |
| 15 | Indiana | 41 | South Carolina |
| 16 | Iowa | 42 | South Dakota |
| 17 | Kansas | 43 | Tennessee |
| 18 | Kentucky | 44 | Texas |
| 19 | Louisiana | 45 | Utah |
| 20 | Maine | 46 | Vermont |
| 21 | Maryland | 47 | Virginia |
| 22 | Massachusetts | 48 | Washington |
| 23 | Michigan | 49 | West Virginia |
| 24 | Minnesota | 50 | Wisconsin |
| 25 | Mississippi | 51 | Wyoming |
| 26 | Missouri | -99 | Refused |

**[DETERMINE ELIGIBILITY FOR STUDIES]**

|  |  |  |
| --- | --- | --- |
| **S2\_A (Migraine)** | **S2\_B (Weight Loss)** | **ELIGIBILITY** |
| Yes | Yes | Randomize to Migraine or Weight Loss |
| Yes | No | Migraine Study |
| No | Yes | Weight Loss Study |
| No | No | Not Eligible for Either Study |

**[IF S1 = Under 18, THEN INELIGIBLE. THANK AND TERMINATE.]**

**[IF S3 = 1 (“Yes”), THEN INELIGIBLE. THANK AND TERMINATE.]**

**[IF S4 = 1 (“Yes”), THEN INELIGIBLE. THANK AND TERMINATE.]**

**[IF S5 = 01 (“Within the past three months”), THEN INELIGIBLE. THANK AND TERMINATE.]**

**[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.

**//NEW SCREEN//**

**[DISPLAY IF ELIGIBLE]**

You are eligible to participate in the current study. Please click the button below to read through our consent form and continue to the survey.

**[RANDOMIZE PARTICIPANTS TO RISK LOCATION (EITHER IN CHARACTER-SPACE-LIMITED COMMUNICATION OR ON LANDING PAGE)]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **STUDY** | **MEDICAL GROUP** | **RISK LOCATION** |
| **Google** | 1 | Weight Loss-eligible | Character-Space-Limited Communication:  Drugx® (TBD)  [*Ad*] www.DrugX.com/risk [*ꜜ*]  For adult weight loss with diet & exercise-DO NOT TAKE with aspirin |
| Landing Page:  Drugx® (TBD)  [*Ad*] www.DrugX.com/risk [*ꜜ*]  For adult weight loss with diet & exercise-Important Risk Information |
| 2 | Migraine-eligible | Character-Space-Limited Communication:  DrugY® (TBD)  [*Ad*] www.DrugY.com/risk [*ꜜ*]  For adult migraine with aura-May cause sudden increase in heart rate |
| Landing Page:  DrugY® (TBD)  [*Ad*] www.DrugY.com/risk [*ꜜ*]  For adult migraine with aura-Important Risk Information |
| **Twitter** | 3 | Weight Loss-eligible | Character-Space-Limited Communication:  DrugX® (TBD) #DrugX for adult weight loss with diet & exercise-DO NOT TAKE with aspirin [www.DrugX.com/risk](http://www.DrugX.com/risk) |
| Landing Page:  DrugX® (TBD) #DrugX for adult weight loss with diet & exercise-Important Risk Information [www.DrugX.com/risk](http://www.DrugX.com/risk) |
| 4 | Migraine-eligible | Character-Space-Limited Communication:  DrugY® (TBD) #DrugY for adult migraine with aura-May cause sudden increase in heart rate [www.DrugY.com/risk](http://www.DrugY.com/risk) |
| Landing Page:  DrugY® (TBD) #DrugY for adult migraine with aura-Important Risk Information [www.DrugY.com/risk](http://www.DrugY.com/risk) |

**SURVEY**

**//NEW SCREEN//**

**[MAIN STUDY INTRODUCTION TEXT]**

**INTRODUCTION**

Thank you for agreeing to participate in this study today. This study is about online medical information. We will show you a **[Google/Twitter]** page and then ask you some questions about it.

**//NEW SCREEN//**

**INSTRUCTIONS**

We are going to show you a **[Google search/Twitter]** web page with information about **[weight loss/migraines]**.

You can click any links you like on the [Google/Twitter] page, but please note that links on other web pages may be deactivated. Please click the red ‘Close’ button to exit the linked pages. After you have finished viewing the page, please click the green button in the top right to advance.

[RANDOMIZE GOAL INSTRUCTION]

[Randomly assign participants to see one goal instruction. We will use cognitive interviews and pretesting to choose one browse goal and one search goal instruction for the main studies] (Goal manipulations: Detlor, Sproule, & Gupta, 2003; Pieters & Wedel, 2007; Rose & Levinson, 2004; Schlosser, 2003)

|  |  |
| --- | --- |
| **Browse (undirected informational) goal** | |
| BROWSE1 | We’d like you to browse the information. Please look at whatever you consider interesting. |
| BROWSE2 | Please let your interests guide you as you browse the information. |
| **Search (directed informational) goal** | |
| SEARCH1 | We’d like you to search the information. Please look for information on **[weight loss/migraine]** treatment. |
| SEARCH2 | Please use this time to learn about treatments for **[weight loss/migraines]**. |
| SEARCH3 | We’d like you to search the information. Please look for information on specific **[weight loss/migraine]** prescription drugs. |
| SEARCH4 | Please use this time to gather facts about specific prescription drugs for **[weight loss/migraines]** |

**//NEW SCREEN//**

**[PIPE IN RANDOMIZED GOAL INSTRUCTION]** Feel free to click any links you want. Once you finish viewing the web page, please click the Next button.

**[DIRECT PARTICIPANTS TO APPROPRIATE STIMULI ACCORDING TO CONDITION]**

**//NEW SCREEN//**

**Question Type:** Single Punch

**Q1. Were you able to view and explore the [Google/Twitter] page?**

**Variable Label:** Q1: Were you able to view and explore the [Google/Twitter] page?

(Stimuli Viewing)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| 02 | Not Sure |
| -99 | Refused |

**[IF Q1= 00 (“No”) OR Q1= 02 (“NOT SURE”) OR Q1=-99 (“REFUSED”), TERMINATE]**

**[For remaining survey items, if participant does not provide response, prompt with, “Are you sure you don’t want to provide a response?” before allowing to continue.]**

**[P\_Q1A will be asked in the pre-tests only]**

**Question Type:** Multiple Punch

**P\_Q1A. During the task, what kind of information did you look at?**

**[Randomize options P\_Q1A\_1- P\_Q1A\_4; keep P\_Q1A\_other last.]**

[PLACEHOLDER; RESPONSE OPTIONS WILL BE DETERMINED BY COGNITIVE INTERVIEWS]

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| P\_Q1A\_1 | Just scrolled through links/tweets | P\_Q1A\_1: Just scrolled through links/tweets |
| P\_Q1A\_2 | Looked for specific information about weight loss/migraines | P\_Q1A\_2: Looked for information about weight loss/migraines |
| P\_Q1A\_3 | Looked for specific information about treatments for weight loss/migraines | P\_Q1A\_3: Looked for information about treatments for weight loss/migraines |
| P\_Q1A\_4 | Looked for specific information about prescription drugs | P\_Q1A\_4: Looked for information about prescription drugs |
| P\_Q1A\_other | Other (please specify) | P\_Q1A\_other |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Open Ended Essay **P\_Q1A\_other\_ver**

**Variable Label:** P\_Q1A\_other\_ver:Other [Text Box]

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Grid

**Q2X/Q2Y. Did you:**

(stimuli exposure)

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q2X/Q2Y\_A | Notice a [link/tweet] about a prescription drug called [Drug X/Drug Y]? | Q2X/Q2Y\_A: Notice a [link/tweet] about [Drug X/Drug Y]? |
| Q2X/Q2Y\_B | Read a [link/tweet] about [Drug X/Drug Y]? | Q2X/Q2Y\_B: Read a [link/tweet] about [Drug X/Drug Y]? |
| Q2X/Q2Y\_C | Click on a [link/tweet] about [Drug X/Drug Y]? | Q2X/Q2Y\_C: Click on a [link/tweet] about [Drug X/Drug Y]? |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| 02 | Not Sure |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Open Ended Essay **Q3X/Q3Y.**

[If [Q2X\_C/Q2Y\_C = “Yes”, ask [Q3X\_A/Q3Y\_A]

Q3X\_A/Q3Y\_A. Why did you click on the [link/tweet] for [Drug X/Drug Y]?

[If [Q2X\_C/Q2Y\_C = “No”, ask [Q3X\_B/Q3Y\_B]

Q3X\_B/Q3Y\_B. Why didn’t you click on the [link/tweet] for [Drug X/Drug Y]?

**Variable Label:** Q3X/Q3Y: Reason for clicking decision[Text Box]

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

**//NEW SCREEN//**

We are now going to ask you some questions about **[Drug X, a prescription drug for weight loss / Drug Y, a prescription drug to treat migraines]**. Even if you didn’t see any information about [**Drug X/ Drug Y**], please try your best to answer the following questions.

**//NEW SCREEN//**

**[Questions in green may be deleted based on cognitive interviews and pretesting]**

**Question Type:** Open Ended Essay

**Q4X. According to the information about Drug X, you should not take Drug X with…**

**Variable Label:** Q4X: According to the information about Drug X, you should not take Drug X with…

(contraindication recall)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE: aspirin]

**Question Type:** Open Ended Essay

**Q4Y. According to the information about Drug Y, you should not take Drug Y if…**

**Variable Label:** Q4Y: According to the information about Drug Y, you should not take Drug Y if…

(contraindication recall)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE: you are allergic to any of its ingredients]

**Question Type:** Open Ended Essay

**Q5X. What side effects and negative outcomes can Drug X cause?**

**Variable Label:** Q5X: What side effects and negative outcomes can Drug X cause?

(side effect recall)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE: rash, hip or spinal fracture, heart conditions, stomach pain, gas, headache, itching]

**Question Type:** Open Ended Essay

**Q5Y. What side effects and negative outcomes can Drug Y cause?**

**Variable Label:** Q5Y: What side effects and negative outcomes can Drug Y cause?

(side effect recall)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE: increased heart rate, increased appetite, metallic taste, dry mouth, headache, seizures, allergy/allergic reaction]

**Question Type:** Open Ended Essay

**Q6X. What side effect would cause a person to stop taking Drug X and call a doctor immediately?**

**Variable Label:** Q6X: What side effect would cause a person to stop taking Drug X and call a doctor immediately?

(side effect recall)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE: severe rash]

**Question Type:** Open Ended Essay

**Q6Y. What side effect would cause a person to stop taking Drug Y and call a doctor immediately?**

**Variable Label:** Q6Y: What side effect would cause a person to stop taking Drug Y and call a doctor immediately?

(side effect recall)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE: sudden increased heart rate]

**Question Type:** Grid

**Q7X/Q7Y. According to the drug information, you should not take [Drug X/ Drug Y]:** (contraindication recognition)

**[RANDOMIZE ITEMS A-D]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q7X/Q7Y\_A | With aspirin | Q7X/Q7Y\_A: With aspirin |
| Q7X/Q7Y\_B | If you have high blood pressure | Q7X/Q7Y\_B: If you have high blood pressure |
| Q7X/Q7Y\_C | Before planned medical or dental procedures | Q7X/Q7Y\_C: Before planned medical or dental procedures |
| Q7X/Q7Y\_D | When drinking alcohol | Q7X/Q7Y\_D: When drinking alcohol |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | True |
| 02 | False |
| 03 | Don’t Know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE Q7X\_A With aspirin = (01 - ‘True’)]

[CORRECT RESPONSE Q7Y\_A With aspirin = (02 - ‘False’)]

[CORRECT RESPONSE Q7X\_B If you are allergic to any of its ingredients = (02 - ‘False’)]

[CORRECT RESPONSE Q7Y\_B If you have high blood pressure = (01 - ‘True’)]

[CORRECT RESPONSE Q7X\_C Before planned medical or dental procedures = (02 - ‘False’)]

[CORRECT RESPONSE Q7Y\_C Before planned medical or dental procedures = (02 - ‘False’)]

[CORRECT RESPONSE Q7X\_D When drinking alcohol = (02 - ‘False’)

[CORRECT RESPONSE Q7Y\_D When drinking alcohol = (02 - ‘False’)]Question Type: Grid

**Q8X. Drug X may cause:**

(side effect recognition)

**[RANDOMIZE ITEMS A-H]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q8X\_A | Severe rash | Q8X\_A: Severe rash |
| Q8X\_B | Hip or spinal fracture | Q8X\_B: Hip or spinal fracture |
| Q8X\_C | Heart conditions | Q8X\_C: Heart conditions |
| Q8X\_D | Stomach pain | Q8X\_D: Stomach pain |
| Q8X\_E | Metallic taste | Q8X\_E: Metallic taste |
| Q8X\_F | Dry mouth | Q8X\_F: Dry mouth |
| Q8X\_G | Liver disease | Q8X\_G: Liver disease |
| Q8X\_H | Kidney disease | Q8X\_H: Kidney disease |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | True |
| 02 | False |
| 03 | Don’t Know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE Q8X\_A Severe rash = (01 - ‘True’)]

[CORRECT RESPONSE Q8X\_B Hip or spinal fracture = (01 - ‘True’)]

[CORRECT RESPONSE Q8X\_C Heart conditions = (01 - ‘True’)]

[CORRECT RESPONSE Q8X\_D Stomach pain = (01 - ‘True’)]

[CORRECT RESPONSE Q8X\_E Metallic taste = (02 - ‘False’)]

[CORRECT RESPONSE Q8X\_F Dry mouth = (02 - ‘False’)]

[CORRECT RESPONSE Q8X\_G Liver disease = (02 - ‘False’)]

[CORRECT RESPONSE Q8X\_H Kidney disease = (02 - ‘False’)]

Question Type: Grid

**Q8Y. Drug Y may cause:**

(side effect recognition)

**[RANDOMIZE ITEMS A-H]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q8Y\_A | Severe rash | Q8Y\_A: Severe rash |
| Q8Y\_B | Hip or spinal fracture | Q8Y\_B: Hip or spinal fracture |
| Q8Y\_C | Stomach pain | Q8Y\_D: Stomach pain |
| Q8Y\_D | Bruising | Q8Y\_D: Bruising |
| Q8Y\_E | Metallic taste | Q8Y\_E: Metallic taste |
| Q8Y\_F | Dry mouth | Q8Y\_F: Dry mouth |
| Q8Y\_G | Sudden increase in heart rate | Q8Y\_G: Heart rate |
| Q8Y\_H | Increased appetite | Q8Y\_H: Increased Appetite |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | True |
| 02 | False |
| 03 | Don’t Know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE Q8Y\_A Severe rash = (02 - ‘False’)]

[CORRECT RESPONSE Q8Y\_B Hip or spinal fracture = (02 - ‘False’)]

[CORRECT RESPONSE Q8Y\_C Stomach pain = (02 - ‘False’)]

[CORRECT RESPONSE Q8Y\_D Bruising = (02 - ‘False’)]

[CORRECT RESPONSE Q8Y\_E Metallic taste = (01 - ‘True’)]

[CORRECT RESPONSE Q8Y\_F Dry mouth = (01 - ‘True’)]

[CORRECT RESPONSE Q8Y\_G Increased heart rate = (01 - ‘True’)]

[CORRECT RESPONSE Q8Y\_H Increased appetite = (01 - ‘True’)]

**Question Type:** Single Punch

**Q9X. What is Drug X used for?**

**Variable Label:** Q9X: What is Drug X used for?

(benefit recognition)

**[RANDOMIZE response options except 04 “None of the above” and 05 “Don’t know”]**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Weight loss with diet and exercise |
| 02 | Weight loss in people with a BMI over 30 |
| 03 | Weight loss within one month |
| 04 | None of the above |
| 05 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE = (01) Weight loss with diet and exercise]

**Question Type:** Single Punch

**Q9Y. What is Drug Y used for?**

**Variable Label:** Q9Y: What is Drug Y used for?

(benefit recognition)

**[RANDOMIZE response options except 04 “None of the above” and 05 “Don’t know”]**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Migraine with aura |
| 02 | Migraine without aura |
| 03 | Migraine with or without aura |
| 04 | None of the above |
| 05 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE = (01) Migraine with aura]

**Question Type:** Single Punch

**P\_Q2X. Which of the following statements appeared in the [tweet/link] for Drug X?**

**Variable Label:** P\_Q2X: Which of the following statements appeared in the [tweet/link] for Drug X?

(manipulation awareness)

**[RANDOMIZE response options except 05 “None of the above” and 06 “Don’t know”]**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | For adult weight loss with diet & exercise-DO NOT TAKE with aspirin |
| 02 | For adult weight loss with diet & exercise-Important Risk Information |
| 03 | For adult weight loss with diet & exercise-See your doctor for Important Risk Information |
| 04 | For adult weight loss with diet & exercise-DO NOT TAKE with alcohol |
| 05 | None of the above |
| 06 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE FOR “risk” condition: (01) For adult weight loss with diet & exercise-DO NOT TAKE with aspirin]

[CORRECT RESPONSE FOR “no risk” condition: (02) For adult weight loss with diet & exercise-Important Risk Information]

**[P\_Q2Y will be asked in the pre-tests only]**

**Question Type:** Single Punch

**P\_Q2Y. Which of the following statements appeared in the [tweet/link] for Drug Y?**

**Variable Label:** P\_Q2Y: Which of the following statements appeared in the [tweet/link] for Drug Y?

(manipulation awareness)

**[RANDOMIZE response options except 05 “None of the above” and 06 “Don’t Know”]**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | For adult migraine with aura-May cause sudden increase in heart rate |
| 02 | For adult migraine with aura-Important Risk Information |
| 03 | For adult migraine with aura-See your doctor for Important Risk Information |
| 04 | For adult migraine with aura-May cause vertigo |
| 05 | None of the above |
| 06 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE FOR “risk” condition: (01) For adult migraine with aura-May cause sudden increase in heart rate]

[CORRECT RESPONSE FOR “no risk” condition: (02) For adult migraine with aura-Important Risk Information]

**[Questions in green may be deleted based on cognitive interviews and pretesting]**

**[Randomize Order: Q10X/Q10Y & Q11X/Q11Y first OR Q12X/Q12Y& Q13X/Q13Y first]**

**Question Type:** Table Scale

**Q10X/Q10Y. How likely do you think it is that you would experience at least one side effect if you took [Drug X/ Drug Y]?**

**Variable Label:** Q10X/Q10Y: How likely do you think it is that you would experience at least one side effect if you took [Drug X/ Drug Y]?

(perceived risk likelihood)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all likely | Slightly likely | Somewhat likely | Extremely  likely |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale

**Q11X/Q11Y. How serious are [Drug X/ Drug Y]’s side effects?**

**Variable Label:** Q11X/Q11Y. How serious are [Drug X/ Drug Y]’s side effects?

(perceived risk magnitude)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all serious | Slightly serious | Somewhat serious | Extremely  serious |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale

**Q12X/Q12Y. How likely do you think it is that [Drug X/ Drug Y] would [help with weight loss/treat migraines] if you took it?**

**Variable Label**: Q12X/Q12Y: How likely do you think it is that [Drug X/ Drug Y] would [help with weight loss/treat migraines] if you took it?

(perceived efficacy likelihood)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all likely | Slightly likely | Somewhat likely | Extremely  likely |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale

**Q13X/113Y. How effectively would [Drug X/ Drug Y] [help with weight loss/treat migraines]?** **Variable Label**: Q13X/113Y: How effective is [Drug X/ Drug Y] in helping with [weight loss/ treating migraines]?

(perceived efficacy magnitude)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all effective | Slightly effective | Somewhat effective | Extremely  effective |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Grid

**Q14X/Q14Y. Based on the information presented about [Drug X/ Drug Y], how do the side effects of [Drug X/ Drug Y] compare to the benefits of [Drug X/ Drug Y]? Please indicate how much you agree or disagree with each of these statements:**

(benefit-risk tradeoff)

**[RANDOMIZE ITEMS A-C]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q14X/Q14Y\_A | The benefits of [Drug X/ Drug Y] outweigh any side effects it may have. | Q14X/Q14Y\_A: The benefits of [Drug X/ Drug Y] outweigh any side effects it may have. |
| Q14X/Q14Y\_B | The potential side effects of taking [Drug X/ Drug Y] cancel out any possible benefits of taking it. | Q14X/Q14Y\_B: The potential side effects of taking [Drug X/ Drug Y] cancel out any possible benefits of taking it. |
| Q14X/Q14Y\_C | The benefits of [Drug X/ Drug Y] are worth the possible side effects. | Q14X/Q14Y\_C: The benefits of [Drug X/ Drug Y] are worth the possible side effects. |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Strongly disagree |
| 02 | Disagree |
| 03 | Somewhat Disagree |
| 04 | Somewhat Agree |
| 05 | Agree |
| 06 | Strongly agree |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**//NEW SCREEN//**

Now we’d like to show you the web page again, with the [**tweet/link**] for [**Drug X/ Drug Y**] highlighted. After you have had a chance to look at the highlighted [**tweet/link**], we will ask you a few more questions about it.

**[DIRECT PARTICIPANTS TO APPROPRIATE STIMULI, HIGHLIGHTING THE TWEET/LINK]**

**//NEW SCREEN//**

**Question Type:** Grid

**Q7XPOST/Q7YPOST. According to the drug information, you should not take [Drug X/ Drug Y]:** (contraindication recognition)

**[RANDOMIZE ITEMS A-D]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q7XPOST/Q7YPOST\_A | With aspirin | Q7XPOST/Q7YPOST\_A: POST Contraindication – aspirin |
| Q7XPOST/Q7YPOST\_B | If you have high blood pressure | Q7XPOST/Q7YPOST\_B: POST Contraindication – high blood pressure |
| Q7XPOST/Q7YPOST\_C | Before planned medical or dental procedures | Q7XPOST/Q7YPOST\_C: POST Contraindication – dental |
| Q7XPOST/Q7YPOST\_D | When drinking alcohol | Q7XPOST/Q7YPOST\_D: POST Contraindication – alcohol |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | True |
| 02 | False |
| 03 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE Q7XPOST\_A With aspirin = (01 - ‘True’)]

[CORRECT RESPONSE Q7YPOST\_A With aspirin = (02 - ‘False’)]

[CORRECT RESPONSE Q7XPOST\_B If you are allergic to any of its ingredients = (02 - ‘False’)]

[CORRECT RESPONSE Q7YPOST\_B If you are allergic to any of its ingredients = (01 - ‘True’)]

[CORRECT RESPONSE Q7XPOST\_C Before planned medical or dental procedures = (02 - ‘False’)]

[CORRECT RESPONSE Q7YPOST\_C Before planned medical or dental procedures = (02 - ‘False’)]

[CORRECT RESPONSE Q7XPOST\_D When drinking alcohol = (02 - ‘False’)]

[CORRECT RESPONSE Q7YPOST\_D When drinking alcohol = (02 - ‘False’)]Question Type: Grid

**Q8XPOST. Drug X may cause:**

(side effect recognition)

**[RANDOMIZE ITEMS A-H]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q8XPOST\_A | Severe rash | Q8XPOST\_A: POST Side effect – Severe rash |
| Q8XPOST\_B | Hip or spinal fracture | Q8XPOST\_B: POST Side effect – Hip or spinal fracture |
| Q8XPOST\_C | Heart conditions | Q8XPOST\_C: POST Side effect – Heart conditions |
| Q8XPOST\_D | Stomach pain | Q8XPOST\_D: POST Side effect – Stomach pain |
| Q8XPOST\_E | Metallic taste | Q8XPOST\_E: POST Side effect – Metallic taste |
| Q8XPOST\_F | Dry mouth | Q8XPOST\_F: POST Side effect – Dry mouth |
| Q8XPOST\_G | Liver disease | Q8XPOST\_G: POST Side effect – Liver disease |
| Q8XPOST\_H | Kidney disease | Q8XPOST\_H: POST Side effect – Kidney disease |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | True |
| 02 | False |
| 03 | Don’t Know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE Q8XPOST\_A Severe rash = (01 - ‘True’)]

[CORRECT RESPONSE Q8XPOST\_B Hip or spinal fracture = (01 - ‘True’)]

[CORRECT RESPONSE Q8XPOST\_C Heart conditions = (01 - ‘True’)]

[CORRECT RESPONSE Q8XPOST\_D Stomach pain = (01 - ‘True’)]

[CORRECT RESPONSE Q8XPOST\_E Metallic taste = (02 - ‘False’)]

[CORRECT RESPONSE Q8XPOST\_F Dry mouth = (02 - ‘False’)]

[CORRECT RESPONSE Q8XPOST\_G Liver disease = (02 - ‘False’)]

[CORRECT RESPONSE Q8XPOST\_H Kidney disease = (02 - ‘False’)]

**Question Type:** Grid

**Q8YPOST. Drug Y may cause:**

(side effect recognition)

**[RANDOMIZE ITEMS A-H]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q8YPOST\_A | Severe rash | Q8YPOST\_A: POST Side effect – Severe rash |
| Q8YPOST\_B | Hip or spinal fracture | Q8YPOST\_B: POST Side effect – Hip or spinal fracture |
| Q8YPOST\_C | Stomach pain | Q8YPOST\_D: POST Side effect - Stomach pain |
| Q8YPOST\_D | Bruising | Q8YPOST\_D: POST Side effect - Bruising |
| Q8YPOST\_E | Metallic taste | Q8YPOST\_E: POST Side effect - Metallic taste |
| Q8YPOST\_F | Dry mouth | Q8YPOST\_F: POST Side effect - Dry mouth |
| Q8YPOST\_G | Sudden increase in heart rate | Q8YPOST\_G: POST Side effect - Sudden increase in heart rate |
| Q8YPOST\_H | Increased appetite | Q8YPOST\_H: POST Side effect - Increased Appetite |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | True |
| 02 | False |
| 03 | Don’t Know |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE Q8YPOST\_A Severe rash = (02 - ‘False’)]

[CORRECT RESPONSE Q8YPOST\_B Hip or spinal fracture = (02 - ‘False’)]

[CORRECT RESPONSE Q8YPOST\_C Stomach pain = (02 - ‘False’)]

[CORRECT RESPONSE Q8YPOST\_D Bruising = (02 - ‘False’)]

[CORRECT RESPONSE Q8YPOST\_E Metallic taste = (01 - ‘True’)]

[CORRECT RESPONSE Q8YPOST\_F Dry mouth = (01 - ‘True’)]

[CORRECT RESPONSE Q8YPOST\_G Increased heart rate = (01 - ‘True’)]

[CORRECT RESPONSE Q8YPOST\_H Increased appetite = (01 - ‘True’)]

**Question Type:** Single Punch

**Q9XPOST. What is Drug X used for?**

**Variable Label:** Q9XPOST : What is Drug X used for?POST

(benefit recognition)

**[RANDOMIZE response options except 04 “None of the above”]**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Weight loss with diet and exercise |
| 02 | Weight loss in people with a BMI over 30 |
| 03 | Weight loss within one month |
| 04 | None of the above |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE = (01) Weight loss with diet and exercise]

**Question Type:** Single Punch

**Q9YPOST. What is Drug Y used for?**

**Variable Label:** Q9YPOST: What is Drug Y used for? POST

(benefit recognition)

**[RANDOMIZE response options except 04 “None of the above”]**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Migraine with aura |
| 02 | Migraine without aura |
| 03 | Migraine with or without aura |
| 04 | None of the above |
| -99 | Refused |
| -100 | Valid Skip |

[CORRECT RESPONSE = (01) Migraine with aura]

**[Randomize Order: Q10X/Q10Y & Q11X/Q11Y first OR Q12X/Q12Y& Q13X/Q13Y first]**

**Question Type:** Table Scale

**Q10X/Q10Y. How likely do you think it is that you would experience at least one side effect if you took [Drug X/ Drug Y]?**

**Variable Label:** Q10X/Q10Y: How likely do you think it is that you would experience at least one side effect if you took [Drug X/ Drug Y]?

(perceived risk likelihood)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all likely | Slightly likely | Somewhat likely | Extremely  likely |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale

**Q11X/Q11Y. How serious are [Drug X/ Drug Y]’s side effects?**

**Variable Label:** Q11X/Q11Y. How serious are [Drug X/ Drug Y]’s side effects?

(perceived risk magnitude)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all serious | Slightly serious | Somewhat serious | Extremely  serious |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale

**Q12X/Q12Y. How likely do you think it is that [Drug X/ Drug Y] would [help with weight loss/treat migraines] if you took it?**

**Variable Label**: Q12X/Q12Y: How likely do you think it is that [Drug X/ Drug Y] would [help with weight loss/treat migraines] if you took it?

(perceived efficacy likelihood)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all likely | Slightly likely | Somewhat likely | Extremely  likely |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale

**Q13X/113Y. How effectively would [Drug X/ Drug Y] [help with weight loss/treat migraines]?** **Variable Label**: Q13X/113Y: How effective is [Drug X/ Drug Y] in helping with [weight loss/ treating migraines]?

(perceived efficacy magnitude)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all effective | Slightly effective | Somewhat effective | Extremely  effective |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Grid

**Q14X/Q14Y. Based on the information presented about [Drug X/ Drug Y], how do the side effects of [Drug X/ Drug Y] compare to the benefits of [Drug X/ Drug Y]? Please indicate how much you agree or disagree with each of these statements:**

(benefit-risk tradeoff)

**[RANDOMIZE ITEMS A-C]**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q14X/Q14Y\_A | The benefits of [Drug X/ Drug Y] outweigh any side effects it may have. | Q14X/Q14Y\_A: The benefits of [Drug X/ Drug Y] outweigh any side effects it may have. |
| Q14X/Q14Y\_B | The potential side effects of taking [Drug X/ Drug Y] cancel out any possible benefits of taking it. | Q14X/Q14Y\_B: The potential side effects of taking [Drug X/ Drug Y] cancel out any possible benefits of taking it. |
| Q14X/Q14Y\_C | The benefits of [Drug X/ Drug Y] are worth the possible side effects. | Q14X/Q14Y\_C: The benefits of [Drug X/ Drug Y] are worth the possible side effects. |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Strongly disagree |
| 02 | Disagree |
| 03 | Somewhat Disagree |
| 04 | Somewhat Agree |
| 05 | Agree |
| 06 | Strongly agree |
| 07 | Don’t know |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch

**Q29X/Q29Y. How likely are you to search for more information about Drug X/Drug Y after this session?**

**Variable Label:** Q29X/Q29Y:How likely are you to search for more information about [Drug X/ Drug Y] after this session?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all likely | Slightly likely | Somewhat likely | Extremely  likely |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch

**Q30X/Q30Y. How likely are you to ask your doctor about [Drug X/ Drug Y]?**

**Variable Label:** Q30X/Q30Y:How likely are you to ask your doctor about [Drug X/ Drug Y]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 |
| **Value Label** | Not at all likely | Slightly likely | Somewhat likely | Extremely  likely |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

**Q25. Had you ever seen an ad for [Drug X/ Drug Y] before today?**

**Variable Label:** Q25: Had you ever seen an ad for [Drug X/ Drug Y] before today?

(check)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| 02 | Not Sure |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale Grid

**Q20X/Q20Y. To me, this [Google-sponsored link/tweet] for [weight loss/migraine treatment] is:**

(Personal Involvement Inventory – Zaichkowsky, 1994; see Bhutada, Rollins, & Perri, 2016)

[Note: anchors will be evenly spaced in programmed version]

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITEM** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Q20X/Q20Y\_A | important |  |  |  |  |  |  |  | unimportant |
| Q20X/Q20Y\_B | boring |  |  |  |  |  |  |  | interesting |
| Q20X/Q20Y\_C | relevant |  |  |  |  |  |  |  | irrelevant |
| Q20X/Q20Y\_D | exciting |  |  |  |  |  |  |  | unexciting |
| Q20X/Q20Y\_E | means nothing |  |  |  |  |  |  |  | means a lot to me |
| Q20X/Q20Y\_F | appealing |  |  |  |  |  |  |  | unappealing |
| Q20X/Q20Y\_G | fascinating |  |  |  |  |  |  |  | mundane |
| Q20X/Q20Y\_H | worthless |  |  |  |  |  |  |  | valuable |
| Q20X/Q20Y\_I | involving |  |  |  |  |  |  |  | uninvolving |
| Q20X/Q20Y\_J | not needed |  |  |  |  |  |  |  | needed |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch

**Q21. Have you ever had a serious side effect from a prescription drug?**

**Variable Label:** Q21: Have you ever had a serious side effect from a prescription drug?

(side effect history)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch

**Q22X/Q22Y. Are you currently taking, or have you ever taken, any prescription drugs for [weight loss/migraines]?**

**Variable Label:** Q22X/Q22Y: Are you currently taking, or have you ever taken, any prescription drugs for [weight loss/migraines]?

(prescription drug use)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Currently taking |
| 02 | Have taken in the past but not currently taking |
| 03 | Have never taken |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Open End Numerical (maximum 3 digits)

**Q23X\_A. Thinking about your current weight, how much weight would you like to lose, if any? If you do not want to lose any weight, please enter 0 in the box below.**

**Variable Label:** Q23X\_A: Thinking about your current weight, how much weight would you like to lose, if any? If you do not want to lose any weight, please enter 0 in the box below.

(medical condition severity)

I would like to lose \_\_\_ pounds

**Question Type:** Multi Punch

**Q23X\_B. What weight loss strategies are you currently using or expect to use in the next 12 months? Select all that apply.**

**Variable Label:** Q23X\_B: What weight loss strategies are you currently using or expect to use in the next 12 months? Select all that apply.

(medical condition severity)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Exercise |
| 02 | Diet |
| 03 | Prescription Drug |
| 04 | Non-prescription Drug |
| 05 | Natural/herbal remedies |
| 06 | Surgery |
| 07 | Non-surgical procedures |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch (drop-down menu with values ranging 0 to 30)

**Q23Y**. On how many days in the past month have you had a migraine?

(medical condition severity)

\_\_\_ days

**Question Type:** Single Punch

**Q24X/Q24Y. In the past 12 months, how often have you used the internet to look for health or medical information about [weight loss/migraines] or treatments for [weight loss/migraines]?**

**Variable Label:** Q24X/Q24Y: In the past 12 months, how often have you used the internet to look for health or medical information about [weight loss/migraines] or treatments for [weight loss/migraines]?

(online information seeking)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Daily |
| 02 | A few times a week |
| 03 | Once a week |
| 04 | A few times a month |
| 05 | Once a month |
| 06 | Every few months |
| 07 | Less often than every few months |
| 08 | Never |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch

**Question Type:** Table Scale

**Q26.** **How confident are you in filling out medical forms by yourself?**

**Variable Label:** Q26: How confident are you in filling out medical forms by yourself?

(literacy; Chew et al., 2008)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 | 5 |
| **Value Label** | Not at all | A little bit | Somewhat | Quite a bit | Extremely |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Table Scale Grid

**Q27. We would like to know more about your internet skills. For each statement below, please tell us to what extent you agree or disagree with the statement.**

(web navigation skills; Novak, Hoffman, & Yung, 2000)

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Q27\_A | I am extremely skilled at using the web. | Q27\_A: I am extremely skilled at using the web |
| Q27\_B | I consider myself knowledgeable about good search techniques on the web. | Q27\_B: I consider myself knowledgeable about good search techniques on the web |
| Q27\_C | I know somewhat less about using the web than most users. | Q27\_C: I know somewhat less about using the web than most users |
| Q27\_D | I know how to find what I am looking for on the web. | Q27\_D: I know how to find what I am looking for on the web |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Value** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Value Label** | Strongly Disagree | Disagree | Somewhat Disagree | Neither Agree Nor Disagree | Somewhat Agree | Agree | Strongly Agree |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch

**Q28G/Q28T. In the past 12 months, how often have you used [Google/Twitter]?**

**Variable Label:** Q28G/Q28T: In the past 12 months, how often have you used [Google/Twitter]?

(online behavior)

## 

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Daily |
| 02 | A few times a week |
| 03 | Once a week |
| 04 | A few times a month |
| 05 | Once a month |
| 06 | Every few months |
| 07 | Less often than every few months |
| 08 | Never |
| -99 | Refused |
| -100 | Valid Skip |

**Question Type:** Single Punch

**Q29X/Q29Y. Would you like to see a website about [Drug X/ Drug Y]?**

**Variable Label:** Q29X/Q29Y: Would you like to see more information about [Drug X/ Drug Y]?

(information search behavior)

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Yes |
| 00 | No |
| -99 | Refused |
| -100 | Valid Skip |

**//NEW SCREEN//**

**DEBRIEF**

The purpose of this study is to learn about reactions to prescription drug information. In order to get a real-life reaction, we used a pretend product in this study. [**Drug X/ Drug Y**] is not a real product and is not available for sale. Please see your health care professional for questions about [**weight loss/migraines**].

You have been very helpful. Thank you very much for your participation!