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 <u>ineligible</u>, 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	<u>Drug name</u>: Drug X <u>Text Related to</u>: Google, link, weight loss
	2	Migraine	Drug Y	<u>Drug name</u>: Drug Y <u>Text Related to</u>: Google, link, migraine
Twitter	3	Weight Loss	Drug X	<u>Drug name</u>: Drug X <u>Text Related to</u>: Twitter, tweet,

				weight loss
	4	Migraine	Drug Y	<u>Drug name:</u> Drug Y <u>Text Related to</u>: Twitter, tweet, migraine

<div align="center">

SCREENER

</div>

 [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 <u>INELIGIBLE</u>. THANK AND TERMINATE.]
[IF S3 = 1 ("Yes"), THEN <u>INELIGIBLE</u>. THANK AND TERMINATE.]
[IF S4 = 1 ("Yes"), THEN <u>INELIGIBLE</u>. THANK AND TERMINATE.]
[IF S5 = 01 ("Within the past three months"), THEN <u>INELIGIBLE</u>. 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 [↴] For adult weight loss with diet & exercise-DO NOT TAKE with aspirin
			Landing Page: Drugx® (TBD) [*Ad*] www.DrugX.com/risk [↴] For adult weight loss with diet & exercise-Important Risk Information
	2	Migraine-eligible	Character-Space-Limited Communication: DrugY® (TBD) [*Ad*] www.DrugY.com/risk [↴] For adult migraine with aura-May cause sudden increase in heart rate
			Landing Page: DrugY® (TBD) [*Ad*] www.DrugY.com/risk [↴] 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
			Landing Page: DrugX® (TBD) #DrugX for adult weight loss with diet & exercise-Important Risk Information 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
			Landing Page:

			DrugY® (TBD) #DrugY for adult migraine with aura- Important Risk Information 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	
BROWSE 1	We'd like you to browse the information. Please look at whatever you consider interesting.
BROWSE 2	Please let your interests guide you as you browse the information.
Search (directed informational) goal	
SEARCH 1	We'd like you to search the information. Please look for information on **[weight loss/migraine]** treatment.
SEARCH 2	Please use this time to learn about treatments for **[weight loss/migraines]**.
SEARCH 3	We'd like you to search the information. Please look for information on specific **[weight loss/migraine]** prescription drugs.
SEARCH 4	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]

Val ue	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]?

Val ue	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]

Val	Value

ue	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)

Val ue	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)

Val ue	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. <u>According to the drug information</u>, 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

28

-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. <u>According to the drug information</u>, 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')]

31

[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

Val ue	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)

Valu e	1	2	3	4
Valu e Lab el	Not at all likely	Slightl y likely	Somewh at likely	Extreme ly likely

Val ue	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)

Valu e	1	2	3	4
Valu e Lab	Not at all effectiv	Slightly effective	Somewh at	Extreme ly

el	e		effective	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

39

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 <u>serious</u> 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!