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Biosimilars Patient Study

Phase 1 Web Screener

Introduction

Thank you for your interest in this study sponsored by the U.S. Food and Drug Administration. Please answer the following questions to see if you are eligible to participate in an online focus group about health-related materials for a specific type of medicine.

The groups will be led by a researcher through an online video platform. If you're eligible for the group, you can participate from home using a computer and web camera. The discussion will last about 90 minutes, and you will receive a \$75 honorarium once the sessions are finished and the project has concluded.

To determine your eligibility for this study, we need to ask you a few questions. These questions should take no more than 5 minutes.

1. What is your age?

Age 18 or older

→ CONTINUE

Under 18

→ TERMINATE

___ years **[Allow 1-99]**

2. Have you ever worked...? **[Accept multiple responses.]**

For a drug or pharmaceutical company

→ TERMINATE

For a market research or marketing company, including RTI
International or Survey Healthcare Globus

→ TERMINATE

For the U.S. federal government (not including as a member
of the military)

→ TERMINATE

As a medical professional (such as a physician, nurse, or
pharmacist)

→ TERMINATE

None of the above

→ CONTINUE

3. When was the last time you participated in an interview or a focus group for a research study?

Within the past six months

→ TERMINATE

More than six months ago

→ CONTINUE

Never

→ CONTINUE

4. Do you have high-speed Internet access at home? That is, are you able to stream video without any difficulty?

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ TERMINATE

5. To participate in this study, you will need two things: (1) a desktop or laptop computer (not just a tablet or smartphone) and (2) a webcam. Can you meet these requirements?

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ TERMINATE

6. During the focus group discussion, you will be asked to review written materials and offer your opinions. Do you have any vision, hearing or speaking problems that would affect your ability to see the materials, hear the instructions, or comment on them?

Yes	<input type="checkbox"/>	→ TERMINATE
No	<input type="checkbox"/>	→ CONTINUE

7. Are you comfortable speaking and reading English independently and without an interpreter?

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ TERMINATE

8. For study purposes, the focus group will be audio and video recorded. Are you okay with being recorded and being visible on screen to a small number of research team members?

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ TERMINATE

9. The next questions are about your health. Has a healthcare professional ever diagnosed you with any of the following medical conditions? **[Accept multiple responses.]**

Ankylosing spondylitis / Spondyloarthritis	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q15
Psoriatic arthritis	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q15
Rheumatoid arthritis	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q15
Cancer	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q11
Crohn's disease	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q15
Ulcerative colitis	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q15
Eczema / Atopic dermatitis	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q15
Psoriasis	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q15
Type 1 diabetes	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q13

Type 2 diabetes	<input type="checkbox"/>	→ Ask Q10, then CONTINUE to Q13
None of the above	<input type="checkbox"/>	→ SKIP to Q15

10. How long ago were you diagnosed with [condition]? [Ask for each condition selected by respondent] [Allow 1-99 years and 0-12 months]

___ years
___ months (if less than 1 year)

11. Which type(s) of cancer were you diagnosed with? [Accept multiple responses]

Breast	<input type="checkbox"/>	→ CONTINUE
Colorectal	<input type="checkbox"/>	→ CONTINUE
Kidney	<input type="checkbox"/>	→ CONTINUE
Leukemia	<input type="checkbox"/>	→ CONTINUE
Lung	<input type="checkbox"/>	→ CONTINUE
Lymphoma	<input type="checkbox"/>	→ CONTINUE
Myeloma	<input type="checkbox"/>	→ CONTINUE
Skin	<input type="checkbox"/>	→ CONTINUE
Other (please specify)	<input type="checkbox"/>	→ CONTINUE

12. Have you ever been diagnosed by a healthcare professional with neutropenia, a blood-related side effect of chemotherapy?

Yes	<input type="checkbox"/>	→ CONTINUE to Q15
No	<input type="checkbox"/>	→ CONTINUE to Q15

13. How long have you been using insulin to treat your diabetes?

Less than one month	<input type="checkbox"/>	→ CONTINUE
One month to less than one year	<input type="checkbox"/>	→ CONTINUE
One year to less than three years	<input type="checkbox"/>	→ CONTINUE
Three years or more	<input type="checkbox"/>	→ CONTINUE
Not currently taking insulin	<input type="checkbox"/>	→ SKIP to Q15

14. How often do you usually take insulin?

Once per day or more	<input checked="" type="checkbox"/>	→ CONTINUE to Q15
Less than once per day	<input type="checkbox"/>	→ SKIP to Q15

15. Are you the parent or guardian of a child who has been diagnosed with diabetes by a healthcare professional? If so, which type of diabetes?

Yes, type 1 diabetes	<input type="checkbox"/>	→ CONTINUE
Yes, type 2 diabetes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ SEE Q20 INSTRUCTIONS

16. What is this child's age?

___ years [Allow 1-99]

Age 18 or older	<input type="checkbox"/>	→ TERMINATE IF Q9=None of the above
Under 18	<input type="checkbox"/>	→ CONTINUE

17. How involved are you in managing your child's diabetes (e.g., scheduling doctor's appointments, making medication decisions, administering insulin)? Would you say you are...?

Extremely involved	<input type="checkbox"/>	→ CONTINUE
Frequently involved	<input type="checkbox"/>	→ CONTINUE
Somewhat involved	<input type="checkbox"/>	→ SEE Q20 INSTRUCTIONS
Not at all involved	<input type="checkbox"/>	→ SEE Q20 INSTRUCTIONS

18. How long has your child been using insulin to treat his or her diabetes?

For more than one month	<input type="checkbox"/>	→ CONTINUE
For less than one month	<input type="checkbox"/>	→ SEE Q20 INSTRUCTIONS
Not currently taking insulin	<input type="checkbox"/>	→ SEE Q20 INSTRUCTIONS

19. How often does your child take insulin?

Once per day or more	<input checked="" type="checkbox"/>	→ SEE SKIP PATTERN BELOW
Less than once per day	<input type="checkbox"/>	→ SEE SKIP PATTERN BELOW

[Skip pattern:

- If individual's responses have checked one or more of the yellow boxes, proceed to Q20.
- If individual's responses have checked only the green boxes, skip to Q25.
- If no yellow or green boxes selected, terminate and display closing script.]

20. These next questions ask about medications that you take for your health conditions. Have you ever taken one or more of the following medications to treat **[display condition(s) based on responses to Q9 and Q11]**?

[Display list of medications for each applicable medical condition.]

[Allow multiple responses. If one or more medications selected, continue to Q21. If no medications selected, terminate.]

[RECRUIT AT LEAST 20% TAKING AT LEAST ONE BIOSIMILAR]

List of Medications for Q20

Condition	Medications Brand Name [generic Name]
Ankylosing Spondylitis/ Spondyloarthritis	<input type="checkbox"/> Amjevita [adalimumab-atto] (biosimilar) <input type="checkbox"/> Cimzia [certolizumab] <input type="checkbox"/> Cosentyx [secukinumab] <input type="checkbox"/> Cyltezo [adalimumab-adbm] (biosimilar) <input type="checkbox"/> Enbrel [etanercept] <input type="checkbox"/> Erelzi [etenercept-szsz] (biosimilar) <input type="checkbox"/> Eticovo [etanercept-ykro] (biosimilar) <input type="checkbox"/> Hadlima [adalimumab-bwwd] (biosimilar) <input type="checkbox"/> Humira [adalimumab] <input type="checkbox"/> Hyrimoz [adalimumab-adaz] (biosimilar) <input type="checkbox"/> Inflectra [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Remicade [infliximab] <input type="checkbox"/> Renflexis [infliximab-abda] (biosimilar) <input type="checkbox"/> Simponi [golimumab] <input type="checkbox"/> Taltz [xekixumab]
Psoriatic Arthritis	<input type="checkbox"/> Amjevita [adalimumab-atto] (biosimilar) <input type="checkbox"/> Cimzia [certolizumab] <input type="checkbox"/> Cosentyx [secukinumab] <input type="checkbox"/> Cyltezo [adalimumab-adbm] (biosimilar) <input type="checkbox"/> Enbrel [etanercept] <input type="checkbox"/> Erelzi [etenercept-szsz] (biosimilar) <input type="checkbox"/> Eticovo [etanercept-ykro] (biosimilar) <input type="checkbox"/> Hadlima [adalimumab-bwwd] (biosimilar) <input type="checkbox"/> Humira [adalimumab] <input type="checkbox"/> Hyrimoz [adalimumab-adaz] (biosimilar) <input type="checkbox"/> Inflectra [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Orencia [abatacept] <input type="checkbox"/> Otezla [apremilast] <input type="checkbox"/> Remicade [infliximab] <input type="checkbox"/> Renflexis [infliximab-abda] (biosimilar) <input type="checkbox"/> Simponi [golimumab] <input type="checkbox"/> Simponi Aria [golimumab], IV Infusion <input type="checkbox"/> Stelara [ustekinumab]

	<ul style="list-style-type: none"> <input type="checkbox"/> Taltz [xekixumab] <input type="checkbox"/> Xeljanz [tofacitinib]
<p>Rheumatoid Arthritis</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Actemra [tocilizumab] <input type="checkbox"/> Amjevita [adalimumab-atto] (biosimilar) <input type="checkbox"/> Cimzia [certolizumab] <input type="checkbox"/> Cosentyx [secukinumab] <input type="checkbox"/> Cyltezo [adalimumab-adbm] (biosimilar) <input type="checkbox"/> Enbrel [etanercept] <input type="checkbox"/> Erelzi [etenercept-szsz] (biosimilar) <input type="checkbox"/> Eticovo [etanercept-ykro] (biosimilar) <input type="checkbox"/> Hadlima [adalimumab-bwwd] (biosimilar) <input type="checkbox"/> Humira [adalimumab] <input type="checkbox"/> Inflectra [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Kevzara [sarilumab] <input type="checkbox"/> Kineret [anakinra] <input type="checkbox"/> Orencia [abatacept] <input type="checkbox"/> Remicade [infliximab] <input type="checkbox"/> Renflexis [infliximab-abda] (biosimilar) <input type="checkbox"/> Rinvoq [upadacitinib] <input type="checkbox"/> Rituxan [rituximab] <input type="checkbox"/> Stelara [ustekinumab] <input type="checkbox"/> Simponi [golimumab] <input type="checkbox"/> Xeljanz [tofacitinib]
<p>Cancer (leukemia)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Arzerra [ofatumumab] <input type="checkbox"/> Asparlas [calaspargase pegol-mknl] <input type="checkbox"/> Besponsa [inotuzumab ozogamicin] <input type="checkbox"/> Blincyto [blinatumomab] <input type="checkbox"/> Campath [alemtuzumab] <input type="checkbox"/> Copiktra [duvelisib] <input type="checkbox"/> Daurismo [glasdegib] <input type="checkbox"/> Elspar [asparaginase] <input type="checkbox"/> Erwinaze [asparaginase erwinia chrysanthemii] <input type="checkbox"/> Gazyva [obinutuzumab] <input type="checkbox"/> Intron A [interferon alfa-2b] <input type="checkbox"/> Kymriah [tisagenlecleucel] <input type="checkbox"/> Lumoxiti [moxetumomab pasudotox-tdfk] <input type="checkbox"/> Mylotarg [gemtuzumab ozogamicin] <input type="checkbox"/> Oncaspar [pegaspargase] <input type="checkbox"/> Rituxan [rituximab] <input type="checkbox"/> Rituxan Hycela [rituximab and hyaluronidase human] <input type="checkbox"/> Ruxience [rituximab-pvvr] (biosimilar) <input type="checkbox"/> Truxima [rituximab-abbs] (biosimilar) <input type="checkbox"/> Venclexta [venetoclax] <input type="checkbox"/> Xospata [gilteritinib]

<p>Cancer (blood - including lymphoma and myeloma)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Adcetris [brentuximab vedotin] <input type="checkbox"/> Darzalex [daratumumab] <input type="checkbox"/> Empliciti [elotuzumab] <input type="checkbox"/> Erwinaze [asparaginase erwinia chrysanthemi] <input type="checkbox"/> Gazyva [obinutuzumab] <input type="checkbox"/> Keytruda [pembrolizumab] <input type="checkbox"/> Kymriah [tisagenlecleucel] <input type="checkbox"/> Ontak [denileukin diftitox] <input type="checkbox"/> Rituxan [rituximab] <input type="checkbox"/> Rituxan Hycela [rituximab and hyaluronidase human] <input type="checkbox"/> Ruxience [rituximab-pvvr] (biosimilar) <input type="checkbox"/> Truxima [rituximab-abbs] (biosimilar) <input type="checkbox"/> Zevalin [ibritumomab tiuxetan]
<p>Cancer (lung)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avastin [bevacizumab] <input type="checkbox"/> Bavencio [avelumab] <input type="checkbox"/> Cyramza [ramucirumab] <input type="checkbox"/> Imfinzi [durvalumab] <input type="checkbox"/> Keytruda [pembrolizumab] <input type="checkbox"/> Lorlatinib [lorlatinib] <input type="checkbox"/> Mvasi [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Opdivo [nivolumab] <input type="checkbox"/> Portrazza [necitumumab] <input type="checkbox"/> Tecentriq [atezolizumab] <input type="checkbox"/> Vizimpro [dacomitinib]
<p>Cancer (skin—melanoma, squamous cell carcinoma, basal cell carcinoma)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Alferon N [interferon alfa-n3] <input type="checkbox"/> Braftovi [encorafenib] <input type="checkbox"/> Keytruda [pembrolizumab] <input type="checkbox"/> Libtayo [cemiplimab-ydhp] <input type="checkbox"/> Opdivo [nivolumab] <input type="checkbox"/> Mektovi [binimetinib] <input type="checkbox"/> Proleukin [aldesleukin] <input type="checkbox"/> Yervoy [ipilimumab]
<p>Cancer (colorectal)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avastin [bevacizumab] <input type="checkbox"/> Cyramza [ramucirumab] <input type="checkbox"/> Erbitux [cetuximab] <input type="checkbox"/> Mvasi [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Vectibix [panitumumab] <input type="checkbox"/> Yervoy [ipilimumab] <input type="checkbox"/> Zaltrap [ziv-aflibercept] <input type="checkbox"/> Zirabev [bevacizumab-bvzr] (biosimilar)
<p>Cancer (breast)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Herceptin [trastuzumab] <input type="checkbox"/> Herzuma [trastuzumab-pkrb] (biosimilar)

	<input type="checkbox"/> Kadcyla [ado-trastuzumab emtansine] <input type="checkbox"/> Kanjinti [trastuzumab-anns] (biosimilar) <input type="checkbox"/> Ogivri [trastuzumab-dkst] (biosimilar) <input type="checkbox"/> Ontruzant [trastuzumab-dttb] (biosimilar) <input type="checkbox"/> Perjeta [pertuzumab] <input type="checkbox"/> Talazoparib [talazaoparib] <input type="checkbox"/> Tecentriq [atezolizumab] <input type="checkbox"/> Trazimera [trastuzumab-qyyp] (biosimilar)
Cancer (kidney)	<input type="checkbox"/> Avastin [bevacizumab] <input type="checkbox"/> Mvasi [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Opdivo [nivolumab] <input type="checkbox"/> Proleukin [aldesleukin] <input type="checkbox"/> Yervoy [ipilimumab]
Cancer (other types)	<input type="checkbox"/> Avastin [bevacizumab] <input type="checkbox"/> Cyramza [ramucirumab] <input type="checkbox"/> Elzonris [tagraxofusp-erz] <input type="checkbox"/> Erbitux [cetuximab] <input type="checkbox"/> Keytruda [pembrolizumab] <input type="checkbox"/> Lartruvo [olaratumab] <input type="checkbox"/> Lenvima [lenvatinib] <input type="checkbox"/> Lynparza [olaparib] <input type="checkbox"/> Mvasi [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Poteligeo [mogamulizumab] <input type="checkbox"/> Tecentriq [atezolizumab]
Neutropenia (from cancer treatment)	<input type="checkbox"/> Fulphila [pegfilgrastim-jmdb] (biosimilar) <input type="checkbox"/> Granix [tbo-filgrastim] <input type="checkbox"/> Neulasta [pegfilgrastim] <input type="checkbox"/> Neupogen [filgrastim] <input type="checkbox"/> Nivestym [filgrastim-aafi] (biosimilar) <input type="checkbox"/> Udenyca [pegfilgrastim-cbqv] (biosimilar) <input type="checkbox"/> Zarxio [filgrastim-sndz] (biosimilar)
Crohn's Disease	<input type="checkbox"/> Amjevita [adalimumab-atto] (biosimilar) <input type="checkbox"/> Cimzia [certolizumab] <input type="checkbox"/> Cyltezo [adalimumab-adbm] (biosimilar) <input type="checkbox"/> Entyvio [vedolizumab] <input type="checkbox"/> Hadlima [adalimumab-bwwd] (biosimilar) <input type="checkbox"/> Humira [adalimumab] <input type="checkbox"/> Hyrimoz [adalimumab-adaz] (biosimilar) <input type="checkbox"/> Inflectra [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Remicade [infliximab] <input type="checkbox"/> Renflexis [infliximab-abda] (biosimilar)

	<input type="checkbox"/> Stelara [ustekinumab] <input type="checkbox"/> Tysabri [natalizumab]
Ulcerative Colitis	<input type="checkbox"/> Cyltezo [adalimumab-adbm] (biosimilar) <input type="checkbox"/> Entyvio [vedolizumab] <input type="checkbox"/> Hadlima [adalimumab-bwwd] (biosimilar) <input type="checkbox"/> Humira [adalimumab] <input type="checkbox"/> Hyrimoz [adalimumab-adaz] (biosimilar) <input type="checkbox"/> Inflectra [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [Infliximab-qbtx] (biosimilar) <input type="checkbox"/> Remicade [infliximab] <input type="checkbox"/> Renflexis [infliximab-abda] (biosimilar) <input type="checkbox"/> Simponi [golimumab] <input type="checkbox"/> Stelara [ustekinumab] <input type="checkbox"/> Xeljanz [tofacitinib]
Eczema/Atopic Dermatitis	<input type="checkbox"/> Dupixent [dupilumab]
Psoriasis	<input type="checkbox"/> Amjevita [adalimumab-atto] (biosimilar) <input type="checkbox"/> Cimzia [certolizumab] <input type="checkbox"/> Cosentyx [secukinumab] <input type="checkbox"/> Cyltezo [adalimumab-adbm] (biosimilar) <input type="checkbox"/> Enbrel [etanercept] <input type="checkbox"/> Erelzi [etanercept-szsz] (biosimilar) <input type="checkbox"/> Eticovo [etanercept-ykro] (biosimilar) <input type="checkbox"/> Hadlima [adalimumab-bwwd] (biosimilar) <input type="checkbox"/> Humira [adalimumab] <input type="checkbox"/> Hyrimoz [adalimumab-adaz] (biosimilar) <input type="checkbox"/> Ilumya [tildrakizumab] <input type="checkbox"/> Inflectra [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Otezla [apremilast] <input type="checkbox"/> Remicade [infliximab] <input type="checkbox"/> Renflexis [infliximab-abda] (biosimilar) <input type="checkbox"/> Siliq [brodalumb] <input type="checkbox"/> Skyrizi [risankizumab] <input type="checkbox"/> Stelara [ustekinumab] <input type="checkbox"/> Taltz [Ixekizumab] <input type="checkbox"/> Tremfya [guselkumab]

21. Are you currently taking [list biologics selected in Q20, one at a time]? [Record response for each medication]

Yes
 No

<input type="checkbox"/>	→ CONTINUE
<input type="checkbox"/>	→ SKIP TO Q23 IF NO TO ALL MEDS

22. How long have you been taking [list biologics currently taking, one at a time]? [Record response for each medication]

Less than one month	<input type="checkbox"/>	→ TERMINATE
One month to less than three months	<input type="checkbox"/>	→ CONTINUE to Q25
Three months to less than six months	<input type="checkbox"/>	→ CONTINUE to Q25
Six months to less than two years	<input type="checkbox"/>	→ CONTINUE to Q25
Two years to less than five years	<input type="checkbox"/>	→ CONTINUE to Q25
Five years or more	<input type="checkbox"/>	→ CONTINUE to Q25

23. When did you last take [list biologics selected in Q20 that individual is not current taking, one at a time]? [Record response for each medication]

Within the last month	<input type="checkbox"/>	→ CONTINUE
One month to less than three months ago	<input type="checkbox"/>	→ CONTINUE
Three months to less than six months ago	<input type="checkbox"/>	→ CONTINUE
Six months ago or more	<input type="checkbox"/>	→ TERMINATE

24. How long did you take [list of biologics selected in Q20 that individual is not currently taking, one at a time] when you were still using it? [Record response for each medication]

Less than one month	<input type="checkbox"/>	→ TERMINATE
One month or longer	<input type="checkbox"/>	→ CONTINUE to Q25

25. Would you be comfortable discussing these medications in a focus group?

Yes	<input type="checkbox"/>	→ ELIGIBLE
No	<input type="checkbox"/>	→ TERMINATE

Demographic Questions

26. What is the highest level of education that you have completed?

- Less than high school diploma
- High school graduate or GED
- Technical or Associates degree (2-year)
- Some college but not a degree
- 4-year degree
- Graduate or professional degree **[RECRUIT NO MORE THAN 14% OF SAMPLE]**

27. What type of health insurance do you currently have? [Accept multiple responses]

- Private insurance through an employer, group health plan, broker, or agent
- Private insurance through a Federal or state marketplace plan
- Medicaid or Medicare **[RECRUIT 30% OF TOTAL SAMPLE NON-PRIVATE]**
- Veterans Affairs, Tricare, or the Department of Defense **[RECRUIT 30% OF TOTAL SAMPLE NON-PRIVATE]**

- Currently uninsured
- Other [please specify]: _____

28. What is your race? You may select more than one. [Accept multiple responses]

- White [RECRUIT NO MORE THAN 80% OF SAMPLE]
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

29. Are you of Hispanic, Latino, or Spanish origin?

- Yes [RECRUIT 15% OF SAMPLE]
- No

30. In which state do you live? [Display drop down list. Recruit at least 20% in each Census region.]

[drop down list of states]

31. What was your total household income before taxes during the past 12 months? Your response will be kept private.

- \$30,000 or less [RECRUIT MINIMUM 20% OF SAMPLE < \$30,000]
- \$30,001 to \$65,000
- \$65,001 to \$99,999
- More than \$100,000
- Prefer not to answer

32. What is your sex?

- Male [RECRUIT AT LEAST 40% OF SAMPLE]
- Female [RECRUIT AT LEAST 40% OF SAMPLE]

Closing Scripts

Declined to Begin Screener

Thank you for your time.

Completed Screener

You have completed the online screener. One of our recruiters will be in touch if you qualify for this study. Thank you for your time.