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**[Only read above if respondent asks about the OMB control number]**

## Biosimilars Patient Study Phase 1 Telephone Screener

### Introduction

Hello, my name is \_\_\_\_\_ from Survey Healthcare Globus. May I please speak to \_\_\_\_\_? I'm calling to invite you to participate in an online focus group sponsored by the U.S. Food and Drug Administration to get your feedback on health-related materials about a specific type of medicine.

The groups will be led by a researcher through an online video platform, and 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.

Can I ask you a few questions now to see if you are eligible?

- Yes → **CONTINUE**
- No → **THANK AND TERMINATE [See closing scripts at end of screener]**

### Core Eligibility Questions

#### 1. What is your age?

Age 18 or older

→ **CONTINUE**

Under 18

→ **TERMINATE**

\_\_\_ years

#### 2. Have you ever worked...? **[Read list. 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 | <input type="checkbox"/> | → TERMINATE |
| More than six months ago   | <input type="checkbox"/> | → CONTINUE  |
| Never                      | <input type="checkbox"/> | → 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 |

**Audience Segmentation Questions**

**9. Now I'd like to ask you about your health. Has a healthcare professional ever diagnosed you with any of the following medical conditions? [Read list of conditions. Only read detailed description of a condition if requested by individual. Accept multiple responses.]**

**Ankylosing spondylitis / Spondyloarthritis**

Inflammatory disease that can cause vertebrae in the spine to fuse.



→ Ask Q10, then CONTINUE to Q15

**Psoriatic arthritis**

A form of arthritis that affects some people who have psoriasis.



→ Ask Q10, then CONTINUE to Q15

**Rheumatoid arthritis**

A chronic inflammatory disorder that can affect joints and other body systems.



→ Ask Q10, then CONTINUE to Q15

**Cancer**

A variety of conditions involving abnormal cell growth.

**Crohn's disease**

A bowel disease involving inflammation of the digestive tract.

**Ulcerative colitis**

A bowel disease that affects the large intestine with inflammation and ulcers or sores.

**Eczema / Atopic dermatitis**

A skin condition involving itchy rashes.

**Psoriasis**

A chronic skin condition where cells build up rapidly on the skin, forming itchy and sometimes painful scaly red patches.

**Type 1 diabetes**

A chronic condition in which the pancreas produces little or no insulin.

**Type 2 diabetes**

A disease that occurs when not enough insulin is produced or when your body has difficulty using insulin properly.

**None of the above**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | → Ask Q10, then <b>CONTINUE to Q11</b> |
| <input type="checkbox"/> | → Ask Q10, then <b>CONTINUE to Q15</b> |
| <input type="checkbox"/> | → Ask Q10, then <b>CONTINUE to Q15</b> |
| <input type="checkbox"/> | → Ask Q10, then <b>CONTINUE to Q15</b> |
| <input type="checkbox"/> | → Ask Q10, then <b>CONTINUE to Q15</b> |
| <input type="checkbox"/> | → Ask Q10, then <b>CONTINUE to Q13</b> |
| <input type="checkbox"/> | → Ask Q10, then <b>CONTINUE to Q13</b> |
| <input type="checkbox"/> | → <b>SKIP to Q15</b>                   |

10. How long ago were you diagnosed with [condition]? [Ask for each condition selected by respondent]

\_\_\_ years

\_\_\_ months (if less than 1 year)

**Segmentation Questions - Cancer**

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

Breast

Colorectal

Kidney

Leukemia

Lung

Lymphoma

Myeloma

Skin

Other (please specify)

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |
| <input type="checkbox"/> | → <b>CONTINUE</b> |

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

Yes

No

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | → <b>CONTINUE to Q15</b> |
| <input type="checkbox"/> | → <b>CONTINUE to Q15</b> |

### Segmentation Questions - Diabetes

13. How long have you been using insulin to treat your diabetes? **[Read list]**

|                                   |                          |               |
|-----------------------------------|--------------------------|---------------|
| 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? **[Read list]**

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

### Segmentation Questions - Children with Diabetes

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

|                 |                          |                                     |
|-----------------|--------------------------|-------------------------------------|
| 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...? **[Read list]**

|                     |                          |                        |
|---------------------|--------------------------|------------------------|
| 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? **[Read list]**

|                              |                          |                        |
|------------------------------|--------------------------|------------------------|
| 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? [Read list]**

Once per day or more .....

Less than once per day .....

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | → SEE SKIP PATTERN BELOW |
| <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.]

**MEDICATION QUESTIONS**

**20. Now I'd like to ask about medications that you take for your health conditions. Have you ever taken one or more of the following medications to treat [list medicines for a max of three condition(s) based on responses for Q9 and Q11, one at a time]?**

**[Read list of medications for each applicable medical condition. Do NOT read "Biologic Medications" and "Biosimilar Medications" headers.]**

**[Record multiple responses. If respondent states a preference to read the list of their medications rather than having recruiter read the list, please adjust accordingly. Once respondent says "Yes" to five medications, stop reading list and proceed to Q21.]**

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

Selected one or more medications .....

Did not select any medications for applicable conditions .....

|                                     |             |
|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> | → CONTINUE  |
| <input type="checkbox"/>            | → TERMINATE |

**List of Medications for Q20**

| Condition  | Medications<br>Brand Name [pronunciation] [generic Name]                          |
|--|---|
| <b>Ankylosing Spondylitis/ Spondyloarthritis</b> | <input type="checkbox"/> Amjevita [Am-juh-vee-tuh] [adalimumab-atto] (biosimilar) |
|  | <input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]                        |
|  | <input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab]                     |
|  | <input type="checkbox"/> Cyltezo [sil-TEE-zo] [adalimumab-adbm] (biosimilar)      |
|  | <input type="checkbox"/> Enbrel [EN-brel] [etanercept]                            |
|  | <input type="checkbox"/> Erelzi [Ee-REL-zee] [etenercept-szsz] (biosimilar)       |
|  | <input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar)     |
|  | <input type="checkbox"/> Hadlima [had-LIM-uh] [adalimumab-bwwd] (biosimilar)      |
|  | <input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]                         |
|  | <input type="checkbox"/> Hyrimoz [HY-ri-moz] [adalimumab-adaz] (biosimilar)       |
|  | <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)   |
|  | <input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtX] (biosimilar)          |
|  | <input type="checkbox"/> Remicade [REM-i-cade] [infliximab]                       |
|  | <input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)   |
|  | <input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab]                        |
|  | <input type="checkbox"/> Taltz [Taltz] [xekixumab]                                |

|                                    |  |
|------------------------------------|--|
| <p><b>Psoriatic Arthritis</b></p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Amjevita [Am-juh-vee-tuh] [adalimumab-atto] (biosimilar)</li> <li><input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]</li> <li><input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab]</li> <li><input type="checkbox"/> Cyltezo [sil-TEE-zo] [adalimumab-adbm] (biosimilar)</li> <li><input type="checkbox"/> Enbrel [EN-brel] [etanercept]</li> <li><input type="checkbox"/> Erelzi [Ee-REL-zee] [etenercept-szsz] (biosimilar)</li> <li><input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar)</li> <li><input type="checkbox"/> Hadlima [had-LIM-uh] [adalimumab-bwwd] (biosimilar)</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Hyrimoz [HY-ri-moz] [adalimumab-adaz] (biosimilar)</li> <li><input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)</li> <li><input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar)</li> <li><input type="checkbox"/> Orenzia [oh-REN-see-ah] [abatacept]</li> <li><input type="checkbox"/> Otezla [oh-TEZ-la] [apremilast]</li> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab]</li> <li><input type="checkbox"/> Simponi Aria [golimumab], IV Infusion</li> <li><input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab]</li> <li><input type="checkbox"/> Taltz [Taltz] [xekixumab]</li> <li><input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]</li> </ul>  |
| <p><b>Rheumatoid Arthritis</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Actemra [ac-tEm-ra] [tocilizumab]</li> <li><input type="checkbox"/> Amjevita [Am-juh-vee-tuh] [adalimumab-atto] (biosimilar)</li> <li><input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]</li> <li><input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab]</li> <li><input type="checkbox"/> Cyltezo [sil-TEE-zo] [adalimumab-adbm] (biosimilar)</li> <li><input type="checkbox"/> Enbrel [EN-brel] [etanercept]</li> <li><input type="checkbox"/> Erelzi [Ee-REL-zee] [etenercept-szsz] (biosimilar)</li> <li><input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar)</li> <li><input type="checkbox"/> Hadlima [had-LIM-uh] [adalimumab-bwwd] (biosimilar)</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)</li> <li><input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar)</li> <li><input type="checkbox"/> Kevzara [kev-ZAR-a] [sarilumab]</li> <li><input type="checkbox"/> Kineret [KIN-er-et] [anakinra]</li> <li><input type="checkbox"/> Orenzia [oh-REN-see-ah] [abatacept]</li> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Rinvoq [RIN-voke] [upadacitinib]</li> <li><input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab]</li> <li><input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab]</li> <li><input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab]</li> <li><input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]</li> </ul> |
| <p><b>Cancer (leukemia)</b></p>    | <ul style="list-style-type: none"> <li><input type="checkbox"/> Arzerra [ar-ZAYR-uh] [ofatumumab]</li> <li><input type="checkbox"/> Asparlas [AS-par-las] [calaspargase pegol-mknl]</li> <li><input type="checkbox"/> Besponsa [beh-SPON-suh] [inotuzumab ozogamicin]</li> <li><input type="checkbox"/> Blincyto [blin-sye-toe] [blinatumomab]</li> </ul>  |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Campath [KAM-path] [alemtuzumab]</li> <li><input type="checkbox"/> Copiktra [koh-PIK-truh] [duvelisib]</li> <li><input type="checkbox"/> Daurismo [DOOR-is-moh] [glasdegib]</li> <li><input type="checkbox"/> Elspar [EL-spar] [asparaginase]</li> <li><input type="checkbox"/> Erwinaze [ER-wih-nayz] [asparaginase erwinia chrysanthemi]</li> <li><input type="checkbox"/> Gazyva [guh-ZY-vuh] [obinutuzumab]</li> <li><input type="checkbox"/> Intron A [IN-tron-Aye] [interferon alfa-2b]</li> <li><input type="checkbox"/> Kymriah [kim-rye-ah] [tisagenlecleucel]</li> <li><input type="checkbox"/> Lumoxiti [loo-MOK-sih-tee] [moxetumomab pasudotox-tdfk]</li> <li><input type="checkbox"/> Mylotarg [MY-loh-targ] [gemtuzumab ozogamicin]</li> <li><input type="checkbox"/> Oncaspar [ON-kah-spar] [pegaspargase]</li> <li><input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab]</li> <li><input type="checkbox"/> Rituxan Hycela [rih-TUK-sun hy-SEL-uh] [rituximab and hyaluronidase human]</li> <li><input type="checkbox"/> Ruxience [RUKS-ee-ents] [rituximab-pvvr] (biosimilar)</li> <li><input type="checkbox"/> Truxima [truk-SEE-muh] [rituximab-abbs] (biosimilar)</li> <li><input type="checkbox"/> Venclexta [ven-KLEK-stuh] [venetoclax]</li> <li><input type="checkbox"/> Xospata [zoh-SPAH-tuh] [gilteritinib]</li> </ul> |
| <p><b>Cancer (blood - including lymphoma and myeloma)</b></p>                       | <ul style="list-style-type: none"> <li><input type="checkbox"/> Adcetris [ad-SEH-tris] [brentuximab vedotin]</li> <li><input type="checkbox"/> Darzalex [DAR-zah-lex] [daratumumab]</li> <li><input type="checkbox"/> Empliciti [em-PLIH-sih-tee] [elotuzumab]</li> <li><input type="checkbox"/> Erwinaze [ER-wih-nayz] [asparaginase erwinia chrysanthemi]</li> <li><input type="checkbox"/> Gazyva [guh-ZY-vuh] [obinutuzumab]</li> <li><input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab]</li> <li><input type="checkbox"/> Kymriah [kim-rye-ah] [tisagenlecleucel]</li> <li><input type="checkbox"/> Ontak [ON-tak] [denileukin diftitox]</li> <li><input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab]</li> <li><input type="checkbox"/> Rituxan Hycela [rih-TUK-sun hy-SEL-uh] [rituximab and hyaluronidase human]</li> <li><input type="checkbox"/> Ruxience [RUKS-ee-ents] [rituximab-pvvr] (biosimilar)</li> <li><input type="checkbox"/> Truxima [truk-SEE-muh] [rituximab-abbs] (biosimilar)</li> <li><input type="checkbox"/> Zevalin [ZEH-vuh-lin] [ibritumomab tiuxetan]</li> </ul>  |
| <p><b>Cancer (lung)</b></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Bavencio [buh-VEN-see-oh] [avelumab]</li> <li><input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab]</li> <li><input type="checkbox"/> Imfinzi [im-FIN-zee] [durvalumab]</li> <li><input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab]</li> <li><input type="checkbox"/> Lorlatinib [lor-LA-ti-nib] [lorlatinib]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab]</li> <li><input type="checkbox"/> Portrazza [por-TRA-zuh] [necitumumab]</li> <li><input type="checkbox"/> Tecentriq [teh-SEN-trik] [atezolizumab]</li> <li><input type="checkbox"/> Vizimpro [vih-ZIM-proh] [dacomitinib]</li> </ul>   |
| <p><b>Cancer (skin—melanoma, squamous cell carcinoma, basal cell carcinoma)</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Alferon N [al-FEER-on N] [interferon alfa-n3]</li> <li><input type="checkbox"/> Braftovi [braf-TOH-vee] [encorafenib]</li> </ul>   |

|                                    |   |
|------------------------------------|---|
|                                    | <ul style="list-style-type: none"> <li><input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab]</li> <li><input type="checkbox"/> Libtayo [lib-TY-oh] [cemiplimab-ydhp]</li> <li><input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab]</li> <li><input type="checkbox"/> Mektovi [mek-TOH-vee] [binimetinib]</li> <li><input type="checkbox"/> Proleukin [proh-LOO-kin] [aldesleukin]</li> <li><input type="checkbox"/> Yervoy [YER-voy] [ipilimumab]</li> </ul>   |
| <p><b>Cancer (colorectal)</b></p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab]</li> <li><input type="checkbox"/> Erbitux [ER-bih-tux] [cetuximab]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Vectibix [VEK-tih-bix] [panitumumab]</li> <li><input type="checkbox"/> Yervoy [YER-voy] [ipilimumab]</li> <li><input type="checkbox"/> Zaltrap [ZAL-trap] [ziv-aflibercept]</li> <li><input type="checkbox"/> Zirabev [ZIE-rah-bev] [bevacizumab-bvzr] (biosimilar)</li> </ul>  |
| <p><b>Cancer (breast)</b></p>      | <ul style="list-style-type: none"> <li><input type="checkbox"/> Herceptin [her-SEP-tin] [trastuzumab]</li> <li><input type="checkbox"/> Herzuma [her-ZOO-muh] [trastuzumab-pkrb] (biosimilar)</li> <li><input type="checkbox"/> Kadcyla [kad-SY-luh] [ado-trastuzumab emtansine]</li> <li><input type="checkbox"/> Kanjinti [kan-jin-tee] [trastuzumab-anns] (biosimilar)</li> <li><input type="checkbox"/> Ogivri [oh-GIV-ree] [trastuzumab-dkst] (biosimilar)</li> <li><input type="checkbox"/> Ontruzant [on-TRU-zant] [trastuzumab-dttb] (biosimilar)</li> <li><input type="checkbox"/> Perjeta [per-JEH-tuh] [pertuzumab]</li> <li><input type="checkbox"/> Talazoparib [TA-luh-ZOH-puh-rib ] [talazaoparib]</li> <li><input type="checkbox"/> Tecentriq [teh-SEN-trik] [atezolizumab]</li> <li><input type="checkbox"/> Trazimera [tra-zee-MER-uh] [trastuzumab-qyyp] (biosimilar)</li> </ul> |
| <p><b>Cancer (kidney)</b></p>      | <ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab]</li> <li><input type="checkbox"/> Proleukin [proh-LOO-kin] [aldesleukin]</li> <li><input type="checkbox"/> Yervoy [YER-voy] [ipilimumab]</li> </ul>   |
| <p><b>Cancer (other types)</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab]</li> <li><input type="checkbox"/> Elzonris [el-ZON-ris] [tagraxofusp-erz]</li> <li><input type="checkbox"/> Erbitux [ER-bih-tux] [cetuximab]</li> <li><input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab]</li> <li><input type="checkbox"/> Lartruvo [lar-TROO-voh] [olaratumab]</li> <li><input type="checkbox"/> Lenvima [len-VEE-muh] [lenvatinib]</li> <li><input type="checkbox"/> Lynparza [lin-PAR-zuh] [olaparib]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Poteligeo [poh-teh-LIH-gee-oh] [mogamulizumab]</li> <li><input type="checkbox"/> Tecentriq [teh-SEN-trik][atezolizumab]</li> </ul>                            |



|   |   |
|---|---|
| <p><b>Neutropenia (from cancer treatment)</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Fulphila [FUL-fih-luh] [pegfilgrastim-jmdb] (biosimilar)</li> <li><input type="checkbox"/> Granix [GRA-nix] [tbo-filgrastim]</li> <li><input type="checkbox"/> Neulasta [noo-LA-stuh] [pegfilgrastim]</li> <li><input type="checkbox"/> Neupogen [NOO-poh-jen] [filgrastim]</li> <li><input type="checkbox"/> Nivestym [NAI-vuh-stim] [filgrastim-aafi] (biosimilar)</li> <li><input type="checkbox"/> Udenyca [yoo-den-i-kah] [pegfilgrastim-cbqv] (biosimilar)</li> <li><input type="checkbox"/> Zarxio [ZAR-zee-oh] [filgrastim-sndz] (biosimilar)</li> </ul>  |
| <p><b>Crohn's Disease</b></p>                     | <ul style="list-style-type: none"> <li><input type="checkbox"/> Amjevita [Am-juh-vee-tuh] [adalimumab-atto] (biosimilar)</li> <li><input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]</li> <li><input type="checkbox"/> Cyltezo [sil-TEE-zo] [adalimumab-adbm] (biosimilar)</li> <li><input type="checkbox"/> Entyvio [en-TIV-ee-oh] [vedolizumab]</li> <li><input type="checkbox"/> Hadlima [had-LIM-uh] [adalimumab-bwwd] (biosimilar)</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Hyrimoz [HY-ri-moz] [adalimumab-adaz] (biosimilar)</li> <li><input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)</li> <li><input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar)</li> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Stelara [ustekinumab]</li> <li><input type="checkbox"/> Tysabri [tai-SAB-ree] [natalizumab]</li> </ul> |
| <p><b>Ulcerative Colitis</b></p>                  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Cyltezo [sil-TEE-zo] [adalimumab-adbm] (biosimilar)</li> <li><input type="checkbox"/> Entyvio [en-TIV-ee-oh] [vedolizumab]</li> <li><input type="checkbox"/> Hadlima [had-LIM-uh] [adalimumab-bwwd] (biosimilar)</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Hyrimoz [HY-ri-moz] [adalimumab-adaz] (biosimilar)</li> <li><input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)</li> <li><input type="checkbox"/> Ixifi [ix-IF-ee] [Infliximab-qbtx] (biosimilar)</li> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab]</li> <li><input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab]</li> <li><input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]</li> </ul>  |
| <p><b>Eczema/Atopic Dermatitis</b></p>            | <ul style="list-style-type: none"> <li><input type="checkbox"/> Dupixent [due-PIX-ent] [dupilumab]</li> </ul>   |
| <p><b>Psoriasis</b></p>                           | <ul style="list-style-type: none"> <li><input type="checkbox"/> Amjevita [Am-juh-vee-tuh] [adalimumab-atto] (biosimilar)</li> <li><input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]</li> <li><input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab]</li> <li><input type="checkbox"/> Cyltezo [sil-TEE-zo] [adalimumab-adbm] (biosimilar)</li> <li><input type="checkbox"/> Enbrel [EN-brel] [etanercept]</li> <li><input type="checkbox"/> Erelzi [Ee-REL-zee] [etanercept-szsz] (biosimilar)</li> <li><input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar)</li> <li><input type="checkbox"/> Hadlima [had-LIM-uh] [adalimumab-bwwd] (biosimilar)</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Hyrimoz [HY-ri-moz] [adalimumab-adaz] (biosimilar)</li> <li><input type="checkbox"/> Ilumya [e-loom-e-a] [tildrakizumab]</li> </ul>  |

|   |
|---|
| <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)<br><input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar)<br><input type="checkbox"/> Otezla [oh-TEZ-la] [apremilast]<br><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]<br><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)<br><input type="checkbox"/> Siliq [sill-EEK] [brodalumb]<br><input type="checkbox"/> Skyrizi [sky-RI-zee] [risankizumab]<br><input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab]<br><input type="checkbox"/> Taltz [taltz] [Ixekizumab]<br><input type="checkbox"/> Tremfya [trem-FAI-ah] [guselkumab] |
|---|

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

|     |                          |                                 |
|-----|--------------------------|---------------------------------|
| Yes | <input type="checkbox"/> | → CONTINUE                      |
| No  | <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? [Read list]**

- 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? [Read list. 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 AT LEAST 30% OF TOTAL SAMPLE NON-PRIVATE]
- Veterans Affairs, Tricare, or the Department of Defense [RECRUIT AT LEAST 30% OF TOTAL SAMPLE NON-PRIVATE]
- Currently uninsured
- Other [please specify]: \_\_\_\_\_

**28. What is your race? You may select more than one. [Read list. 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 AT LEAST 15% OF SAMPLE]
- No

**30. In which state do you live? [Record response, then sort into corresponding Census region]**

Record participant response: \_\_\_\_\_

- Midwest - IL, IN, IO, KS, MI, MN, MO, NE, ND, OH, SD, WI [RECRUIT AT LEAST 20% OF SAMPLE]
- Northeast - CT, MA, ME, NH, NJ, NY, PA, RI, VT [RECRUIT AT LEAST 20% OF SAMPLE]
- South - AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV [RECRUIT AT LEAST 20% OF SAMPLE]
- West - AK, AZ, CA, CO, HI, ID, NM, MT, OR, UT, NV, WA, WY [RECRUIT AT LEAST 20% OF SAMPLE]

**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 AT LEAST 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

#### Ineligible - Closing Script

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.

#### Eligible - Closing Script

Thank you for answering my questions. You qualify for our study. Next, I'd like to schedule you for a focus group. The focus group will last about 90 minutes. You will receive a \$75 honorarium once the sessions are finished and the project has concluded. Specific instructions for obtaining your honorarium will be sent to your email at the conclusion of the research. Survey Healthcare Globus uses third party providers, such as TangoCard and PayPal, to provide the honorarium.

Are you available at [TIME] on [DATE]? [READ GROUP TIME OF RELEVANT CONDITION]

- Yes → CONTINUE AND SCHEDULE PARTICIPANT FOR APPROPRIATE GROUP
- No → Are you available at [TIME] on [DATE]? [READ ALTERNATIVE GROUP TIMES OF RELEVANT CONDITION, IF AVAILABLE]
  - Yes → CONTINUE AND SCHEDULE PARTICIPANT FOR APPROPRIATE GROUP
  - No → RECORD RESPONSE, RETAIN PARTICIPANT AS AN ALTERNATE, AND END CALL

The e-mail address I have on file for you is [E-MAIL ADDRESS] and phone number is [PHONE NUMBER]. Are those still correct? [UPDATE IF NEEDED]

We will reach out with a confirmation email and phone call with instructions to join the focus group on [DATE/TIME]. We will also use this information to send you a reminder email and to call and remind you of the focus group one day before the group.

Thank you. We appreciate your participation in this study.