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FDA RAPID – MESSAGE #20

“What it Spells”

Recruiting Screener

Introduction

The U.S. Food and Drug Administration, or FDA, hired Westat to help them get opinions about health information. Area Wide is helping Westat and FDA find people who may be interested in being interviewed about health information. To make sure you are a good fit for the interview, please take about 3 minutes to answer the questions below.

1. What is your age?

- a. Under 18 → INELIGIBLE
- b. 19 to 29
- c. 30 to 39
- d. 40 to 49
- e. 50 to 59
- f. 60 to 69
- g. 70 or older

2. Do you, or does any member of your household or immediate family work...?

- a. For a market research company → INELIGIBLE
- b. For an advertising agency or public relations firm → INELIGIBLE
- c. In the media (TV, radio, newspapers, magazines) → INELIGIBLE
- d. As a healthcare professional (doctor, nurse, pharmacist, medical assistant, dietician, etc.) → INELIGIBLE
- e. In the pharmaceutical industry → INELIGIBLE

f. None of the above

→ GO TO Q3

**3. Have you been prescribed any of the following pain relievers in the last 3 years?
Select all that apply.¹**

- a. Hydrocodone acetaminophen, Vicodin, Lortab, Lorcet, Norco, or Zydone
- b. Hydrocodone extended-release, Zohydro, or Hysingla
- c. Hydromorphone extended-release, Exalgo or Dilaudid
- d. Oxycodone acetaminophen, Percocet, Endocet, or Primlev
- e. Oxycodone, Oxycontin, Oxy IR, Oxyfast, Percodan, Roxicet, Roxicodone, Roxybond, Targiniq ER, Xartemis XR, or Xtampza ER
- f. Tramadol or Ultram
- g. Codeine acetaminophen, Tylenol #3, Tylenol #4, or Vopac
- h. Morphine, MS Contin, Morphine Sulfate ER, Morphine Sulfate IR, or Kadian
- i. Methadone or Dolophine
- j. Oxymorphone or Opana
- k. Buprenorphine skin patch or film, Butrans, or Belbuca
- l. Tapentadol, Nucynta, or Nucynta ER
- m. Fentanyl skin patch or Duragesic
- n. Immediate Release Fentanyl tablets, lozenges, films or sprays, Abstral, Actiq, Fentora, Lazanda, Onsolis, or Subsys
- o. Another opioid medicine
- p. None of the above
- q. Don't know

4. Have you been prescribed any medicines that are not pain relievers in the last year?

- a. Yes
- b. No

¹ Loosely based on 2016 NSDUH. See pages 201 and 224.
<https://www.samhsa.gov/data/sites/default/files/NSDUHmrbCAIquex2016v2.pdf>

5. Which of the following describe your role? Select all that apply.

- a. A parent or step-parent of a child or children living in your household
- b. A grandparent who lives with or watches a grandchild or grandchildren regularly in your own home
- c. A person who provides ongoing, unpaid care for the medical needs of an adult family member
- d. A person who provides ongoing, unpaid care for the medical needs of an adult friend
- e. None of the above → INELIGIBLE if Q3=P or Q OR Q4=No

6. [Ask if Q5=A, B, C, or D] Has a child or adult for whom you provide unpaid care been prescribed any of the following pain relievers in the last 3 years? Select all that apply.²

- a. Hydrocodone acetaminophen, Vicodin, Lortab, Lorcet, Norco, or Zydone
- b. Hydrocodone extended-release, Zohydro, or Hysingla
- c. Hydromorphone extended-release, Exalgo or Dilaudid
- d. Oxycodone acetaminophen, Percocet, Endocet, or Primlev
- e. Oxycodone, Oxycontin, Oxy IR, Oxyfast, Percodan, Roxicet, Roxicodone, Roxybond, Targiniq ER, Xartemis XR, or Xtampza ER
- f. Tramadol or Ultram
- g. Codeine acetaminophen, Tylenol #3, Tylenol #4, or Vopac
- h. Morphine, MS Contin, Morphine Sulfate ER, Morphine Sulfate IR, or Kadian
- i. Methadone or Dolophine
- j. Oxymorphone or Opana
- k. Buprenorphine skin patch or film, Butrans, or Belbuca
- l. Tapentadol, Nucynta, or Nucynta ER
- m. Fentanyl skin patch or Duragesic
- n. Immediate Release Fentanyl tablets, lozenges, films or sprays, Abstral, Actiq, Fentora, Lazanda, Onsolis, or Subsys
- o. Another opioid medicine
- p. None of the above → INELIGIBLE if Q3=P or Q
- q. Don't know → INELIGIBLE if Q3=P or Q

² Loosely based on 2016 NSDUH. See pages 201 and 224.

<https://www.samhsa.gov/data/sites/default/files/NSDUHmrbCALquex2016v2.pdf>

7. [Ask if Q5=A, B, C, or D] Has a child or adult for whom you provide unpaid care been prescribed any medicines that are not pain relievers in the last year?

- a. Yes
- b. No

→INELIGIBLE if Q3 and Q6 = P or Q OR Q4=No

8. What is your sex?

- a. Female
- b. Male

9. What is the highest grade or level of education you have completed?

- a. Less than High School
- b. High School Diploma or GED
- c. Some College, including Associate's Degree
- d. Bachelor's Degree (for example: BA, BS)
- e. Graduate or Professional Degree

→ INELIGIBLE

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

- YES
- NO

11. What is your race? Please select one or more.

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

12. What language do you speak most often at home?

- English → GO TO Q14
- Spanish → GO TO Q13
- Other → INELIGIBLE

13. [Ask if Q12=Spanish] How well do you speak Spanish?

Very well

Well

→ INELIGIBLE

Not well

→ INELIGIBLE

Not at all

→ INELIGIBLE

14. What state do you live in? [DROP DOWN LIST OF US STATES, INCLUDING “OUTSIDE OF THE US”] [“OUTSIDE OF THE US” → INELIGIBLE]

Request for Contact Information

C1. Thank you for answering these questions. Based on your answers, you may be selected for an interview. If selected and you finish it, you will get \$50. At the start of the interview, the interviewer will ask if it's okay to audio record it. This helps Westat to make sure they hear everything you say correctly. If you are chosen for an interview, you will get [a packet in the mail/an email] for this study. Make sure to have [the packet with you/access to your email] during the interview. Is it okay with you for Area Wide to share your contact information with Westat?

YES

NO

➔ INELIGIBLE

Thank and Terminate

Thank you for taking our survey. Unfortunately, based on your responses, you are not eligible for this study. However, we appreciate you taking the time to answer our questions today.

Contact Information

C2. In the space below, please give us the best information to contact you by phone, email, and regular mail. Please know that Westat will not share your information with anyone else. Your personal information will be deleted upon completion of the research project.

Contact Information

Name _____

Address 1 _____

Address 2 _____

City, State, ZIP _____

Phone Number _____

Email Address _____

Technology Preferences

C3. The Westat interviewer would like to be able to show you information on her computer screen during the interview. Westat will send directions for how to do this.

Which app do you prefer for screen sharing? [SINGLE SELECT]

- a. Skype
- b. Google Hangouts
- c. WebEx
- d. I am not able to use any of these, please just call me

Closing

Thank you for your answers to these questions. If you are chosen for an interview, someone from Westat will contact you with the next 1-2 days.