

Promotional Implications of Proprietary Prescription Drug Names Pretest Questionnaire

[PROGRAMMER: Include the following at the bottom of the FIRST screen. Include the Control number and expiration date at the bottom of each screen.]

OMB Control No. 0910-0695
Expiration date: 2/28/2021

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0695 and the expiration date is 2/28/2021. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information.]

This survey will take about 20 minutes to complete. We ask you to complete the study in one sitting (without taking any breaks) in order to avoid distractions.

You will be shown several different drug names and then will be asked questions about each one. Please answer the questions to the best of your ability.

[Randomize order of module 1 (all 8 names for drug indication #1) and module 2 (all 8 names for drug indication #2). All participants to see both modules, but in random order.]

[Questions 1 through 3 to be repeated following exposure to each extreme or neutral name (a total of 8 times for each indication)].

Q1. What health condition do you think [DRUG] is used to treat? Please make your best guess.

- Indication 1
- Indication 2
- Indication 3
- Indication 4
- Indication 5

[NEW SCREEN; Present drug name in same position and format as previous screen.]

[Randomize order of questions 2 and 3.]

[PERCEIVED BENEFIT-MAGNITUDE]

Q2. Overall, how effective do you think [DRUG] would be in managing [CONDITION] if you had this condition?

Not very effective							Extremely effective
1	2	3	4	5	6	7	

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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[PERCEIVED BALANCE OF RISKS AND BENEFITS]

Q3. The benefits of [DRUG] outweigh any side effects it may have.

Strongly disagree	1	2	3	4	5	Strongly agree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[After all names have been shown, present this ranking question in random order. Repeat for both drug indications]

Q4. Please rank these drug names in order from most obvious benefit to least obvious benefit. (For example, a drug which clearly suggests the benefit of the drug would rank as #1 and one for which the benefit is unclear would rank #8.)

[Drag and drop names]

- 1=most obvious benefit _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8=least obvious benefit _____