**Department of Health and Human Services (HHS)/ Food and Drug Administration (FDA) Biosimilars Survey**

**Programmer Notes**

**Participants should not be able to go back in the survey, only forward.**

**Unless otherwise indicated, only one question should appear per screen.**

**Require an answer to all screener questions. Prompt for an answer to all other questions: “Are you sure you don’t want to provide a response?”**

**INTRODUCTION**

The U.S. Department of Health and Human Services and the Food and Drug Administration are sponsoring this survey. We are interested in gathering information about the way you think about and use names of prescription drug products. The survey should take you approximately 23 minutes to answer. Please complete these initial screening questions to see if you qualify.

**SCREENER**

S1. What is your age? [Numeric field] [If younger than 18, terminate. Do not allow ages over 90.]

|  |  |
| --- | --- |
| Value | Label |
| -99 | Refused [Terminate] |

S2. What is your gender? [Single punch]

|  |  |
| --- | --- |
| Value | Label |
| 01 | Male |
| 02 | Female |
| -99 | Refused [Terminate] |

S3. Do you have a medical degree? [Single punch]

|  |  |
| --- | --- |
| Value | Label |
| 01 | Yes, I have an M.D. [Skip to S5] |
| 02 | Yes, I have a D.O. [Skip to S5] |
| 03 | No [Continue to S4] |

S4. Are you a licensed nurse practitioner or physician’s assistant? [Single punch]

|  |  |
| --- | --- |
| Value | Label |
| 01 | Yes, I am a nurse practitioner  |
| 02 | Yes, I am a physician’s assistant  |
| 03 | No [Terminate] |
| -98 | Valid skip |
| -99 | Refused [Terminate] |

S5. Which best describes your primary medical specialty? [Single punch]

|  |  |
| --- | --- |
| Value | Label |
| 01 | Rheumatology |
| 02 | Oncology |
| 03 | Hematology |
| 04 | Dermatology |
| 05 | Nephrology |
| 06 | Gastroenterology |
| 07 | Other [Terminate] |
| -99 | Refused [Terminate] |

S6. For how many years have you been practicing in your medical profession? [Numeric field] [Do not allow numbers >65]

|  |  |
| --- | --- |
| Value | Label |
| -99 | Refused [Terminate] |

S7. Are you currently practicing? [Single punch]

|  |  |
| --- | --- |
| Value | Label |
| 00 | No [Terminate] |
| 01 | Yes |
| -99 | Refused [Terminate] |

S8. What is your place of practice? [Single punch]

|  |  |
| --- | --- |
| Value | Label |
| 01 | Teaching hospital |
| 02 | Hospital |
| 03 | Medical school |
| 04 | Clinic or infusion center |
| 05 | Private practice |
| 06 | Other (specify) |
| -99 | Refused  |

S9. In what state is your primary practice? [Dropdown (50 states and District of Columbia)]

|  |  |
| --- | --- |
| Value | Label |
| -99 | Refused  |

S10. Which of the following best describes your race/ethnicity? Mark all that apply. [Multi punch]

|  |  |
| --- | --- |
| Value | Label |
| -99 | Refused  |

S10A. American Indian or Alaska Native

S10B. Asian

S10C. Black or African American

S10D. Native Hawaiian or Other Pacific Islander

S10E. White

S10F. Prefer to not answer

|  |  |
| --- | --- |
| Value | Label |
| 00 | Not selected |
| 01 | Selected |

 Do you identify as Hispanic or Latino? Yes/no

S11. Within the last five years, have you or an immediate family member worked for any of the following types of businesses? [Single punch]

* An advertising or public relations firm
* A marketing or market research firm or department
* A marketing or market research consultant
* Any kind of media company, like a TV or radio station or newspaper
* A pharmaceutical company

|  |  |
| --- | --- |
| Value | Label |
| 00 | No |
| 01 | Yes [Terminate] |

S12. When, if ever, was the last time you participated in a marketing research study, such as a consumer interview or a group discussion? [Single punch]

|  |  |
| --- | --- |
| Value | Label |
| 01 | Within the past three months [Terminate] |
| 02 | Over three months ago |
| 03 | Never |

**[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.

**[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.