

Paperwork Reduction Act Statement: 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 time required to complete this information collection from eligibility to completion of the survey is estimated to average 23 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden, to PRASStaff@fda.hhs.gov.



FORS|MARSH
GROUP

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.