

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 3 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information.

# FDA – Purple Book Screener

## *Introduction*

The U.S. Food and Drug Administration, or FDA, hired Westat to learn how easy it is for individuals to find health information on a certain type of prescription medication. Rare Patient Voice, is helping Westat and FDA identify individuals who may be willing to test a new website to improve how the public finds health information. To make sure you are a good fit for this interview, please take about 3 minutes to answer the questions below.

## *Screener Questions*

### 1. What is your age?

- a. Under 18 → INELIGIBLE
- b. 18 to 44
- c. 45 to 64
- d. 65 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. In the past 8 weeks, have you used or taken one of the following medications? If more than one, mark the medication you have used most recently.**

**Remicade™**

**Inflectra™**

**Renflexis™**

None of the above

→ INELIGIBLE

Don't Know

→ INELIGIBLE

**4. How long have you been taking this medication?**

Less than 1 month

1 month to less than 7 months

7 months to less than 12 months

1 year to less than 2 years

2 years to less than 3 years

3 years or more

**5. What is your sex?**

a. Female

b. Male

**6. 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

**7. Are you of Hispanic, Latino, or Spanish origin?**

YES

NO

**8. 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

**9. In what state do you live? [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 receive \$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.**

**As stated earlier, Rare Patient Voice is helping Westat and FDA identify individuals interested in testing a new website to improve how the public finds health information about prescription medications.**

**Westat will be conducting the interviews using online conference software. If you are chosen for an interview, you will need to log on to the Internet using a laptop or desktop computer so that you can see a screen that our interviewer will share with you. At the same time, you will need to be able to talk with our interviewer using a cell phone or landline.**

**Do you have access to both a computer and a phone?**

**YES**

**NO → INELIGIBLE**

**C2. If you are chosen for an interview, Westat will send you an email with instructions about how to join the interview. When it is time for the interview please follow the instructions to log on. Is it okay with you for Rare Patient Voice 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.

### *Contact Information*

**C3. In the space below, please provide us with your contact information, including phone number and email address. 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 \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### *Closing*

Thank you for answering these questions. If you are chosen for an interview, someone will contact you within the next 1-2 days.