

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 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.

Prescriber Survey

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

Informed Consent for a research study entitled: “Educating Groups Influencing Generic Drug Use”

You are invited to participate in a research study to better educate groups influencing generic drug use, based on their unique educational needs, sponsored by the US Food and Drug Administration (FDA). The study is being conducted by Dr. Jingjing Qian, Assistant Professor in the Auburn University Department of Health Outcomes Research and Policy and Dr. Ilene Harris, Principal Research Scientist at IMPAQ International. You are eligible to participate if you are a healthcare provider with US prescriptive authority and are age 19 or older.

As part of your participation in this research study, you will fill out an online survey regarding your review of the developed educational materials. Your total time commitment will be approximately 20 minutes.

The risks associated with participating in this study are minimal. Your protected health information will not be used or disclosed to a third party. If you participate in this study, what the research team learns from your survey may better inform whether the developed educational materials are successful in educating various groups on generic drugs. You will receive \$50 as a token of our appreciation for your participation after completion of the survey.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Health Outcomes Research and Policy, or IMPAQ International.

If you agree, any data obtained in connection with this study will be anonymous. Notes and complete surveys will be saved in password protected folders on a password and firewall protected server at Auburn University.

Information collected through your participation may be published in governmental reports, professional journals, and/or presented at a professional meeting. As described above, surveys will have no identifying information attached to them, and if information learned from this study is published, you will not be identified by name or other personal information. Also, survey answers will be used for analytical purposes only.

If required, personal information collected in connection to your honorarium will be saved in password protected folders on a password and firewall protected server at Auburn University. This information is being collected in order to withhold necessary tax payments on your behalf and will remain private to the extent permitted by law.

Appendix G: Survey Instrument – Prescribers

If you have questions about this study, please contact Jingjing Qian at (334) 844-5818 or jzq0004@auburn.edu or Ilene Harris at (443) 259-5250 or iharris@impaqint.com.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at (334) 844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. IF YOU AGREE TO PARTICIPATE, PLEASE PRESS 'YES' BELOW.

Do you agree to participate in this survey?

- Yes
- No

If No, then END SURVEY.

Appendix G: Survey Instrument – Prescribers

1. Are you at least 19 years of age?

- Yes
- No

If No, then END SURVEY.

2. Are you a physician, nurse practitioner, or physician's assistant with prescriptive authority in the U.S.?

- Yes
- No

If No, then END SURVEY.

3. Are you actively involved in patient care at least 2 days per week?

- Yes
- No

If No, then END SURVEY.

Appendix G: Survey Instrument – Prescribers

Thank you for agreeing to participate in this survey! Your thoughtful responses are important to us. Please press 'NEXT' to continue.

Appendix G: Survey Instrument – Prescribers

Now we will show you an example of an educational material about generic drugs that we designed for prescribers. On the next screen, please read the educational material and answer the questions that follow. Please press 'NEXT' to continue.

Appendix G: Survey Instrument – Prescribers

Please take a few minutes to read over this newsletter. After you've looked it over, we will ask you to answer a few questions about your opinion of its content, format, and delivery.

EDUCATIONAL MATERIAL INSERTED HERE

Appendix G: Survey Instrument – Prescribers

The questions on the next screen ask about your thoughts on the newsletter's CONTENT.
Please press 'NEXT' to continue.

Appendix G: Survey Instrument – Prescribers

4. On a scale of 1 to 5, where 1=Strongly Disagree and 5=Strongly Agree, please indicate how much you agree or disagree with each statement. The newsletter...

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Gave adequate information about generic drug safety and efficacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave adequate information about FDA approval processes for generic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave adequate information about generic drug access and cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave useful information on resources for generic drug availability and cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave just the right amount of information about generic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave unbiased information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave information that was interesting to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave information that was new to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave information that will help me better serve patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave information that I agree with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G: Survey Instrument – Prescribers

5. On a scale of 1 to 5, where 1=Not at all Satisfied and 5=Very Satisfied, how satisfied were you with the newsletter's content?

- Not at all Satisfied=1
- Slightly Satisfied=2
- Fairly Satisfied=3
- Satisfied=4
- Very Satisfied=5

6. Please provide any comments about the newsletter's CONTENT.

Appendix G: Survey Instrument – Prescribers

The questions on the next screen ask about your thoughts on the newsletter's **FORMAT**. Please press 'NEXT' to continue.

Appendix G: Survey Instrument – Prescribers

7. On a scale of 1 to 5, where 1=Strongly Disagree and 5=Strongly Agree, please indicate how much you agree or disagree with each statement. The newsletter...

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Was easy to read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a layout that made sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had just the right amount of text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was visually appealing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was just the right length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was easy to see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loaded easily on my computer or phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a format that was easy for me to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G: Survey Instrument – Prescribers

8. On a scale of 1 to 5, where 1=Not at all Satisfied and 5=Very Satisfied, how satisfied were you with the newsletter's format?

- Not at all Satisfied=1
- Slightly Satisfied=2
- Fairly Satisfied=3
- Satisfied=4
- Very Satisfied=5

9. Please provide any comments about the newsletter's FORMAT.

Appendix G: Survey Instrument – Prescribers

The questions on the next screen ask about your thoughts on the newsletter's DELIVERY. Please press 'NEXT' to continue.

Appendix G: Survey Instrument – Prescribers

10. From whom would you most prefer to receive a newsletter with information about generic drugs?

- Food and Drug Administration (FDA)
- Professional association
- Prescription insurance company
- Pharmaceutical company
- Employer
- Other, please specify _____

11. How would you most prefer to receive a newsletter about generic drugs?

- Email
- Online website
- Mobile app
- Mail
- Other, please specify _____

12. Please provide any comments about the newsletter's DELIVERY.

Appendix G: Survey Instrument – Prescribers

The questions on the next screen ask about your **OVERALL SATISFACTION** with the newsletter. Please press 'NEXT' to continue.

Appendix G: Survey Instrument – Prescribers

13. On a scale of 1 to 5, where 1=Not at all and 5=Completely, please indicate your opinion for each statement.

	Not at all 1	Slightly 2	Somewhat 3	A lot 4	Completely 5
How satisfied are you with the quality of the newsletter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How interesting and engaging was the newsletter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How necessary does this type of newsletter seem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that the newsletter will help you in practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident would you be in recommending this newsletter to other prescribers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G: Survey Instrument – Prescribers

14. What did you LIKE MOST about the newsletter?

15. What did you LIKE LEAST about the newsletter?

16. Please provide any comments about HOW TO IMPROVE the newsletter for prescribers.

Appendix G: Survey Instrument – Prescribers

Next, please tell us a bit about yourself. Please press 'NEXT' to continue.

Appendix G: Survey Instrument – Prescribers

17. What is your age?

18. What is your gender?

- Male
- Female

19. What is your race?

- Caucasian/White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Native American or Alaska Native
- Two or more races

20. What is your ethnicity?

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)

21. What is your medical specialty? Please mark all that apply.

- Family Medicine
- Internal Medicine
- Geriatrics
- Pediatrics
- OB/GYN
- Hematology/Oncology
- Psychiatry
- Radiology
- Cardiology
- Endocrinology
- Neurology
- Pulmonology
- Other, please specify _____

Appendix G: Survey Instrument – Prescribers

22. Please indicate which of the following most accurately describes your PRIMARY practice setting?

- Solo Private Practice
- Single-specialty Group or Partnership
- Multi-specialty Group or Partnership
- Hospital Outpatient
- Hospital Emergency Department
- Multi-Hospital System
- Urgent Care Center
- Academic Medical Center
- Cancer Center
- Mental Health Center
- Federally Qualified Health Center
- Other, please specify _____

23. Do you practice in more than one setting?

- Yes
- No

Display This Question:

If Do you practice in more than one setting? Yes Is Selected

24. Please select all other practice settings you work in.

- Solo Private Practice
- Single-specialty Group or Partnership
- Multi-specialty Group or Partnership
- Hospital Outpatient
- Hospital Emergency Department
- Multi-Hospital System
- Urgent Care Center
- Academic Medical Center
- Cancer Center
- Mental Health Center
- Federally Qualified Health Center
- Other, please specify _____

25. How would you describe the area/community that you primarily practice in?

- Rural
- Suburban
- Urban

Appendix G: Survey Instrument – Prescribers

26. Which of the following best describes the size of your practice setting?

- Solo
- Small (2-10 physicians)
- Medium (11-50 physicians)
- Large (51 or more physicians)

27. How many years have you been practicing as a healthcare provider?

28. What is your medical degree?

- MD
- DO
- PA
- CNP
- Other, please specify _____

29. Are you board certified in your primary area of practice?

- Yes, please list certifications _____
- No

30. Please indicate the average number of patients you see per week.

31. Please indicate what percentage of your patient population reflects the following categories.

	0-25%	26-50%	51-75%	76-100%
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare Beneficiaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Beneficiaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G: Survey Instrument – Prescribers

Thank you for taking the time to fill out this survey! Please press 'NEXT' to record your responses.

Appendix G: Survey Collection Form – Honorarium

Contact Information for Survey Honorarium

If you provide your contact information, you will have the opportunity to receive a **\$50 as a token of our appreciation** for your participation. Would you like to provide your contact information?

What is your first name?

What is your last name (family name)?

What is your Auburn University Banner ID (for faculty or staff)?

What is your mailing address?

What is your daytime telephone number?

What is your email address?