

Paperwork Reduction Act Statement

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Patient/Caregiver Survey

(NOTE: DO NOT SIGN THIS DOCUMENT 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 were selected as a possible participant because you have been identified as a patient or caregiver and are age 19 or older.

As part of your participation in this research study, you will speak to one of our student pharmacists in person to answer a survey about your review of the developed educational materials. Your total time commitment will be approximately 30 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 \$25 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 If you choose to withdraw, your data can be withdrawn as long as it is identifiable.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 completed 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.

Appendix I: Face-to-face survey Instrument – patients/caregivers

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.

If you have questions about this study, please ask them now or 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 DECIDE TO PARTICIPATE, YOUR SIGNATURE WILL SERVE AS YOUR AGREEMENT TO DO SO. A COPY OF THIS LETTER IS YOURS TO KEEP.

Do you agree to participate in this survey?

- Yes
- No

If 'Yes' then the participant will sign the informed consent document. Continue to the next page.

1. Are you at least 19 years of age?

- Yes
- No

If 'No' then END THE SURVEY.

Appendix I: Face-to-face survey Instrument – patients/caregivers

2. Are you a healthcare professional, like a physician, pharmacist, or nurse?

- Yes
- No

If 'Yes' then END THE SURVEY.

3. During the past 6 months, have you taken at least 1 prescription medication?

- Yes
- No

4. During the past 6 months, have you helped a friend or family member manage his or her prescription medications?

- Yes
- No

If 'No' to both 3 AND 4, then END THE SURVEY. If 'Yes' to either 3 OR 4, then continue to the next page.

Appendix I: Face-to-face survey Instrument – patients/caregivers

Thank you for agreeing to participate in this survey! Your thoughtful responses are important to us.

These questions ask about your thoughts on generic drug safety and effectiveness.

5. 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.

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Generic drugs are just as effective as brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic drugs are just as safe as brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic drugs are the same quality as brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe a cheaper medication is of lower quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic drug companies are not as good as brand drug companies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix I: Face-to-face survey Instrument – patients/caregivers

These questions ask about your thoughts on generic drug cost.

6. 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.

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Generic drugs cost less than brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to use generic drugs because they cost less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand drugs are too expensive for most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many brand drugs have generic drug alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have resources to help me get information on generic drug availability and cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix I: Face-to-face survey Instrument – patients/caregivers

Now we will show you an example of an educational material about generic drugs that we designed for patients and caregivers. Please take a few minutes to look over the handout. After you look it over, we will ask you a few questions about its content, format, and delivery.

Give about 3 minutes to look over the handout, then continue to the next page.

Appendix I: Face-to-face survey Instrument – patients/caregivers

Now that you've looked over the handout, please answer a few questions. There are no right or wrong answers. We value your opinions.

These questions ask about your thoughts on generic drug safety and effectiveness after seeing the handout.

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.

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Generic drugs are just as effective as brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic drugs are just as safe as brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic drugs are the same quality as brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe a cheaper medication is of lower quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic drug companies are not as good as brand drug companies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix I: Face-to-face survey Instrument – patients/caregivers

These questions ask about your thoughts on generic drug cost after seeing the handout.

8. 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.

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Generic drugs cost less than brand drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to use generic drugs because they cost less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand drugs are too expensive for most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many brand drugs have generic drug alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have resources to help me get information on generic drug availability and cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix I: Face-to-face survey Instrument – patients/caregivers

These questions ask about how you intend to get information on generic drugs next time you need it.

9. 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.

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
I will ask my pharmacist for information about generic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will ask my doctor for information about generic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will ask my prescription insurance for information about generic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will look for information myself about generic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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These questions ask about how SURE you feel about choosing between a brand and generic drug.

10. Please indicate YES or NO to each statement. When choosing between brand and generic drugs...

	Yes	No
Do you feel SURE about the best choice for you?	<input type="radio"/>	<input type="radio"/>
Do you know the benefits and risks of each option?	<input type="radio"/>	<input type="radio"/>
Are you clear about which benefits and risks matter most to you?	<input type="radio"/>	<input type="radio"/>
Do you have enough support and advice to make a choice?	<input type="radio"/>	<input type="radio"/>

The questions on the next two pages ask about your thoughts on the handout's CONTENT.

Appendix I: Face-to-face survey Instrument – patients/caregivers

11. 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 handout...

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Gave good information about generic drug safety and effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave good information about how generic drugs are approved by the FDA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave good information about generic drug cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave useful information on resources for generic drugs	<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 manage medications	<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 I: Face-to-face survey Instrument – patients/caregivers

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

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

13. Please provide any comments about the handout's CONTENT.

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These questions ask about your thoughts on the handout's FORMAT.

14. 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 handout...

	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 writing	<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 I: Face-to-face survey Instrument – patients/caregivers

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

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

16. Please provide any comments about the handout's FORMAT.

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These questions ask about your thoughts on the handout's DELIVERY.

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

- Food and Drug Administration (FDA)
- Your doctor's office
- Your pharmacy
- The hospital
- Prescription insurance company
- Pharmaceutical company
- Other, please specify _____

18. How would you most prefer to receive a handout about generic drugs?

- Email
- Online website
- Mobile app on your smartphone
- Mail
- At the doctor's office
- At the pharmacy
- At the hospital
- Other, please specify _____

19. Please provide any comments about the handout's DELIVERY.

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These questions ask about your OVERALL SATISFACTION with the handout.

20. 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 handout?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How interesting was the handout?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How necessary does this type of handout seem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely are you to use this handout to help make decisions between brand and generic drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident would you be in recommending this handout to other patients or caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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21. What did you LIKE MOST about the handout?

22. What did you LIKE LEAST about the handout?

23. Please provide any comments about HOW TO IMPROVE the handout for patients and caregivers.

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Next, please tell us a bit about yourself.

24. What is your age?

25. What is your gender?

- Male
- Female

26. 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

27. What is your ethnicity?

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

28. What is your marital status?

- Single, never married
- Married or with partner
- Divorced, separated, or widowed

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29. What is your highest level of education completed?

- Less than high school
- High school graduate or GED
- Trade/technical/vocational school
- Some college
- Associates degree
- Bachelors degree
- Masters degree
- Doctoral degree

30. What is your annual household income?

- Under \$25,000
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

31. What type of prescription insurance do you currently have for your primary insurance?

- None
- From a current or former employer
- COBRA
- Purchased directly from an insurance company
- Marketplace (Obamacare)
- Medicare
- Medicaid
- Tricare or other military insurance
- VA
- Indian Health Service
- Other, please specify _____

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32. How would you describe the area/community that you currently live in?

- Rural
- Suburban
- Urban

33. How many years have you been managing prescription medications for yourself, family, or friends?

34. Have you ever been told by a doctor or other healthcare professional that you have any of the following conditions? Please mark all that apply.

- Heart disease
- High blood pressure
- High cholesterol
- Diabetes
- Asthma or COPD
- Osteoporosis (low bone density)
- Arthritis
- Depression
- Cancer
- Other, please specify _____

Thank you for taking the time to fill out this survey!

Appendix I: Survey Collection Form – Honorarium

Contact Information for Survey Honorarium

If you provide your contact information, you will have the opportunity to receive a **\$25 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?