Appendix A: Participant Screeners

## Consumer Survey Screener

Thank you for your interest in participating in this study. Please answer all of the following questions during this initial screening process to determine if you are eligible to participate in this study.

**Question Type:** Numeric

1. **What is your age?**

**Variable Label:** S1: What is your age?

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

[If under 18, terminate]

**Question Type:** Single Punch

1. **Do you live in the United States?**

**Variable Label:** S2: Do you live in the United States?

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

**Question Type:** Single Punch

1. **What is the highest level of school you have completed or the highest degree you have received?**

**Variable Label:** S3: What is the highest level of school you have completed or the highest degree you have received?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Less than high school |
| 02 | High school graduate—high school diploma or the equivalent (for example, GED) |
| 03 | Some college but no degree |
| 04 | Associate degree in college |
| 05 | Bachelor’s degree (for example, BA, AB, BS) |
| 06 | Advanced or postgraduate degree (for example, master’s degree, MD, DDS, JD, PhD, EdD) |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **What is your gender?**

**Variable Label:** S4: What is your gender?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 00 | Female |
| 01 | Male |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Are you Hispanic or Latino?**

**Variable Label:** S5: Are you Hispanic or Latino?

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

**Question Type:** Multi-punch

1. **What is your race? You may select one or more races.**

**Variable Label:** S6: What is your race? You may select one or more races.

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | American Indian or Alaska Native |
| 02 | Asian |
| 03 | Black or African American |
| 04 | Native Hawaiian or other Pacific Islander |
| 05 | White |
| 06 | Some other race |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Are you trained or employed as a health care professional?**

**Variable Label:** S7: Are you trained or employed as a health care professional?

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

**Question Type:** Single Punch

1. **Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?**

**Variable Label:** S8: Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?

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

**Question Type:** Single Punch

1. **When, if ever, was the last time you participated in a marketing research study?**

**Variable Label:** S9: When, if ever, was the last time you participated in a marketing research study?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Within the past three months [Terminate] |
| 02 | More than three months ago |
| 03 | Never |
| -99 | Refused [Terminate] |

## Physician Survey Screener

Thank you for your interest in participating in this study. Please answer all of the following questions during this initial screening process to determine if you are eligible to participate in this study.

**Question Type:** Numeric

1. **What is your age?**

**Variable Label:** S1: What is your age?

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

[If under 18, terminate]

**Question Type:** Single Punch

1. **What is your gender?**

**Variable Label:** S2: What is your gender?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 00 | Female |
| 01 | Male |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Are you Hispanic or Latino?**

**Variable Label:** S3: Are you Hispanic or Latino?

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

**Question Type:** Multi-punch

1. **What is your race? You may select one or more races.**

**Variable Label:** S4: What is your race? You may select one or more races.

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | American Indian or Alaska Native |
| 02 | Asian |
| 03 | Black or African American |
| 04 | Native Hawaiian or other Pacific Islander |
| 05 | White |
| 06 | Some other race |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Do you live in the United States?**

**Variable Label:** S5: Do you live in the United States?

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

**Question Type:** Single Punch

1. **What is your specialty?**

**Variable Label:** S6: What is your specialty?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | General practice |
| 02 | Family medicine  |
| 03 | Internal medicine |
| 04 | Primary care |
| 05 | All others [Terminate] |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?**

**Variable Label:** S7: Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?

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

## Consumer Eye-Tracking Screener

Thank you for your interest in participating in this study. Please answer all of the following questions during this initial screening process to determine if you are eligible to participate in this study.

**Question Type:** Numeric

1. **What is your age?**

**Variable Label:** S1: What is your age?

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

[If under 18, terminate]

**Question Type:** Single Punch

1. **Do you live in the United States?**

**Variable Label:** S2: Do you live in the United States?

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

**Question Type:** Single Punch

1. **What is the highest level of school you have completed or the highest degree you have received?**

**Variable Label:** S3: What is the highest level of school you have completed or the highest degree you have received?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Less than high school |
| 02 | High school graduate—high school diploma or the equivalent (for example, GED) |
| 03 | Some college but no degree |
| 04 | Associate degree in college |
| 05 | Bachelor’s degree (for example, BA, AB, BS) |
| 06 | Advanced or postgraduate degree (for example, master’s degree, MD, DDS, JD, PhD, EdD) |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **What is your gender?**

**Variable Label:** S4: What is your gender?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 00 | Female |
| 01 | Male |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Are you Hispanic or Latino?**

**Variable Label:** S5: Are you Hispanic or Latino?

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

**Question Type:** Multi-punch

1. **What is your race? You may select one or more races.**

**Variable Label:** S6: What is your race? You may select one or more races.

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | American Indian or Alaska Native |
| 02 | Asian |
| 03 | Black or African American |
| 04 | Native Hawaiian or other Pacific Islander |
| 05 | White |
| 06 | Some other race |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Are you trained or employed as a health care professional?**

**Variable Label:** S7: Are you trained or employed as a health care professional?

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

**Question Type:** Single Punch

1. **Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?**

**Variable Label:** S8: Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?

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

**Question Type:** Single Punch

1. **When, if ever, was the last time you participated in a marketing research study?**

**Variable Label:** S9: When, if ever, was the last time you participated in a marketing research study?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | Within the past three months [Terminate] |
| 02 | More than three months ago |
| 03 | Never |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Do you need to wear corrective lenses to view a computer screen for normal use (for example, browsing the web or creating or reading emails or other documents)?**

**Variable Label:** S10: Do you need to wear corrective lenses to view a computer screen for normal use (for example, browsing the web or creating or reading emails or other documents)?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 00 | No |
| 01 | Yes, I wear glasses only [Terminate] |
| 02 | Yes, I wear contacts only |
| 03 | Yes, I can wear either glasses or contacts |
| -99 | Refused [Terminate] |

## Physician Eye-Tracking Screener

Thank you for your interest in participating in this study. Please answer all of the following questions during this initial screening process to determine if you are eligible to participate in this study.

**Question Type:** Numeric

1. **What is your age?**

**Variable Label:** S1: What is your age?

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

[If under 18, terminate]

**Question Type:** Single Punch

1. **What is your gender?**

**Variable Label:** S2: What is your gender?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 00 | Female |
| 01 | Male |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Are you Hispanic or Latino?**

**Variable Label:** S3: Are you Hispanic or Latino?

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

**Question Type:** Multi-punch

1. **What is your race? You may select one or more races.**

**Variable Label:** S4: What is your race? You may select one or more races.

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 01 | American Indian or Alaska Native |
| 02 | Asian |
| 03 | Black or African American |
| 04 | Native Hawaiian or other Pacific Islander |
| 05 | White |
| 06 | Some other race |
| -99 | Refused [Terminate] |

**Question Type:** Single Punch

1. **Do you live in the United States?**

**Variable Label:** S5: Do you live in the United States?

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

**Question Type:** Single Punch

1. **Are you a primary care physician?**

**Variable Label:** S6: Are you a primary care physician?

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

**Question Type:** Single Punch

1. **Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?**

**Variable Label:** S7: Do you work for a pharmaceutical company, an advertising agency, a market research company, or the U.S. Department of Health and Human Services?

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

**Question Type:** Single Punch

1. **Do you need to wear corrective lenses to view a computer screen for normal use (for example, browsing the web or creating or reading emails or other documents)?**

**Variable Label:** S8: Do you need to wear corrective lenses to view a computer screen for normal use (for example, browsing the web or creating or reading emails or other documents)?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 00 | No |
| 01 | Yes, I wear glasses only [Terminate] |
| 02 | Yes, I wear contacts only |
| 03 | Yes, I can wear either glasses or contacts |
| -99 | Refused [Terminate] |