

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

S1. 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

S2. 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

S3. 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
S4. 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
S5. 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
S6. 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

S7. 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

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?

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

S9. 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

S1. What is your age?

Variable Label: S1: What is your age?

Value	Value Label
	Refused [Terminate]

[\[If under 18, terminate\]](#)

Question Type: Single Punch

S2. 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

S3. 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

S4. 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
S5. 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
S6. 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
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?

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

S1. 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

S2. 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

S3. 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]
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Question Type: Single Punch
S4. 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
S5. 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
S6. 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

S7. 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

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?

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

S9. 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

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)?

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

S1. What is your age?

Variable Label: S1: What is your age?

Value	Value Label
	Refused [Terminate]

[\[If under 18, terminate\]](#)

Question Type: Single Punch

S2. 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

S3. 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

S4. 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

S5. 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

S6. 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

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?

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

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)?

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]