

Screening Questions

IMPORTANT GENERAL PROGRAMMING NOTES:

- **DO NOT ALLOW PEOPLE ON A MOBILE PHONE TO TAKE THE SURVEY. People using tablets, are allowed.**
- Insert a no back prompt for every screen throughout the survey
- Include a variable named “**SCREENERID**” in the dataset to record a unique identification number for each subject.
- Include a variable named “**COHORT**” in the dataset to record the target population in which the respondent is a member. This variable can take one of two values: **COHORT= 1 ‘Oncologist’** or **COHORT= 2 ‘PCP’** .
- Include a variable named “**EFLAG**” in the dataset to record eligibility. Set initial value for all cases to **EFLAG=1 ‘Eligible’**.
- Include timestamp variable “**TIME_BEGIN**” at the beginning of screener and “**TIME_END**” at the end of the screener.
- Include a variable named “**TIME_TOTAL**” in the dataset to record the total amount of time in seconds that each respondent takes to complete the screener.
- Randomization of eligible respondents into one of fifteen conditions after **Consent**. Record assignment value in variable “**CONDITION**”
Do not allow re-entry for participants that have been assigned to a condition and redirected to the main survey.
 - o **BLACK**= Question stems, response options and instructions that are to appear on screen.
 - o **GREEN** = Programming notes, skip patterns and logical operators.
 - o **GREY**= Variable names (i.e., question numbers), which will NOT to appear on screen. These correspond to variable names in the datashell.

[DISPLAY]

In every study there are particular criteria that are needed for respondents. Prior to entering the survey, we will ask you several questions, which will be used to determine whether you qualify for this study. At the conclusion of these questions you will be informed as to whether you will be able to participate in this survey opportunity. These screening questions will take no more than 3 minutes.

[-----NEXT SCREEN-----]

TRAINING Which one of the following best describes your profession? (*Select one answer.*)

1. Medical doctor
2. Physician assistant [TERMINATE, EFLAG=0]
3. Nurse practitioner [TERMINATE, EFLAG=0]
4. Other [TERMINATE, EFLAG=0]

[-----NEXT SCREEN-----]

SPECIALTY [IF TRAINING=1] Which one of the following categories best describes your primary area of specialization? (Select one answer.)

1. Primary care provider [IF CHOSEN, ASSIGN COHORT = 2]
2. Hematologist [IF CHOSEN, ASSIGN COHORT = 1]
3. Hematologist/oncologist [IF CHOSEN, ASSIGN COHORT = 1]
4. Medical oncologist [IF CHOSEN, ASSIGN COHORT = 1]
5. Pediatric oncologist [IF CHOSEN, ASSIGN COHORT = 1]
6. Surgical oncologist [TERMINATE, EFLAG=0]
7. Radiation oncologist [TERMINATE, EFLAG=0]
8. Other [TERMINATE, EFLAG=0]

[-----NEXT SCREEN-----]

PRACTICE [IF SPECIALTY=1] Which one of the following best describes your practice? (Select one answer.)

1. Family practice
2. General practice
3. Internal medicine
4. OB-GYN

[-----NEXT SCREEN-----]

PATIENTCARE In a typical week, what percentage of your time is spent on direct patient care, such as seeing patients and reviewing their medical records? If you are not sure, please provide your best guess. (Please enter a whole number; do not enter a range.)

_____ % [IF LESS THAN 20%, TERMINATE, EFLAG=0]

[-----NEXT SCREEN-----]

AGE In what year were you born? (Please enter a whole number; do not enter a range.)

_____ [RANGE: 1900 to 2000] [Show "Please provide a year between 1900 and 2000" if incorrect value is entered]

[-----NEXT SCREEN-----]

SEX What is your gender? (Select one answer.)

5. Male
6. Female

[-----NEXT SCREEN-----]

ETHNICITY Which of these best describes your ethnicity? (Select one answer.)

- 7. Hispanic or Latino
- 8. Not Hispanic or Non-Latino

RACE Which of these best describes your race? *Select all that apply. (Select as many as apply.)*

[Programmer: Multi-punch response items should be saved to dataset as binary variables with response options: 1='Selected' OR 0='Not selected'.]

- RACE_1 American Indian or Alaska Native
- RACE_2 Asian
- RACE_3 Black or African American
- RACE_4 Native Hawaiian or other Pacific Islander
- RACE_5 White
- RACE_6 Prefer not to answer ←[If selected, no other options can be selected]

[-----NEXT SCREEN-----]

DOCTORATE [IF TRAINING=1] In addition to your medical degree, do you have a Ph.D. or other doctoral degree (e.g., Ed.D., D.N.Sc., D.P.H., D.Sc.)?

- 9. Yes
- 10. No

[-----NEXT SCREEN-----]

ZIPCODE What is the ZIP code for your primary practice? *(Please enter your answer in the space provided.)*

_____ [ALLOW 5-DIGIT ZIP] [Display "Please enter a five digit zip code" if incorrect value is entered]

[-----NEXT SCREEN-----]

[DISPLAY 'Thank and Terminate' IF EFLAG=0 'INELIGIBLE']

[Thank and Terminate]

We're sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible for this study. These reasons were decided earlier by the researchers. However, thank you for your interest in this study and for taking the time to answer our questions today.

[IF EFLAG=0 'INELIGIBLE', END HERE]

[-----NEXT SCREEN-----]

[Informed Consent to be presented here: There will be three screens.]

[Consent Screen 1]

Thank you for your interest in this research study. The purpose of the study is to learn more about promotional materials from pharmaceutical companies such as sales aids or brochures.

You are one of about <IF PRETEST: “90”, IF MAIN STUDY: “2,115”> healthcare professionals in the United States who are being asked to take a survey about a new prescription drug.

If you agree to participate, you will look at a sales aid for a new prescription drug and then answer some survey questions about what you saw. Viewing the sales aid and completing the survey will take approximately **20 minutes**.

[Consent Screen 2]

[-----NEXT SCREEN-----]

This survey is being conducted by RTI International (RTI), an independent nonprofit research organization, on behalf of a public health agency. RTI is working with Toluna to conduct this survey but is not affiliated with Toluna in any way.

Possible Risks or Discomforts

There are no known risks to participating in this study. Although the survey questions we ask are not meant to be sensitive, there is always a chance that you may feel uncomfortable with some of the questions. You do not have to answer any question that you don't want to answer. There is also a potential risk of loss of confidentiality. Every effort will be made to protect your information, but this cannot be guaranteed.

Benefits

There are no individual benefits for participants. However, your responses are very important because they will help researchers understand how people make decisions about new prescription drugs.

Confidentiality

We believe strongly in both physician and patient confidentiality and assure you that all survey data is strictly for market research purposes and is reported in aggregate. No one will ever contact you to try to sell you something as a result of your participation in this or any other of our studies. Your opinions will be used strictly to help shape the way health care products and services are developed and delivered. You will not be recontacted about this research study in the future.

Reimbursement

In appreciation for your time, you will receive <IF PCP: “an honorarium of \$40.00”, IF ONC: “an honorarium of \$50.00” > for completing the survey.

Right to Refuse or Withdraw

Your participation in this study is completely voluntary, and you can withdraw from the study for any reason at any time without penalty.

Persons to Contact

If you have questions about this survey, please contact support@curizon.com for assistance and mention **Project # {SurveyName}**, and someone will direct your questions to the appropriate researchers at RTI. If you have questions about your rights as a participant, you can call RTI's Office of Research Protection toll-free at 1-866-214-2043.

[-----NEXT SCREEN-----]

[Consent Screen 3]

[SINGLE PUNCH]

CONSENT If you have read the previous screens and agree to participate, please click the Yes button. If not, click the No button.

- 1 Yes, I agree to participate.
- 2 No, I do not agree to participate.

[PROGRAMMER: IF CONSENT = 1 'Yes', GO TO 'Screen 1' All others, TERMINATE and show REFUSAL END SCREEN]

[REFUSAL END SCREEN]

Thank you for taking the time to answer our questions today.

[SCREEN 1]

Based on the previous screening criteria, you qualify to participate in this particular survey. At the completion of the survey, you will be notified that your responses have been received and honoraria information will be captured for future payment. Thank you in advance for taking the time to participate with us. This survey should take 20 minutes. Participants completing this survey will receive the honorarium designated in the invitation you have received.

If you leave the survey prior to finishing it, you will not be able to return to it. If you have any questions or concerns about this study, please contact us at support@Curizon.com. Thank you.

[RANDOMIZATION]

[PROGRAMMER: Within each COHORT, randomly assign participants to one of fifteen experimental conditions. Record assignment in variable CONDITION with possible values 1 through 15.]

Condition	Full Condition Name
1	DrugX_NoGenState_NoTech
2	DrugX_NoGenState_Technical
3	DrugX_NoGenState_Nontechnical

4	DrugX_YesGenState_Technical
5	DrugX_YesGenState_Nontechnical
6	DrugY_NoGenState_NoTech
7	DrugY_NoGenState_Technical
8	DrugY_NoGenState_Nontechnical
9	DrugY_YesGenState_Technical
10	DrugY_YesGenState_Nontechnical
11	DrugZ_NoGenState_NoTech
12	DrugZ_NoGenState_Technical
13	DrugZ_NoGenState_Nontechnical
14	DrugZ_YesGenState_Technical
15	DrugZ_YesGenState_Nontechnical

[PROGRAMMER: After randomization, if EFLAG = 1, redirect to Main Survey. URL Redirect and Parameters: <https://survey.rti.org/SE/1/C1?&urlimport=1&questlist=condition;cohort;screeenerID;&condition=CONDITION VALUE&cohort=COHORT VALUE&screeenerID=SCREENER ID>]