

Healthcare Professional Survey of Prescription Drug Promotion

II

STUDY SCREENER

[DISPLAY]

Thank you for agreeing to participate in this study today. Make sure you are comfortable and can read the screen from where you sit. This study will take about 15-20 minutes to complete. We ask you to please complete the study in one sitting (without taking any breaks) in order to avoid distractions.

S1. Which of the following best describes your current profession?

1. Medical Doctor/Doctor of Osteopathic Medicine
2. Physician Assistant (Go to question S3)
3. Nurse Practitioner (Go to question S3)
4. Other [TERMINATE]

S2. What is your primary specialty (i.e., the one specialty in which you spend most of your time)?

1. Cardiology
2. Dermatology
3. Endocrinology
4. Family Medicine
5. General Practice
6. Internal Medicine
7. Neurology
8. Obstetrics/gynecology
9. Oncology
10. Ophthalmology
11. Psychiatry
12. Rheumatology
13. Urology
14. Other [TERMINATE]

S2a. Do you consider yourself a primary care physician or specialist?

1. Primary Care Physician
2. Specialist

(Go to question S4)

S3. Do you have authority to prescribe medications in the state you work?

1. Yes
2. No [TERMINATE]

S3a. Please choose the answer that best describes your level of prescribing authority:

1. Unrestricted or unlimited
2. With some restrictions (e.g., only in conjunction with physician)
3. Cannot prescribe medication [TERMINATE]

S4. In an average week, what percent 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.

_____ % [IF LESS THAN 50%, TERMINATE]

S5. Which of the following best describes the setting in which you primarily provide direct patient care?

1. Office-based (e.g., private practice, HMO)
2. Clinic
3. Hospital-based (e.g., hospitalist, ER physician) [TERMINATE]
4. In-patient care (e.g., nursing home, hospice care) [TERMINATE]
5. University/Research facility [TERMINATE]
6. Other (specify): _____ [TERMINATE]

S6. In what year were you born? _____

S7. What is your gender?

1. Male
2. Female

S8. Are you:

1. Hispanic or Latino
2. Not Hispanic or Latino

S9. Which of these racial groups best describes you?

1. White
2. Black/African American
3. American Indian or Alaskan Native
4. Asian
5. Native Hawaiian or Pacific Islander

[Closing for Ineligible Participants]

You have answered all the questions for this study. Thank you very much for your participation.