

## FDA Disease Awareness Project Screeners

### [INTRO TEXT]

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

### //NEW SCREEN//

**Question Type:** Open End Numerical

**S1.** How old are you?

**Variable Label:** S1. How old are you?

years old

Value	Value Label
-99	Refused

[IF AGE < 18 | AGE = -99, TERMINATE]

**Question Type:** Multiple Punch

**S2.** Have you ever been diagnosed by a health professional with any of the following conditions? (Check all that apply)

Variable	Variable Text	Variable Label	
S2_A	High cholesterol	S2_A: High cholesterol	Continue
S2_B	Seasonal allergies	S2_B: Seasonal allergies	Continue
S2_C	Asthma	S2_C: Asthma	If selected (= 01), Skip to S4
S2_D	Acid reflux	S2_D: Acid reflux	Continue
S2_E	High blood pressure	S2_E: High blood pressure	Continue
S2_F	COPD	S2_F: COPD	Continue
S2_G	None of the above	S2_G: None of the above	Continue

Value	Value Label
01	Selected
00	Not selected
-99	Refused



**Question Type:** Single Punch

**S3.** During the past 30 days, did you have any of these symptoms: cough, wheezing, shortness of breath, chest tightness, or phlegm production that was not due to a cold/respiratory infection, COPD, or seasonal allergies?

**Variable Label:** S3. During the past 30 days, did you have any of these symptoms: cough, wheezing, shortness of breath, chest tightness, or phlegm production that was not due to a cold/ respiratory infection, COPD, or seasonal allergies?

Value	Value Label
01	Yes
00	No
-99	Refused

No → Terminate

Yes → indicate and continue to S3A; continue if 3/5 marked; otherwise, terminate

**Question Type:** Multiple Punch

**S3A.** Which symptoms did you experience?

Variable	Variable Text	Variable Label
S3A_A	Cough	S3A_A: Cough
S3A_B	Wheezing	S3A_B: Wheezing
S3A_C	Shortness of breath	S3A_C: Shortness of breath
S3A_D	Chest tightness	S3A_D: Chest tightness
S3A_E	Phlegm production	S3A_E : Phlegm production

Value	Value Label
01	Selected
00	Not selected
-99	Refused
-100	Valid skip

**[TERMINATE IF S2\_C=00 AND < 3 symptoms selected for S3A]**

**Question Type:** Single Punch

**S4.** Are you trained or employed as a health care professional?

**Variable Label:** S4. Are you trained or employed as a health care professional?

<b>Value</b>	<b>Value Label</b>	
01	Yes	[TERMINATE]
00	No	[CONTINUE]
-99	Refused	[TERMINATE]

**Question Type:** Single Punch

**S5.** Do you work for a pharmaceutical company, an advertising agency, a market research company, or the Department of Health and Human Services (HHS)?

**Variable Label:** S5. Do you work for a pharmaceutical company, an advertising agency, a market research company, or the Department of Health and Human Services (HHS)?

Value	Value Label	
01	Yes	[TERMINATE]
00	No	[CONTINUE]
-99	Refused	[TERMINATE]

**Question Type:** Single Punch

**S6.** Have you taken part in survey research within the last three months?

**Variable Label:** S6. Have you taken part in survey research within the last three months?

Value	Value Label	
01	Yes	[Continue to S7]
00	No	[Skip to S8]
-99	Refused	[TERMINATE]

**Question Type:** Multiple Punch

**S7.** Please indicate the survey topic(s). Select all that apply.

Variable	Variable text	Variable label
S7_A	Food advertising	S7_A: Food advertising
S7_B	Prescription drug advertising	S7_B: Prescription drug advertising
S7_C	Beauty products	S7_C: Beauty products
S7_D	Automotive	S7_D: Automotive
S7_E	Other: please indicate	S7_E: Other:

Value	Value Label
01	Selected

00	Not selected
-99	Refused
-100	Valid skip

**[TERMINATE IF S7\_B = 01]**

**Question Type:** Single Punch

**S8.** Are you:

**Variable Label:** S8: Are you (Male/Female)?

<b>Value</b>	<b>Value Label</b>
01	Male
02	Female
-99	Refused

**Question Type:** Single Punch

**S9.** What is the highest level of school you have completed or the highest degree you have received?

**Variable Label:** S9. What is the highest level of school you have completed or the highest degree you have received?

<b>Value</b>	<b>Value Label</b>
01	Some high school or less
02	High school graduate—high school diploma or equivalent (for example, GED)
03	Some college but no degree
04	Associate degree in college
05	Bachelor's degree in college (for example, BA, AB, BS)
06	Advanced or post-graduate degree (for example, Master's degree, Ph.D., M.D., J.D.)

**Question Type:** Single Punch

**S10.** Are you Hispanic or Latino?

**Variable Label:** S10: Are you Hispanic or Latino?

<b>Value</b>	<b>Value Label</b>
01	Hispanic or Latino
00	Not Hispanic or Latino
-99	Refused

**Question Type:** Multiple Punch

**S11.** What is your race? You may select one or more races.

**Variable Label:** S11. What is your race? You may select one or more races.

<b>Variable</b>	<b>Variable text</b>	<b>Value Label</b>
S11_1	American Indian or Alaska Native	S11_1: American Indian or Alaska Native
S11_2	Asian	S11_2: Asian
S11_3	Black or African American	S11_3: Black or African American
S11_4	Native Hawaiian or other Pacific Islander	S11_4: Native Hawaiian or other Pacific Islander
S11_5	White	S11_5: White
S11_6	Prefer not to answer	S11_6: Prefer not to answer

<b>Value</b>	<b>Value Label</b>
01	Selected
00	Not selected
-99	Refused

**[DETERMINE ELIGIBILITY]**

**[IF S1 <18, THEN INELIGIBLE. THANK AND TERMINATE.]**

**[IF S4 = 01 (“Yes”), THEN INELIGIBLE. THANK AND TERMINATE.]**

**[IF S5 = 01 (“Yes”), THEN INELIGIBLE. THANK AND TERMINATE.]**

**[IF S7B = 01, THEN INELIGIBLE. THANK AND TERMINATE.]**

**[TERMINATION LANGUAGE FOR INELIGIBLE PARTICIPANTS]**

I’m sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible. 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.