

## APPENDIX B: QUESTIONNAIRES

### RHEUMATOID ARTHRITIS QUESTIONNAIRE

We are going to ask you specifically about the **Mytrozen** prescription drug ad that you saw. Please answer the following questions based on the information you have just seen.

**Q1. Thinking overall about the risks and benefits of Mytrozen, would you say it has...**

Many more risks than benefits	Somewhat more risks than benefits	Equal risks and benefits	Somewhat more benefits than risks	Many more benefits than risks
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q2. How noticeable was the information about Mytrozen's side effects?**

Not at all noticeable					Very noticeable
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q3. How noticeable was the information about Mytrozen's benefits?**

Not at all noticeable					Very noticeable
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next three questions ask about taking Mytrozen, in this order:**

- 4a: The most serious risks of taking it.
- 4b: Other side effects that might occur from taking it.
- 4c: Other reasons why people should not take it.

**Q4a. Based strictly on the information in the ad, what are the most serious risks of taking Mytrozen?**

*(Please use one box for each serious risk.)*


**Q4b. Based strictly on the information in the ad, what are the other side effects of taking Mytrozen?**

*(Please use one box for each side effect.)*


**Q4c. Based strictly on the information in the ad, for what other reasons should people not take Mytrozen?**

*(Please use one line for each reason.)*


**Q5. In reviewing the Mytrozen ad, did you see any of the drug risks more than once?**

- Yes
- No

**Q6. Thinking of the drug risks, how repetitive was this information in the Mytrozen ad?**

Not at all repetitive						Very repetitive
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q7. Based strictly on the information in the ad, please indicate whether any of the following were mentioned in the ad as a risk of taking Mytrozen.**

	<b>Mentioned in the ad</b>	<b>Not mentioned in the ad</b>
a. Can affect your immune system	<input type="radio"/>	<input type="radio"/>
b. Can increase risk of certain cancers	<input type="radio"/>	<input type="radio"/>
c. Can cause serious infections	<input type="radio"/>	<input type="radio"/>
d. Can cause perforations (tears) in the stomach or intestines	<input type="radio"/>	<input type="radio"/>
e. Can raise your cholesterol levels	<input type="radio"/>	<input type="radio"/>
f. Can cause heart failure	<input type="radio"/>	<input type="radio"/>

**Q8. Based strictly on the information in the ad, please indicate whether any of the following were mentioned in the ad as reasons you should not take Mytrozen.**

	<b>Mentioned in the ad</b>	<b>Not mentioned in the ad</b>
a. Have or have had cancer	<input type="radio"/>	<input type="radio"/>
b. Have tuberculosis (TB)	<input type="radio"/>	<input type="radio"/>
c. Have signs of or are prone to infection	<input type="radio"/>	<input type="radio"/>
d. Are under 18 years old	<input type="radio"/>	<input type="radio"/>
e. Have lung problems	<input type="radio"/>	<input type="radio"/>
f. Have heart problems	<input type="radio"/>	<input type="radio"/>

**Q9. Based strictly on the information in the ad, please indicate whether any of the following were mentioned in the ad as benefits of taking Mytrozen.**

	<b>Mentioned in the ad</b>	<b>Not mentioned in the ad</b>
a. Mytrozen is used to lessen the signs and symptoms of RA	<input type="radio"/>	<input type="radio"/>
b. Mytrozen can reduce the progression of joint damage	<input type="radio"/>	<input type="radio"/>
c. Mytrozen can make corticosteroids more effective	<input type="radio"/>	<input type="radio"/>
d. Mytrozen is a once-daily capsule	<input type="radio"/>	<input type="radio"/>
e. Mytrozen can be taken with or without methotrexate	<input type="radio"/>	<input type="radio"/>

The next questions ask for your opinions based on reading the ad.

**Q10. How likely is it that you would experience at least one side effect if you took Mytrozen?**

Not at all likely						Extremely likely
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q11. How serious are Mytrozen's side effects?**

Not at all serious						Extremely serious
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q12. How likely is it that Mytrozen would lessen the signs and symptoms of rheumatoid arthritis if you took it?**

Not at all likely						Extremely likely
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q13. How much would Mytrozen improve your rheumatoid arthritis?**

No improvement						Substantial improvement
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about the different parts of the ad.

**Q14. Based on the image below, which of the following areas got your attention?**

	<b>Got my attention</b>	<b>Did not get my attention</b>
a. AREA A	<input type="radio"/>	<input type="radio"/>
b. AREA B	<input type="radio"/>	<input type="radio"/>
c. AREA C	<input type="radio"/>	<input type="radio"/>
d. AREA D	<input type="radio"/>	<input type="radio"/>

**Q15. Overall, how much, if any, of the advertisement did you read?**

- None of the information
- Only a little of the information
- About half of the information
- Almost all of the information
- All of the information
- Don't know

**Q16. Refer to the area marked on the image to the right. How much, if any, of that risk information did you read?**

- None of the information
- Only a little of the information
- About half of the information
- Almost all of the information
- All of the information
- Don't know

**Q17. Refer to the area marked on the image to the right. How much, if any, of that risk information did you read?**

- None of the information
- Only a little of the information
- About half of the information
- Almost all of the information
- All of the information
- Don't know

**Q18. To me, this ad for Mytrozen is:**

**a.**

Unimportant							Important
1	2	3	4	5	6	7	

**b.**

Boring							Interesting
1	2	3	4	5	6	7	

OMB Control Number \_\_\_\_\_

Expires \_\_\_\_\_

**c.**

Irrelevant						Relevant
1	2	3	4	5	6	7

**d.**

Unexciting						Exciting
1	2	3	4	5	6	7

**e.**

Means nothing						Means a lot to me
1	2	3	4	5	6	7

**f.**

Unappealing						Appealing
1	2	3	4	5	6	7

**g.**

Mundane						Fascinating
1	2	3	4	5	6	7

**h.**

Worthless						Valuable
1	2	3	4	5	6	7

**i.**

Uninvolving						Involving
1	2	3	4	5	6	7

j.

Not needed					Needed	
1	2	3	4	5	6	7

**Q19. Based on your reading of the ad, how confident are you that you could do the following tasks?**

**a. Recognize side effects.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**b. Identify which drugs interact with Mytrozen.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**c. Remember the risk information.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**d. Know when to stop taking the drug.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**e. Know what condition is treated by this drug.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**f. Tell the difference between a common side effect and a severe reaction.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**g. Identify who should not take this drug.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**h. Know when you should ask a doctor or health professional about a side effect you might have.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**i. Feel confident you can discuss the side effect with your doctor.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q20. The benefits of Mytrozen outweigh all the things I have to do to obtain it (appointments, prescriptions, leave).**

Strongly disagree						Strongly agree
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q21. The benefits of Mytrozen outweigh any side effects it may have.**

Strongly disagree						Strongly agree
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q22. In general, how much do you feel you know about rheumatoid arthritis? Would you say you are...**

Not at all knowledgeable	Slightly knowledgeabl e	Somewhat knowledgeable	Moderately knowledgeable	Very knowledgeabl e	Extremely knowledgeable
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q23. How familiar are you with prescription drugs that treat rheumatoid arthritis condition?**

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Very familiar	Extremely familiar
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q24. In general, how severe is your rheumatoid arthritis?**

Not at all severe	Slightly severe	Somewhat severe	Moderately severe	Very severe	Extremely severe
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q25. How concerned are you about the impact of rheumatoid arthritis on your life?**

Not at all concerned	Slightly concerned	Somewhat concerned	Moderately concerned	Very concerned	Extremely concerned
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q26. How likely are you to...**

	<b>Very unlikely 1</b>	<b>Somewhat unlikely 2</b>	<b>Neither likely or unlikely 3</b>	<b>Somewhat likely 4</b>	<b>Very likely 5</b>
a. Talk to your doctor about Mytrozen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Look for more information about Mytrozen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q27. Do you have any health conditions that would prevent you from taking Mytrozen?**

- Yes
- No
- Don't know

**Q28. How often do you have a problem understanding the written materials about your medical condition?**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                       | Occasionall           |                       |                       |                       |
| Never                 | y                     | Sometimes             | Often                 | Always                |
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Q29. How often do you have a problem understanding what is told to you about your medical condition?**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                       | Occasionall           |                       |                       |                       |
| Never                 | y                     | Sometimes             | Often                 | Always                |
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Q30. How confident are you filling out medical forms by yourself?**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all            | A little bit          | Somewhat              | Quite a bit           | Extremely             |
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Next are a few questions about the ice cream label from the back of a container of a pint of ice cream, shown here.

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
<small>* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.</small>	
<small><b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Malt, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.</small>	

**Q31. If you eat the entire container, how many calories will you eat?**

|\_|\_|\_|\_| Number of calories

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

**Q32. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?**

|\_\_| Number of cup(s) or |\_\_| Number of serving(s)

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

**Q33. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?**

|\_\_| |\_\_| Number of grams

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

Q34. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

|\_|\_|\_|\_| %

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

Q35. Pretend that you are allergic to the following substances: penicillin, eggs, latex gloves, and bee stings. Is it safe for you to eat this ice cream?

- Yes  
 No  
 Don't know

*[If answer to Q35 is "No."]*

**Q36. Why not?**

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Finally, we would like to ask you a few questions about yourself. This section will help us determine how representative the participants are who complete this questionnaire.

**Q37. Are you Hispanic or Latino?**

- Yes
- No

**Q38. What is your race? You may select one or more races.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Some Other Race

**Q39. What is your date of birth?**

\_\_\_\_Month

\_\_\_\_Year

**Q40. Of these income groups, which category best represents your total combined family income during 2017?**

- Less than \$20,000
- \$20,000–\$39,999
- \$40,000–\$59,999
- \$60,000–\$79,999
- \$80,000–\$99,999
- \$100,000 or more

**Q41. For how many years have you taken prescription drug(s) for rheumatoid arthritis (RA)?**

Years

- Check here if you have never taken prescription drug(s) for rheumatoid arthritis.

**Q42. Would you like to see more information about Mytrozen?**

- Yes, I would like to see more information now.
- No, I do not wish to see more information now.

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PRETEST STUDY PROBES  
(For Pretest Only)

We are interested in what you thought about the ad that you saw. We'll look at a playback of your eye information while you looked at the drug ad. We just want to learn a little more about what drew your attention and why. There are no right or wrong answers.

Do you have any questions before we begin?

[Start gaze replay; stop and probe based on participant's ad viewing.]

[For participants whose eye tracking information shows they did not look at the ISI at all, or any specific area within the ISI, i.e. contraindications, most severe side effects.]

P1. Your vision (eye tracking) information shows that you spent less time looking at [FILL WITH AD ELEMENT(S) WITHIN THE ISI THAT PARTICIPANT SPENT EITHER NO OR RELATIVELY LITTLE TIME LOOKING AT]. Can you tell me about that?

[IF NEEDED]:

- Why did that draw your attention?

[For participants whose eye tracking information shows they spent time looking at ad elements unrelated to risks.]

P2. Your vision (eye tracking information) shows that you looked at [FILL WITH DESCRIPTION OF WHAT P LOOKED AT]. Can you tell me more about that? Why did that get your attention more than [FILL WITH ISI DESCRIPTION]?

[IF NEEDED]:

- Why did that draw your attention?

[For participants in a brief summary condition, if their eye tracking information shows they did not look at the brief summary.]

P3. Your vision (eye tracking) information shows that you spent {less/only a very brief time} time looking at this page. Can you tell me about that?

P4. Thinking about the questions that were presented following the ad, was there anything that stood out to you as confusing or anything that you did not understand?

**Debriefing**

**Mytrozen** is not a real product and it is not available for sale. The purpose of this research is to understand how people think about prescription drug information. In order to get an unbiased reaction to this information, we created a brand for this study. Please see your healthcare professional for questions about rheumatoid arthritis (RA).

You have been very helpful. Thank you very much for your participation!

## OVERACTIVE BLADDER QUESTIONNAIRE

We are going to ask you specifically about the **Serenin** prescription drug ad that you saw.

Please answer the following questions based on the information you have just seen.

**Q1. Thinking overall about the risks and benefits of Serenin, would you say it has...**

Many more risks than benefits	Somewhat more risks than benefits	Equal risks and benefits	Somewhat more benefits than risks	Many more benefits than risks
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q2. How noticeable was the information about Serenin's side effects?**

Not at all noticeable					Very noticeable
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q3. How noticeable was the information about Serenin's benefits?**

Not at all noticeable					Very noticeable
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next three questions ask about taking Serenin, in this order:**

- 4a: The most serious risks of taking it.
- 4b: Other side effects that might occur from taking it.
- 4c: Other reasons why people should not take it.

**Q4a. Based strictly on the information in the ad, what are the most serious risks of taking Serenin?**

*(Please use one box for each serious risk.)*


**Q4b. Based strictly on the information in the ad, what are the other side effects of taking Serenin?**

*(Please use one box for each side effect.)*


**Q4c. Based strictly on the information in the ad, for what other reasons should people not take Serenin?**

*(Please use one line for each reason.)*


**Q5. In reviewing the Serenin ad, did you see any of the drug risks more than once?**

- Yes
- No

**Q6. Thinking of the drug risks, how repetitive was this information in the Serenin ad?**

Not at all  
repetitive

1

2

3

4

5

Very  
repetitive

6

**Q7. Based strictly on the information in the ad, please indicate whether any of the following were mentioned in the ad as a risk of taking Serenin.**

	<b>Mentioned in the ad</b>	<b>Not mentioned in the ad</b>
a. Can cause sleepiness	<input type="radio"/>	<input type="radio"/>
b. Can change the way other prescription medications work	<input type="radio"/>	<input type="radio"/>
c. Can cause serious allergic reactions	<input type="radio"/>	<input type="radio"/>
d. Can cause dizziness	<input type="radio"/>	<input type="radio"/>
e. Can increase heart rate	<input type="radio"/>	<input type="radio"/>
f. Can cause muscle pain	<input type="radio"/>	<input type="radio"/>

**Q8. Based strictly on the information in the ad, please indicate whether any of the following were mentioned in the ad as reasons you should not take Serenin.**

	<b>Mentioned in the ad</b>	<b>Not mentioned in the ad</b>
a. Have kidney disease	<input type="radio"/>	<input type="radio"/>
b. Have uncontrolled narrow-angle glaucoma	<input type="radio"/>	<input type="radio"/>
c. Have stomach or intestinal problems	<input type="radio"/>	<input type="radio"/>
d. Have liver disease	<input type="radio"/>	<input type="radio"/>
e. Are taking antidepressants	<input type="radio"/>	<input type="radio"/>
f. Have heart problems	<input type="radio"/>	<input type="radio"/>

**Q9. Based strictly on the information in the ad, please indicate whether any of the following were mentioned in the ad as benefits of taking Serenin.**

	<b>Mentioned in the ad</b>	<b>Not mentioned in the ad</b>
a. Serenin is used for treating symptoms of urinary leakage	<input type="radio"/>	<input type="radio"/>
b. Serenin is used for treating symptoms of urinary urgency.	<input type="radio"/>	<input type="radio"/>
c. Serenin is available as a once-daily pill	<input type="radio"/>	<input type="radio"/>
d. Serenin is available as a medicated adhesive patch	<input type="radio"/>	<input type="radio"/>
e. Serenin can provide round-the-clock relief from OAB symptoms	<input type="radio"/>	<input type="radio"/>

The next questions ask for your opinions based on reading the ad.

**Q10. How likely is it that you would experience at least one side effect if you took Serenin?**

Not at all likely						Extremely likely
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q11. How serious are Serenin's side effects?**

Not at all serious						Extremely serious
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q12. How likely is it that Serenin would help manage your overactive bladder symptoms if you took it?**

Not at all likely						Extremely likely
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q13. How much would Serenin improve your overactive bladder condition?**

No improvement						Substantial improvement
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about the different parts of the ad.

**Q14. Based on the image to the right, which of the following areas got your attention?**

	<b>Got my attention</b>	<b>Did not get my attention</b>
a. AREA A	<input type="radio"/>	<input type="radio"/>
b. AREA B	<input type="radio"/>	<input type="radio"/>
c. AREA C	<input type="radio"/>	<input type="radio"/>
e. AREA D	<input type="radio"/>	<input type="radio"/>

**Q15. Overall, how much, if any, of the advertisement did you read?**

- None of the information
- Only a little of the information
- About half of the information
- Almost all of the information
- All of the information
- Don't know

**Q16. Refer to the area marked on the image to the right. How much, if any, of that risk information did you read?**

- None of the information
- Only a little of the information
- About half of the information
- Almost all of the information
- All of the information
- Don't know

**Q17. Refer to the area marked on the image to the right. How much, if any, of that risk information did you read?**

- None of the information
- Only a little of the information
- About half of the information
- Almost all of the information
- All of the information
- Don't know

**Q18. To me, this ad for overactive bladder is:**

**a.**

Unimportant							Important
1	2	3	4	5	6	7	

**b.**

Boring							Interesting
1	2	3	4	5	6	7	



**c.**

Irrelevant						Relevant
1	2	3	4	5	6	7

**d.**

Unexciting						Exciting
1	2	3	4	5	6	7

**e.**

Means nothing						Means a lot to me
1	2	3	4	5	6	7

**f.**

Unappealing						Appealing
1	2	3	4	5	6	7

**g.**

Mundane						Fascinating
1	2	3	4	5	6	7

**h.**

Worthless						Valuable
1	2	3	4	5	6	7

**i.**

Uninvolving						Involving
1	2	3	4	5	6	7

j.

Not needed					Needed	
1	2	3	4	5	6	7

**Q19. Based on your reading of the ad, how confident are you that you could do the following tasks?**

**d. Recognize side effects.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**e. Identify which drugs interact with Serenin.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**f. Remember the risk information.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**f. Know when to stop taking the drug.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**e. Know what condition is treated by this drug.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**g. Tell the difference between a common side effect and a serious reaction.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**h. Identify who should not take this drug.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**j. Know when you should ask a doctor or health professional about a side effect you might have.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**k. Feel confident you can discuss the side effect with your doctor.**

Not at all confident						Completely confident
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q20. The benefits of Serenin outweigh all the things I have to do to obtain it (appointments, prescriptions, leave).**

Strongly disagree						Strongly agree
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q21. The benefits of Serenin outweigh any side effects it may have.**

Strongly disagree						Strongly agree
1	2	3	4	5	6	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q22. In general, how much do you feel you know about overactive bladder? Would you say you are...**

Not at all knowledgeable	Slightly knowledgeabl e	Somewhat knowledgeable	Moderately knowledgeable	Very knowledgeabl e	Extremely knowledgeable
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q23. How familiar are you with prescription drugs that treat overactive bladder?**

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Very familiar	Extremely familiar
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q24. In general, how severe is your overactive bladder condition?**

Not at all severe	Slightly severe	Somewhat severe	Moderately severe	Very severe	Extremely severe
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q25. How concerned are you about the impact of overactive bladder on your life?**

Not at all concerned	Slightly concerned	Somewhat concerned	Moderately concerned	Very concerned	Extremely concerned
1	2	3	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q26. How likely are you to...**

	<b>Very unlikely 1</b>	<b>Somewhat unlikely 2</b>	<b>Neither likely or unlikely 3</b>	<b>Somewhat likely 4</b>	<b>Very likely 5</b>
a. Talk to your doctor about Serenin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Look for more information about Serenin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q27. Do you have any health conditions that would prevent you from taking Serenin?**

- Yes
- No
- Don't know

**Q28. How often do you have a problem understanding the written materials about your medical condition?**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                       | Occasionall           |                       |                       |                       |
| Never                 | y                     | Sometimes             | Often                 | Always                |
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Q29. How often do you have a problem understanding what is told to you about your medical condition?**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                       | Occasionall           |                       |                       |                       |
| Never                 | y                     | Sometimes             | Often                 | Always                |
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Q30. How confident are you filling out medical forms by yourself?**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all            | A little bit          | Somewhat              | Quite a bit           | Extremely             |
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Next are a few questions about the ice cream label from the back of a container of a pint of ice cream, shown here.

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Malt, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

**Q31. If you eat the entire container, how many calories will you eat?**

|\_|\_|\_|\_| Number of calories

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

**Q32. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?**

|\_\_| Number of cup(s) or |\_\_| Number of serving(s)

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

**Q33. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?**

|\_\_| |\_\_| Number of grams

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

Q34. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

|\_|\_|\_|\_| %

Don't know

<b>Nutrition Facts</b>	
Serving Size	1/2 cup
Servings Per Container	4
Amount Per Serving	
Calories 250	Fat Cal 120
	<b>% DV*</b>
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%
* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.	

Q35. Pretend that you are allergic to the following substances: penicillin, eggs, latex gloves, and bee stings. Is it safe for you to eat this ice cream?

Yes

No



- Don't know

[If answer to Q35 is "No."]

**Q36. Why not?**

---

[Demographics]

Finally, we would like to ask you a few questions about yourself. This section will help us determine how representative the participants are who complete this questionnaire.

**Q37. Are you Hispanic or Latino?**

- Yes  
 No

**Q38. What is your race? You may select one or more races.**

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
 Some Other Race

**Q39. What is your date of birth?**

\_\_\_\_\_Month

\_\_\_\_\_Year

**Q40. Of these income groups, which category best represents your total combined family income during 2017?**

- Less than \$20,000  
 \$20,000–\$39,999  
 \$40,000–\$59,999  
 \$60,000–\$79,999  
 \$80,000–\$99,999  
 \$100,000 or more

OMB Control Number \_\_\_\_\_

Expires \_\_\_\_\_

**Q41. For how many years have you taken prescription drug(s) for overactive bladder (OAB)?**

Years

- Check here if you have never taken prescription drug(s) for overactive bladder.

**Q42. Would you like to see more information about Serenin?**

- Yes, I would like to see more information now.
- No, I would not like to see more information now.

PRETEST STUDY PROBES  
(For Pretest Only)

We are interested in what you thought about the ad that you saw. We'll look at a playback of your eye information while you looked at the drug ad. We just want to learn a little more about what drew your attention and why. There are no right or wrong answers.

Do you have any questions before we begin?

[Start gaze replay; stop and probe based on participant's ad viewing.]

[For participants whose eye tracking information shows they did not look at the ISI at all, or any specific area within the ISI, i.e. contraindications, most severe side effects.]

P1. Your vision (eye tracking) information shows that you spent less time looking at [FILL WITH AD ELEMENT(S) WITHIN THE ISI THAT PARTICIPANT SPENT EITHER NO OR RELATIVELY LITTLE TIME LOOKING AT]. Can you tell me about that?

[IF NEEDED]:

- Why did that draw your attention?

[For participants whose eye tracking information shows they spent time looking at ad elements unrelated to risks.]

P2. Your vision (eye tracking information) shows that you looked at [FILL WITH DESCRIPTION OF WHAT P LOOKED AT]. Can you tell me more about that? Why did that get your attention more than [FILL WITH ISI DESCRIPTION]?

[IF NEEDED]:

- Why did that draw your attention?

[For participants in a brief summary condition, if their eye tracking information shows they did not look at the brief summary.]

P3. Your vision (eye tracking) information shows that you spent {less/only a very brief time} time looking at this page. Can you tell me about that?

P4. Thinking about the questions that were presented following the ad, was there anything that stood out to you as confusing or anything that you did not understand?

**Debriefing**

**Serenin** is not a real product and it is not available for sale. The purpose of this research is to understand how people think about prescription drug information. In order to get an unbiased reaction to this information, we created a brand for this study. Please see your healthcare professional for questions about overactive bladder (OAB).

You have been very helpful. Thank you very much for your participation!