**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?

|  |  |  |
| --- | --- | --- |
| **Value** | **Value Label** |  |
| 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)?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 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?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 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?

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 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.

|  |  |  |
| --- | --- | --- |
| **Variable** | **Variable text** | **Value Label** |
| 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 |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 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.