

## Screening Questions

[CUSTOM TERMINATION SCREEN FOR TERMINATED RESPONDENTS]-

[Thank you for your answers. Unfortunately, you do not meet the desired demographic criteria that our client is looking for.]

S1 How old are you? \_\_\_\_\_ [open ended] [If S1 <18, terminate]

GENDER What is your gender?

- <sub>1</sub> Male  
<sub>2</sub> Female

ETHNICITY Are you:

- <sub>1</sub> Hispanic or Latino  
<sub>2</sub> Not Hispanic or Latino

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

- <sub>RACE1</sub> American Indian or Alaska Native  
<sub>RACE2</sub> Asian  
<sub>RACE3</sub> Black or African American  
<sub>RACE4</sub> Native Hawaiian or other Pacific Islander  
<sub>RACE5</sub> White

S2 What is your current occupation?

- <sub>1</sub> Health care professional (e.g., physician, nurse, counselor, physical therapist) [Terminate and show termination screen. Link to screening responses and keep data.]  
<sub>2</sub> Pharmaceutical employee (e.g., pharma rep) [Terminate and show termination screen. Link to screening responses and keep data.]  
<sub>3</sub> Market research employee/advertising employee [Terminate and show termination screen. Link to screening responses and keep data.]  
<sub>4</sub> Employee of the Department of Health and Human Services [Terminate and show termination screen. Link to screening responses and keep data.]  
<sub>5</sub> All other occupations

EDUCATION What is the highest level of school you have completed or the highest degree you have received?

- <sub>1</sub> Less than high school  
<sub>2</sub> High school graduate—high school diploma or the equivalent (for example: GED)  
<sub>3</sub> Some college but no degree  
<sub>4</sub> Associate's degree in college  
<sub>5</sub> Bachelor's degree (for example: BA, AB, BS)  
<sub>6</sub> Advanced or postgraduate degree (for example: master's degree, MD, DDS, JD, PhD, EdD)

S3

How confident are you filling out medical forms by yourself? [SOFT QUOTA: Include at least 15% of the sample with a score of 3 or lower]

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