

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?

- ₁ Male
₂ Female

ETHNICITY Are you:

- ₁ Hispanic or Latino
₂ Not Hispanic or Latino

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

- _{RACE1} American Indian or Alaska Native
_{RACE2} Asian
_{RACE3} Black or African American
_{RACE4} Native Hawaiian or other Pacific Islander
_{RACE5} White

S2 What is your current occupation?

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

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

- ₁ Less than high school
₂ High school graduate—high school diploma or the equivalent (for example: GED)
₃ Some college but no degree
₄ Associate's degree in college
₅ Bachelor's degree (for example: BA, AB, BS)
₆ 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 |