**FDA Conference Attendees Study**

*Eligibility Screener*

**Thank you for your interest in this study. Please answer the following questions to determine if you are eligible to participate.**

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| --- | --- |
|  | **Programming Notes. [THESE WILL NOT APPEAR ON THE SCREEN].**  |
| **S1. Are you currently authorized to prescribe medications to patients?** 1. Yes
2. No
 | If no, skip to ineligibility statement. |
| **S2. Did you attend, or are you currently attending, this year’s [CONFERENCE NAME] either in person or virtually?**1. Yes – Attending in person
2. Yes – Attending virtually
3. No
 | If no, skip to ineligibility statement. |
| **S3. What percentage of your professional time do you spend in direct patient care? Your best estimate is fine.** 1. 20% or higher
2. Less than 20%
 | If less than 20%, skip to ineligibility statement.  |
| **S4. Do you work for any of the following organizations (not counting occasional consulting)?**1. U.S. government
2. Pharmaceutical company
3. Biotechnology company
4. None of the above
 | If federal government, pharmaceutical company, or biotechnology company are selected, skip to ineligibility statement.  |
| **S5. This survey will involve watching a video. Do you have any problems with your vision or hearing that would prevent you from seeing or hearing the video?** 1. Yes
2. No
 | If yes, skip to ineligibility statement  |
| **Ineligibility statement:** Thank you for completing these questions. You are not eligible for this study. |