

## 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.

**S1. Are you currently authorized to prescribe medications to patients?**

- (1) Yes
- (2) No

**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

**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%

**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

**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

**Programming Notes. [THESE WILL NOT APPEAR ON THE SCREEN].**

If no, skip to ineligibility statement.

If no, skip to ineligibility statement.

If less than 20%, skip to ineligibility statement.

If federal government, pharmaceutical company, or biotechnology company are selected, skip to ineligibility statement.

If yes, skip to ineligibility statement

**Ineligibility statement:** Thank you for completing these questions. You are not eligible for this study.