**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].** |
| **S0. Which of the following best describes your role as a healthcare provider?**   1. Physician 2. Nurse practitioner 3. Physician assistant 4. Pharmacist 5. Other (please specify) | If pharmacist or other, skip to ineligibility statement. |
| **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. | |