

## 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.

**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)

**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

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

If pharmacist or other, skip to ineligibility statement.

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.

Research authorized by Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)).  
Confidentiality protected by 5 U.S.C. 552(a) and (b) and 21 CFR part 20.

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**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.