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Biosimilars Patient Study

Phase 2 Web Screener

Introduction

Thank you for your interest in this study sponsored by the U.S. Food and Drug Administration. Please answer the following questions to see if you are eligible to participate in an online interview about health-related materials for a specific type of medicine.

The interview will be led by a researcher through an online video platform. If you're eligible for the interview, you can participate from home using a computer and web camera. The discussion will last about 90 minutes. You will be emailed about your \$75 honorarium within one business day after the interview concludes and have the option to choose between a physical or electronic gift card.

To determine your eligibility for this study, we need to ask you a few questions. These questions should take no more than 5 minutes.

1. What is your age?

Age 18 or older

→ CONTINUE

Under 18

→ TERMINATE

___ years [Allow 1-99]

2. Have you ever worked...? [Accept multiple responses.]

For a drug or pharmaceutical company

→ TERMINATE

For a market research or marketing company, including RTI
International or L&E Research

→ TERMINATE

For the U.S. federal government (not including as a member
of the military)

→ TERMINATE

As a medical professional (such as a physician, nurse, or
pharmacist)

→ TERMINATE

None of the above

→ CONTINUE

3. When was the last time you participated in an interview or a focus group for a research study?

Within the last 6 months

→ TERMINATE

More than 6 months ago

→ CONTINUE

Never

→ CONTINUE

Don't know → **TERMINATE**

4. To participate in this study, you will need a desktop computer, laptop computer, or a tablet (not just a smartphone). Which type of device are you most likely to use if you participate in the study?

Desktop computer	<input type="checkbox"/>	→ CONTINUE
Laptop computer	<input type="checkbox"/>	→ CONTINUE
Tablet (e.g., iPad)	<input type="checkbox"/>	→ CONTINUE
I don't have any of the devices listed above	<input type="checkbox"/>	→ TERMINATE

5. To participate in this study, you will also need a webcam (attached or built into the device) and high-speed Internet access. Can you meet these requirements?

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ TERMINATE

6. Do you have any vision, hearing, or speaking issues that would prevent you from reviewing English-language written materials and videos during the interview?

Yes	<input type="checkbox"/>	→ TERMINATE
No	<input type="checkbox"/>	→ CONTINUE

7. Are you okay with being audio and video recorded during the interview?

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ TERMINATE

8. Has a healthcare professional ever diagnosed you with any of the following medical conditions?
[Accept multiple responses.]

Ankylosing spondylitis / Spondyloarthritis	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
Psoriatic arthritis	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
Rheumatoid arthritis	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
Cancer	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q10
Crohn's disease	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
Ulcerative colitis	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
Eczema / Atopic dermatitis	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
Psoriasis	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
Type 1 diabetes	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q12
Type 2 diabetes	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q12

None of the above <input type="checkbox"/>	→ SKIP to Q14
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9. How long ago were you diagnosed with [condition]? [Ask for each condition selected by respondent] [Allow 1-99 years and 0-12 months]

___ years
___ months (if less than 1 year)

10. Which type(s) of cancer were you diagnosed with? [Accept multiple responses]

Breast	<input type="checkbox"/>	→ CONTINUE
Colorectal	<input type="checkbox"/>	→ CONTINUE
Kidney	<input type="checkbox"/>	→ CONTINUE
Leukemia	<input type="checkbox"/>	→ CONTINUE
Lung	<input type="checkbox"/>	→ CONTINUE
Lymphoma	<input type="checkbox"/>	→ CONTINUE
Myeloma	<input type="checkbox"/>	→ CONTINUE
Skin	<input type="checkbox"/>	→ CONTINUE
Other (please specify)	<input type="checkbox"/>	→ CONTINUE

11. Have you ever been diagnosed by a healthcare professional with neutropenia, a blood-related side effect of chemotherapy?

Yes	<input type="checkbox"/>	→ CONTINUE to Q14
No	<input type="checkbox"/>	→ CONTINUE to Q14

12. How long have you been using insulin to treat your diabetes?

More than one month	<input type="checkbox"/>	→ CONTINUE
Less than one month	<input type="checkbox"/>	→ SKIP to Q14
Not currently taking insulin	<input type="checkbox"/>	→ SKIP to Q14

13. Do you take insulin at least once per day?

Yes	<input checked="" type="checkbox"/>	→ CONTINUE to Q14
No	<input type="checkbox"/>	→ CONTINUE to Q14

14. Are you the parent or guardian of a child who has been diagnosed with diabetes by a healthcare professional? If so, which type of diabetes?

Yes, type 1 diabetes	<input type="checkbox"/>	→ CONTINUE
Yes, type 2 diabetes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ SEE Q19 INSTRUCTIONS

15. What is this child's age?

___ years [Allow 1-99]

Age 18 or older

→ **TERMINATE IF Q8=None of the above**

Under 18

→ **CONTINUE**

16. How involved are you in managing your child’s diabetes (e.g., scheduling doctor’s appointments, making medication decisions, administering insulin)?

Extremely involved

→ **CONTINUE**

Frequently involved

→ **CONTINUE**

Somewhat involved

→ **SEE Q19 INSTRUCTIONS**

Not at all involved

→ **SEE Q19 INSTRUCTIONS**

17. How long has your child been using insulin to treat his or her diabetes?

More than one month

→ **CONTINUE**

Less than one month

→ **SEE Q19 INSTRUCTIONS**

Not currently taking insulin

→ **SEE Q19 INSTRUCTIONS**

18. Does your child take insulin at least once per day?

Yes

→ **SEE SKIP PATTERN BELOW**

No

→ **SEE SKIP PATTERN BELOW**

[Skip pattern:

- **If individual's responses have checked one or more of the yellow boxes, proceed to Q19.**
- **If individual's responses have checked only the green boxes, skip to Q21**
- **If no yellow or green boxes selected, terminate and display closing script.]**

19. These next questions ask about medicines that you take for your health condition(s). Have you ever taken one or more of the following medicines to treat [display condition(s) based on responses to Q8, Q10, and Q11]?

[Display list of medications only for applicable medical conditions in Q8, Q10, and Q11.]

[Allow multiple responses. If one or more medications selected, continue to Q20. If no medications selected, terminate.]

[RECRUIT AT LEAST 20% TAKING AT LEAST ONE BIOSIMILAR]

List of Medicines for Q19

Condition	Medicines Brand Name [pronunciation] [generic Name]
Ankylosing Spondylitis/ Spondyloarthritis	<input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar)
	<input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]
	<input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab]
	<input type="checkbox"/> Enbrel [EN-bre] [etanercept]
	<input type="checkbox"/> Erelzi [Ee-REL-zee] [etenercept-szsz] (biosimilar)
	<input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar)
	<input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]

	<ul style="list-style-type: none"> <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Remicade [REM-i-cade] [infliximab] <input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar) <input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab] <input type="checkbox"/> Taltz [Taltz] [xekixumab]
<p>Psoriatic Arthritis</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar) <input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab] <input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab] <input type="checkbox"/> Enbrel [EN-brel] [etanercept] <input type="checkbox"/> Erelzi [Ee-REL-zee] [etenercept-szsz] (biosimilar) <input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar) <input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab] <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Orencia [oh-REN-see-ah] [abatacept] <input type="checkbox"/> Otezla [oh-TEZ-la] [apremilast] <input type="checkbox"/> Remicade [REM-i-cade] [infliximab] <input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar) <input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab] <input type="checkbox"/> Simponi Aria [golimumab], IV Infusion <input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab] <input type="checkbox"/> Taltz [Taltz] [xekixumab] <input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]
<p>Rheumatoid Arthritis</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Actemra [ac-tEm-ra] [tocilizumab] <input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar) <input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab] <input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab] <input type="checkbox"/> Enbrel [EN-brel] [etanercept] <input type="checkbox"/> Erelzi [Ee-REL-zee] [etenercept-szsz] (biosimilar) <input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar) <input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab] <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Kevzara [kev-ZAR-a] [sarilumab] <input type="checkbox"/> Kineret [KIN-er-et] [anakinra] <input type="checkbox"/> Orencia [oh-REN-see-ah] [abatacept] <input type="checkbox"/> Remicade [REM-i-cade] [infliximab] <input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar) <input type="checkbox"/> Rinvoq [RIN-voke] [upadacitinib] <input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab] <input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab] <input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab] <input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]
<p>Cancer (leukemia)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Arzerra [ar-ZAYR-uh] [ofatumumab] <input type="checkbox"/> Asparlas [AS-par-las] [calaspargase pegol-mknl] <input type="checkbox"/> Besponsa [beh-SPON-suh] [inotuzumab ozogamicin]

	<ul style="list-style-type: none"> <input type="checkbox"/> Blincyto [blin-sye-toe] [blinatumomab] <input type="checkbox"/> Campath [KAM-path] [alemtuzumab] <input type="checkbox"/> Copiktra [koh-PIK-truh] [duvelisib] <input type="checkbox"/> Daurismo [DOOR-is-moh] [glasdegib] <input type="checkbox"/> Elspar [EL-spar] [asparaginase] <input type="checkbox"/> Erwinaze [ER-wih-nayz] [asparaginase erwinia chrysanthemi] <input type="checkbox"/> Gazyva [guh-ZY-vuh] [obinutuzumab] <input type="checkbox"/> Intron A [IN-tron-Aye] [interferon alfa-2b] <input type="checkbox"/> Kymriah [kim-rye-ah] [tisagenlecleucel] <input type="checkbox"/> Lumoxiti [loo-MOK-sih-tee] [moxetumomab pasudotox-tdfk] <input type="checkbox"/> Mylotarg [MY-loh-targ] [gemtuzumab ozogamicin] <input type="checkbox"/> Oncaspar [ON-kah-spar] [pegaspargase] <input type="checkbox"/> Riabni [re-AB-nee] [rituximab-arrx] (biosimilar) <input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab] <input type="checkbox"/> Rituxan Hycela [rih-TUK-sun hy-SEL-uh] [rituximab and hyaluronidase human] <input type="checkbox"/> Ruxience [RUKS-ee-ents] [rituximab-pvvr] (biosimilar) <input type="checkbox"/> Truxima [truk-SEE-muh] [rituximab-abbs] (biosimilar) <input type="checkbox"/> Venclexta [ven-KLEK-stuh] [venetoclax] <input type="checkbox"/> Xospata [zoh-SPAH-tuh] [gilteritinib]
<p>Cancer (blood - including lymphoma and myeloma)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Adcetris [ad-SEH-tris] [brentuximab vedotin] <input type="checkbox"/> Blenrep [BLEN-rep] [belantamab mafodotin-blmf] <input type="checkbox"/> Darzalex [DAR-zah-lex] [daratumumab] <input type="checkbox"/> Darzalex Faspro [DAR-zah-lex Fass-pro] [daratumumab and hyaluronidase-fihj] <input type="checkbox"/> Empliciti [em-PLIH-sih-tee] [elotuzumab] <input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa] <input type="checkbox"/> Erwinaze [ER-wih-nayz] [asparaginase erwinia chrysanthemi] <input type="checkbox"/> Gazyva [guh-ZY-vuh] [obinutuzumab] <input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab] <input type="checkbox"/> Kymriah [kim-rye-ah] [tisagenlecleucel] <input type="checkbox"/> Monjuvi [mon-JOO-vee] [tafasitamab-cxix] <input type="checkbox"/> Ontak [ON-tak] [denileukin diftitox] <input type="checkbox"/> Polivy [poh-LIH-vee] [polatuzumab vedotin-piiq] <input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa] <input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx] <input type="checkbox"/> Riabni [re-AB-nee] [rituximab-arrx] (biosimilar) <input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab] <input type="checkbox"/> Rituxan Hycela [rih-TUK-sun hy-SEL-uh] [rituximab and hyaluronidase human] <input type="checkbox"/> Ruxience [RUKS-ee-ents] [rituximab-pvvr] (biosimilar) <input type="checkbox"/> Sarclisa [sar-KLIH-suh] [isatuximab-irfc] <input type="checkbox"/> Tecartus [tek-AR-tus] [brexucabtagene autoleucel] <input type="checkbox"/> Truxima [truk-SEE-muh] [rituximab-abbs] (biosimilar) <input type="checkbox"/> Zevalin [ZEH-vuh-lin] [ibritumomab tiuxetan]
<p>Cancer (lung)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab] <input type="checkbox"/> Bavencio [buh-VEN-see-oh] [avelumab] <input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab]

	<ul style="list-style-type: none"> <input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa] <input type="checkbox"/> Imfinzi [im-FIN-zee] [durvalumab] <input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab] <input type="checkbox"/> Lorlatinib [lor-LA-ti-nib] [lorlatinib] <input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab] <input type="checkbox"/> Portrazza [por-TRA-zuh] [necitumumab] <input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa] <input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx] <input type="checkbox"/> Tecentriq [teh-SEN-trik] [atezolizumab] <input type="checkbox"/> Vizimpro [vih-ZIM-proh] [dacomitinib] <input type="checkbox"/> Zirabev (bevacizumab-bvzr) (biosimilar)
<p>Cancer (skin—melanoma, squamous cell carcinoma, basal cell carcinoma)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Alferon N [al-FEER-on N] [interferon alfa-n3] <input type="checkbox"/> Braftovi [braf-TOH-vee] [encorafenib] <input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab] <input type="checkbox"/> Libtayo [lib-TY-oh] [cemiplimab-ydhp] <input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab] <input type="checkbox"/> Mektovi [mek-TOH-vee] [binimetinib] <input type="checkbox"/> Proleukin [proh-LOO-kin] [aldesleukin] <input type="checkbox"/> Yervoy [YER-voy] [ipilimumab]
<p>Cancer (colorectal)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab] <input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab] <input type="checkbox"/> Erbitux [ER-bih-tux] [cetuximab] <input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Vectibix [VEK-tih-bix] [panitumumab] <input type="checkbox"/> Yervoy [YER-voy] [ipilimumab] <input type="checkbox"/> Zaltrap [ZAL-trap] [ziv-aflibercept] <input type="checkbox"/> Zirabev [ZIE-rah-bev] [bevacizumab-bvzr] (biosimilar)
<p>Cancer (breast)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa] <input type="checkbox"/> Herceptin [her-SEP-tin] [trastuzumab] <input type="checkbox"/> Herzuma [her-ZOO-muh] [trastuzumab-pkrb] (biosimilar) <input type="checkbox"/> Kadcylla [kad-SY-luh] [ado-trastuzumab emtansine] <input type="checkbox"/> Kanjinti [kan-jin-tee] [trastuzumab-anns] (biosimilar) <input type="checkbox"/> Margenza [MAR-jen-zuh] [margetuximab-cmkb] <input type="checkbox"/> Ogivri [oh-GIV-ree] [trastuzumab-dkst] (biosimilar) <input type="checkbox"/> Ontruzant [on-TRU-zant] [trastuzumab-dttb] (biosimilar) <input type="checkbox"/> Perjeta [per-JEH-tuh] [pertuzumab] <input type="checkbox"/> Phesgo [FES-goh] [pertuzumab, trastuzumab, and hyaluronidase-zzxf] <input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa] <input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx] <input type="checkbox"/> Talazoparib [TA-luh-ZOH-puh-rib] [talazoparib] <input type="checkbox"/> Tecentriq [teh-SEN-trik] [atezolizumab] <input type="checkbox"/> Trazimera [tra-zee-MER-uh] [trastuzumab-qyyp] (biosimilar) <input type="checkbox"/> Trodelvy [troh-DEL-vee] [sacituzumab govitecan-hziy]

<p>Cancer (kidney)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab] <input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab] <input type="checkbox"/> Proleukin [proh-LOO-kin] [aldesleukin] <input type="checkbox"/> Yervoy [YER-voy] [ipilimumab] <input type="checkbox"/> Zirabev (bevacizumab-bvzr) (biosimilar)
<p>Cancer (other types)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab] <input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab] <input type="checkbox"/> Danyelza [dan-YEL-zah] [naxitamab-gqg] <input type="checkbox"/> Elzonris [el-ZON-ris] [tagraxofusp-erz] <input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa] <input type="checkbox"/> Erbitux [ER-bih-tux] [cetuximab] <input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab] <input type="checkbox"/> Lartruvo [lar-TROO-voh] [olaratumab] <input type="checkbox"/> Lenvima [len-VEE-muh] [lenvatinib] <input type="checkbox"/> Lynparza [lin-PAR-zuh] [olaparib] <input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar) <input type="checkbox"/> Poteligeo [poh-teh-LIH-gee-oh] [mogamulizumab] <input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa] <input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx] <input type="checkbox"/> Tecentriq [teh-SEN-trik] [atezolizumab] <input type="checkbox"/> Zirabev (bevacizumab-bvzr) (biosimilar)
<p>Neutropenia (from cancer treatment)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Fulphila [FUL-fih-luh] [pegfilgrastim-jmdb] (biosimilar) <input type="checkbox"/> Granix [GRA-nix] [tbo-filgrastim] <input type="checkbox"/> Neulasta [noo-LA-stuh] [pegfilgrastim] <input type="checkbox"/> Neupogen [NOO-poh-jen] [filgrastim] <input type="checkbox"/> Nivestym [NAI-vuh-stim] [filgrastim-aafi] (biosimilar) <input type="checkbox"/> Nyvepria [NAI-vee-pri-ah] [pegfilgrastim-apgf] (biosimilar) <input type="checkbox"/> Udenyca [yoo-den-i-kah] [pegfilgrastim-cbqv] (biosimilar) <input type="checkbox"/> Zarxio [ZAR-zee-oh] [filgrastim-sndz] (biosimilar) <input type="checkbox"/> Ziextenzo [zee-ex-TEN-zo] [pegfilgrastim-bmez] (biosimilar)
<p>Crohn's Disease</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar) <input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab] <input type="checkbox"/> Entyvio [en-TIV-ee-oh] [vedolizumab] <input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab] <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Remicade [REM-i-cade] [infliximab] <input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar) <input type="checkbox"/> Stelara [ustekinumab] <input type="checkbox"/> Tysabri [tai-SAB-ree] [natalizumab]

Ulcerative Colitis	<input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar) <input type="checkbox"/> Entyvio [en-TIV-ee-oh] [vedolizumab] <input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab] <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [ix-IF-ee] [Infliximab-qbtx] (biosimilar) <input type="checkbox"/> Remicade [REM-i-cade] [infliximab] <input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar) <input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab] <input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab] <input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]
Eczema/Atopic Dermatitis	<input type="checkbox"/> Dupixent [due-PIX-ent] [dupilumab]
Psoriasis	<input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar) <input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab] <input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab] <input type="checkbox"/> Enbrel [EN-brel] [etanercept] <input type="checkbox"/> Erelzi [Ee-REL-zee] [etanercept-szsz] (biosimilar) <input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar) <input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab] <input type="checkbox"/> Ilumya [e-loom-e-a] [tildrakizumab] <input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar) <input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar) <input type="checkbox"/> Otezla [oh-TEZ-la] [apremilast] <input type="checkbox"/> Remicade [REM-i-cade] [infliximab] <input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar) <input type="checkbox"/> Siliq [sill-EEK] [brodalumb] <input type="checkbox"/> Skyrizi [sky-RI-zee] [risankizumab] <input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab] <input type="checkbox"/> Taltz [taltz] [Ixekizumab] <input type="checkbox"/> Tremfya [trem-FAI-ah] [guselkumab]

20. Please fill in the following information about each medicine that you selected.

[Populate first two columns based on Q19 responses]

[If currently taking any medicine for more than one month, proceed to Q21]

[If not currently taking a medicine, but the medicine was taken within the last year and taken for more than one month, proceed to Q21]

Medicine	Condition	Are you still taking this medicine?	YES	How long have you been taking it?	NO	When did you last take this medicine?	How long did you take this medicine when you were still using it?
[Medicine]	[Condition]	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Less than one month		<input type="checkbox"/> Within the last month	<input type="checkbox"/> Less than one month

			<input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> More than one year	<input type="checkbox"/> 1-3 months ago <input type="checkbox"/> 4-6 months ago <input type="checkbox"/> More than 6 months ago	<input type="checkbox"/> More than one month
[Medicine]	[Condition]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than one month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> More than one year	<input type="checkbox"/> Within the last month <input type="checkbox"/> 1-3 months ago <input type="checkbox"/> 4-6 months ago <input type="checkbox"/> More than 6 months ago	<input type="checkbox"/> Less than one month <input type="checkbox"/> More than one month
[Medicine]	[Condition]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than one month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> More than one year	<input type="checkbox"/> Within the last month <input type="checkbox"/> 1-3 months ago <input type="checkbox"/> 4-6 months ago <input type="checkbox"/> More than 6 months ago	<input type="checkbox"/> Less than one month <input type="checkbox"/> More than one month

21. Would you be comfortable discussing this medicine/these medicines in an interview?

Yes → **ELIGIBLE**

No → **TERMINATE**

Demographic Questions

22. What is the highest level of education you have completed?

- Less than high school diploma [Eligible for lower education groups]
- High school graduate or GED [Eligible for lower education groups]
- Some college
- Technical or associates degree (2-year)
- 4-year degree
- Graduate or professional degree [RECRUIT NO MORE THAN 14% OF SAMPLE]

23. What type of health insurance do you currently have? [Accept multiple responses]

- Private insurance through an employer, group health plan, broker, agent, or Federal or state marketplace plan
- Medicaid or Medicare [RECRUIT 30% OF TOTAL SAMPLE NON-PRIVATE]
- Veterans Affairs, Tricare, or the Department of Defense [RECRUIT 30% OF TOTAL SAMPLE NON-PRIVATE]
- Currently uninsured
- Other [please specify]: _____

24. What is your race? You may select more than one. [Accept multiple responses]

- White [RECRUIT NO MORE THAN 80% OF SAMPLE]
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

25. Are you of Hispanic, Latino, or Spanish origin?

- Yes [RECRUIT 15% OF SAMPLE]
- No

26. In which state do you live? [Display drop down list. Recruit at least 20% in each Census region.]

[drop down list of states]

27. What was your total household income before taxes during the past 12 months? Your response will be kept private.

- \$30,000 or less [RECRUIT MINIMUM 20% OF SAMPLE < \$30,000]
- \$30,001 to \$65,000
- \$65,001 to \$99,999
- More than \$100,000
- Prefer not to answer

28. What is your sex?

- Male [RECRUIT AT LEAST 40% OF SAMPLE]
- Female [RECRUIT AT LEAST 40% OF SAMPLE]

Closing Scripts

Declined to Begin Screener

Thank you for your time.

Completed Screener

You have completed the online screener. One of our recruiters will be in touch if you qualify for this study. Thank you for your time.