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**[Only read above if respondent asks about the OMB control number]**

## Biosimilars Patient Study Phase 2 Telephone Screener

### Introduction

Hello, my name is \_\_\_\_\_ from L&E Research. May I please speak to \_\_\_\_\_? I'm calling to invite you to participate in an online interview sponsored by the U.S. Food and Drug Administration to get your feedback on health-related materials about a specific type of medicine.

The interview will be led by a researcher through an online video platform, and if you're eligible, 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.

May I ask you a few questions now to see if you are eligible?

- Yes → **CONTINUE**
- No → **THANK AND TERMINATE [See closing scripts at end of screener]**

### Core Eligibility Questions

#### 1. What is your age?

- Age 18 or older  → **CONTINUE**
- Under 18  → **TERMINATE**
- \_\_\_ years

#### 2. Have you ever worked...? **[Read list. 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	<input type="checkbox"/>	→ TERMINATE
More than 6 months ago	<input type="checkbox"/>	→ CONTINUE
Never	<input type="checkbox"/>	→ CONTINUE
Don't know	<input type="checkbox"/>	→ 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 ok with being audio and video recorded during the interview?**

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

**Audience Segmentation Questions**

**8. Has a healthcare professional ever diagnosed you with any of the following medical conditions?**  
[Read list of conditions. Only read detailed description of a condition if requested by individual. Accept multiple responses.]

<b>Ankylosing spondylitis / Spondyloarthritis</b> Inflammatory disease that can cause vertebrae in the spine to fuse.	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
<b>Psoriatic arthritis</b> A form of arthritis that affects some people who have psoriasis.	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
<b>Rheumatoid arthritis</b> A chronic inflammatory disorder that can affect joints and other body systems.	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
<b>Cancer</b> A variety of conditions involving abnormal cell growth.	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q10
<b>Crohn's disease</b>	<input type="checkbox"/>	→ Ask Q9, then CONTINUE

A bowel disease involving inflammation of the digestive tract. <b>Ulcerative colitis</b> A bowel disease that affects the large intestine with inflammation and ulcers or sores.	<input checked="" type="checkbox"/>	to Q14 → Ask Q9, then CONTINUE to Q14
<b>Eczema / Atopic dermatitis</b> A skin condition involving itchy rashes.	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
<b>Psoriasis</b> A chronic skin condition where cells build up rapidly on the skin, forming itchy and sometimes painful scaly red patches.	<input checked="" type="checkbox"/>	→ Ask Q9, then CONTINUE to Q14
<b>Type 1 diabetes</b> A chronic condition in which the pancreas produces little or no insulin.	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q12
<b>Type 2 diabetes</b> A disease that occurs when not enough insulin is produced or when your body has difficulty using insulin properly.	<input type="checkbox"/>	→ Ask Q9, then CONTINUE to Q12
<b>None of the above</b>	<input type="checkbox"/>	→ SKIP to Q14

9. How long ago were you diagnosed with [condition]? [Ask for each condition selected by respondent]

\_\_\_ years  
\_\_\_ months (if less than 1 year)

### Segmentation Questions - Cancer

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

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

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

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

### Segmentation Questions - Diabetes

12. How long have you been using insulin to treat your diabetes? [Read list]

More than one month  
Less than one month  
Not currently taking insulin

<input type="checkbox"/>	→ CONTINUE
<input type="checkbox"/>	→ SKIP to Q14
<input type="checkbox"/>	→ SKIP to Q14

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

Yes  
No

<input checked="" type="checkbox"/>	→ CONTINUE to Q14
<input type="checkbox"/>	→ CONTINUE to Q14

**Segmentation Questions - Children with Diabetes**

**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  
Yes, type 2 diabetes  
No

<input type="checkbox"/>	→ CONTINUE
<input type="checkbox"/>	→ CONTINUE
<input type="checkbox"/>	→ SEE Q19 INSTRUCTIONS

**15. What is this child's age?**

\_\_\_ years

Age 18 or older

Under 18

<input type="checkbox"/>	→ TERMINATE IF Q8=None of the above
<input type="checkbox"/>	→ CONTINUE

**16. How involved are you in managing your child's diabetes, for example, scheduling doctor's appointments, making medication decisions, and administering insulin? Would you say you are...? [Read list]**

Extremely involved  
Frequently involved  
Somewhat involved  
Not at all involved

<input type="checkbox"/>	→ CONTINUE
<input type="checkbox"/>	→ CONTINUE
<input type="checkbox"/>	→ SEE Q19 INSTRUCTIONS
<input type="checkbox"/>	→ SEE Q19 INSTRUCTIONS

**17. How long has your child been using insulin to treat his or her diabetes? [Read list]**

More than one month  
Less than one month  
Not currently taking insulin

<input type="checkbox"/>	→ CONTINUE
<input type="checkbox"/>	→ SEE Q19 INSTRUCTIONS
<input type="checkbox"/>	→ SEE Q19 INSTRUCTIONS

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

Yes  
No

<input checked="" type="checkbox"/>	→ SEE SKIP PATTERN BELOW
<input type="checkbox"/>	→ 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 Q24.
- If no yellow or green boxes selected, terminate and read closing script.]

**MEDICATION QUESTIONS**

19. Now I'd like to ask about medicines that you take for your health conditions. Have you ever taken one or more of the following medicines to treat [list condition(s) for a max of three condition(s) based on responses to Q8, Q10, and Q11]?

[Read list of medicines for each applicable medical condition. Do NOT read "Biosimilar" flag next to medication name.]

[Record 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]

Selected one or more medicines	<input type="checkbox"/> → CONTINUE
Did not select any medicines for applicable conditions	<input type="checkbox"/> → TERMINATE

**List of Medicines for Q19**

Condition	Medicines Brand Name [pronunciation] [generic Name]
<b>Ankylosing Spondylitis/ Spondyloarthritis</b>	<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"/> 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]
<b>Psoriatic Arthritis</b>	<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]

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab]</li> <li><input type="checkbox"/> Simponi Aria [golimumab], IV Infusion</li> <li><input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab]</li> <li><input type="checkbox"/> Taltz [Taltz] [xekixumab]</li> <li><input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]</li> </ul>
<p><b>Rheumatoid Arthritis</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Actemra [ac-tEm-ra] [tocilizumab]</li> <li><input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar)</li> <li><input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]</li> <li><input type="checkbox"/> Cosentyx [koh-SEN-tix] [secukinumab]</li> <li><input type="checkbox"/> Enbrel [EN-brel] [etanercept]</li> <li><input type="checkbox"/> Erelzi [Ee-REL-zee] [etenercept-szszs] (biosimilar)</li> <li><input type="checkbox"/> Eticovo [Et-uh-co-vo] [etanercept-ykro] (biosimilar)</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)</li> <li><input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar)</li> <li><input type="checkbox"/> Kevzara [kev-ZAR-a] [sarilumab]</li> <li><input type="checkbox"/> Kineret [KIN-er-et] [anakinra]</li> <li><input type="checkbox"/> Orencia [oh-REN-see-ah] [abatacept]</li> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Rinvoq [RIN-voke] [upadacitinib]</li> <li><input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab]</li> <li><input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab]</li> <li><input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab]</li> <li><input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]</li> </ul>
<p><b>Cancer (leukemia)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Arzerra [ar-ZAYR-uh] [ofatumumab]</li> <li><input type="checkbox"/> Asparlas [AS-par-las] [calaspargase pegol-mknl]</li> <li><input type="checkbox"/> Besponsa [beh-SPON-suh] [inotuzumab ozogamicin]</li> <li><input type="checkbox"/> Blincyto [blin-sye-toe] [blinatumomab]</li> <li><input type="checkbox"/> Campath [KAM-path] [alemtuzumab]</li> <li><input type="checkbox"/> Copiktra [koh-PIK-truh] [duvelisib]</li> <li><input type="checkbox"/> Daurismo [DOOR-is-moh] [glasdegib]</li> <li><input type="checkbox"/> Elspar [EL-spar] [asparaginase]</li> <li><input type="checkbox"/> Erwinaze [ER-wih-nayz] [asparaginase erwinia chrysanthemi]</li> <li><input type="checkbox"/> Gazyva [guh-ZY-vuh] [obinutuzumab]</li> <li><input type="checkbox"/> Intron A [IN-tron-Aye] [interferon alfa-2b]</li> <li><input type="checkbox"/> Kymriah [kim-rye-ah] [tisagenlecleucel]</li> <li><input type="checkbox"/> Lumoxiti [loo-MOK-sih-tee] [moxetumomab pasudotox-tdfk]</li> <li><input type="checkbox"/> Mylotarg [MY-loh-targ] [gemtuzumab ozogamicin]</li> <li><input type="checkbox"/> Oncaspar [ON-kah-spar] [pegaspargase]</li> <li><input type="checkbox"/> Riabni [re-AB-nee] [rituximab-arrx] (biosimilar)</li> <li><input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab]</li> <li><input type="checkbox"/> Rituxan Hycela [rih-TUK-sun hy-SEL-uh] [rituximab and hyaluronidase human]</li> <li><input type="checkbox"/> Ruxience [RUKS-ee-ents] [rituximab-pvvr] (biosimilar)</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Truxima [truk-SEE-muh] [rituximab-abbs] (biosimilar)</li> <li><input type="checkbox"/> Venclexta [ven-KLEK-stuh] [venetoclax]</li> <li><input type="checkbox"/> Xospata [zoh-SPAH-tuh] [gilteritinib]</li> </ul>
<p><b>Cancer (blood - including lymphoma and myeloma)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adcetris [ad-SEH-tris] [brentuximab vedotin]</li> <li><input type="checkbox"/> Blenrep [BLEN-rep] [belantamab mafodotin-blmf]</li> <li><input type="checkbox"/> Darzalex [DAR-zah-lex] [daratumumab]</li> <li><input type="checkbox"/> Darzalex Faspro [DAR-zah-lex Fass-pro] [daratumumab and hyaluronidase-fihj]</li> <li><input type="checkbox"/> Emlipiciti [em-PLIH-sih-tee] [elotuzumab]</li> <li><input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa]</li> <li><input type="checkbox"/> Erwinaze [ER-wih-nayz] [asparaginase erwinia chrysanthemi]</li> <li><input type="checkbox"/> Gazyva [guh-ZY-vuh] [obinutuzumab]</li> <li><input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab]</li> <li><input type="checkbox"/> Kymriah [kim-rye-ah] [tisagenlecleucel]</li> <li><input type="checkbox"/> Monjuvi [mon-JOO-vee] [tafasitamab-cxix]</li> <li><input type="checkbox"/> Ontak [ON-tak] [denileukin diftitox]</li> <li><input type="checkbox"/> Polivy [poh-LIH-vee] [polatuzumab vedotin-piiq]</li> <li><input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa]</li> <li><input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx]</li> <li><input type="checkbox"/> Riabni [re-AB-nee] [rituximab-arrx] (biosimilar)</li> <li><input type="checkbox"/> Rituxan [rih-TUK-sun] [rituximab]</li> <li><input type="checkbox"/> Rituxan Hycela [rih-TUK-sun hy-SEL-uh] [rituximab and hyaluronidase human]</li> <li><input type="checkbox"/> Ruxience [RUKS-ee-ents] [rituximab-pvvr] (biosimilar)</li> <li><input type="checkbox"/> Sarclisa [sar-KLIH-suh] [isatuximab-irfc]</li> <li><input type="checkbox"/> Tecartus [tek-AR-tus] [brexucabtagene autoleucel]</li> <li><input type="checkbox"/> Truxima [truk-SEE-muh] [rituximab-abbs] (biosimilar)</li> <li><input type="checkbox"/> Zevalin [ZEH-vuh-lin] [ibritumomab tiuxetan]</li> </ul>
<p><b>Cancer (lung)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Bavencio [buh-VEN-see-oh] [avelumab]</li> <li><input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab]</li> <li><input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa]</li> <li><input type="checkbox"/> Imfinzi [im-FIN-zee] [durvalumab]</li> <li><input type="checkbox"/> Keytruda [key-true-duh][pembrolizumab]</li> <li><input type="checkbox"/> Lorlatinib [lor-LA-ti-nib] [lorlatinib]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab]</li> <li><input type="checkbox"/> Portrazza [por-TRA-zuh] [necitumumab]</li> <li><input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa]</li> <li><input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx]</li> <li><input type="checkbox"/> Tecentriq [teh-SEN-trik] [atezolizumab]</li> <li><input type="checkbox"/> Vizimpro [vih-ZIM-proh] [dacomitinib]</li> <li><input type="checkbox"/> Zirabev (bevacizumab-bvzr) (biosimilar)</li> </ul>
<p><b>Cancer (skin—melanoma, squamous cell carcinoma, basal cell carcinoma)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Alferon N [al-FEER-on N] [interferon alfa-n3]</li> <li><input type="checkbox"/> Braftovi [braf-TOH-vee] [encorafenib]</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab]</li> <li><input type="checkbox"/> Libtayo [lib-TY-oh] [cemiplimab-ydhp]</li> <li><input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab]</li> <li><input type="checkbox"/> Mektovi [mek-TOH-vee] [binimetinib]</li> <li><input type="checkbox"/> Proleukin [proh-LOO-kin] [aldesleukin]</li> <li><input type="checkbox"/> Yervoy [YER-voy] [ipilimumab]</li> </ul>
<b>Cancer (colorectal)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab]</li> <li><input type="checkbox"/> Erbitux [ER-bih-tux] [cetuximab]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Vectibix [VEK-tih-bix] [panitumumab]</li> <li><input type="checkbox"/> Yervoy [YER-voy] [ipilimumab]</li> <li><input type="checkbox"/> Zaltrap [ZAL-trap] [ziv-aflibercept]</li> <li><input type="checkbox"/> Zirabev [ZIE-rah-bev] [bevacizumab-bvzr] (biosimilar)</li> </ul>
<b>Cancer (breast)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa]</li> <li><input type="checkbox"/> Herceptin [her-SEP-tin] [trastuzumab]</li> <li><input type="checkbox"/> Herzuma [her-ZOO-muh] [trastuzumab-pkrb] (biosimilar)</li> <li><input type="checkbox"/> Kadcyla [kad-SY-luh] [ado-trastuzumab emtansine]</li> <li><input type="checkbox"/> Kanjinti [kan-jin-tee] [trastuzumab-anns] (biosimilar)</li> <li><input type="checkbox"/> Margenza [MAR-jen-zuh] [margetuximab-cmkb]</li> <li><input type="checkbox"/> Ogivri [oh-GIV-ree] [trastuzumab-dkst] (biosimilar)</li> <li><input type="checkbox"/> Ontruzant [on-TRU-zant] [trastuzumab-dttb] (biosimilar)</li> <li><input type="checkbox"/> Perjeta [per-JEH-tuh] [pertuzumab]</li> <li><input type="checkbox"/> Phesgo [FES-goh] [pertuzumab, trastuzumab, and hyaluronidase-zzxf]</li> <li><input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa]</li> <li><input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx]</li> <li><input type="checkbox"/> Talazoparib [TA-luh-ZOH-puh-rib] [talazaoparib]</li> <li><input type="checkbox"/> Tecentriq [teh-SEN-trik] [atezolizumab]</li> <li><input type="checkbox"/> Trazimera [tra-zee-MER-uh] [trastuzumab-qyyp] (biosimilar)</li> <li><input type="checkbox"/> Trodelvy [troh-DEL-vee] [sacituzumab govitecan-hziy]</li> </ul>
<b>Cancer (kidney)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Opdivo [op-DEE-voh] [nivolumab]</li> <li><input type="checkbox"/> Proleukin [proh-LOO-kin] [aldesleukin]</li> <li><input type="checkbox"/> Yervoy [YER-voy] [ipilimumab]</li> <li><input type="checkbox"/> Zirabev (bevacizumab-bvzr) (biosimilar)</li> </ul>
<b>Cancer (other types)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avastin [uh-VAST-in] [bevacizumab]</li> <li><input type="checkbox"/> Cyramza [sy-RAM-zuh] [ramucirumab]</li> <li><input type="checkbox"/> Danyelza [dan-YEL-zah] [naxitamab-gqg]</li> <li><input type="checkbox"/> Elzonris [el-ZON-ris] [tagraxofusp-erz]</li> <li><input type="checkbox"/> Epogen [EE-po-jen] [epoetin alfa]</li> </ul>



	<ul style="list-style-type: none"> <li><input type="checkbox"/> Erbitux [ER-bih-tux] [cetuximab]</li> <li><input type="checkbox"/> Keytruda [key-true-duh] [pembrolizumab]</li> <li><input type="checkbox"/> Lartruvo [lar-TROO-voh] [olaratumab]</li> <li><input type="checkbox"/> Lenvima [len-VEE-muh] [lenvatinib]</li> <li><input type="checkbox"/> Lynparza [lin-PAR-zuh] [olaparib]</li> <li><input type="checkbox"/> Mvasi [em-VAH-see] [bevacizumab-awwb] (biosimilar)</li> <li><input type="checkbox"/> Poteligeo [poh-teh-LIH-gee-oh] [mogamulizumab]</li> <li><input type="checkbox"/> Procrit [PROH-crit] [epoetin alfa]</li> <li><input type="checkbox"/> Retacrit [RET-a-crit] [epoetin alfa-epbx]</li> <li><input type="checkbox"/> Tecentriq [teh-SEN-trik][atezolizumab]</li> <li><input type="checkbox"/> Zirabev (bevacizumab-bvzr) (biosimilar)</li> </ul>
<p><b>Neutropenia (from cancer treatment)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Fulphila [FUL-fih-luh] [pegfilgrastim-jmdb] (biosimilar)</li> <li><input type="checkbox"/> Granix [GRA-nix] [tbo-filgrastim]</li> <li><input type="checkbox"/> Neulasta [noo-LA-stuh] [pegfilgrastim]</li> <li><input type="checkbox"/> Neupogen [NOO-poh-jen] [filgrastim]</li> <li><input type="checkbox"/> Nivestym [NAI-vuh-stim] [filgrastim-aafi] (biosimilar)</li> <li><input type="checkbox"/> Nyvepria [NAI-vee-pri-ah] [pegfilgrastim-apgf] (biosimilar)</li> <li><input type="checkbox"/> Udenyca [yoo-den-i-kah] [pegfilgrastim-cbqv] (biosimilar)</li> <li><input type="checkbox"/> Zarxio [ZAR-zee-oh] [filgrastim-sndz] (biosimilar)</li> <li><input type="checkbox"/> Ziextenzo [zee-ex-TEN-zo] [pegfilgrastim-bmez] (biosimilar)</li> </ul>
<p><b>Crohn's Disease</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar)</li> <li><input type="checkbox"/> Cimzia [SIM-zi-ah] [certolizumab]</li> <li><input type="checkbox"/> Entyvio [en-TIV-ee-oh] [vedolizumab]</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)</li> <li><input type="checkbox"/> Ixifi [ix-IF-ee] [infliximab-qbtx] (biosimilar)</li> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Stelara [ustekinumab]</li> <li><input type="checkbox"/> Tysabri [tai-SAB-ree] [natalizumab]</li> </ul>
<p><b>Ulcerative Colitis</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avsola [av-SO-luh] [infliximab-axxq] (biosimilar)</li> <li><input type="checkbox"/> Entyvio [en-TIV-ee-oh] [vedolizumab]</li> <li><input type="checkbox"/> Humira [hu-MEER-ah] [adalimumab]</li> <li><input type="checkbox"/> Inflectra [In-flec-tra] [infliximab-dyyb] (biosimilar)</li> <li><input type="checkbox"/> Ixifi [ix-IF-ee] [Infliximab-qbtx] (biosimilar)</li> <li><input type="checkbox"/> Remicade [REM-i-cade] [infliximab]</li> <li><input type="checkbox"/> Renflexis [ren-FLEX-is] [infliximab-abda] (biosimilar)</li> <li><input type="checkbox"/> Simponi [SIM-poh-nee] [golimumab]</li> <li><input type="checkbox"/> Stelara [stuh-LAIR-ah] [ustekinumab]</li> <li><input type="checkbox"/> Xeljanz [ZEL-janz] [tofacitinib]</li> </ul>
<p><b>Eczema/Atopic Dermatitis</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dupixent [due-PIX-ent] [dupilumab]</li> </ul>

<b>Psoriasis</b>	<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] [brodalumab] <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]
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20. Are you still taking [list biologics selected in Q19, one at a time]? [Record response for each medicine]

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ SKIP TO Q22 IF NO TO ALL MEDS

21. How long have you been taking [list biologics currently taking, one at a time]? [Record response for each medicine]

Less than one month	<input type="checkbox"/>	→ TERMINATE
1-3 months	<input type="checkbox"/>	→ CONTINUE to Q22
4-6 months	<input type="checkbox"/>	→ CONTINUE to Q22
7-12 months	<input type="checkbox"/>	→ CONTINUE to Q22
More than one year	<input type="checkbox"/>	→ CONTINUE to Q22

22. When did you last take [list biologics selected in Q19 that individual is not currently taking, one at a time]? [Record response for each medicine]

Within the last month	<input type="checkbox"/>	→ CONTINUE
1-3 months ago	<input type="checkbox"/>	→ CONTINUE
4-6 months ago	<input type="checkbox"/>	→ CONTINUE
More than 6 months ago	<input type="checkbox"/>	→ TERMINATE

23. How long did you take [list of biologics selected in Q19 that individual is not currently taking, one at a time] when you were still using it? [Record response for each medicine]

Less than one month	<input type="checkbox"/>	→ TERMINATE
More than one month	<input type="checkbox"/>	→ CONTINUE to Q24

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

Yes .....  
No .....

→ ELIGIBLE
→ TERMINATE

**Demographic Questions**

**25. What is the highest level of education you have completed? [Read list]**

- 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]

**26. What type of health insurance do you currently have? [Read list. Accept multiple responses]**

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

**27. What is your race? You may select more than one. [Read list. 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

**28. Are you of Hispanic, Latino, or Spanish origin?**

- Yes [RECRUIT AT LEAST 15% OF SAMPLE]
- No

**29. In which state do you live? [Record response, then sort into corresponding Census region]**

Record participant response: \_\_\_\_\_

- Midwest - IL, IN, IO, KS, MI, MN, MO, NE, ND, OH, SD, WI [RECRUIT AT LEAST 20% OF SAMPLE]
- Northeast - CT, MA, ME, NH, NJ, NY, PA, RI, VT [RECRUIT AT LEAST 20% OF SAMPLE]
- South - AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV [RECRUIT AT LEAST 20% OF SAMPLE]
- West - AK, AZ, CA, CO, HI, ID, NM, MT, OR, UT, NV, WA, WY [RECRUIT AT LEAST 20% OF SAMPLE]

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

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

**31. What is your sex?**

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

### Closing Scripts

#### Ineligible - Closing Script

I'm sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible. These reasons were decided earlier by the researchers. However, thank you for your interest in this study and for taking the time to answer our questions today.

#### Eligible - Closing Script

Thank you for answering my questions. You qualify for our study. Next, I'd like to schedule you for an online interview. The interview 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.

The interviews will take place on [DATES AND TIMES]. Which date and time would work best for you? [Schedule participant for an appropriate interview]

The e-mail address I have on file for you is [E-MAIL ADDRESS] and phone number is [PHONE NUMBER]. Are those still correct? [UPDATE IF NEEDED]

We will reach out with a confirmation email and phone call with instructions to join the interview on [DATE/TIME]. We will also use this information to send you a reminder email and to call and remind you of the interview one day before.

Your participation in this study is very important. If for some reason you will not be able to attend, please let us know right away. You can call us anytime at [INSERT PHONE NUMBER], and if we are not here, please leave a message.

Thank you. We appreciate your participation in this study.