OMB Control No. 0910-0695 Expiration date: 3/31/2024

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0695 and the expiration date is 3/31/2024. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information.

FDA RAPID – MESSAGE #28 External Testing of Terminology Routinely Used in CDER Communications

Introduction

The U.S. Food and Drug Administration, or FDA, hired Westat to help them get opinions about health information. Plaza Research is helping Westat and FDA find people who may be interested in being interviewed about health information. To make sure you are a good fit for the interview, please take about 3 minutes to answer the questions below.

| 1. What is | your age? | | |
|------------|---|------------------------|------------------------------|
| 0 | Jnder 18 | INELIGIBLE | |
| 0 | 18 to 29 | | |
| 0 | 30 to 49 | | |
| 0 ! | 50 or older | | |
| | | | |
| 2. Do you | , or does any member of your hoບ | ısehold or immediat | e family work? |
| 0 | For a market research company | | → INELIGIBLE |
| 0 | For an advertising agency, communications, or public relations firm | | |
| | INELIGIBLE | | |
| 0 | In the media (TV, radio, newspaper | rs, magazines) | → INELIGIBLE |
| 0 | As a healthcare professional (docto | or, nurse, pharmacist, | medical assistant, dietician |
| | etc.) | | → INELIGIBLE |
| | | | |

| | advocacy, state or local health department, U.S. Department of Health and Human | | | | |
|---|---|--|--|--|--|
| | Services or any of its agencies) | → INELIGIBLE | | | |
| 0 | In the pharmaceutical industry | → INELIGIBLE | | | |
| 0 | None of the above | → GO TO Q3 | | | |
| | past 30 days, have you used or Do not include prescription vit | taken medication for which a prescription is amins or minerals. ¹ | | | |
| 0 | Yes | → GO TO Q4 | | | |
| 0 | No | | | | |
| 0 | Don't Know | → INELIGIBLE | | | |
| 4. How many different prescription medicines have you used or taken in the past 30 days? | | | | | |
| 0 | 1 | | | | |
| 0 | 2 | | | | |
| 0 | 3 | | | | |
| 0 | 4 | | | | |
| | 5 or more | | | | |
| 0 | Don't Know | → INELIGIBLE | | | |
| 5. What is | s the highest grade or level of ϵ | education you have completed? | | | |
| 0 | Less than High School | | | | |
| 0 | High School Diploma or GED | | | | |
| 0 | Some College, but no degree | | | | |
| 0 | Associate's Degree | | | | |
| 0 | Bachelor's Degree | | | | |
| 0 | Graduate or Professional Degre | ee → INELIGIBLE | | | |
| 6. Are you comfortable speaking and reading English independently and without an interpreter? | | | | | |
| 0 | Yes | | | | |
| 0 | No → INELIGIBLE | | | | |
| | | | | | |

O In a healthcare position or for a health organization (health consultant, health

¹ Based on 2013-2014 National Health and Nutrition Examination Survey (NHANES)

| 7. What is yo | our sex? | | |
|---------------|---|---|--|
| | O Female | | |
| | O Male | | |
| | O Prefer not to answer | → INELIGIBLE | |
| 8. Are you of | f Hispanic, Latino, or Spanis | h origin? | |
| J. 7 J. J. C | O Yes | | |
| | O No | | |
| 9. What is yo | our race? Please select one | or more. | |
| | White | | |
| | ☐ Black or African-American | | |
| | ☐ American Indian or Alaska Native | | |
| | ☐ Asian | | |
| | ☐ Native Hawaiian or other | Pacific Islander | |
| | te do you live in? [DROP DO] ["OUTSIDE OF THE US" → | WN LIST OF US STATES, INCLUDING "OUTSIDE INELIGIBLE] | |
| 11. Do you h | ave access to high-speed (ii | n other words, not dial-up) internet? | |
| | O Yes | | |
| | O No | → INELIGIBLE | |
| the interview | so that you can view the he | vould like to share her computer screen during ealth information together. Do you have a h a webcam and audio that you can use to | |
| | O Yes | | |
| | O No | → INELIGIBLE | |
| | | | |
| | | | |

| 13. Have you participated in an interview or focus group for a research study within the past 6 months? | | | | |
|--|---|--|--|--|
| O Yes | → INELIGIBLE | | | |
| O No | | | | |
| Request for Contact Information | | | | |
| selected for a 45-minute interview. If appreciation for your participation. At | stions. Based on your answers, you may be selected, you will receive \$50 as a token of the interview, the interviewer will ask if Westat to make sure they correctly hear everything io recorded during the interview? | | | |
| C2. As stated earlier, Plaza Research opinions about health information. If y | is helping to identify people interested in providing you are chosen for an interview, you will get an ave access to your email during the interview. Is it | | | |
| | share your contact information with Westat? | | | |
| O No → INELIGIBLE | | | | |
| | ortunately, based on your responses, you are not opreciate you taking the time to answer our | | | |
| Contact Information C3. In the space below, please provide us with your contact information, including phone number and email address. Westat will not share your contact information with anyone else, including the FDA. Your personal information will be deleted upon completion of the research project. | | | | |
| Name | | | | |
| Phone Number | | | | |
| Email Address | | | | |
| | | | | |

Technology Preferences

C4. The Westat interviewer would like to share her computer screen during the interview so that you can view the health information together. Westat will send directions for how to do this. Which app do you prefer for screen sharing? [SINGLE SELECT]

- a. Zoom
- b. WebEx

Closing

Thank you for your answers to these questions. If you are chosen for an interview, someone will contact you within the next 1-2 days.