

Appendix B

Endorser Status and Actual Use in Direct-to-Consumer Television Ads Screener

OMB Control No. 0910-xxxx

Expiration date: xx/xx/xxxx

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-xxxx and the expiration date is x/xx/xxxx. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRStaff@fda.hhs.gov.

1. What year were you born? [SCREENER] [AGE]

[DROP DOWN MENU WITH YEARS: 1921 - 2021] → Terminate if year between 2003 and 2021.

[Programmer: Add page break]

2. Has a doctor or other health care professional ever told you that you have any of the following health conditions: [DIAGNOSE]

	Yes	No
Rheumatoid Arthritis	<input type="radio"/> [IF STUDY 1: Continue, else Terminate]	<input type="radio"/>
Osteoarthritis	<input type="radio"/>	<input type="radio"/>
Type 2 Diabetes	<input type="radio"/> [IF STUDY 2: Continue, else Terminate]	<input type="radio"/>
Type 1 Diabetes	<input type="radio"/>	<input type="radio"/>
Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>

3. Are you currently taking, or have you taken in the past, any prescription medications for [STUDY 1: rheumatoid arthritis/STUDY 2: type 2 diabetes]? [TAKE_RX]

- Currently taking
- Have taken in the past, but not currently taking
- Have never taken

[Programmer: Add page break]

4. In what country do you live? [SCREENER] [COUNTRY]

- United States of America → Continue
- Canada → Terminate
- Mexico → Terminate
- Other, please specify: _____ → Terminate

[Programmer: Add page break]

5. Are you comfortable reading in English? [READ_ENG]

- Yes → Continue
- No → Terminate

6. Do you work for a pharmaceutical company, an advertising agency, or a market research company? [OCC_EXCL]

- Yes → Terminate
- No → Continue

7. Do you work for the U.S. Department of Health and Human Services? [HHS_EXCL]

- Yes → Terminate
- No → Continue

8. Do you work as a healthcare professional (e.g., physician, nurse, counselor, physical therapist)?

- Yes
- No

9. What is your gender? [SCREENER] [GENDER]

- Male

- Female
- Prefer not to answer

10. Please select your state from the drop down menu. [SCREENER] [REGION]

[DROP DOWN MENU OF ALL 50 STATES]

[Programmer: Add page break]

11. Are you: [SCREENER] [ETHNIC]

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

12. What is your race? You may select one or more races. [SCREENER]

- American Indian/Alaska Native [RACE1]
- Asian [RACE2]
- Black or African American [RACE3]
- Native Hawaiian or other Pacific Islander [RACE4]
- White [RACE5]
- Prefer not to answer [RACE_PNA]

[Programmer: Add page break]

[TERMINATION TEXT]

Unfortunately, you do not qualify for this particular study. There are a number of reasons people do not qualify. Thank you for your willingness to participate in this survey.

[Programmer: Add page break]

[Programmer: Begin experiment. Randomize participants to view one of the six experimental conditions.]

Congratulations, you qualify for the study! We appreciate your willingness to participate.