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## Multimorbidity and Medications: The Unheard Perspective of Older Adults

### Introduction

We want to learn how people decide about joining research studies in which they take a medicine. This study is being conducted on behalf of the U.S. Food and Drug Administration (FDA). If you take part in the study, you will receive a \$25 gift card as a token of appreciation after completion of the survey. The survey will take about 15 minutes.

Your answers will be kept secure to the extent permitted by law.

By continuing, you agree to take part in this survey. Please scroll down and click the arrow button below to see if you are eligible!

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End of Block: Introduction

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Start of Block: Screening Questions

**Below are screening questions to see if you are eligible for the survey.**

What is your age?

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A **prescription medicine** is one that you cannot buy on your own. A doctor needs to prescribe or give it to you.

How many different prescription medicines do you take regularly by mouth or as a shot or patch? (Enter number)

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Indicate if you **have ever** been diagnosed with the conditions below. (Mark **ALL** that apply)

- High cholesterol
- High blood pressure
- Diabetes (not prediabetes)
- Arthritis (joint problems)
- Osteoporosis
- Heart attack, stents or bypass surgery
- Stomach ulcers, peptic ulcer disease or chronic heartburn
- Heart failure
- Atrial fibrillation
- Chronic kidney disease
- Stroke
- Depression
- Cancer (other than skin cancers)
- Asthma or chronic obstructive pulmonary disease (COPD)
- Thyroid problems
- Liver disease or cirrhosis
- None of the above

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*Display This Question:*

*If Indicate if you have ever been diagnosed with the conditions below. (Mark ALL that apply)  
= Cancer (other than skin cancers)*



What type of cancer? (Mark **ALL** that apply)

- Breast
- Prostate
- Lung
- Colon or rectal
- Bladder
- Lymphoma, leukemia, or other blood cancers
- Kidney
- Cervical / uterine
- Other
- Unsure

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*Display This Question:*

*If Below are screening questions to see if you are eligible for the survey. What is your age? Text Response Is Less Than 65*

*Or Or A prescription medicine is one that you cannot buy on your own. A doctor needs to prescribe or gi... Text Response Is Less Than 5*

*Or Indicate if you have ever been diagnosed with the conditions below. (Mark ALL that apply) = None of the above*



Sorry, you are not eligible for this survey. Thank you for your willingness to help!

Please enter your preferred contact information below if you would like us to contact you for future studies. (Write in **ALL** that apply)

- Email \_\_\_\_\_
- Phone \_\_\_\_\_
- Mail \_\_\_\_\_

End of Block: Screening Questions

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Start of Block: Survey questions

**Congratulations! You are eligible for the survey. Let's get started!**

**The following questions are about you.**

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Which of the following best describes you? (Mark **ALL** that apply)

- American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Please fill in \_\_\_\_\_
  - Prefer not to answer
- 

Do you consider yourself Hispanic/Latino or not Hispanic/Latino?

- Hispanic or Latino
  - Not Hispanic or Latino
- 



What is your current gender?

- Female
  - Male
  - Prefer not to answer
- 



What is the highest degree or level of school you have completed?

- High school diploma or less
- Some college or associate degree
- Bachelor's degree
- Master's degree or above



What is your zip code?

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Have you ever joined a research study or clinical trial in which you were asked to **take a medicine**?

- No
- Yes

*Skip To: Q19 If Have you ever joined a research study or clinical trial in which you were asked to take a medicine? = No*

*Display This Question:*

*If Have you ever joined a research study or clinical trial in which you were asked to take a medicine? = Yes*



Why did you join the research study or clinical trial? (Mark **ALL** that apply)

- My doctor recommended it
  - A family member or friend recommended it
  - To get a free medicine
  - To help others
  - To advance science and/or benefit society
  - To get paid
  - To try a different treatment
  - Other (Write in) \_\_\_\_\_
-

*Display This Question:*

*If Have you ever joined a research study or clinical trial in which you were asked to take a medicine? = No*



Have you ever **been asked** to join a research study in which you were asked to take a medicine?

- No
- Not sure
- Yes

*Display This Question:*

*If Have you ever been asked to join a research study in which you were asked to take a medicine?... = Yes*



Of the studies you were asked to join, did you **consider** joining any of them?

- No
- Yes

*Display This Question:*

*If Of the studies you were asked to join, did you consider joining any of them? = Yes*

Did you **qualify** for any of the studies you considered?

- No
- Yes
- I am not sure

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**The following questions ask about your opinions.**

How important or unimportant is it to test medicines in people aged 65 and older before doctors prescribe them to patients?

Not important

Moderately important

Very important



How likely or unlikely would you be to **consider** joining a research study that involves taking a medicine if the study was recommended by: (Mark **one** for each item)

|                                       | Unlikely              | Neither likely nor unlikely | Likely                |
|---------------------------------------|-----------------------|-----------------------------|-----------------------|
| Your doctor                           | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| Your pharmacist                       | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| A trusted friend or family member     | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| A person in the study (a participant) | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |

How likely or unlikely would you be to **consider** joining a research study that involves taking a medicine if you received an invitation from: (Mark **one** for each item)

|  | Unlikely              | Neither likely nor unlikely | Likely                |
|--|-----------------------|-----------------------------|-----------------------|
| A university or healthcare system                                | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| A pharmacy (for example, CVS or Walgreens)                       | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| A drug company   | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| A lab (for example, Quest or LabCorp)                            | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| A non-profit organization focused on a specific health condition | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |





I would **consider** joining a research study that involves taking a medicine for a health problem that: (Mark **ALL** that apply)

- I currently have
  - I want to prevent (for example, a heart attack, stroke, or diabetes)
  - Runs in my family
  - Might help other people
  - Might advance science and/or benefit society
  - Other (write in): \_\_\_\_\_
  - I would not consider joining a research study that involves taking a medicine
  - I am not sure whether or not I would join
- 

I would consider joining a research study that involves taking a medicine to: (Mark **ALL** that apply)

- Get a free medicine
  - Try a different treatment
  - Get paid
  - None of the above
-

Display This Question:

*If I would consider joining a research study that involves taking a medicine for a health problem th... = I currently have*

Would you consider joining a research study **for a condition you have** if you might be assigned to a group that does not get the medicine being tested?

No

Yes

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Display This Question:

*If I would consider joining a research study that involves taking a medicine for a health problem th... = I currently have*

Would you consider joining a research study **for a condition you have** if you might be assigned to a group that will not get the medicine being tested right away, but will get it after a delay?

No

Yes

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Which of the following might **make it hard** for you to join a research study that involves taking a medicine? (Mark **ALL** that apply)

- Poor hearing
- Poor eyesight
- Needing to be near a bathroom
- Problems with walking or getting around
- Forgetting things or problems with memory
- Problems with transportation to go to in-person visits
- None of the above

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*Display This Question:*

*If Have you ever joined a research study or clinical trial in which you were asked to take a medicine? = No*

Which of the items below might make it less likely that you would join a research study that involves taking a medicine? (Mark **ALL** that apply)

- My health conditions keep me from joining
- I am afraid of side effects
- I already take too many medicines
- I do not have time to join
- The study does not pay enough
- I do not want to be a guinea pig
- My friends and family would not want me to join
- I take care of somebody whom I cannot leave alone
- Other (Write in) \_\_\_\_\_
- None of the above

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**Display This Question:**

*If Have you ever joined a research study or clinical trial in which you were asked to take a medicine? = Yes*



Which of the items below would **currently** prevent you from joining a research study that involves taking a medicine ? (Mark **ALL** that apply)

- My health conditions keep me from joining
- I am afraid of side effects
- I already take too many medicines
- I do not have time to join
- The study does not pay enough
- I do not want to be a guinea pig
- My friends and family would not want me to join
- I take care of somebody whom I cannot leave alone
- Other (Write in) \_\_\_\_\_
- None of the above

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If you joined a clinical trial, how hard or easy would it be to have in-person visits: (Mark **one** for each item)

|   | Very Hard             | Hard                  | Neutral               | Easy                  | Very Easy             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| In your home  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At your doctor's office   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At a nearby hospital or medical center (the study will pay for parking) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At a local place such as a senior center or pharmacy                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| That include an overnight stay at a hospital                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



How hard or easy would it be for you to: (Mark **one** for each item)

|  | Very hard | Hard | Neutral | Easy | Very Easy |
|--|-----------|------|---------|------|-----------|
| Travel over 1 hour each way to a research site                           | 0         | 0    | 0       | 0    | 0         |
| Connect to a video visit   | 0         | 0    | 0       | 0    | 0         |
| Check your blood pressure at home  | 0         | 0    | 0       | 0    | 0         |
| Wear a device that monitors your physical activity, like a watch or ring | 0         | 0    | 0       | 0    | 0         |
| Not eat for 8 hours before a morning blood test                          | 0         | 0    | 0       | 0    | 0         |
| Have study supplies delivered to your home                               | 0         | 0    | 0       | 0    | 0         |



If you joined a research study lasting **1 year or more**, how often would you be willing to do each of the following? (Mark **one** for each item)

|  | Monthly               | Every 3-4 months      | Twice a year          | Once a year           | Not at all            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Have a physical exam                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have blood tests   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collect your urine                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collect your stool                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have x-rays  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Travel less than 30 minutes one-way for in-person visits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Travel 1 hour or more one-way for in-person visits       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you joined a research study that involves taking a medicine, do you prefer having visits that are: (Mark **one**)

- In-person only
- By video only (for example, by telehealth or Zoom)
- By telephone only
- Both in-person and by video
- Both in-person and by telephone
- 

Would you join a research study that involves taking a medicine if visits for the study are held: (Mark **one** for each item)

|  | Yes                   | No                    | Maybe                 |
|--|-----------------------|-----------------------|-----------------------|
| In-person only                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| By video only (for example, by telehealth or Zoom) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| By telephone only                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Both in-person and by video                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Both in-person and by telephone                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you take part in a research study that involves taking a medicine, and a visit will take a half day including travel, should you get paid (parking is free)?

- Yes
- No
- Unsure





**A few last questions about yourself!**

Do you currently have **access to the internet** in your home?

- Yes
- No
- Unsure



How confident are you filling out medical forms by yourself?

- Extremely
- Quite a bit
- Somewhat
- A little bit
- Not at all



In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor



Did somebody help you fill out this survey?

- Yes
- No

End of Block: Survey questions

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Start of Block: Block 7 - End of Survey



Thank you for your participation!

Please choose from the options below.

- \$25 gift card
- I do not wish to receive a gift card.

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*Display This Question:*

*If Thank you for your participation! Please choose from the options below = \$25 gift card*

Please enter your **email address** to receive your gift card. Gift cards may take 6-8 weeks for delivery.



Would you like to be contacted for future studies?

- Yes
- No

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**End of Block: Block 7 - End of Survey**

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