Paperwork Reduction Act Statement: 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 0910-0847. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 PRAStaff@fda.hhs.gov.

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!

Derjung Mimi Tarn, MD, PhD Department of Family Medicine University of California, Los Angeles

Janice B. Schwartz, MD Department of Medicine University of California, San Francisco

End of Block: Introduction

Start of Block: Screening Questions

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

What is your age?			

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)	
	_
$X \rightarrow$	
ndicate if you <u>have ever</u> been diagnosed with the conditions below. (Mark <u>ALL</u> 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	

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 <u>ALL</u> that apply)
□ Breast
□ Prostate
□ Lung
☐ Colon or rectal
□ Bladder
☐ Lymphoma, leukemia, or other blood cancers
☐ Kidney
☐ Cervical / uterine
□ Other
□ ⊗Unsure
Display This Question:
If 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
χ_{\rightarrow}
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 <u>ALL</u> that apply)
o Email
o Phone
o Mail
End of Block: Screening Questions
Start of Block: Survey questions
The state of the s

Expiration Date: 02/28/2026

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

The following questions are about you.

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- Some college or associate degree
- Bachelor's degree

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Master's degree or above

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*	
What is your zip code?	
Page Break ————————————————————————————————————	
χ_{\rightarrow}	
Have you ever joined a research study or clinical trial in which you were as medicine ?	sked to take a
o No	
o Yes	
Skip To: Q19 If Have you ever joined a research study or clinical trial in wh to take a medicine? = No	nich you were asked
Display This Question:	
If Have you ever joined a research study or clinical trial in which you w medicine? = Yes	vere asked to take a
χ_{\rightarrow}	
Why did you join the research study or clinical trial? (Mark <u>ALL</u> 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?

- o 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?

- o No
- o 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?

- o No
- o 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?

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O Not important
O Moderately important
O 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 <u>one</u> for each item)

	Unlikely	Neither likely nor unlikely	Likely
Your doctor	0	0	0
Your pharmacist	o	O	0
A trusted friend or family member	0	0	0
A person in the study (a participant)	0	0	0

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 <u>one</u> for each item)

	Unlikely	Neither likely nor unlikely	Likely
A university or healthcare system	0	0	0
A pharmacy (for example, CVS or Walgreens)	0	0	0
A drug company	0	0	0
A lab (for example, Quest or LabCorp)	0	0	0
A non-profit organization focused on a specific health condition	0	0	0
'			

I would consider joining a research study that involves taking a medicine for a health problem that: (Mark <u>ALL</u> 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 <u>ALL</u> 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... = 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? O No 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? O No

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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 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)

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□ ⊗None of the above

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Display This Question:

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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 <u>ALL</u> 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



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

,	Very Hard	Hard	Neutral	Easy	Very Easy
In your home	0	0	0	0	0
At your doctor's office	o	0	o	0	O
At a nearby hospital or medical center (the study will pay for parking)	O	0	0	0	0
At a local place such as a senior center or pharmacy	0	0	0	0	0
That include an overnight stay at a hospital	0	0	0	0	0

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

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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	0	0	0	0	0
Have blood tests	0	0	0	0	0
Collect your urine	0	0	0	0	0
Collect your stool	0	0	0	0	0
Have x- rays	0	0	0	0	0
Travel less than 30 minutes one-way for in- person visits	0	0	0	O	0
Travel 1 hour or more one- way for in- person visits	0	0	0	0	0

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Unsure



A few last questions about yourself! Do you currently have access to the internet in your home?	
0	No
0	Unsure
X→	
How conf	ident are you filling out medical forms by yourself?
0	Extremely
0	Quite a bit
0	Somewhat
0	A little bit
0	Not at all
X→	
In genera	I, would you say your health is:
0	Excellent
0	Very good
0	Good
0	Fair
0	Poor

Page Break -

End of Block: Block 7 - End of Survey