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A Positive Deviance Approach for Representing Women, Older Adults and Patients Identifying as Racial and Ethnic Minorities in Oncology Research

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 time required to complete this information collection is estimated to average 5 minutes per response, including the time for completing the screen questions, testing the interview link, logging onto the online platform, 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](mailto:PRAStaff@fda.hhs.gov).

The study we are conducting is on behalf of the U.S. Food and Drug Administration (FDA).

**Demographic Survey**

1. How many years have you been working in the pharmaceutical industry?

* [number box] years

1. In which department or division do you work at your company?

* [text box]

What sex were you assigned at birth, on your original birth certificate?

Male

Female

Refused

Don’t know

Do you currently describe yourself as male, female or transgender?

Male

Female

Transgender

* None of these

1. Just to confirm, you were assigned Male/Female (circle one) at birth and now you describe yourself as Male/Female/Transgender (circle one). Is that correct?

* Yes
* No
* Refused
* Don’t know

1. Are you Hispanic or Latino?

* Yes
* No
* Prefer not to answer

1. Which of the following categories describe your race? Select ALL that apply.

* White
* Black or African American
* American Indian or Alaskan Native
* Asian
* Native Hawaiian or Other Pacific Islander

1. What is your age?

* 18-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65 and above