CONSUMER MARKETING SURVEY Pharmaceutical Company Marketing

To be completed by licensed prescribers prior to workshop

Date: _______________________________ Participant ID No.: _______________________________

1 Which of the following strongly influenced your most RECENT decision to start a new medication? Check all that apply: (i.e., a medication that you are prescribing for the first time ever)

☐ an article in a peer-reviewed journal  ☐ a patient specifically asked for it
☐ an ad in a peer-reviewed journal  ☐ information from a medical letter
☐ a recommendation by a medical colleague  ☐ the availability of the medicine in the drug closet
☐ a recommendation by a drug representative  ☐ other: _______________________________

2 Provide each of the following sources of information with a score from 1-10 based on how reliable the information they provide on the efficacy of treatments. Circle your answer for each: (1 = completely unreliable, 10 = excellent)

<table>
<thead>
<tr>
<th>Source of Information</th>
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3 Direct-to-consumer advertising helps patients to be better informed about their health problems.

☐ STRONGLY AGREE ☐ AGREE ☐ DISAGREE ☐ STRONGLY DISAGREE

4 Direct-to-consumer advertising leads many patients to request medications that are inappropriate for their conditions.

☐ ☐ ☐ ☐

5 I have no difficulty saying “no” (when appropriate) to patients who request medications they have seen advertised.

☐ ☐ ☐ ☐

6 Direct-to-consumer advertising has a significant effect on cost of medical care.

☐ ☐ ☐ ☐

7 I worry that patients may leave my practice if I don’t prescribe a medication they request.

☐ ☐ ☐ ☐

8 Direct-to-consumer advertising results in having to spend more time talking to patients.

☐ ☐ ☐ ☐

9 Patients are not interested in generic alternatives to medications they see on television.

☐ ☐ ☐ ☐

10 Your age: _______________________________

11 Your sex: ☐ F ☐ M

12 Practice specialty: _______________________________

13 Your position: ☐ MD/DO ☐ NP/FNP/ANP ☐ PA ☐ Other

14 Years in practice: ___________________________ or current residency year: PGY ___________________________

15 Do you have a drug samples closet at your practice that is supplied by drug representatives?

☐ Yes ☐ No

Thank you for your time.