

Survey of Doctors and Nurses

May 19, 2017 FINAL

Survey Objective

The purpose of this survey among healthcare providers is to gauge benefits, barriers, and prescribing patterns based on two delivery method options:

- Determine HCP preference for SQ injections vs. IM injections
- Determine barriers associated with injections:
 - Impact on willingness to prescribe among healthcare providers
 - Perceived adherence challenges among patients
- Identify marketing opportunities for SQ injections

Research Design

- National double-blinded confidential telephone survey of healthcare providers:
 - MDs: OB/GYNs and Maternal Fetal Medicine (MFM) Specialists (n=100 each type/n-200 total)
 - Nurses: Nurses that administer injections, Certified Nurse Midwives, and Reproductive and/or OB Nurse Practitioners (n=500: 100 midwives, 100 Reproductive NPs, and 300 administering OB nurses)
- Timing: Up to 15 minutes, and up to three open-ended (unaided) questions

Questionnaire

INTRODUCTION

Hello. My name is _____ and I'm calling from KRC Research, an opinion research company. We are not selling anything, marketing products, or asking for contributions—our goal is to hear your perspectives on patient adherence associated with injections as well as considerations when prescribing treatments delivered by injection.

We're conducting a 15-minute survey among U.S. healthcare providers. This is a confidential and voluntary opinion survey, meaning that individual responses are completely confidential and the findings of the study will only be reported in aggregate.

For those who qualify to participate and complete the survey, we will offer you an honorarium of which we will provide to you personally, or which you can choose to donate to one of two charities. The charities are Make-a-Wish Foundation and Doctors without Borders.

May I ask you a few questions to see if you qualify to participate in the survey? If you qualify, we can conduct the survey now or schedule it for a time that best suits you.

IF ASKED ABOUT KRC RESEARCH: KRC Research is an opinion research company. We



conduct surveys for numerous non-profit organizations, governmental organizations, corporations, and associations in virtually every profession and industry, including healthcare, public policy, technology, telecommunications, and consumer products. You can visit our website at www.krcresearch.com.

IF ASKED HOW KRC GOT THEIR NAME: We are conducting a nationally representative survey. Your name was randomly drawn from the American Medical Association’s Masterfile of U.S. physicians or another public source of names for people who work in healthcare.

IF RESPONDENT WANTS TO VERIFY LEGITIMACY OF SURVEY: You can contact the project director at KRC Research if you like. **PROVIDE NAME AND EMAIL.**

SCREENING QUESTIONS

S1. **IF PHYSICIAN:** Are you a board-certified physician?

Yes 1
No.....**THANK AND TERMINATE**

S2. **IF PHYSICIAN:** How many years have you been in practice, post-residency?

DO NOT READ RANGE, INPUT EXACT NUMBER: **RANGE: 0-99:**
_____# Years →**TERMINATE IF < 3 or > 40**

S3. **IF PHYSICIAN:** In which state(s) are you board certified?

DO NOT READ LIST, CHOOSE STATE(S) GIVEN [**TERMINATE IF: MINNESOTA, MASSACHUSETTS, VERMONT, OR DC**]

IF NURSE: In which state(s) are you licensed?
DO NOT READ LIST, CHOOSE STATE(S) GIVEN [**TERMINATE IF: MINNESOTA, MASSACHUSETTS, VERMONT, OR DC**]
[**CODE STATE AND DC FROM LIST**]

S4. **IF PHYSICIAN:** What is your practice area? [**DO NOT READ LIST; CHOOSE ONE**]

OB/GYN..... 1
Maternal Fetal Medicine Specialist.....2
Other: **WRITE IN:**_____**THANK AND TERMINATE**

S5. **IF PHYSICIAN:** What percentage of your time is spent in direct patient care, as opposed to other activities such as research, teaching, or administrative duties?

_____ % of time in direct patient care →**TERMINATE IF LESS THAN 50 FOR MFMs OR LESS THAN 75 FOR OB/GYNs%**

S6. **IF NURSE:** Are you a/an... (**READ LIST; CHOOSE ONE.**)

Advanced Practice Registered Nurse..... 1
Certified Nurse Midwife..... 2



Nurse Practitioner in an OB/GYN setting 3
 Another kind of nurse (WRITE IN: _____) 4
 Don't know/refused (VOL.).....**THANK AND TERMINATE**

Are you or any member of your household or immediate family employed in any of the following industries/organizations?

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

		Yes	No
S7.	Advertising	1	2
S8.	Journalism or Publishing	1	2
S9.	Marketing or Market Research	1	2
S10.	Public Relations	1	2
S11.	Pharmaceuticals/Biotechnology	1	2
S12.	US Food and Drug Administration	1	2

[THANK AND TERMINATE IF S7, S8, S9, S10, S11, OR S12 =1]

We would like to invite you to participate in our survey! Is this a good time for you to participate, or would you prefer to schedule an appointment for another time?

Conduct survey now **[CONTINUE]**
 Reschedule **[SET DATE, TIME, AND CALLBACK NUMBER]**
 Declined **[TERMINATE AND DISPLAY: Thank you – have a nice day]**

Let's get started.

How often do you [MDs: prescribe and/or administer] [Nurses: prescribe and/or administer] injections for each of the following conditions or indications—very often, somewhat often, not very often, or never?

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

	RANDOMIZE	Very often	Somewhat often	Not very often	Never	DK/Ref
1.	Infertility	1	2	3	4	9
2.	Ovulation support	1	2	3	4	9
3.	Preterm labor or birth	1	2	3	4	9
4.	Rh immunization prevention	1	2	3	4	9
5.	Schizophrenia and bipolar disorder	1	2	3	4	9
6.	Severe or chronic pain	1	2	3	4	9
7.	Rheumatoid arthritis	1	2	3	4	9

In your practice and day-to-day work, how often do you administer each of the following types of injections to treat patients—very often, somewhat often, not very often, or never? **[NURSES ONLY: IF NEVER TO EITHER, THANK AND TERMINATE.]**

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

	Very often	Somewhat often	Not very often	Never	DK/Ref
8. Subcutaneous injections	1	2	3	4	9
9. Intramuscular injections	1	2	3	4	9

10. How frequently do you administer injections using an auto-injector?

READ LIST

Very often	1
Somewhat often	2
Not very often	3
Never	4
DON'T KNOW/REFUSED [DO NOT READ]	9

ROTATE Q11 to Q20 AND Q21 to Q30:

Now, let's talk briefly about each type of injection one by one. Let's start with **[INSERT BASED ON ROTATION ORDER]**.

11. Based on your experience, how much of a challenge is it to keep your patients adherent to treatment when administering **a subcutaneous injection** at regular intervals over several months or more—a major, a moderate, a minor, or no challenge at all?

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

Major challenge	1
Moderate challenge	2
Minor challenge	3
No challenge.....	4
DON'T KNOW/REFUSED [DO NOT READ]	9

12. Based on your experience, would you say **subcutaneous injections** cause a high, a moderate, or a low-level of patient discomfort?

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

High discomfort level.....	1
Moderate discomfort level	2
Low discomfort level	3
DON'T KNOW/REFUSED [DO NOT READ]	9

I'm going to read a list of adherence barriers related to treatments that involve **subcutaneous injections** at regular intervals over several months or more. For each barrier, tell me if it has a major, a minor, or no impact on patient adherence. Here's the first one...

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

	RANDOMIZE	Major	Minor	No impact	DK/Ref.
13.	Patient perception of pain	1	2	3	9
14.	Patient fear and anxiety associated with the anticipation of the injection	1	2	3	9
15.	Patient in-office time requirement	1	2	3	9
16.	Needle size	1	2	3	9
17.	Patient ability to see the needle	1	2	3	9
18.	Patient need to undress	1	2	3	9
19.	Patient reluctance associated with frequency of injection	1	2	3	9

20. Based on your experience, what are the **biggest barriers** to patient adherence associated with administering **subcutaneous injections** to patients at regular intervals over several months or more? [OPEN END; RECORD VERBATIM, PROBE TO UNDERSTAND HOW SUBCUTANEOUS INJECTIONS CREATE PATIENT ADHERENCE BARRIERS.]
21. Based on your experience, how much of challenge is it to keep patients adherent to a treatment administered at regular intervals over several months or more via **an intramuscular injection**—is it a major, a minor, or no challenge at all?

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

- Major challenge 1
- Minor challenge 2
- No challenge 3
- DON'T KNOW/REFUSED [DO NOT READ] 9

22. Based on your experience, would you say **intramuscular injections** cause a high, a moderate, or a low-level of patient discomfort?

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

- High discomfort level 1
- Moderate discomfort level 2
- Low discomfort level 3
- DON'T KNOW/REFUSED [DO NOT READ] 9

I'm going to read a list of adherence barriers related to treatments that involve **intramuscular injections** at regular intervals over several months or more. For each barrier, tell me if it has a major, a minor, or no impact on patient adherence. Here's the first one...

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

	RANDOMIZE	Major	Minor	No impact	DK/Ref.
23.	Patient perception of pain	1	2	3	9
24.	Patient fear and anxiety associated with the anticipation of the injection	1	2	3	9
25.	Patient in-office time requirement	1	2	3	9
26.	Needle size	1	2	3	9
27.	Patient ability to seeing the needle	1	2	3	9
28.	Patient need to undress	1	2	3	9
29.	Patient reluctance associated with frequency of injection	1	2	3	9

30. Based on your experience, what are the **biggest barriers** to patient adherence associated with administering **intramuscular injections** to patients at regular intervals over several months or more? **[OPEN END; RECORD VERBATIM, PROBE TO UNDERSTAND HOW INTRAMUSCULAR INJECTIONS CREATE PATIENT ADHERENCE BARRIERS.]**

31. Assuming a drug is available in **both** an intramuscular and subcutaneous route of administration, based on your experience, which one would you say patients are more willing to accept therapy and stay adherent to treatment regimens? **[ROTATE: a subcutaneous injection or an intramuscular injection]**?

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

- Subcutaneous injections 1
- Intramuscular injections 2
- NO DIFFERENCE [DO NOT READ] 3
- NOT SURE [DO NOT READ]..... 9

I'm going to read a list of potential patient **benefits** of receiving treatment via a subcutaneous injection, rather than an intramuscular injection. For each one, tell me if it would be a major benefit, minor benefit, or whether it does not matter to patients. Here's the first one...

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

	RANDOMIZE	Major benefit	Minor benefit	Does not matter	DK/Ref.
32.	No need for patients to undress	1	2	3	9
33.	Smaller needle	1	2	3	9

RANDOMIZE	Major benefit	Minor benefit	Does not matter	DK/Ref.
34. No need for private room	1	2	3	9
35. Less dread of getting regular injections	1	2	3	9
36. Less patient fear and anxiety	1	2	3	9
37. Shorter appointment time	1	2	3	9
38. Less perception of patient pain	1	2	3	9

39. Based on your experience, which is more preferable to patients--[ROTATE: getting an injection from an auto-injector where the needle is not visible OR getting an injection from a traditional syringe and needle]?

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

- Auto-injector with needle that is not visible..... 1
- Traditional syringe and needle 2
- No difference [DO NOT READ] 3
- Not sure [DO NOT READ]..... 9

I'm going to read a list of potential patient benefits of receiving treatment via a **subcutaneous injection using an auto-injector rather than an intramuscular injection**. For each attribute, please tell me if it's a major benefit, a minor benefit, whether it does not matter to patients. Here's the first one...

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

RANDOMIZE	Major benefit	Minor benefit	Does not matter	DK/Ref.
40. Needle not visible	1	2	3	9
41. Less patient fear and anxiety	1	2	3	9
42. Less perception of patient pain	1	2	3	9
43. No need for patients to undress	1	2	3	9
44. Out of the box use with pre-filled device or minimal preparation time	1	2	3	9
45. Shorter appointment time	1	2	3	9
46. Smaller needle	1	2	3	9

47. Based on your experience, how much more compliant are patients likely to be if an injectable treatment can be administered by a subcutaneous injection using an auto-injector instead of using an intramuscular injection—much more compliant, somewhat more compliant, somewhat less compliant, or much less compliant?



DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

- Much more compliant..... 1
- Somewhat more compliant..... 2
- Somewhat less compliant 3
- Much less compliant 4
- No difference [DO NOT READ] 5
- Not sure [DO NOT READ]..... 9

Now let’s talk for a few minutes about healthcare professionals.

48. If given the choice, which would you say is easier for health care professionals to manage and administer—[ROTATE: subcutaneous injections or intramuscular injections?]

- Subcutaneous injections 1
- Intramuscular injections 2
- No difference [DO NOT READ] 5
- Not sure [DO NOT READ]..... 9

49. Which would you prefer — [ROTATE: administering a subcutaneous injection OR administering an intramuscular injection]?

- Subcutaneous injections 1
- Intramuscular injections 2
- No difference [DO NOT READ] 5
- Not sure [DO NOT READ]..... 9

50. **[SKIP IF Q48=5 OR 9]** What are the biggest challenges for healthcare professionals related to stocking, handling, and administering treatment via **[INSERT ALTERNATE RESPONDENT CHOICE- ONE NOT SELECTED- FROM Q48: EITHER 48-1 OR 48-2]** to patients? **[OPEN END; RECORD VERBATIM; PROBE TO UNDERSTAND.]**

I’m going to read a list of potential challenges for healthcare professionals related to administering intramuscular injections when compared to subcutaneous injections. For each one, tell me if it is a major, a minor, or no challenge for healthcare professionals. Here’s the first one...

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

RANDOMIZE		Major	Minor	No challenge	DK/Ref
51.	Preparation	1	2	3	9
52.	Dosing consistency	1	2	3	9
53.	Need for private patient room	1	2	3	9

RANDOMIZE		Major	Minor	No challenge	DK/Ref
54.	Patient fear and anxiety	1	2	3	9
55.	Patient willingness to accept therapy				
56.	Time to administer the injection	1	2	3	9
57.	Inconvenience to administer				
58.	Needle-stick injuries to healthcare professionals	1	2	3	9
59.	Disposal of needles or packaging	1	2	3	9
60.	Which do you prefer—[ROTATE: administering an injection using an auto-injector OR administering an injection using a traditional syringe and needle]?				

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

- Auto-injector with needle that is not visible..... 1
- Traditional syringe and needle 2
- NO DIFFERENCE [DO NOT READ] 3
- NOT SURE [DO NOT READ]..... 9

Now I'm going to read a list of potential **benefits** to health care professionals related to administering **subcutaneous injections with an auto-injector** compared to an intramuscular injection. For each one, please tell me if it is a major benefit, a minor benefit, or whether it does not matter to you. Here's the first one...

DO NOT READ RESPONSE OPTIONS. RESPONSE OPTIONS CAN BE OFFERED, IF NEEDED.

RANDOMIZE		Major benefit	Minor benefit	Does not matter	DK/Ref.
61.	Faster administration	1	2	3	9
62.	Consistent dosing	1	2	3	9
63.	Less preparation time				
64.	Less patient fear and anxiety	1	2	3	9
65.	Better patient adherence	1	2	3	9
66.	Greater convenience	1	2	3	9
67.	Fewer provider needle-stick injuries	1	2	3	9
68.	Easier disposal of needles and packaging	1	2	3	9
69.	Overall ease of use	1	2	3	9
70.	Increased office efficiency/productivity	1	2	3	9

DEMOGRAPHICS

We've almost reached the end of our survey. I have just a few questions to wrap up.

72. RECORD GENDER; DO NOT ASK.

- Male..... 1
- Female..... 2

73. In what year were you born?

- RECORD YEAR..... _ _ _ _
- DON'T KNOW/REFUSED9999

74. In which type of setting do you primarily practice? [READ AND SELECT ONE]:

- Small private practice..... 1
- Group private practice..... 2
- Community or clinic-based practice..... 3
- Hospital-based practice..... 3

75. What percentage of patients in your practice are covered by Medicaid or managed Medicaid—less than 25%, 25 to 49%, or 50% or more?

DO NOT READ LIST. ANSWER CHOICES, BELOW CAN BE OFFERED, IF NEEDED.

- Less than 25% 1
- 25 to 49% 2
- 50% or more 3

76. DO NOT ASK: CENSUS REGION [CODE BASED ON QS3.]

- Northeast..... 1
- South..... 2
- Midwest 3
- West 4

77. Is your office located in a... [READ AND SELECT ONE]:

- Large city 1
- Suburb outside large city..... 2
- Small city or town..... 3
- Rural or farm area..... 4
- DON'T KNOW/REFUSED [DO NOT READ] 9

Thank you for sharing your time and thoughts with us today.



78. Is there anything else you want to add related to adherence and the delivery method for injections? **[RECORD VERBATIM RESPONSE.]**

Thanks again. As mentioned, you qualify for an honorarium, which we can give you personally OR which you can donate to either Make a Wish Foundation or Doctors without Borders. Which option would you prefer—to receive the honorarium personally or to donate it to one of the two charities?

DO NOT READ LIST. LISTEN FOR ANSWER AND CODE APPROPRIATELY.

DELIVER HONORARIUM TO RESPONDENT 1
DONATE TO CHARITY 2

IF CHARITY: Which charity would you like to contribute your honorarium to... either:

READ LIST

Make-a-Wish Foundation 1
Doctors without Borders..... 2

79. One more thing. If we would like to do follow-up research on this topic with you in the future, would you be interested in being contacted and asked if you would like to participate?

DO NOT READ LIST. LISTEN FOR ANSWER AND CODE APPROPRIATELY.

YES, PLEASE..... 1 RECORD CONTACT
NO THANK YOU..... 2

Thank you again for participating in our survey. Have a nice day! Goodbye.

Survey of Consumers
May 22, 2017 FINAL_UPDATED

Survey Objective

The purpose of this survey among consumers is to determine consumer attitudes, perceptions, and barriers associated with injections (SQ vs. IM), the associated impact on adherence, and the need for and benefits of a convenient, easy-to-use SQ injection.

Research Design

- Double-blinded confidential nationally-representative telephone survey of 1,000 women age 18 to 45
- Timing: Up to 15 minutes, and up to three open-ended (unaided) questions

Questionnaire

INTRODUCTION

Hello. My name is _____ and I'm calling from KRC Research, an opinion-research company. We are not selling anything, marketing products, or asking for contributions. We are conducting a 15-minute survey among US consumers about opinions on a topic in health care.

This is a confidential survey and voluntary opinion survey. May I ask you a few questions to see if you qualify to participate in the survey?

IF ASKED ABOUT KRC RESEARCH: KRC Research is an opinion-research company. We conduct surveys for numerous non-profit organizations, governmental organizations, corporations, and associations in virtually every profession and industry, including healthcare, public policy, technology, telecommunications, and consumer products. You can visit our website at www.krcresearch.com.

IF ASKED HOW KRC GOT THEIR NAME: We are conducting a nationally representative survey. Your name was randomly drawn from a list of US adults.

SCREENING QUESTIONS

S1. RECORD GENDER; DO NOT ASK.

Male.....1 **THANK AND TERMINATE**
Female..... 2



S2. In what year were you born? **(MUST BE 18-45 years of age)**

RECORD YEAR..... _ _ _ _
Don't know/refused (VOL.).....9999

IF NOT 18-45: For this particular survey, we would like to speak with women between the ages of 18-45.

LANDLINE SAMPLE ONLY: Is someone else in your household between the ages of 18-45 and at home right now? **RESTART WITH NEW RESPONDENT OR THANK AND TERMINATE.**

WIRELESS SAMPLE: CONFIRM RESPONDENT IS NOT DRIVING OR DOING AN ACTIVITY THAT REQUIRES FULL ATTENTION. RESCHEDULE INTERVIEW IF NEEDED.

S3. **FOR LANDLINE, RECORD ZIP CODE FROM SAMPLE.**
FOR WIRELESS: What is the zip code where you live?

RECORD ZIP CODE: _ _ _ _ _
CODE STATE AND REGION

Terrific! Let's get started.

1. First, how would you rate the overall quality of healthcare you receive? By quality I mean how well your healthcare providers - including doctors, nurses, and hospitals - take care of you. Would you describe it as excellent, very good, good, fair, or poor?

- Excellent 1
- Very good 2
- Good..... 3
- Fair 4
- Poor 5
- Don't know/refused [VOL., DNR]..... 9

2. In the past year, about how many times did you see a doctor either for a check-up or any other type of treatment or exam? (DO NOT READ LIST.)

- None 1
- One to two visits 2
- Three to five visits 3
- Six to 10 visits 4
- More than 10 visits..... 5
- Don't know/Refused [VOL., DNR] 9

3. Thinking about your own health status these days, would you say your health is excellent, very good, good, fair, or poor?

Excellent	1
Very good	2
Good.....	3
Fair	4
Poor.....	5
Don't know/refused [VOL., DNR].....	9

4. Let's say you see your doctor and he or she recommends a medicine that you need to take at regular intervals over several months or more. There are different ways to receive the treatment—by [ROTATE: taking a pill, taking a syrup, or getting an injection]. Which way would you most prefer to receive the treatment?

RANDOMIZE

Pill.....	1
Syrup	2
Injection	3
Don't know/refused [VOL., DNR].....	9

5. And which way would you least prefer to receive the treatment—[SHOW REMAINING TWO OPTIONS: pill, syrup, or injection]?

SHOW REMAINING TWO OPTIONS

Pill.....	1
Syrup	2
Injection	3
Don't know/refused [VOL., DNR].....	9

6. What about that way of receiving treatment makes it your least preferred way of receiving a treatment? [OPEN END; RECORD VERBATIM, PROBE TO UNDERSTAND.]

7. Do you personally undergo, or have you previously undergone, treatment administered at regular intervals over several months or more by injection?

Yes	1
No.....	2
Don't know/refused [VOL., DNR].....	9

8. **IF YES:** How frequently are or were the injections administered—daily, weekly, monthly, or another frequency?

Daily.....	1
Weekly.....	2
Monthly.....	3
Some other frequency: WRITE IN _____.....	4
Don't know/refused [VOL., DNR].....	9

9. Have you ever avoided or declined to get an injection that your doctor recommended?

- Yes 1
- No..... 2
- Don't know/refused [VOL., DNR]..... 9

10. If your doctor says you need an important treatment that requires a series of injections at regular intervals over several months or more, and that an injection is the only way to receive this treatment, how difficult would it be for you to follow your doctor's recommendation and get the injection without missing a treatment—very difficult, somewhat difficult, not too difficult, or not at all difficult?

- Very difficult 1
- Somewhat difficult 2
- Not too difficult 3
- Not difficult at all 4
- Don't know/refused [VOL, DNR] 9

11. There are different types of injections that are administered in different ways. Some are administered just below the surface of the skin, such as in the arm, while others are administered deeper into a muscle, such as the buttock. Have you personally ever had an injection that was administered... [INSERT; ROTATE]:

	Yes	No	DK/Ref.
...Just below the surface of the skin, such as in your arm?	1	2	9
...Deeper in a muscle, such as in your buttock?	1	2	9

12. If your doctor says you need treatment through a series of injections at regular intervals over several months or more, and the injection can be administered either [ROTATE: just below the surface of your skin, such as in your arm, or deep in a muscle, such as your buttock], which would you prefer?

- Below the surface of skin, such as in your arm 1
- Deep in the muscle, such as in your buttock 2

13. What are the reasons you would make that choice? [OPEN END; RECORD VERBATIM, PROBE TO UNDERSTAND.]

Now let's talk about each type of injection for a few minutes.

Let's start with the one you would choose: **[INSERT CHOICE FROM Q12. FOR ALL 'PIPE IN' ANSWERS PLEASE INSERT 'BELOW THE SURFACE OF YOUR SKIN' OR "DEEP INTO YOUR MUSCLE"]**.

14. If your doctor says you need to get a series of injections at regular intervals over several months or more, and the injection will be administered **[INSERT CHOICE FROM Q12]** by a healthcare professional, would you be very likely, somewhat likely, not too likely, or not at all likely to follow the doctor's recommendation and take every treatment?

- Very likely 1
- Somewhat likely 2
- Not too likely 3
- Not at all likely 4
- Don't know/refused [VOL, DNR] 9

I'm going to read a list of concerns people have with getting treatment by an injection **[INSERT CHOICE FROM Q12]**, as administered by a healthcare professional. For each one, tell me if that is a major concern, minor concern, or not a concern you would personally have. The first is...

	Major Concern	Minor Concern	Not a Concern	DK/Ref
15. Pain	1	2	3	9
16. Fear and anxiety	1	2	3	9
17. Size of needle	1	2	3	9
18. Seeing the needle	1	2	3	9
19. Having to undress	1	2	3	9
20. Needing a private room	1	2	3	9
21. Reluctance of getting regular injections	1	2	3	9
22. Amount of time in the doctor's office	1	2	3	9

Next, let's talk about **[INSERT SECOND TYPE INJECTION NOT CHOSEN IN Q12]**.

23. If your doctor says you need to get a series of injections at regular intervals over several months or more, and the injection will be administered **[INSERT SECOND TYPE INJECTION NOT CHOSEN IN Q12]** by a healthcare professional, would you be very likely, somewhat likely, not too likely, or not at all likely to follow the doctor's recommendation and take every treatment?

- Very likely 1
- Somewhat likely 2
- Not too likely 3
- Not at all likely 4
- Don't know/refused [VOL, DNR] 9

I'm going to read a list of concerns people have with getting treatment by an injection **[INSERT SECOND TYPE INJECTION NOT CHOSEN IN Q12]**, as administered by a healthcare

professional. For each one, tell me if that is a major concern, minor concern, or not a concern you would personally have. The first is...

	Major Concern	Minor Concern	Not a Concern	DK/Ref
24. Pain	1	2	3	9
25. Fear and anxiety	1	2	3	9
26. Size of needle	1	2	3	9
27. Seeing the needle	1	2	3	9
28. Having to undress	1	2	3	9
29. Needing a private room	1	2	3	9
30. Reluctance of getting regular injections	1	2	3	9
31. Amount of time in the doctor's office	1	2	3	9

32. If your doctor says you need treatment through a series of injections at regular intervals over several months or more, and the injection can be administered either just below the surface of your skin, such as in your arm, or deeper in a muscle, such as your buttock, which one are you more likely to follow and take every treatment? [ROTATE: The one that is administered below the surface of skin, such as in the arm; or the one administered into the muscle, such as the buttock?]

- Below the surface of skin, such as in your arm 1
- Muscle, such as in your buttock 2
- Neither/It doesn't matter/They are both the same [VOL., DNR]..... 3
- Don't know/refused [VOL., DNR]..... 9

Now I'm going to read a list of possible **benefits** associated with getting treatment by injection **just below the surface of your skin, such as in your arm**, rather than deeper in a muscle, such as your buttock. For each one, tell me if it would be a major benefit, minor benefit, or whether it does not matter to you. Here's the first one...

RANDOMIZE	Major benefit	Minor benefit	Does not matter	DK/Ref.
33. No need to undress	1	2	3	9
34. Has a thinner, shorter needle	1	2	3	9
35. No need for private room	1	2	3	9
36. Less reluctance of getting regular injections	1	2	3	9
37. Less fear and anxiety	1	2	3	9
38. Less time in the doctor's office/it's faster	1	2	3	9
39. Less pain	1	2	3	9

40. I'd like to ask about one last injection type, an **auto-injector**. An auto-injector is a device that contains a single-dose syringe that is activated when it is pushed firmly against the body.

If your doctor told you that you need a series of injections at regular intervals over several months or more, and the injection will be administered using an **auto-injector** with a needle that was not visible, **just below the surface of your skin, such as in your arm**, rather than



deeper in a muscle, such as your buttock, would you be very likely, somewhat likely, not too likely, or not at all likely to follow the doctor's recommendation and take every treatment?

- Very likely 1
- Somewhat likely 2
- Not too likely 3
- Not at all likely 4
- Don't know/refused [VOL, DNR] 9

DEMOGRAPHICS

We've almost reached the end of our survey. I have just a few questions to wrap up.

41. Do you live in a... **[READ AND SELECT ONE]**:

- Large city 1
- Suburb outside large city..... 2
- Small city or town..... 3
- Rural or farm area..... 4
- Don't know/Refused (VOL.) 9

42. Have you personally given birth?

- Yes 1
- No..... 2

43. Do you plan to have a child in the future?

- Yes 1
- No..... 2
- Not sure..... 9

44. Do you personally have health insurance at this time?

- Have health insurance 1
- Do not have health insurance 2
- Don't know/refused (VOL)..... 9

45. Do you have...

- Medicare..... 1
- Medicaid 2
- An employer plan..... 3
- A plan you purchase personally through a health care exchange 4
- A plan you purchase personally from an insurance company or broker 5
- A plan from another source..... 6

46. Do you consider yourself of Hispanic or Latino background?

- Yes 1
- No..... 2

47. **IF NOT HISPANIC:** What is your race or ethnicity?

- American Indian or Alaska Native 1
- Asian 2
- Black or African American..... 3
- Native Hawaiian or Pacific Islander..... 4

White	5
Two or more races	6
Another race or ethnicity	7
Don't Know/Refused	9

48. What is the highest level of education that you have completed?

Some high school or less	1
High school graduate or equivalent	2
Some college	3
Associate degree or trade-school graduate	4
Bachelor's degree	5
Master's degree or more	6
Prefer not to answer	9

49. Which of the following includes your **total** household income before taxes last year?

Less than \$25,000	1
\$25,000 to less than \$50,000	2
\$50,000 to less than \$75,000	3
\$75,000 to less than \$100,000	4
\$100,000 to less than \$150,000	5
\$150,000 or more	6
Prefer not to answer	9

Thank you very much for participating in this survey.