Supplementary File 1

# incite

## Sore throat – Global U&A

## Questionnaire

## **Survey Design**

#### Methodology

30 minute online survey

#### **Countries (TBC)**

Australia	N=400
Brazil	N=400
China	N=400
France	N=400
Germany	N=400
Philippines	N=400
Russia	N=400
Saudi Arabia	N=400
Thailand	N=400
UK	N=400
USA	N=400
South Africa	N=400
Italy	N=400

#### **Target sample**

	CLOSE	
Suffered sore throat or throat dryness in the past	End the survey	
5 I	CONTINUE	
12 months	Move on to the next question	
	CHECK QUOTAS	
Quotas	Check if the target number of respondents has been reached for	
	the given demographic	
Broad Nat rep on Age Gender and SEG	ROTATE LIST	
	Change the order of the answers in an answer list for each	
	respondent, to avoid answer order bias	
	ONE CODE ONLY	
	Only one answer permitted from the list	
	ASK ALL	
	All respondents to be asked the question	

online questionnaire:

PIPE IN TREATMENT

Text in red provides guidance for programming of the

Insert an answer from a previous question into the next quetion

## **Screener**

We are conducting research about people's experience of sore throat and throat dryness and would like to ask you some questions. The survey will take approximately 30 minutes of your time.

Most importantly, we would like to reassure you that all data generated in this research will remain anonymous at all times and will be treated in accordance with data protection laws. Your name or any other identifiable information will not be mentioned at any time in any of the written reports, connected to any data or disclosed to a third party.

#### S1. Do you work in any of the following industries?

Please select all	that apply.
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1	Market research	CLOSE
2	Marketing / Management consulting	CLOSE
3	Advertising / Public relations	CLOSE
4	Journalism / Media (TV, radio, newspaper, magazine	CLOSE
	etc)	
7	Drugstore / pharmacy	CLOSE
8	Manufacturer of healthcare / pharmaceutical products	CLOSE
9	Healthcare / medical professionals	CLOSE
10	Banking	CONTINUE
11	Education	CONTINUE
12	Telecommunications	CONTINUE
13	None of the above	CONTINUE

S2. Are you....?

1	Female	CHECK QUOTAS
2	Male	CHECK QUOTAS

S3. Which of the following age ranges do you fall into?

1	Under 18 years	CLOSE
2	18-19 years	CONTINUE
3	20-24 years	AND
4	25-29 years	- CHECK - QUOTAS
5	30-34 years	QUUIAS
6	35-39 years	
7	40-44 years	
8	45-49 years	
9	50-54 years	

9	50-54 years	CONTINUE
9	50-54 years	AND
10	55-59 years	CHECK
11	60-64 years	QUOTAS
12	65-70 years	
13	Over 70 years	CLOSE

S4. Social class/income questions and quotas – see separate document

#### S5. In which of these regions do you live? – see separate document

S6. <u>In the last 12 months</u> have you suffered from any of the following conditions, even if your condition/degree of suffering was only temporary or extremely mild?

Please choose all that apply

#### PLEASE ROTATE LIST

1	Headache	CLOSE IF NOT
2	Backache	ALSO
		MENTIONED
		SORE OR DRY
		THROAT
3	Sore throat	CONTINUE
4	Dry throat	CONTINUE
5	Dandruff or itchy/flaky scalp	<b>CLOSE IF NOT</b>
6	Sleeplessness	ALSO
7	Hayfever	MENTIONED
8	Headache	SORE OR DRY
		THROAT
	None of these	CLOSE

**Record all drop out details.** 

#### QSY1. How recently have you suffered from a **sore or dry throat**?

#### **ONE CODE ONLY**

1	Within the past week	1
2	Within the past month	2
3	Within the past 3 months	3
4	Within the past 6 months	4
5	Within the past 12 months	5

QSY2. How **many times** have you suffered a **sore or dry throat** in the <u>last 12 months</u>? **ONE CODE ONLY** 

1	Never	1
2	Once or twice a year	2
3	3-4 times a year	3
4	Every month of the year	4
5	Every week of the year	5
6	More than once a week	6

Now we would like you to think about <u>the most recent time</u> that you had a dry throat or sore throat. Please select all that apply to <u>that</u> occasion.

QSY3 Did you have any of these other symptoms the <u>most recent time</u> you had a **sore or dry throat**? Select all that apply.

#### **ROTATE LIST**

1	Dry, tickly cough
2	Chesty cough
3	Aches/ pains in the chest or body more
	generally
4	Nasal/sinus congestion
5	Chest congestion
6	Sneezing
7	Had to keep clearing my throat
8	Other flu like symptoms eg Fever,
	temperature, no energy, lethargic
9	Loss of voice
10	None of these

Still thinking about **the most recent time** that you had a sore and/or dry throat.

QSY4. Thinking about the most recent time you suffered a sore or dry throat approximately how long did your symptoms last?

#### **ONE CODE ONLY**

1	Less than one day	1
2	One day	2
3	Two-three days	3
4	Four-five days	4
5	Six-seven days	5
6	More than a week	6

QSY5. Do you know, or think you know, what caused or led to the sore or dry throat that you had most recently?

#### **ONE CODE ONLY**

1	I know for sure what caused it	ASK SY6
2	I think I know what caused it/ I have a good	ASK SY6
	idea what caused it	
3	I have no idea what caused it	GO TO SY7

QSY6. What was it that (**INSERT CAUSED**/ **YOU THINK CAUSED FROM QSY5**) your most recent sore or dry throat symptoms?

Please select all that apply.

#### PLEASE ROTATE LIST

1	Common cold/flu	MEDICAL
2	Other bacterial or viral infection	MEDICAL
3	Hayfever	ENVIRONMENTAL
4	Specific allergy (excluding hayfever)	ENVIRONMENTAL
5	Too much talking/shouting/singing	ENVIRONMENTAL
6	General airborne pollution	ENVIRONMENTAL
7	Dust or other specific environmental	ENVIRONMENTAL
	conditions	
8	Smoking/Passive smoking	ENVIRONMENTAL
9	Being in a crowded place	ENVIRONMENTAL
10	Drinking too much alcohol the night	ENVIRONMENTAL
	before	
11	Hot and dry indoor environment	ENVIRONMENTAL
12	Air conditioning	ENVIRONMENTAL
13	Sudden changes in	MEDICAL
	temperature/weather	
14	Snoring	ENVIRONMENTAL
16	Cold or cold and wet weather	MEDICAL

17	A change in seasons	MEDICAL
18	Hot /Humid / Dry weather	ENVIRONMENTAL
19	Got it from a child or family member	ENVIRONMENTAL
20	Stress at home/work	MEDICAL
21	Lack of sleep/ tiredness	MEDICAL
22	Another cause (please write in)	ENVIRONMENTAL

#### ASK ALL

QSY7. How important is it to you to know the cause of your throat symptoms?

#### **ONE CODE ONLY**

1	Not at all important	
2	Not very important	
3	Fairly important	
4	Very important	

QSY8. How would you describe the severity of the sore or dry throat that you suffered <u>most</u> <u>recently</u>?

Very mil	d		

									-
1	2	3	4	5	6	7	8	9	10

QSY9. Which of these describe how it felt physically when you had your <u>most recent</u> sore or dry throat?

Please select all that apply

#### PLEASE ROTATE LIST

1	Tickly	
2	Scratchy	
3	Itchy	
4	Dry	
5	Husky	
6	Irritated	
7	Prickly	
8	Swollen	
9	Tight	
10	Hard to swallow	
11	Stabbing sharp pain	
1	Burning	
13	Lump in throat	
14	Cut throat	
15	Painful to talk	
16	Like I've swallowed barbed wire/broken glass	
17	Inflamed	

Very severe

18	Raw	
19	Something else (please write in)	

QSY10. Which of these describe how it made you feel emotionally when you had your <u>most</u> <u>recent</u> sore or dry throat?

Please select all that apply.

1	Miserable/Fed up	
2	Isolated / cut off	
3	Really Sad	
4	No interest in socialising with friends and family	
5	It reduced my appetite.	
6	Couldn't concentrate	
7	Distracted	
8	Agitated	
9	Didn't feel like myself	
10	Self-conscious when talking to people	

QSY11. Which of these applied to your most recent sore or dry throat? My throat symptoms were ...

#### **ONE CODE ONLY**

1	Consistent through the day	
	and night	
2	Worse during the morning	
3	Worse during the afternoon	
4	Worse during the evening	
5	Worse during the night	
6	It varied day by day	

Thank you for your responses so far. We would like you to continue to think about the most recent sore or dry throat you suffered from.

QT1. Thinking about <u>the most recent time</u> you suffered with your throat did you do anything at all to treat it or help deal with the symptoms?

#### **ONE CODE ONLY**

1	Yes	
2	No	

#### ASK ALL

QT2. And thinking about <u>previous times</u> that you have experienced SIMILAR throat symptoms, how often did you do something to treat it?

#### **ONE CODE ONLY**

1	Always	
2	Often	
3	Sometimes	
4	Never	
5	I haven't suffered throat symptoms before	

#### ASK ALL WHO TREATED AT QT1 (CODE 1) IF NOT TREATED AT ALL (CODE2) SKIP TO QT10

QT3. On this occasion how long was it from when you first started to notice your throat symptoms to when you started to do something to treat them?

#### **ONE CODE ONLY**

1	within an hour
2	within half a day
3	within a day
4	two or three days
5	within a week
6	within two weeks
7	longer than two weeks

QT4. Thinking about the throat symptoms you had most recently, what was it that made you do something about it?

Please select all that apply.

1	I didn't want the symptoms to get worse	
2	The symptoms interfered with my day to	
	day activities	
3	I didn't want <u>new</u> symptoms to start	
4	The symptoms had got worse	
5	The symptoms interfered with sleep	
6	The symptoms were agonizing	
7	Although not agonizing the symptoms	
	were very unpleasant	
8	the symptoms were not going away	
9	I was advised by doctor/nurse	
10	I was advised by Pharmacist/ pharmacist	
	assistant	
11	I was advised by Family/friends	
12	Something else (please write in)	

QT5a. Which of these did you use or do for the throat symptoms you experienced most recently?

Please select all that apply.

#### PLEASE ROTATE. IF MORE THAN ONE USED AT QT5a.ASK:

QT5b. And which of these treatments did you use first?

QT5c. And which second?

QT5d. and which third

QT5e and which would you say was your MAIN treatment? **ONE CODE ONLY** 

		Use at	Use	Use	Use	Main
		all	first	second	Third	treatment
1	Antibiotics					
2	Medicated sore throat remedies					
3	Prescription treatment					
4	Natural/alternative					
	treatment					
5	Home remedies					
6	Analgesics/Pain killers					
7	Drinking water/ fluids					
8	Confectionary, sweets,					
	chewing gum					

QT6a.Thinking about ALL the things you used which of these statements BEST applies to how you used them?

#### **ONE CODE ONLY**

I used the same treatments during both the day and night	
I used different treatments during the day than at night	
I only used treatments at all during the day	
I only used treatments at all during the night	
It varied	

#### ASK ALL WHO USED MORE THAN ONE TREATMENT AT QT5a

QT6b. Still thinking about ALL the things you used for your most recent throat symptoms which of these next statements BEST applies to how you used them? **ONE CODE ONLY** 

<del>I used the same ONE treatment all the way</del> <del>through</del>	
I used several treatments all the way through	
I changed the treatments I was using during the course of the sore/dry throat	

#### ASK ALL WHO USED MORE THAN ONE TREATMENT AT QT5a

#### FOR EACH USED AT QT5(a-d) ASK:

QT7. When during the episode of a sore or dry throat did you use/do this?

#### **ONE CODE ONLY**

	Antib- iotics	Medi cated sore throa t reme dies	Prescription treatment	Natural alternat -ives	Home remedies	Drinking / fluids	Sweets
Mostly at the							
beginning							
All the way through							
Mostly at the end							

# QT8 TO BE ASKED ABOUT MAIN TREATMENT FROM QT5e <mark>AND up to 2 other treatments randomly selected from QT5a. PIPE IN TREATMENT BELOW QUESTION WORDING AT QT8.</mark>

QT8. Thinking now about (MAIN TREATMENT AUTO FILL) Which of these were important to you when choosing which treatment to use? Which of these were important to you when choosing this treatment shown below?

Please select all that apply.

I wanted something which....

#### PLEASE ROTATE WITHIN LISTS AND KEEP LISTS SEPARATE.

	LIST ONE
1	Soothes the throat
2	Coats the throat
4	Relieves pain
5	Moistens the throat
7	Treats infection

8	Cleanses the throat
9	Numbs the throat
	LIST TWO
10	I could feel working
11	Works quickly
12	Gives long lasting relief
13	Contains natural ingredients
14	Has a pleasant taste/ flavour
15	Was not expensive
16	Does not react with other medicines
17	Other members of my family can take
18	Healthcare professionals recommend
19	Comes in a format I like
20	Contains the active ingredient I prefer
21	Is a brand I trust
22	It has worked for me before

#### ASK ALL SUFFERING FROM SORE/DRY THROAT AT s6 (code 3/4) <u>AND</u> WHO TREATED AT ALL AT QT1 <u>AND</u> WHO DID <u>NOT</u> USE MEDICATED SORE THROAT **REMEDIES (did NOT code 2 at QT5a)**, ASK QT9a.

QT9a For what reason/s didn't you use Medicated sore throat remedies for your most recent sore throat symptoms?

Please choose all that apply.

#### PLEASE ROTATE STATEMENTS

1	advice from internet or other people
3	I was recovering/ would recover/ it would pass quickly
4	The symptoms were too severe for over-the-counter
5	Other treatments were (more) effective
6	I was advised to use something else by a healthcare professional
7	I prefer not to use medications generally
8	Symptoms were not bad enough/ disruptive enough
9	I don't think these work for this sort of problem
10	Some other reason (please write in)

ASK ALL SUFFERING FROM SORE OR DRY THROAT AT s6 (code 3/4) AND WHO TREATED AT ALL AT QT1 AND WHO DID NOT USE <u>OTHER MEDICINAL</u> <u>PRODUCTS</u> (prescription and/or antibiotics at QT5a) AT ALL AT QT5a. (But could have selected 'medicated sore throat remedies' at QT5a).

QT9b For what reason/s didn't you use other medicinal treatments (prescription treatment or antibiotics) for your most recent sore throat symptoms?

Please choose all that apply.

#### PLEASE ROTATE STATEMENTS

1	advice from internet or other people
3	I was recovering/ would recover/ it would pass quickly
4	The symptoms were not severe enough for medicinal products
5	Other treatments were (more) effective
6	I was advised to use something else by a healthcare professional
7	I prefer not to use medications generally
8	Symptoms were not bad enough/ disruptive enough
9	I don't think these work for this sort of problem
10	Some other reason (please write in)

#### ASK ALL WHO DID NOT TREAT AT QT1 OTHERWISE SKIP TO QIN1

QT10 Why didn't you treat your sore /dry throat?

Please choose all that apply.

1	I was recovering/ would recover/ it would pass quickly
2	Symptoms were not bad enough/ disruptive enough
3	I don't think treatments work
4	I couldn't be bothered to treat it
5	I prefer not to use medications generally
6	None of these reasons

#### ASK ALL

Thank you for your answers so far.

QIN1. Which of these, if any, did you go to for advice when you experienced your most recent throat symptoms?

Please choose all that apply

1	GP/doctor
2	Specialist doctor/consultant
3	Pharmacist
4	Pharmacy assistant
5	looked online by searching my symptoms
6	Looked on a health website
7	Got information from TV, magazines or
	newspapers
8	Friends and/or family

9	Other (please write in)	
10	None	Skip to
		QIN6

#### ASK IF MORE THAN ONE HCP SEEN (CODE 1,2,3,4 AT QIN1.)

QIN2a.You mentioned that you had seen (insert HCP type coded 1-4 from QIN1) when you experienced your most recent throat symptoms?

Which of the healthcare professionals did you go to for advice first?

QIN2b And which did ask for advice second?

QIN2c. And third?

Q.IN2d. And fourth?

Please choose all that apply

		First	second	Third	Fourth
1	GP/doctor				
2	Specialist				
	doctor/consultant				
3	Pharmacist				
4	Pharmacy assistant				

#### ASK QIN3 IF SEEN PHARMACIST OR PHARMACY ASSISTANT (CODES 3 OR4 AT QIN1.) IF NOT SEEN SKIP TO QIN6

QIN3 When you saw the pharmacist or pharmacy assistant did they.....?

#### **ONE CODE ONLY**

1	Recommend something to you which you bought/used	Ask QIN4
2	Recommend something to you but you didn't buy/use it	ASK QIN5a/7
3	Not recommend anything to you	ASK QIN5a/7

## ASK IF SEEN PHARMACIST OR PHARMACY ASSISTANT (CODES 3 OR4 AT QIN1) AND CODED 1 AT QIN3, OTHERWISE SKIP TO QIN6

QIN4. What did the pharmacist/pharmacy assistant recommend?

Please choose all that apply

1	Antibiotics	
2	Medicated sore throat remedies	
3	Prescription treatment	
4	Natural/alternative over the	
	counter treatment	
6	Home remedies	
9	Confectionary, sweets, chewing	
	gum	

#### SHOW EACH PRODUCT RECOMMENDED AT QIN4

QIN5. On this occasion where did you buy/get this product?

		Antibiotics	Medicated sore throat remedies	Prescription
1	Online			
2	At my Drs surgery/from my healthcare provider			
3	At the pharmacy			
4	At the Drugstore			
5	From a general supermarket /convenience store			
6	Did not buy it – had it already			
7	Other			

#### ASK IF SEEN DOCTOR AT QIN1. OTHERWISE SKIP TO QIN6/7

QIN5a How strongly do you agree or disagree with the following statements about why you visit your doctor?

I want to be examined for		
the cause of my sore throat		
I want Dr to give me		
something for		
pain		
I want Dr to		
explain how		
serious my		
problem is		
I want to know		
how soon I will		
recover		
I want Dr to		
explain possible treatments		
I feel anxious		
and would like		
Dr's help		
I want a note		
for sick leave		
for work		
I want an		
antibiotic		
I want to be		
referred to a		
specialist		

#### ASK ALL WHO DID NOT CONSULT ANY HCP AT QIN1.

QIN6. which of these reasons applies to why on this occasion you did not go to see a healthcare professional about your sore or dry throat

1	I have been to see them with	
	this problem before and do	
	not need to go again	
2	It was not serious enough to	
	see a healthcare professional	
3	It would be too inconvenient	
4	It would have been too	
	expensive	
5	There is nothing they can do	
	for this sort of problem.	
6	I don't think it's a health	
	problem.	
7	Another reason	

Please choose all that apply

#### **ASK ALL**

QIN7. Thinking now about pharmacist/pharmacy assistants how strongly do you agree or disagree with the following statements?

Please choose all that apply

	Disagree strongly	Disagree	Neither agree or disagree	Agree	Agree strongly
They are more					
interested than the					
doctor in problems					
like a sore or dry					
throat.					
I believe what they					
tell me					
I would trust a brand					
more if it was					
recommended to me					
by a pharmacist or					
pharmacy assistant					
I value the advice of					
the pharmacist or					
pharmacy assistant					
They can tell me the					
cause of a sore/dry					
throat					
They can tell me if I					
need to go to the					
Doctor.					

#### ASK ALL

QB1a. Now we would like you to think about some brands that people may use for a sore or dry throat. Which of these brands have you heard of? *Please choose all that apply* IF **RESPONDENT SELECTS 'NONE'**, SKIP TO QB4.

QB1b.Which of these brands have you personally used <u>at all</u> in the last 12 months? *Please choose all that apply* **IF SELECT 'NONE'**, **SKIP TO QB1E**.

#### ASKQB1c ONLY IF TREATMENT USED AT QT1 (CODE 1)

QB1c. Which, if any, did you use <u>last time</u> you had a sore/dry throat? *Please choose all that apply* 

#### ASK ALL

QB1d. Which ONE do you use most often?

#### **ONE CODE ONLY**

## ASK FOR ALL AWARE OF (@QB1a) BUT <u>NOT</u> USED IN PAST 12 MONTHS (@QB1b):

QB1e. Which of these would you consider using in the future?

Please choose all that apply

		Aware	Used AT	Used	Used	Would
			ALL 12	LAST	MOST	consider
			months	TIME	OFTEN	
1	See separate					
	document for Brand					
	lists for each					
	country					
2						
3						
4						

#### ASK FOR BRANDS AWARE OF AT QB1a

QB2. Here is a list of statements that some people have used to describe brands. Which of these statements would you associate with each of these brands?

It doesn't matter if you don't know the brand well, it is your impressions we are interested in, you can choose as many or as few statements as you like.

	TBC			
You can feel it working				
It works quickly				
It gives long lasting relief				
It contains natural ingredients				
It has a pleasant taste/ flavour				
It is not expensive				
It does not react with other				
medicines				
Other members of my family can				
take it too				
Healthcare professionals				
recommend it				
Comes in a format I like				
Contains the active ingredient I				
prefer				
Is a brand I trust				
It a brand which has worked for me				
before				

#### ASK QB3 FOR ALL BRANDS USED LAST TIME (QB1c) : ROTATE ORDER OF BRANDS IF NO BRANDS USED SKIP TO QB4

QB3. You said you have used **[BRAND/S]** on the most recent occasion you treated a dry or sore throat what format did this/these brand/s come in?

Please choose all that apply.

		Brand 1	Brand 2	Brand 3
1	Suckable tablets			
2	Liquid/Gargle			
3	Lozenges			
4	Solubles (in water) eg			
	Granules			
5	Sprays			

QB4 Now we would like you to think about the formats that throat remedies come in which of these statements apply to each format. It doesn't matter if you don't know the format well, it is your impressions we are interested in, you can choose as many or as few statements as you like.

Please choose all that apply.

	Suckable tablets	Liquid/Gargle	Lozenges	Solubles (in water) eg Granules	Sprays
Is best for really severe sore throat					
Is most soothing					
Is best for regular use					
Works the fastest					
Is best for moisturising the throat					
Is pleasant to use					
Lasts the longest					
Is best to use for a dry or irritated throat					
Is best for a moderately sore throat					
Is best for the early stages of a sore throat					
Is best for keeping your throat generally					
healthy Comes in					
flavours I like Is the easiest					
to use					

#### ASK ALL

*Thank you for your answers so far, we have just a couple more questions for you.* QAH1 How strongly do you agree or disagree with the following statements about Antibiotics?

Antibiotics are generally effective against sore throats	Disagree strongly 1	2	3	4	Agree strongly 5
Unnecessary use of antibiotics makes them become ineffective					
Antibiotics speed up recovery					
Antibiotics prevent a sore throat turning into something worse					
I only use antibiotics if I absolutely have to					
I like to use antibiotics straight away to prevent my symptoms getting worse					

Q. Finally, which of the following best describes your employment status?

Please select one answer only

Full-time
Part-time
Student
Retired
Not employed
Other (please specify)

Check with panel if recorded elsewhere also children