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Direct to Consumer Prescription Drug Advertising

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Direct to Consumer Prescription Drug Advertising

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Abstract

Direct to Consumer Prescription Drug Advertising

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The University of Texas at Austin, 2012

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This study intended to examine the effects of Direct-to-Consumer prescription drug advertising (DTCA). Looking specifically for the behavioral effects that exposure to DTCA had on consumers, data was collected about respondents’ actions after seeing or hearing an advertisement for a prescription drug. Application of the Theory of Planned Behavior and the Theory of Uses and Gratifications demonstrated the potential psychological factors at play throughout consumers’ decision making process. Advertising congruence with media use was an important aspect of the study as well as grasping respondents’ perception of behavioral control with regard to requesting prescription drugs from their doctor. A small portion of this study examined how physician prescribing behavior was affected by DTCA.
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**Introduction to Direct-to-Consumer Advertising**

Direct to consumer advertising (DTCA) is practiced by pharmaceutical companies as a way to promote prescription drugs to the consumer. The goal with DTCA is to incite consumers to speak with their primary care physician and request the advertised drug (Bell, Kravitz, & Wilkes, 2000). Prior to 1985 pharmaceutical companies were prohibited from advertising directly to consumers and their only method for promoting a new drug was to sell to doctors. The FDA issued a statement in 1985 establishing guidelines allowing pharmaceutical companies to promote their products to consumers. Unlike other products or industries, prescription drugs were mandated to include exhaustive language regarding risks and warnings (Cox & Cox, 2009). Similar to an SEC S-1 filing, drug companies needed to detail every possible reason you should not buy their product. Due to the lengthy nature of explanation required to advertise a prescription drug, it was very expensive requiring 2-3 times the usual space of a magazine advertisement. Furthermore, television advertising was all but unreachable because of the time it would require to explain pages of information verbally (Cox & Cox, 2009). In 1997, 12 years after the initial moratorium on DTCA was lifted, the FDA again relaxed their requirements. While messages still required an exhaustive description of side effects, risks, and warnings, broadcast media was opened up for advertisements. Television and radio media were given modified rules about what needed to be included in the shortened timeframe. The precise in-depth explanation required to accompany a DTCA ad, making 30 or 60 second spots ineffective, was replaced by a simple summary statement about the risks and side effects of the advertised drug.
Since the early days of DTCA there has been heated debate between those for and those against the practice of reaching consumers directly with pharmaceutical offerings. Prior to legislation allowing limited print DTCA in 1985 there was heated debate over the dangers and ethics of this type of advertising. In 1997 the fight was reignited by broadcast media becoming an acceptable means of communication for drug companies. Today, more than 25 years later, the arguments persist over whether DTCA should be allowed to continue. Proponents of DTCA argue that allowing consumers access to information about their healthcare directly makes them more informed and responsible for their own care (Myers, Royne, & Deitz, 2011). Education received increases understanding of conditions, their illness, as well as greater awareness regarding treatment options available. For example, research indicates that men exposed to an advertisement for Viagra are more likely to ask their doctor about erectile dysfunction and the possibilities for treatment. These men would have typically never brought up their medical condition and only because of their exposure to Pfizer’s marketing did they “talk to their doctor” (Cox & Cox, 2009). In addition, those in favor of DTCA assert that by allowing consumers access to information regarding their own healthcare enhances the doctor-patient relationship (Myers, Royne, & Deitz, 2011). Here, consumers educated about the availability of treatments for conditions they experience may be able to start a conversation with their physician and receive the medication that they require.

Opponents of DTCA see this as a money raising operation rather than a consumer education experience. That is, it is argued that drug companies are using this advertising as a way to simply raise demand and increase revenues (Howard, 2009). Arguing that the goal of DTCA is about raising revenues for pharmaceutical companies, opponents believe that new treatments are marketed for illnesses that are presently under control using other
methods, pharmaceutical or other means (Peyrot, Alperstien, Doren, & Poli, 1998), (Myers, Royne, & Deitz, 2011). These opponents to DTCA point the finger at drug companies saying that advertisements are a means to persuade consumers to simply adopt a new, and more expensive, treatment (Myers, Royne, & Deitz, 2011) (Peyrot, Alperstien, Doren, & Poli, 1998). In addition, questions have been raised such as: Is prescription drug advertising so pervasive that those without medical complications seek treatment for a non-existent condition (Rosenthal, Berndt, Donohue, Frank, & Epstein, 2002), (Findlay, 2001), (Howard, 2009)? This question leads into prescribing behavior of doctors when their offices are full of patients coming in requesting drugs by name.

The size of the DTCA market is large and growing. In 2008, advertising of DTCA reached $4.7 billion. This expenditure made up 25% of all marketing dollars spent by pharmaceutical companies that year (Congressional Budget Office, 2011). The rate of increase in the past decade is substantial considering in 1998 $1.8 billion was spent (Findlay, 2001). Figure 1 shows DTCA compared to other marketing efforts over the past decade. To further demonstrate the importance of this market, eight of the top ten highest revenue generating categories of drugs had at least one product advertised (Donohue, Cevasco, & Rosenthal, 2007). The only spender larger than drug companies is auto manufacturers. Without a doubt, the money spent in this arena has fueled sales and

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**Figure 1**

**Marketing Expenditures, by Type, for Prescription Drugs**

(Billions of 2008 dollars)

![Diagram showing marketing expenditures by type for prescription drugs from 1999 to 2008.](image)

Source: Congressional Budget Office based on data from SDI’s promotional audits.

Note: Detailing refers to the practice in which pharmaceutical representatives make sales calls to physicians and other healthcare professionals to discuss the uses of a particular prescription drug and its benefits for patients.

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3
provides a great return on investment. That is, the top 15 best-selling drugs of 2008 generated $58 billion in sales revenue (Howard, 2009).

Opinions among doctors and patients about the benefits of DTCA vary widely. When studied, physicians have mixed feelings about consumers being advertised to about prescription medications. Often times doctors feel these DTCA lead consumers to seek out drugs they don’t really need (Mackert, 2011) (Weissman, et al., 2004). Concerns are raised that DTCA of prescription drugs make these pharmaceuticals seem like any other household product such as soap, cereal, or snacks (Findlay, 2001). This change in perception may be cause for alarm and explains why some doctors feel patients are requesting unnecessary medications (Rosenthal, Berndt, Donohue, Frank, & Epstein, 2002). Furthermore, physicians cite confusion as another reason they hold reservations about the benefits of DTCA. When exposed to DTCA some consumers will self-diagnose incorrectly and then require correction and reeducation from physicians. Some doctors feel this undermines the doctor-patient relationship and is seen as a challenge to their medical authority (Huh & Langteau, 2007). This is cause for concern as research suggests patients who pressure their doctors can influence the assignment of a prescription (Findlay, 2001). In a situation where patients are seeing an ad, self-diagnosing, and then requesting (or demanding) a prescription the medical process may be undermined.

On the other hand, other studies indicate physicians see DTCA positively (Cox & Cox, 2009). In general patients and doctors view the diagnosis and treatment process as a collaborative effort. Patients desired to be informed, however yielded to the physicians expertise. A very small percentage (3%) of patients wanted entire control over their medical decisions (Ende, Kazis, Ash, & Moskowitz, 1989). A study conducted in 2009
suggests 24% of physicians think that the patient requesting drug specific information had a positive impact on the interaction (Cox & Cox, 2009). According to this same study less than 1% of advertising induced requests effected the doctor-patient interaction negatively.

Consumers generally have positive attitudes towards DTCA (Huh & Langteau, 2007). They see the information they are presented with as an opportunity to learn about prescription drugs and receive useful knowledge (Huh & Langteau, 2007). Further research has indicated patients who play an active role in their own care have better disease control, and increased quality of life, and more positive interactions with their physician (Brody, Miller, Lerman, Smith, & Caputo, 1989). Consumers who are exposed to DTCA often “talk to their doctor” or in some cases cite the advertisement as a reminder to refill prescriptions (Findlay, 2001). A survey conducted by Alperstein and Peyrot found that 70% of consumers had positive attitudes towards DTCA and this was especially true for consumers with children who had chronic conditions. The one caveat is that older consumers do not value drug advertising and instead yield to the opinion of their doctor (Shinde, 2003).
Theoretical Basis for Exploration

Theory of Planned Behavior

The Theory of Planned behavior, theorizes there are three controls impacting behavior intention and ultimately behavior. Here, perceived behavioral control, subjective norms, and behavioral attitude all impact the behavior outcome. The major addition this model brought over the Theory of Reasoned Action (Fishbein & Ajzen, 1975) is perceived behavioral control (PBC) (Ajzen, 1991). When studying PBC it is important to remember that perception is of greater importance than reality with regards to a person’s behavioral control (Ajzen, 1991). Perception of behavioral control is the degree to which a person believes they can intrinsically affect the outcome of a behavior. To examine the effects of PBC on behavior, one can examine its use in athletics. In sports, coaches may tell their players that it is impossible to win if you are thinking of all the ways you can fail. On the surface this seems to be a philosophical style motivator, but according the TPB this statement demonstrates the psychological link between PBC and behavior. Ajzen (1991) tells about two beginning skiers setting out on the slopes for the first time. The skier who believes he can be successful and envisions himself navigating the slopes well will perform much better than the second skier. The second skier bases his success on extrinsic factors beyond his control such as snow conditions, equipment, and other skiers on the slopes and focuses on all of the ways he can fail that are beyond his control. Because he believes success is out of his control, he will not perform as well as the first skier (Ajzen, 1991). Of course there are limitations to this relationship, even a confident skier will have a bad day on frozen runs, but the link exists nonetheless.
The other two drivers in the model, attitude and subjective norms, also work to influence behavioral intentions. Simply, attitude and subjective norms both affect behavioral intention which in turn impacts behavior. Subjective norm is defined by Ajzen (1991), are the perceived social pressure to perform or not perform a behavior. Subjective norms can be measured as the degree to which a behavior is approved or disapproved within the scope of “others”.

Behavioral attitudes refer to a person’s evaluation of the favorability toward a given behavior. Within the scope of the TPB, attitude is formed through linking belief [expectation] and outcome of behavior (Ajzen, 1991). Not easily modified, attitudes remain relatively constant until a reevaluation causes a change. For the purposes of this paper, it is important to note the progressive evolution of attitudes and understand that these cannot be immediately modified.

Looking at the driving forces that make up the TPB, consumers reaction to DTCA can be influenced by perceived behavioral control and subjective norms. Being that behavioral attitudes are more rigid and difficult to change, the effect of a 30-60 second advertisement will be minimal on behavior. Analysis of these factors and their connection to behavioral intention and behavior may explain why DTCA is effective. The behavior that pharmaceutical companies are looking for is the action of “talk to your doctor”, and this can be accomplished primarily by influencing the norms and perceived behavioral control of consumers. An overview of pharmaceutical advertisements will lead to the discovery of some common themes that correlate with influencers on behavioral intention and behavior (Kaphingst, Dejong, Rudd, & Daltroy, 2004).
As discussed in the TPB, perceived behavioral control is not considered a constant, but rather changes for each situation or behavioral intention. The factors that influence perception of behavioral control stem from self-efficacy. When examining DTCA it is clear to see that the target market is represented in the spot. These actors portraying people with disease or illness are shown in scenes where they have overcome their limitations or are sometimes featured with their doctor discussing treatment. Actors in these ads are nearly always shown to have overcome their disease with the help of the medication being advertised (Welch Cline & Young, 2012). In addition by showing people who are in the target market for the drug having been successful in receiving the medication from their doctor, these advertisements may be attempting to boost consumers perception of their control over their medication and prescriptions of perceived behavioral control.

Subjective norms are another area where advertisements can influence behavioral intention. As the Theory of Planned Behavior states, there is a significant relationship between subjective norms beliefs and behavioral intention. What a person perceives as normal is based on those around them whose opinion they care about. According to a study in Prevention Magazine (1998), 21.2 million consumers talked to their doctor as a result of being exposed to DTCA about a condition that had not previously been discussed (Holmer, 1999). Pervasiveness of pharmaceutical advertising may have the ability to influence the normative beliefs of the target population. By knowing their market, and generally whom these consumers within the target market hold as important opinion leaders, drug companies can shape subjective norms to some degree. As more members of the target market perform the desired behavior, the subjective norm begins to take shape. As described in The Tipping Point by Malcolm Gladwell, there comes a time
when enough people join a movement that it becomes the new norm (Gladwell, 2000). In 2009 Fogel and Novick studied subjective norms in the context of DTCA. They posed the question to respondents: “It is expected of me that I seek additional information about a prescription medication after seeing or hearing an advertisement for a prescription medication” (pp. 351). The results indicated that subjective norms were a somewhat significant predictor of behavioral intention for prescription drugs (Fogel & Novick, 2009). This research demonstrates the power drug companies can leverage if they are able to influence consumers’ subjective norms.

Behavioral attitudes are the most difficult to modify through advertisement. Since they are long held beliefs, it takes time to reshape an attitude and therefore modification during the course of a 30-60 second commercial is rather difficult. However, knowing that the Theory of Planned Behavior indicates behavioral intention and ultimately behavior is impacted by perceived behavioral control, subjective norms, and attitude, DTCA can work to modify two of the three in the short term with a goal of forming or reforming attitude over time.

An Application of Uses and Gratifications

Uses and Gratifications Theory was developed out of McQuail’s research on media effects in 1994 (McQuail, 1994). In conjunction with the studies done in 1942 regarding using media to satisfy social and psychological needs, the modern day understanding of Uses and Gratifications Theory attempts to align a consumer’s use of a specific media to a need which they are trying to fulfill. After decades of research and refinement, a framework of testable gratifications sought by consumers has been developed. Traditional categories of gratifications sought include, surveillance, entertainment and
diversion, interpersonal utility, and parasocial interaction (Ruggiero, 2000). Uses and Gratifications Theory argues that consumers will use media for one or more of these reasons in order to satisfy a need. The gratification obtained will either satisfy the need or will be insufficient and there will be dissonance between the consumer and the media. Overtime consumers find media that will sufficiently satisfy the needs for gratification that they have and will utilize different media in different ways to accomplish this. Uses and Gratifications Theory depends on consumer behavior being selective and calculated through an awareness of their own needs. This person must then have an expectation that a certain media will satisfy those needs (Nabi & Krcmar, 2004). For example, a person who is seeking information will utilize the television differently than a person seeking entertainment. The information seeker will watch news sources in an attempt to satisfy their need. In a similar way, the entertainment seeker will scan channels for the diversion of a program gratifying that need.

Extending this perspective, consumers who are in an information seeking mode, will be more attune to informational advertisements. DTCA is highly informative and seeks to provide no entertainment value but high informational utility. As this is the case, it is possible that DTCA featured in conjunction with information media, whether airing during a news program, in an informational magazine, or during a talk radio show, will be processed more effectively in the minds of consumers than if this same DTCA was placed in an entertainment environment.

Uses and Gratifications Theory relies on consumers self-reporting what gratification they seek and if the need was met or left unfulfilled. This has been a criticism of the theory because self-reported data is hard to validate due to its subjective nature (Ruggiero, 2000).
Summary of Research Questions

The central focus of this research was to gain insight into two main areas surrounding DTCA. First, does DTCA exposure increase patients’ willingness to respond to the advertisement’s call to action, “talk to your doctor”? According to a study in *Health Affairs*, 35% of consumers who read a DTCA completely, asked their doctor for more information (Wilkes, Bell, & Kravitz, 2000). This research study will attempt to validate these findings. Included with this area of exploration this research explores whether DTCA featured with informational media, either broadcast or print, is more effective than DTCA placed elsewhere. Finally, the question of whether consumers with high perceived behavioral control were more likely to talk with their doctor about prescription drugs after being exposed to an advertisement. This portion of the study sought to understand the effectiveness of DTCA in the current population.

The next area of study involves the prescribing behavior of physicians. Seeking to understand how effective DTCA is at driving prescription writing, this study will examine patients who did “talk to their doctor” and whether they received the drug inquired about or did not. This portion of the study will attempt to understand the relationship between the DTCA and the receipt of the drug being advertised. Again, the Wilkes study in 2000 found that the volume of prescribed drugs increased when patients talked to their doctor after being exposed to a DTCA (Wilkes, Bell, & Kravitz, 2000).
**Research Questions**

Based on the literature outlined above, is the following questioned:

**RQ1:** Does DTCA’s call to action increase the likelihood that consumers talk to their doctor about a drug?

**RQ2:** Will consumers with a high level of perceived behavioral control and positive attitudes towards DTCA’s purpose engage in conversation with their doctor more than those who place the locus of control for their health outside of themselves?

**RQ3:** Will consumers who are exposed to DTCA while in an information seeking mode experience a greater advertising effect?

**RQ4:** Will viewers watching informative programs be more greatly affected by DTCA than those who are watching television primarily for its entertainment value?

**RQ5:** Will consumers see greater success in receiving a prescription when they bring in tangible material to discuss with their doctor?

**RQ6:** Will consumers who inquire about drugs that were seen in DTCA be likely to receive prescriptions?
**Methods**

**Participants and Procedures**

Participants were 51 individuals affiliated with the Advertising Department at The University of Texas at Austin. Of the approximately 150 individuals contacted to complete the survey, 58 responded. From these responses 4 were eliminated due improper completion of the survey, and 3 were eliminated due to obvious falsification of answers\(^1\). Thus, the overall response rate was 35%. Participants completed a questionnaire asking them about their knowledge and exposure to DTCA, perceptions of healthcare responsibility, media usage, and, if appropriate, questions regarding their last doctor’s visit and discussion of DTCA. Data was collected over a five day period in April 2012. The survey was exempt from IRB review\(^2\).

Respondents were 71% female with a mean age of 31.56 and median age of 26. Races represented were: White; 71%, Black; 10%, Hispanic; 6%, Asian and Pacific Islander; 8%, with 5% selecting “other”. Eighty-eight percent of respondents have an annual salary of $50,000 or less, with the remaining 12% earning more than $50,001.

**Measures**

**Perceived Media Exposure**

Respondents answered four questions regarding their own media exposure. These were measured using yes/no and rank order questions. The survey prompted respondents to

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\(^1\) Examples of eliminated responses were total survey times of 18-36 seconds, respondents who indicated ages that were outliers outside of the expected and calculated mean, and one response to the question of what was brought to the doctor with the intent of discussing a particular prescription drug, answered “boogers”.

\(^2\) IRB Study Number 2012-03-0130
select what mediums (television, magazine, radio, internet, word of mouth) they had previously been exposed to DTCA. Subjects were then asked to rank the previous mediums based on the frequency of DTCA exposure. Based on their top choice for most exposure, respondents were asked a follow up question regarding their reasons for using the medium. Options for television were: informational, entertainment, or other. Magazine choices were: information, entertainment, trade publication, or other. Options for radio were: news-talk, sports-talk, music, or other. If internet was the top choice the survey prompted the respondent to select where they had been exposed to DTCA from: social networking, search engines, blogs, news, medical reference, and other sites. Finally, if word-of-mouth was selected as top choice, respondents were prompted to indicate how often prescription drugs were a topic of discussion.

**Attitude and Perceived Behavioral Control**

The survey included three questions which attempted to understand consumer attitudes and PBC. Using a Likert-style scale, respondents were asked “Whose responsibility is it to ensure your good health?” with 1=Entirely Mine and 6=Entirely My Doctor’s ($M = 1.71$, $SD = 0.86$.) A 4 point bipolar question format sought attitudinal responses to whether DTCA was necessary or unnecessary ($M = 3.14$, $SD = 1.25$.), helpful or harmful ($\bar{M} = 2.90$, $SD = 1.14$.)to the doctor-patient relationship, and responsible or irresponsible ($\bar{M} = 2.84$, $SD = 0.99$.). The third attitude question used a 7 point Likert scale (1=strongly agree, 7=strongly disagree) and asked if DTCA was a good way to find out about remedies to health issues I am having ($M = 4.10$, $SD = 1.82$.).

**Impact of DTCA on Respondent Behavior**
Respondents were asked four questions regarding actions they have taken after exposure to DTCA. Yes/No questions were asked about if the respondent had initiated a conversation with their doctor, researched a drug further, and brought any tangible items to the doctor’s office after seeing or hearing a DTCA. All respondents were additionally asked what, if any, tangible items were brought into the doctor’s office.

**Behavior at Doctor’s Office**

Finally all respondents were asked when the last time they visited the doctor was and if they brought any DTCA information. If the respondent brought DTCA information to the doctor they were asked if they received the drug they requested, and if the treatment was for a chronic or acute condition.

**Statistical Analysis**

Descriptive statistics were calculated for perceived media exposure, attitudes and perceived behavior control, DTCA behavioral impact, and doctor’s office behavior. Cross tabulations were also used in an attempt to find correlations in the data. Qualtrics.com and IBM SPSS programs were used for statistical analysis.

**Results**

Table 1 shows the cross tabulation between the act of initiating a conversation with the doctor and a four belief questions. Examining RQ1, data indicate that 29% [15/51] of respondents have talked to their doctor at some point in the past regarding DTCA. Looking at RQ2, data shows that 93% [14/15] of those who have initiated a conversation view their health as entirely or mostly their own responsibility. This is only slightly
higher than the overall 92% [47/51] of all respondents that view their health as entirely or mostly their own responsibility. The next comparison in table 1 asks respondents if DTCA is necessary or unnecessary and relates it to initiating a conversation with the doctor. Overall 38% [19/51] view DTCA as necessary, and 27% [14/51] had no opinion. For those who have talked to their doctor, these numbers are higher. Here, 47% [7/15] view DTCA as necessary and 33% [5/15] have no opinion. When asked if DTCA is helpful or harmful to the doctor-patient relationship the statistics were similar to the question of whether DTCA is necessary or unnecessary. Forty percent [20/51] see it as helpful while 31% have no opinion. When examining those who have talked with their doctor, 67% [10/15] found DTCA helpful to the relationship. Further examining RQ2, the next set of questions gauged respondents relative level of favorability towards DTCA. Of the questions asked in this regard, the first was seeking respondents’ perception of if DTCA was responsible or irresponsible. Twenty-four percent [14/51] of all respondents saw DTCA as responsible and 49% [16/51] had no opinion. A lower percentage, 20% [4/15], of those who had discussed a drug with their doctor saw DTCA as responsible and 53% [8/15] had no opinion. Finally, 45% [23/51] of all respondents agree that seeing or hearing DTCA is a good way to learn about remedies for illness. This number is nearly double, 80% [12/15], for those who have talked to their doctors previously.

Studying RQ3 and RQ4, table 2 examines media usage and the effect on initiating a conversation with a doctor and researching a DTCA drug further. Radio and Internet data was inconclusive due to low response rates so it was removed from the study. Magazine data separated entertainment, information, and trade publications. When it came to initiating conversations with a doctor, 57% [4/7] of entertainment readers, 100% [4/4] of information readers, and 67% [2/3] of trade publication readers talked to their

Tables 2.1-2.4 related television programming choice to research and physician conversation initiation. Here, 40% [2/5] informative television viewers had a conversation with their doctor, and 40% [2/5] researched the DTCA further. Entertainment viewers were lower with 23% [6/26] having initiated a conversation, and 27% [7/26] indicating they researched the drug advertised further.

Regarding RQ5, the data in Table 3 shows the relationship between exposure and research of DTCA and talking to the doctor as well as bringing in tangible items to the doctor’s office. The survey found that 100% [52/52] of respondents had been exposed to a DTCA. Of these 29% [15/51] initiated a conversation with their doctor and 10% [5/51] brought something tangible. The analysis also found that 67% [10/15] of respondents who talked to their doctor had also researched the drug. Furthermore, 80% [4/5] who brought a tangible item to the doctor’s office had conducted research.

With respect to RQ6, table 4 examines information about doctor’s visits and drug prescribing outcomes. Based on the survey data, only 8% [4/51] had brought information regarding a prescription drug on their last visit to the doctor. This question specifically collected data about the last visit and not any prior to that. Fifty percent [2/4] received the requested drug, and of those who requested a drug, 100% [4/4] were attempting to help a chronic condition.
Discussion

Through analysis it can be determined that DTCA exposure alone does not seem to have a significant impact on consumers’ willingness to talk to their doctor. Data showed that every respondent had been exposed to DTCA; however, only 29% of those had initiated a conversation with their doctor. This supports nearly every modern day advertising theory because it demonstrates there are more factors forming a consumers’ behavioral intention than simply being exposed to advertising messages. That said, 80% of those people who did talk to their doctor went even one step further by researching the drug or bringing something tangible to the doctor’s office. This shows that many of those who do act on a DTCA’s call to action will actually do more than just talk to their doctor.

The next area of interest for this study was to determine if the type of media usage can impact the effectiveness of DTCA as measured by consumers conducting further research or talking to their doctor. In line with the Uses and Gratifications, since DTCA is information based and offers little entertainment value, viewers of informational television should have a greater response to DTCA than viewers of entertainment television. This concept was reinforced by the study as seen in the increased initiation of conversations and increased rates of research by informational television viewers. In both research and conversation initiation, informative views were at least 13% more likely to engage in this behavior than entertainment viewers.

When examining this effect using magazines as the medium, the numbers reinforced the concept even further. 100% of information readers and 67% of trade publication readers initiated conversations with their doctors after exposure to a DTCA. This is compared to the 57% of entertainment readers who talked to their doctor. The higher percentages among information readers applied to further research about the drug as well. Fifty
percent and 67% of information and trade publication readers respectively researched a drug further after DTCA exposure. Only 28% of entertainment magazine readers researched further.

This can indicate that both viewers of television and readers of magazines are affected greater by DTCA when the ad content matches the media content. As for the analysis of radio, internet and word-of-mouth, the sample size was too small to draw any significant conclusions. One can assume however that Uses and Gratifications would hold true in these instances as well.

Another area this study set out to analyze was the effect of perceived behavioral control on the behavior of talking to the doctor. Based in the Theory of Planned Behavior, respondents who demonstrated a higher perceived behavioral control should have engaged the call to action at higher rates than those with low perceived behavioral control. This held true for respondents as indicated by the 93% who viewed their health as entirely or mostly a personal responsibility and initiated a conversation with their doctor. Interestingly, a full 92% of all respondents viewed their health as entirely or mostly a personal responsibility. This is not unexpected as there is more than one driver of behavioral intention and behavior included in the Theory of Planned Behavior. This study did attempt to touch on attitude and subjective norms through the asking of questions regarding the necessity, effect on doctor-patient relationship, and responsible/irresponsible nature of DTCA. The findings showed no consensus on these issues and further exploration would be required to draw any significant conclusions.

The final area of exploration was to study the effect that initiating a conversation with the doctor, or bringing tangible items to the doctor’s office had on the prescribing behavior
of doctors. This study found that 50% of the time respondents received the drug they requested. There were no questions exploring outcomes of the doctor’s visit if the patient did not receive the drug, but simply asked yes or no. It was found that 100% of those who had gone to the doctor to discuss a drug from a DTCA were seeking treatment for a chronic condition.

Although this study supported the theoretical underpinnings from which the data was examined, it was not without flaws or limitations. The primary limitation to the validity of the data is the sample size. For an examination of these concepts a larger sample would increase the validity and ability to generalize the data to a larger population. Furthermore, it was discovered that based on the response to some of the survey questions phraseology may have been a hurdle for some respondents. More extensive trial and testing of the survey may have increased the quality of some responses. In addition to the small sample size, the respondents were largely graduate students and the ability to apply these findings to consumers at large may be inaccurate. By conducting a study that examines the consumer market as a whole, using a more representative sample, will increase the utility of the data.

In summary, the findings indicate that the Theory of Planned Behavior and the Uses and Gratifications Theory are supported by the data collected. DTCA does have an effect on those exposed, however not in isolation. Other relevant variables involved in the response to DTCA include perceived behavioral control and the reason the consumer is using a media during exposure. The limited results for physician prescribing behavior do not seem to support or refute previous research, and more investigation will be required. Future studies may seek to examine a larger sample, and attempt to isolate attitudes, subjective norms, and perceived behavioral control more effectively than this inquiry.
Further research will be beneficial to advertisers of prescription drugs as a greater theoretical understanding of consumer behavior may lead to better allocation of resources and return on investment.
Table 1 – Conversation Initiation With Doctor

<table>
<thead>
<tr>
<th>Table 1 – Conversation Initiation With Doctor</th>
<th>Have you ever initiated a conversation with your doctor regarding a prescription drug you have been prescribed...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Whose responsibility is it to ensure your good health?</td>
<td></td>
</tr>
<tr>
<td>Entirely Mine</td>
<td>5</td>
</tr>
<tr>
<td>Mostly Mine</td>
<td>9</td>
</tr>
<tr>
<td>Somewhat Mine</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat My Doctor’s</td>
<td>0</td>
</tr>
<tr>
<td>Mostly My Doctor’s</td>
<td>0</td>
</tr>
<tr>
<td>Entirely My Doctor’s</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Advertising prescription drugs to consumers is – Necessary/Unnecessary</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Advertising prescription drugs to consumers is – Helpful to the Doctor-Patient Relationship/Harmful to the Doctor-Patient Relationship</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Advertising prescription drugs to consumers is – Irresponsible/Responsible</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Seeing an advertisement for a prescription drug is a good way for me to find out about remedies...</td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
</tr>
<tr>
<td>Somewhat Agree</td>
<td>5</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>0</td>
</tr>
<tr>
<td>Somewhat Disagree</td>
<td>0</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>
### Table 2 – Media Use vs. Conversation Initiation and Further Research

<table>
<thead>
<tr>
<th>Media use vs. top choice, what type of media are you looking for?</th>
<th>Have you ever initiated a conversation with your doctor regarding a prescription drug you have seen?</th>
<th>After seeing/hearing an advertisement for a prescription drug, have you ever explored or researched?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Entertainment</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Information</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Trade Publications</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>3</strong></td>
</tr>
<tr>
<td>Radio vs. your top choices, what type of programming do you listen to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk Shows</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Music</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sports Talk</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td>Internet vs. your top choices, what type of sites have you experienced prescription drug advertising?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Networking</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Search Engine</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Binge</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>News</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medical Reference</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>
Table 3 – Informational TV Viewing vs. Further Research

After seeing/hearing an advertisement for a prescription drug, have you ever explored or researched...

* Television was your top choice, please rank the reasons why you watch television.

Information Crosstabulation

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Television was your top choice, please rank the reasons why you watch television.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>After seeing/hearing an advertisement for a prescription drug, have you ever explored or researched...</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
</tr>
</tbody>
</table>
Table 4 – Informational TV Viewing vs. Conversation Initiation

Have you ever initiated a conversation with your doctor regarding a prescription drug you have seen... * Television was your top choice, please rank the reasons why you watch television.-Information Crosstabulation

<table>
<thead>
<tr>
<th>Count</th>
<th>Television was your top choice, please rank the reasons why you watch television.-Information</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Have you ever initiated a conversation with your doctor regarding a prescription drug you have seen...</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>
Table 5 – Entertainment TV Viewing vs. Further Research

After seeing/hearing an advertisement for a prescription drug, have you ever explored or researched... * Television was your top choice, please rank the reasons why you watch television.-
Entertainment Crosstabulation

<table>
<thead>
<tr>
<th>Count</th>
<th>Television was your top choice, please rank the reasons why you watch television.-Entertainment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>After seeing/hearing an advertisement for a prescription drug, have you ever explored or researched...</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>5</td>
</tr>
</tbody>
</table>
Table 6 – Entertainment TV Viewing vs. Conversation Initiation

Have you ever initiated a conversation with your doctor regarding a prescription drug you have seen... * Television was your top choice, please rank the reasons why you watch television.  

<table>
<thead>
<tr>
<th>Count</th>
<th>Television was your top choice, please rank the reasons why you watch television.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever initiated a conversation with your doctor regarding a prescription drug you have seen...</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>26</td>
</tr>
</tbody>
</table>
Table 7 – DTCA Exposure vs. Conversation Initiation and Tangible Items Brought

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been exposed to television advertisements for a prescription drug?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>37</td>
<td>52</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>37</td>
<td>52</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>After seeing/hearing an advertisement for a prescription drug, have you ever explained it to a healthcare provider?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>30</td>
<td>45</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>


Table 8 – Tangible Items Brought vs. Receipt of Prescription

<table>
<thead>
<tr>
<th>When was the last time you went to the doctor?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months ago</td>
<td>2</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td>Between 6 months and 1 year ago</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Between 1 year and 2 years ago</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>More than 2 years ago</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>47</td>
<td>51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you receive the drug you had requested (i.e. information brought to the doctor)?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the drug you received for treatment of a chronic or acute condition?</th>
<th>Chronic</th>
<th>Acute</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
Qualtrics Survey

Informed Consent Form

Informed Consent Form Introduction   This study attempts to collect information regarding direct to consumer prescription drug advertising.

Procedures   You will be asked a series of questions about your personal experiences with prescription drug advertising and asked to give your opinion on general doctor-patient relationship questions.

Risks/Discomforts   No physical, psychological, social, or legal risk will be anticipated to occur in this research project. The participants in this research project will take an online questionnaire under anonymous situation. All the participants will be at least 18 years old and will voluntarily join this research project without threat or consequence for not doing so. This survey will take 10 minutes to complete and may be voluntarily terminated at any time without penalty.

Privacy   The participants in this research project will take the online questionnaire under anonymous situation, and will not be asked to provide their names or any other identifiable information. In addition, participants can skip any question or withdraw from this study at any time if they do not feel comfortable to answer the questions.

Confidentiality   All research data will be protected confidentially by various ways. For example, all research data and reports of this study will be kept private; all research data and reports will be stored on a locked computer file; and only the investigators will have access to all research data and report.

Participation   Participation in this research study is completely voluntary. You have the right to withdraw at anytime or refuse to participate entirely without jeopardy to your academic status, GPA, or standing with the university. If you desire to withdraw, please close your Internet browser.

Potential Benefits   Participants in this study will gain some research experience in the field of advertising effects. The result of this research project will help society to further understand the impact of direct-to-consumer prescription drug advertising on the doctor-
patient relationship. Furthermore, the results of this study will add to knowledge regarding effective mediums for pharmaceutical advertising.

Questions about the Research If you have questions regarding this study, you may contact Jeff Linden (researcher), at 512-687-7985, jmlinde@utexas.edu or Matt Eastin (principal investigator) 512-471-3429, matt.eastin@mail.utexas.edu. Questions about IRB Approval If you have questions regarding the IRB status of this study, you may contact Office of Research Support 512-471-8871, orsc@uts.cc.utexas.edu.

I have read and understood the above consent form and desire of my own free will to participate in this study.

☐ Yes
☐ No

If No Is Selected, Then Skip To End of Survey
What year were you born?

- 1920
- 1921
- 1922
- 1923
- 1924
- 1925
- 1926
- 1927
- 1928
- 1929
- 1930
- 1931
- 1932
- 1933
- 1934
- 1935
- 1936
- 1937
- 1938
- 1939
- 1940
- 1941
- 1942
- 1943
- 1944
- 1945
- 1946
- 1947
- 1948
- 1949
- 1950
- 1951
- 1952
- 1953
- 1954
- 1955
- 1956
- 1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994 or later

If 1994 or later Is Selected, Then Skip To End of Survey
Have you ever been exposed to an advertisement for a prescription drug?

- Yes
- No

If No Is Selected, Then Skip To End of Survey

Have you ever initiated a conversation with your doctor regarding a prescription drug you have seen or heard an advertisement for?

- Yes
- No

Do you have a Primary Care Physician whom you visit regularly?

- Yes
- No

Whose responsibility is it to ensure your good health?

- Entirely Mine
- Mostly Mine
- Somewhat Mine
- Somewhat My Doctor's
- Mostly My Doctor's
- Entirely My Doctor's
Advertising prescription drugs to consumers is

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neccessary:Unneccessary</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Helpful to the Doctor-Patient</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Relationship:Harmful to the</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Doctor-Patient Relationship</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Irresponsible:Responsible</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

Seeing/hearing an advertisement for a prescription drug is a good way for me to find out about remedies to health issues I may be having.

- Strongly Agree
- Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Disagree
- Strongly Disagree
Please select where you have been exposed to prescription drug advertising before.

☐ Television
☐ Magazine
☐ Radio
☐ Internet
☐ A friend, family member, or other Word of Mouth
☐ Other ____________________

On a given day, how many prescription drug advertisements are you exposed to?

Please rank these five sources of prescription drug advertising based on how much frequency you have experienced with each (1 being the most, 5 being the least). Drag and Drop

_____ Television
_____ Magazines
_____ Radio
_____ Internet
_____ Friends, family member, or other Word of Mouth

Answer “If Please rank these five sources of... Television Is Equal to 1”

Television was your top choice, please rank the reasons why you watch television.

_____ Information
_____ Entertainment
_____ Other
Magazines were your top choice, what type of publications do you read?

- Entertainment
- Information
- Trade Publications
- Other ____________________

Radio was your top choice, what type of programming do you listen to?

- Talk/News
- Music
- Sports Talk
- Other ____________________

Internet was your top choice, what types of sites have you experienced prescription drug advertising?

- Social Networking
- Search Engine
- Blogs
- News
- Medical Reference
- Other ____________________
Answer “If Please rank these five sources... Friends, family member, or other Word of Mouth Is Equal to 1”

Friends was your top choice, how often do you discuss prescription drugs with friends?

- Never
- Less than Once a Month
- Once a Month
- 2-3 Times a Month
- Once a Week
- 2-3 Times a Week
- Daily
After seeing/hearing an advertisement for a prescription drug, have you ever explored or researched the advertised drug further?

- Yes
- No

Have you ever brought any tangible items to the doctor with the intent to discuss a prescription drug?

- Yes
- No

What have you brought into the doctor with the intent to discuss a particular prescription drug?

- Printout from the Internet
- Direct Information from a drug company
- Magazine Ad
- Notes taken from a television advertisement
- Other ____________________
- None
When was the last time you were at the doctor?

- Less than 6 months ago
- Between 6 months and 1 year ago
- Between 1 year and 2 years ago
- More than 2 years ago

During your LAST visit to the doctor did you bring any information regarding a prescription drug?

- Yes
- No

Answer “If During your LAST visit to the doctor did you bring any in... Yes Is Selected”

Did your receive the drug you had inquired about (i.e. information brought to the Doctor)?

- Yes
- No

Answer “If During your LAST visit to the doctor did you bring any in... Yes Is Selected”

Was the drug you received for treatment of a chronic or acute condition?

- Chronic
- Acute
What is your gender?
- Male
- Female

What is your race?
- White/Caucasian
- African American
- Hispanic
- Asian
- Native American
- Pacific Islander
- Other

What is your annual salary in U.S. dollars?
- $0 - $25,000
- $25,001 - $50,000
- $50,001 - $75,000
- $75,001 - $100,000
- $100,001 - $125,000
- $125,001 - $150,000
- $150,001 - $175,000
- $175,001 - $200,000
- $200,001+
References


