

Appendix

Kesselheim AS, Sinha MS, Rausch P, Lu Z, Tessema FA, Lappin BM, Zhou EH, Dal Pan GJ, Zwanzinger L, Ramanadhan A, Loughlin A, Enger C, Avorn J, Campbell EG. Patients' Knowledge of Key Messaging in Drug Safety Communications for Zolpidem and Eszopiclone: A National Survey.

Appendix Table 1. Non-Responder Analysis: A Comparison of the Baseline Characteristics of Patient Survey Responders and Non-responders

Baseline Characteristic	Responders (N=594)			Non-Responders (N=1406)		
	N	%	95% CI	N	%	95% CI
Age Group (Years)						
<40	159	26.8	19.9 - 33.7	428	30.4	26.0 - 34.8
40-49	107	18.0	10.7 - 25.3	238	16.9	12.1 - 21.7
50-59	121	20.4	13.2 - 27.6	314	22.3	17.7 - 26.9
60+	207	34.9	28.4 - 41.4	426	30.3	25.9 - 34.7
Gender						
Male	231	38.9	32.6 - 45.2	576	41.0	37.0 - 45.0
Female	363	61.1	56.1 - 66.1	830	59.0	55.7 - 62.3
Race/Ethnicity						
African American	25	4.2	0.0 - 12.1	36	2.6	0.0 - 7.8
Hispanic	32	5.4	0.0 - 13.2	98	7.0	1.9 - 12.1
Caucasian	470	79.1	75.4 - 82.8	1,109	78.9	76.5 - 81.3
Asian	10	1.7	0.0 - 9.7	21	1.5	0.0 - 6.7
Multirace or Other	37	6.2	0.0 - 14.0	102	7.3	2.3 - 12.3
Unavailable	20	3.4	0.0 - 11.3	40	2.8	0.0 - 7.9
Region of Residence						
Northeast	34	5.7	0.0 - 13.5	79	5.6	0.5 - 10.7
South	349	58.8	53.6 - 64.0	812	57.8	54.4 - 61.2
Midwest	105	17.7	10.4 - 25.0	249	17.7	13.0 - 22.4
West	106	17.9	10.6 - 25.2	266	18.9	14.2 - 23.6
Level of Education						
High School Graduate or Less	356	59.9	54.8 - 65.0	782	55.6	52.1 - 59.1
College Degree and Above	233	39.2	32.9 - 45.5	618	44.0	40.1 - 47.9
Unavailable	5	0.8	0.0 - 8.6	6	0.4	0.0 - 5.5
Any History of Sleep Disorder						
Yes	124	20.9	13.7 - 28.1	262	18.6	13.9 - 23.3
No	470	79.1	75.4 - 82.8	1,144	81.4	79.1 - 83.7
Drug Group						
Zolpidem	268	45.1	39.1 - 51.1	732	52.1	48.5 - 55.7
Eszopiclone	326	54.9	49.5 - 60.3	674	47.9	44.1 - 51.7
User Type						
Initiator ¹	291	49.0	43.3 - 54.7	709	50.4	46.7 - 54.1
Non-Initiator ²	303	51.0	45.4 - 56.6	697	49.6	45.9 - 53.3
Day Supply (Last Dispensing)						
<30	34	5.7	0.0 - 13.5	127	9.0	4.0 - 14.0
30+	560	94.3	92.4 - 96.2	1,279	91.0	89.4 - 92.6
Duration of Enrollment						
≤6 months	249	41.9	35.8 - 48.0	590	42.0	38.0 - 46.0

7-10 months	257	43.3	37.2 - 49.4	568	40.4	36.4 - 44.4
11+ months	88	14.8	7.4 - 22.2	248	17.6	12.9 - 22.3
Number of Physician Visits						
<3	234	39.4	33.1 - 45.7	550	39.1	35.0 - 43.2
3-6	237	39.9	33.7 - 46.1	518	36.8	32.6 - 41.0
7-10	79	13.3	5.8 - 20.8	197	14.0	9.2 - 18.8
11+	44	7.4	0.0 - 15.1	141	10.0	5.0 - 15.0
Number of Hospitalizations						
0	562	94.6	92.7 - 96.5	1,294	92.0	90.5 - 93.5
1+	32	5.4	0.0 - 13.2	112	8.0	3.0 - 13.0
Number of Medications						
1-5	218	36.7	30.3 - 43.1	522	37.1	33.0 - 41.2
6-10	252	42.4	36.3 - 48.5	528	37.6	33.5 - 41.7
11+	124	20.9	13.7 - 28.1	356	25.3	20.8 - 29.8
Number of 3-Digit ICD-9 Diagnosis Codes						
0-4	195	32.8	26.2 - 39.4	460	32.7	28.4 - 37.0
5-8	178	30.0	23.3 - 36.7	416	29.6	25.2 - 34.0
9-12	108	18.2	10.9 - 25.5	248	17.6	12.9 - 22.3
13+	113	19.0	11.8 - 26.2	282	20.1	15.4 - 24.8
Number of Dispensings in Baseline						
<3	363	61.1	56.1 - 66.1	862	61.3	58.0 - 64.6
3-4	88	14.8	7.4 - 22.2	164	11.7	6.8 - 16.6
5+	143	24.1	17.1 - 31.1	380	27.0	22.5 - 31.5
Number of Dispensings in Qualifying Period						
<3	152	25.6	18.7 - 32.5	364	25.9	21.4 - 30.4
3-4	161	27.1	20.2 - 34.0	366	26.0	21.5 - 30.5
5-7	128	21.6	14.5 - 28.7	324	23.0	18.4 - 27.6
8+	153	25.8	18.9 - 32.7	352	25.0	20.5 - 29.5
Total Days Supply in Baseline						
<30	27	4.6	0.0 - 12.5	93	6.6	1.6 - 11.6
30-59	281	47.3	41.5 - 53.1	660	46.9	43.1 - 50.7
60-89	36	6.1	0.0 - 13.9	93	6.6	1.6 - 11.6
90-119	45	7.6	0.0 - 15.3	85	6.1	1.0 - 11.2
120+	205	34.5	28.0 - 41.0	475	33.8	29.5 - 38.1
Total Days Supply in Qualifying Period						
<60	21	3.5	0.0 - 11.4	67	4.8	0.0 - 9.9
60-89	128	21.6	14.5 - 28.7	320	22.8	18.2 - 27.4
90-119	78	13.1	5.6 - 20.6	188	13.4	8.5 - 18.3

120-149	60	10.1	2.5 - 17.7	138	9.8	4.8 - 14.8
150-179	41	6.9	0.0 - 14.7	111	7.9	2.9 - 12.9
180-239	93	15.7	8.3 - 23.1	219	15.6	10.8 - 20.4
240+	173	29.1	22.3 - 35.9	363	25.8	21.3 - 30.3
Survey Lag Time (Months)³						
<25	344	57.9	52.7 - 63.1	833	59.3	56.0 - 62.6
25+	250	42.1	36.0 - 48.2	573	40.8	36.8 - 44.8

Abbreviations: N, total number of subjects; ICD-9, The International Classification of Diseases, Ninth Revision

¹ Initiators are defined as patients who received their first dispensing of either zolpidem or eszopiclone during the qualifying period (01 July 2012 to 30 June 2013), with no history of use of either drug during the continuous enrollment period and who have had at least two dispensings during the qualifying period.

² Non-Initiators are defined as patients who have had at least two dispensings during the qualifying period (01 July 2012 to 30 June 2013), and who have had prior dispensings(s) during the enrollment period.

³ Survey Lag Time:– Time in months between most recent dispensing of study drug and mailing of survey.

Appendix Table 2. Distribution of Knowledge Score (N=557)

Demographics	Median	IQR	p-value
Any history of sleeping disorder			
No	2	0 - 3	0.79
Yes	1	0 - 3	
Drug group			
Eszopiclone	1	0 - 3	0.05
Zolpidem	2	0 - 3	
Subject Gender			
Male	2	0 - 3	0.004
Female	1	0 - 3	
Race/ethnicity			
African-American	2	0 - 3	0.21
Hispanic Only	1	0 - 2	
Caucasian	2	0 - 3	
Asian	1	0 - 2	
Other	1	0 - 2	
Unavailable	1	0 - 2	
Region of residence			
Northeast	2	0 - 3	0.89
South	2	0 - 3	
Midwest	1.5	0 - 3	
West	1	0 - 3	
Whether the survey was completed via web or mail survey			
Mailed	1	0 - 3	0.01
Web	2	1 - 3	
What is the highest level of schooling you have completed?			
High School or Less	1	0 - 2	0.005
College or some College	1	0 - 3	
Graduate Degrees	2	0 - 3	
Please estimate your total household income from all sources in 2013.			
Less than \$50,000	2	0 - 3	0.72
\$50,000 - 74,999	2	0 - 3	
\$75,000 -100,000	1	0 - 3	
Greater than \$100,000	1	0 - 3	
How would you describe your own general health?			
1. Excellent	1	0 - 3	0.86
2. Good	2	0 - 3	
3. Fair	1	0 - 3	
4. Poor	1	0 - 3	

Appendix: Patient Survey (Lunesta)

Thank you for your interest in our survey. As a reminder, when you complete this survey and mail it back (or complete the on-line version), we will send you a \$25 honorarium. The survey should take 10-15 minutes to complete. We are studying how patients learn about **drug safety information**. In this survey, when we say, “drug safety information,” we mean information relating to the safety of a prescription drug **learned after a drug has been approved by the FDA and being used by patients**, which can include:

- Information that affects the recommended dose of the drug
- Information that affects the number of times the drug is taken
- Notification about a new side-effect of the drug
- Details about a previously known side-effect of the drug
- A new understanding of the way that the drug affects different groups of people

	Always	Almost Always	Occasionally	Rarely	Never
1. In general, after you start taking a new prescription drug, how often do you hear about drug safety information ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you have routine office visits with your health care provider :	Always	Almost Always	Occasionally	Rarely	Never	I don't have routine visits
2. How often <u>does your provider tell you</u> about any updates to the drug safety information relating to your prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How frequently <u>do you ask</u> whether there are updates to the drug safety information relating to your prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When you have received drug safety information during office visits with your **health care provider**, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful	I have never received drug safety information from my health care provider → <i>(Skip to Question 5)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4a. When you have received drug safety information from your health care provider, did you receive this information from talking with the health care provider?

- Yes
- No

4b. When you have received drug safety information from your health care provider, did you receive this information from pamphlets or other written material?

- Yes → **(Go to Question 4c)**
- No → **(Skip to Question 5)**

4c. How often did you read the pamphlets or other written material coming from your health care provider?

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4d. How difficult is it to understand drug safety information pamphlets or other written materials you received from your health care provider? Would you say you understand ...

Most of the written information	Some of the written information	Just a little of the written information	None of the written information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4e How useful have you found these pamphlets or other written material coming from your health care provider?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you fill or refill a prescription drug at a pharmacy:	Always	Almost Always	Occasionally	Rarely	Never	I don't fill prescriptions at a pharmacy
5. How frequently <u>does your pharmacist tell you</u> about any updates to the drug safety information relating to your prescription drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How frequently <u>do you ask the pharmacist</u> whether there are updates to the drug safety information ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When you have received drug safety information from your **pharmacist**, how useful was that information?

Very useful	Moderately	Just a little	Not at all	I have never received drug safety information
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	useful	useful	useful	from my pharmacist → (SKIP to Question 8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a. When you have received drug safety information from your pharmacist, did you receive this information while talking with the pharmacist?

- Yes
- No

7b. When you have received drug safety information from your pharmacist, did you receive this information from pamphlets or other written material?

- Yes → **(Go to Question 7c)**
- No → **(Skip to Question 8)**

7c. How often did you read the pamphlets or other written material coming from your pharmacist?

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7d. How difficult is it to understand drug safety information pamphlets or other written materials you receive from your pharmacist? Would you say you understand ...

Most of the written information	Some of the written information	Just a little of the written information	None of the written information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7e. How useful have you found these pamphlets or other written material coming from your pharmacist?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. When you have received **drug safety information**, how often did it come from a **health-related email list-serve**? (A list-serve is group messaging through e-mail that a person signs up to receive, where the recipients are members of a group of interest)

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8a. When you have received drug safety information from your health-related email list-serve, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. When you have received **drug safety information**, how often did it come from a **friend or family member** (who is not your health provider)?

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 10)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a. When talking with a friend or family member about drug safety information, how often do you seek out friends or family members who are health care professionals?

- Always
- Almost always
- Occasionally
- Rarely
- Never → **(Skip to Question 10)**

I don't have friends or family members who are health care professionals → ***(Skip to Question 10)***

9b. When you have received drug safety information from your friends or family members who are health care professionals, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. When you have received **drug safety information**, how often did it come through an **advertisement** from a ***newspaper, magazine, website, or television***?

Always	Almost Always	Occasionally	Rarely	Never → <i>(Skip to Question 11)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10a. When you have received drug safety information from an advertisement, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. When you have received **drug safety information**, how often did it come through **news reports** on ***television, radio, Internet news sites, or in newspapers***?

Always	Almost Always	Occasionally	Rarely	Never → <i>(Skip to Question 12)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11a. When you have received drug safety information from a news report, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. When you have received **drug safety information**, how often did it come from a ***website***?

Always	Almost Always	Occasionally	Rarely	Never → <i>(Skip to Question 13)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12a. If you have used a website, name the one you most often use:

12b. When you have received drug safety information from a website, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. When you have received **drug safety information**, how often did it come from an ***online message board***?

Always	Almost Always	Occasionally	Rarely	Never <i>(Skip to Section 2)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13a. If you have used an online message board, name the one you most often use:

13b. When you have received drug safety information from an online message board, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2. The following question relate to Lunesta. Lunesta (generic name=eszopiclone) is a sleeping pill. Have you been prescribed Lunesta?

Yes No → **(Skip to Section 3)**

1. Approximately how frequently did you use Lunesta when it was first prescribed?

- Every **night**
- 2-6 times every **week**
- 1-5 times per **month**
- Fewer than once per **month**

2. Please indicate the approximate date you first started taking Lunesta.

_____ Month _____ Year

3. If you have since stopped Lunesta, please indicate the approximate date you stopped.

_____ Month _____ Year I have not stopped taking Lunesta

4. When taking Lunesta, it: (Check one answer only)

- Helped me sleep much better
- Helped me sleep a little better
- Had no effect on my sleep

5. Please mark if you think each of these statements applies to Lunesta:	True	False	Don't know
a. Lunesta can lead to drowsiness/impairment in driving the morning after the medication is taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lunesta can lead to drowsiness/impairment in patients even if they feel fully awake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is preferred to take Lunesta on an empty stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Women should use a lower dose because they are more susceptible to side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Men may tolerate a higher dose because they are less susceptible to side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Side effects related to drowsiness/impairment the morning after taking Lunesta are more pronounced in women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lunesta causes a full-body rash in some people who take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All drugs taken for insomnia can interfere with driving and activities that require alertness the morning after use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lunesta can be associated with feelings of severe nausea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Since you began taking Lunesta, have you become aware of **drug safety information** about Lunesta?

- Yes → **(Go to Question 6a)**
- No → **(Skip to Question 7)**

6a. Did you learn this drug safety information from: <i>(Select Yes or No for each option.)</i>	Yes	No
1. A health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. A pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>
3. A health-related email list-serve?	<input type="checkbox"/>	<input type="checkbox"/>
4. A friend/family member?	<input type="checkbox"/>	<input type="checkbox"/>
5. A newspaper, magazine, or television message?	<input type="checkbox"/>	<input type="checkbox"/>
6. A specific website?	<input type="checkbox"/>	<input type="checkbox"/>
7. A general Internet search (e.g. Google)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Printed information received with your prescription?	<input type="checkbox"/>	<input type="checkbox"/>
9. Other?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes to Other, please specify in the space below:</i>		

6b. Did you learn this drug safety information when you received your first prescription of the drug?

Yes → **(Skip to Question 6d)**

No → **(Go to Question 6c)**

6c. About how long after receiving your first prescription of the drug did you learn this **drug safety information**?

_____ Months _____ Years *(Enter 0 for both if within the first month.)*

6d. In response to learning the drug safety information did you: <i>(Select Yes or No for each option.)</i>	Yes	No
1. Try to learn more about the safety of sleeping pills in general?	<input type="checkbox"/>	<input type="checkbox"/>
2. Try to learn more about the specific sleeping pill you are taking?	<input type="checkbox"/>	<input type="checkbox"/>
3. Try to learn more about alternative ways of helping you sleep?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ask your health care provider about the safety of your sleeping pill?	<input type="checkbox"/>	<input type="checkbox"/>
5. Switch to a different sleeping pill? If Yes, name (if you remember): _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Take the sleeping pill less often?	<input type="checkbox"/>	<input type="checkbox"/>
7. Take the sleeping pill at a lower dose or break or cut the pill in half?	<input type="checkbox"/>	<input type="checkbox"/>
8. Keep taking the medication as you had been?	<input type="checkbox"/>	<input type="checkbox"/>
9. Stop taking the sleeping pill totally?	<input type="checkbox"/>	<input type="checkbox"/>
10. Discuss any aspect of the drug safety information with a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do something else?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes to 'do something else,' please describe in detail below:</i>		

7. In the future, how would you prefer to get **drug safety information** about Lunesta?
 Considering the following options, please indicate from which source would you MOST LIKE and from which one you would LEAST LIKE to receive drug safety information. *(Please choose only one most preferred and only one least preferred source.)*

Most Like (Select only one in this column)		Least Like (Select only one in this column)
<input type="checkbox"/>	Health care provider	<input type="checkbox"/>
<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>
<input type="checkbox"/>	Health-related list-serve or email alert	<input type="checkbox"/>
<input type="checkbox"/>	Friend or family member	<input type="checkbox"/>
<input type="checkbox"/>	Food and Drug Administration (FDA) drug safety information website	<input type="checkbox"/>
<input type="checkbox"/>	Any website	<input type="checkbox"/>
<input type="checkbox"/>	Newspaper, magazine, or television	<input type="checkbox"/>
<input type="checkbox"/>	Printed information you receive with your prescription	<input type="checkbox"/>
<input type="checkbox"/>	Other, please specify:	<input type="checkbox"/>

8. Do you recall hearing about any drug safety information **comparing** the safety of Lunesta with the safety of zolpidem (also called Ambien)?
- No → *(Skip to Section 3)*
 - Yes, I recall hearing that safety for zolpidem was worse than for Lunesta.
 - Yes, I recall hearing that safety for Lunesta was worse than for zolpidem.
 - Yes, I recall hearing that safety for Lunesta was about the same as for zolpidem.

8a. Where did you hear this information comparing the safety of Lunesta with the safety of zolpidem? (Answer Yes or No for each option):	Yes	No
1. A health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. A pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>
3. A health-related email list-serve?	<input type="checkbox"/>	<input type="checkbox"/>
4. A friend/family member?	<input type="checkbox"/>	<input type="checkbox"/>
5. A newspaper, magazine, or TV message?	<input type="checkbox"/>	<input type="checkbox"/>
6. A specific website?	<input type="checkbox"/>	<input type="checkbox"/>
7. A general Internet search (e.g. Google)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Printed information received with your prescription?	<input type="checkbox"/>	<input type="checkbox"/>
9. Other?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes to Other, please specify in the space below:</i>		

SECTION 3.

1. What is your occupation (if retired, what was your occupation)?

2. What is the highest level of schooling you have completed?

- Less than high school
- High School/GED
- Some College
- 2 year college degree (associates)
- 4 year college degree
- Masters degree
- Professional degree (JD, MD)
- Doctoral degree

3. Please estimate your total household income from all sources in 2013.

- Less than \$15,000
- \$15,000 - 29,999
- \$30,000 - 49,999
- \$50,000 - 74,999
- \$75,000 - 100,000
- Greater than \$100,000

4. How would you describe your own general health?

- Excellent
- Good
- Fair
- Poor

5. Do you receive your prescription drugs:	Yes	No
<i>Answer Yes or No for each question</i>		
a. In the mail?	<input type="checkbox"/>	<input type="checkbox"/>
b. By picking them up at the pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>
c. By someone else picking them up at the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
d. From your health care provider as a free sample?	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have any formal medical training?

- Yes, please describe: _____
- No

7. Do you work in the field of health care?

- Yes, please describe: _____
- No

**Thank you for your participation. Your thoughts and opinions are very much appreciated.
When you return this survey, you will receive your additional \$25 honorarium.**

Please return this survey in the postage-paid envelope enclosed.
ANA Research, 6 Pine Tree Drive, Suite 200, Arden Hills, MN 55112
www.ana-inc.com

Appendix: Patient Survey (Ambien)

Thank you for your interest in our survey. As a reminder, when you complete this survey and mail it back (or complete the on-line version), we will send you a \$25 honorarium. The survey should take 10-15 minutes to complete. We are studying how patients learn about **drug safety information**. In this survey, when we say, “drug safety information,” we mean information relating to the safety of a prescription drug **learned after a drug has been approved by the FDA and being used by patients**, which can include:

- Information that affects the recommended dose of the drug
- Information that affects the number of times the drug is taken
- Notification about a new side-effect of the drug
- Details about a previously known side-effect of the drug
- A new understanding of the way that the drug affects different groups of people

	Always	Almost Always	Occasionally	Rarely	Never
7. In general, after you start taking a new prescription drug, how often do you hear about drug safety information ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you have routine office visits with your health care provider :	Always	Almost Always	Occasionally	Rarely	Never	I don't have routine visits
8. How often <u>does your provider tell you</u> about any updates to the drug safety information relating to your prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How frequently <u>do you ask</u> whether there are updates to the drug safety information relating to your prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. When you have received drug safety information during office visits with your **health care provider**, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful	I have never received drug safety information from my health care provider → <i>(Skip to Question 5)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4a. When you have received drug safety information from your health care provider, did you receive this information from talking with the health care provider?

- Yes
- No

4b. When you have received drug safety information from your health care provider, did you receive this information from pamphlets or other written material?

- Yes → **(Go to Question 4c)**
- No → **(Skip to Question 5)**

4c. How often did you read the pamphlets or other written material coming from your health care provider?

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4d. How difficult is it to understand drug safety information pamphlets or other written materials you received from your health care provider? Would you say you understand ...

Most of the written information	Some of the written information	Just a little of the written information	None of the written information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4e How useful have you found these pamphlets or other written material coming from your health care provider?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you fill or refill a prescription drug at a pharmacy:	Always	Almost Always	Occasionally	Rarely	Never	I don't fill prescriptions at a pharmacy
11. How frequently <u>does your pharmacist tell you</u> about any updates to the drug safety information relating to your prescription drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How frequently <u>do you ask</u> the pharmacist whether there are updates to the drug safety information ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When you have received drug safety information from your **pharmacist**, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful	I have never received drug safety information from my pharmacist → (SKIP to Question 8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a. When you have received drug safety information from your pharmacist, did you receive this information while talking with the pharmacist?

- Yes
- No

7b. When you have received drug safety information from your pharmacist, did you receive this information from pamphlets or other written material?

- Yes → **(Go to Question 7c)**
- No → **(Skip to Question 8)**

7c. How often did you read the pamphlets or other written material coming from your pharmacist?

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7d. How difficult is it to understand drug safety information pamphlets or other written materials you receive from your pharmacist? Would you say you understand ...

Most of the written information	Some of the written information	Just a little of the written information	None of the written information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7e. How useful have you found these pamphlets or other written material coming from your pharmacist?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. When you have received **drug safety information**, how often did it come from a **health-related email list-serve**? (A list-serve is group messaging through e-mail that a person signs up to receive, where the recipients are members of a group of interest)

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8a. When you have received drug safety information from your health-related email list-serve, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. When you have received **drug safety information**, how often did it come from a **friend or family member** (who is not your health provider)?

Always	Almost Always	Occasionally	Rarely	Never → (Skip to Question 10)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a. When talking with a friend or family member about drug safety information, how often do you seek out friends or family members who are health care professionals?

- Always
- Almost always
- Occasionally
- Rarely
- Never → **(Skip to Question 10)**
- I don't have friends or family members who are health care professionals → **(Skip to Question 10)**

9b. When you have received drug safety information from your friends or family members who are health care professionals, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. When you have received **drug safety information**, how often did it come through an **advertisement** from a **newspaper, magazine, website, or television**?

Always	Almost Always	Occasionally	Rarely	Never → <i>(Skip to Question 11)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10a. When you have received drug safety information from an advertisement, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. When you have received **drug safety information**, how often did it come through **news reports** on **television, radio, Internet news sites, or in newspapers**?

Always	Almost Always	Occasionally	Rarely	Never → <i>(Skip to Question 12)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11a. When you have received drug safety information from a news report, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. When you have received **drug safety information**, how often did it come from a **website**?

Always	Almost Always	Occasionally	Rarely	Never → <i>(Skip to Question 13)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12a. If you have used a website, name the one you most often use:

12b. When you have received drug safety information from a website, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. When you have received **drug safety information**, how often did it come from an **online message board**?

Always	Almost Always	Occasionally	Rarely	Never <i>(Skip to Section 2)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13a. If you have used an online message board, name the one you most often use:

13b. When you have received drug safety information from an online message board, how useful was that information?

Very useful	Moderately useful	Just a little useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2. The following question relate to zolpidem. Zolpidem is the main ingredient in sleeping pills that also go by the name of Ambien, Ambien CR, Intermezzo, Edluar, and Zolpimist. Have you been prescribed a sleeping pill that is either named zolpidem or one of the medications above that contain zolpidem?

- Yes No → *(Skip to Section 3)*

For the rest of this survey, we will refer to the sleeping pills Ambien, Ambien CR, Intermezzo, Edluar, and Zolpimist by their common ingredient zolpidem.

9. Approximately how frequently did you use the zolpidem when it was first prescribed?

- Every **night**
- 2-6 times every **week**
- 1-5 times per **month**
- Fewer than once per **month**

10. Please indicate the approximate date you first started taking zolpidem.

_____ Month _____ Year

11. If you have since stopped zolpidem, please indicate the approximate date you stopped.

_____ Month _____ Year I have not stopped taking zolpidem

12. When taking zolpidem, it: (Check one answer only)

- Helped me sleep much better
- Helped me sleep a little better
- Had no effect on my sleep

13. Please mark if you think each of these statements applies to zolpidem:	True	False	Don't know
a. Zolpidem can lead to drowsiness/impairment in driving the morning after the medication is taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Zolpidem can lead to drowsiness/impairment in patients even if they feel fully awake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is preferred to take zolpidem on an empty stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Women should use a lower dose because they are more susceptible to side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Men may tolerate a higher dose because they are less susceptible to side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Side effects related to drowsiness/impairment the morning after taking zolpidem are more pronounced in women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Zolpidem causes a full-body rash in some people who take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All drugs taken for insomnia can interfere with driving and activities that require alertness the morning after use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Zolpidem can be associated with feelings of severe nausea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Since you began taking zolpidem, have you become aware of **drug safety information** about zolpidem?

- Yes → *(Go to Question 6a)*

No → *(Skip to Question 7)*

6a. Did you learn this drug safety information from: <i>(Select Yes or No for each option.)</i>	Yes	No
1. A health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. A pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>
3. A health-related email list-serve?	<input type="checkbox"/>	<input type="checkbox"/>
4. A friend/family member?	<input type="checkbox"/>	<input type="checkbox"/>
5. A newspaper, magazine, or television message?	<input type="checkbox"/>	<input type="checkbox"/>
6. A specific website?	<input type="checkbox"/>	<input type="checkbox"/>
7. A general Internet search (e.g. Google)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Printed information received with your prescription?	<input type="checkbox"/>	<input type="checkbox"/>
9. Other?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes to Other, please specify in the space below:</i>		

6b. Did you learn this drug safety information when you received your first prescription of the drug?

Yes → *(Skip to Question 6d)*

No → *(Go to Question 6c)*

6c. About how long after receiving your first prescription of the drug did you learn this **drug safety information**?

_____ Months _____ Years *(Enter 0 for both if within the first month.)*

6d. In response to learning the drug safety information did you: <i>(Select Yes or No for each option.)</i>	Yes	No
1. Try to learn more about the safety of sleeping pills in general?	<input type="checkbox"/>	<input type="checkbox"/>
2. Try to learn more about the specific sleeping pill you are taking?	<input type="checkbox"/>	<input type="checkbox"/>
3. Try to learn more about alternative ways of helping you sleep?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ask your health care provider about the safety of your sleeping pill?	<input type="checkbox"/>	<input type="checkbox"/>
5. Switch to a different sleeping pill? If Yes, name (if you remember): _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Take the sleeping pill less often?	<input type="checkbox"/>	<input type="checkbox"/>
7. Take the sleeping pill at a lower dose or break or cut the pill in half?	<input type="checkbox"/>	<input type="checkbox"/>
8. Keep taking the medication as you had been?	<input type="checkbox"/>	<input type="checkbox"/>
9. Stop taking the sleeping pill totally?	<input type="checkbox"/>	<input type="checkbox"/>
10. Discuss any aspect of the drug safety information with a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do something else?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes to 'do something else,' please describe in detail below:</i>		

15. In the future, how would you prefer to get **drug safety information** about zolpidem?
 Considering the following options, please indicate from which source would you **MOST LIKE** and from which one you would **LEAST LIKE** to receive drug safety information. ***(Please choose only one most preferred and only one least preferred source.)***

Most Like <i>(Select only one in this column)</i>		Least Like <i>(Select only one in this column)</i>
<input type="checkbox"/>	Health care provider	<input type="checkbox"/>
<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>
<input type="checkbox"/>	Health-related list-serve or email alert	<input type="checkbox"/>
<input type="checkbox"/>	Friend or family member	<input type="checkbox"/>
<input type="checkbox"/>	Food and Drug Administration (FDA) drug safety information website	<input type="checkbox"/>
<input type="checkbox"/>	Any website	<input type="checkbox"/>
<input type="checkbox"/>	Newspaper, magazine, or television	<input type="checkbox"/>
<input type="checkbox"/>	Printed information you receive with your prescription	<input type="checkbox"/>
<input type="checkbox"/>	Other, <i>please specify:</i>	<input type="checkbox"/>

16. Do you recall hearing about any drug safety information **comparing** the safety of zolpidem with the safety of Lunesta (generic name = eszopiclone)?
- No → ***(Skip to Section 3)***
 - Yes, I recall hearing that safety for zolpidem was worse than for Lunesta.
 - Yes, I recall hearing that safety for Lunesta was worse than for zolpidem.
 - Yes, I recall hearing that safety for Lunesta was about the same as for zolpidem.

8a. Where did you hear this information comparing the safety of zolpidem with the safety of Lunesta (generic name = eszopiclone)? (Answer Yes or No for each option):	Yes	No
1. A health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. A pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>
3. A health-related email list-serve?	<input type="checkbox"/>	<input type="checkbox"/>
4. A friend/family member?	<input type="checkbox"/>	<input type="checkbox"/>
5. A newspaper, magazine, or TV message?	<input type="checkbox"/>	<input type="checkbox"/>
6. A specific website?	<input type="checkbox"/>	<input type="checkbox"/>
7. A general Internet search (e.g. Google)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Printed information received with your prescription?	<input type="checkbox"/>	<input type="checkbox"/>
9. Other?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes to Other, please specify in the space below:</i>		

SECTION 3.

8. What is your occupation (if retired, what was your occupation)?

9. What is the highest level of schooling you have completed?

- Less than high school
- High School/GED
- Some College
- 2 year college degree (associates)
- 4 year college degree
- Masters degree
- Professional degree (JD, MD)
- Doctoral degree

10. Please estimate your total household income from all sources in 2013.

- Less than \$15,000
- \$15,000 - 29,999
- \$30,000 - 49,999
- \$50,000 - 74,999
- \$75,000 - 100,000
- Greater than \$100,000

11. How would you describe your own general health?

- Excellent
- Good
- Fair
- Poor

12. Do you receive your prescription drugs: <i>Answer Yes or No for each question</i>	Yes	No
a. In the mail?	<input type="checkbox"/>	<input type="checkbox"/>
b. By picking them up at the pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>
c. By someone else picking them up at the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
d. From your health care provider as a free sample?	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you have any formal medical training?

- Yes, please describe: _____
- No

14. Do you work in the field of health care?

- Yes, please describe: _____
- No

Thank you for your participation. Your thoughts and opinions are very much appreciated.

When you return this survey, you will receive your additional \$25 honorarium.

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