

SUPPLEMENTAL MATERIAL (TO BE PUBLISHED ONLINE ONLY)

Table 1. Survey Instrument

INTRODUCTION

Thank you for taking the time to complete this survey. Your feedback is very important to us. This survey should take about 10 minutes of your time. Your answers will be completely anonymous and will be used to inform and educate healthcare providers on the impact of cough and cold.

When you see "cough/cold" please think about any cold or cough you have had. Please do not include allergies.

Use the ">>" button on the bottom of each page to move through the survey.

- Please answer every question to the best of your ability. There are no right or wrong answers; we are only interested in your opinion.
- Individual answers will be kept strictly confidential and used for marketing research purposes only. No one will try to sell you anything as a result of this interview.

1. First, we have a few questions to learn more about you.

Please record your gender.

Male Female

2. What is your age in years?

3. What is the highest degree or level of school you have? If you are in school now, select your last level or highest degree you earned.

- a) No schooling completed
- b) Some high school, no diploma
- c) High school graduate (diploma or equivalent)
- d) Some college credit
- e) Associate degree
- f) Bachelor's degree
- g) Master's degree
- h) Professional or Doctorate degree

4. What is your current work status?

- a) Employed
- b) Homemaker

- c) Student
- d) Retired
- e) Not currently employed

5. What is your total annual household income before taxes?

- a) \$19,999 or less
- b) \$20,000 - \$29,999
- c) \$30,000 - \$39,999
- d) \$40,000 - \$49,999
- e) \$50,000 - \$59,999
- f) \$60,000 - \$69,999
- g) \$70,000 - \$79,999
- h) \$80,000 - \$89,999
- i) \$90,000 - \$99,999
- j) \$100,000 - \$124,999
- k) \$125,000 - \$149,999
- l) \$150,000 or more
- m) Prefer not to answer

6. What is your race/ethnicity? Select all that apply.

- a) American Indian or Alaska Native
- b) Asian
- c) African or African American
- d) Hispanic
- e) Native Hawaiian or Pacific Islander
- f) White
- g) India sub-continent
- h) Prefer not to answer

7. What is your 5-digit zip code?

8. In general, would you say your health is...?

- a) Excellent
- b) Very good
- c) Good
- d) Fair
- e) Poor
- f) Very poor

9. The remaining questions will be about when you get a cough/cold. As a reminder, when you see "cough/cold", please think about any cold or cough you have had. Please do not include allergies.

How many times in the past year did you get a cold (the illness as a whole, not the number of days you had the illness). Again, do not add the times you think you had allergies, but not a cold.

- a) 0
- b) 1
- c) 2
- d) 3
- e) 4
- f) 5
- g) 6
- h) 7
- i) 8
- j) 9
- k) 10
- l) More than 10 times in the past year

10. When you have a cold, how many days does your cough/cold usually last?

- a) 1
- b) 2
- c) 3
- d) 4
- e) 5
- f) 6
- g) 7
- h) 8
- i) 9
- j) 10
- k) 11
- l) 12
- m) 13
- n) 14
- o) Lasts more than 14 days

11. What one symptom first means that you are getting a cold?

- a) Body ache
- b) Chest congestion (heavy feeling when breathing in)
- c) Chills
- d) Cough
- e) Ear pain/pressure
- f) Fever
- g) Headache
- h) Mucus (thick fluid in nose or chest/lungs)
- i) Nasal congestion (stuffy nose)
- j) Post nasal drip (causing scratchy throat or feel mucus on the back of throat)

- k) Runny nose (clear/yellow/green drainage from the nose)
- l) Sinus pressure/pain (nose/face hurts)
- m) Sneezing
- n) Sore throat
- o) Scratchy throat
- p) Difficulty sleeping
- q) Some other symptom (Please specify)

12. Which other symptoms do you typically have when you have a cold?
Select all that apply.

- a) Body ache
- b) Chest congestion (heavy feeling when breathing in)
- c) Chills
- d) Cough
- e) Ear pain/pressure
- f) Fever
- g) Headache
- h) Mucus (thick fluid in nose or chest/lungs)
- i) Nasal congestion (stuffy nose)
- j) Post nasal drip (causing scratchy throat or feel mucus on the back of throat)
- k) Runny nose (clear/yellow/green drainage from the nose)
- l) Sinus pressure/pain (nose/face hurts)
- m) Sneezing
- n) Sore throat
- o) Scratchy throat
- p) Difficulty sleeping
- q) Some other symptom (Please specify)

13. How much do each of these symptoms bother you?

	Does not bother me	Bothers me a little bit	Bothers me a fair amount	Bothers me very much
1) Body ache				
2) Chest congestion (heavy feeling when breathing in)				
3) Chills				
4) Cough				
5) Ear pain/pressure				
6) Fever				
7) Headache				
8) Mucus (thick fluid in nose or chest/lungs)				
9) Nasal congestion (stuffy nose)				
10) Post nasal drip (causing scratchy				

throat or feel mucus on the back of throat)				
11) Runny nose (clear/yellow/green drainage from the nose)				
12) Sinus pressure/pain (nose/face hurts)				
13) Sneezing				
14) Sore throat				
15) Scratchy throat				
16) Difficulty sleeping				

14. When you have a cough with your cold, how many days after you first feel sick does the cough usually start?

- a) Immediately
- b) 1 to 2 days later
- c) 3 to 5 days later
- d) More than 5 days later
- e) Don't know
- f) I do not get a cough with my cold

15. When you have a cough with your cold, how long does your cough usually last?

- a) 1 to 2 days
- b) 3 to 5 days
- c) 6 to 12 days
- d) More than 12 days
- e) Don't know
- f) I do not get a cough with my cold

16. For each of the following cough/cold symptoms, please indicate whether or not you usually seek out advice from a healthcare provider (includes doctor, nurse, pharmacist, or other person trained in healthcare).

Select a response for each symptom.

	YES	NO
1) Body ache		
2) Chest congestion		
3) Chills		
4) Cough		
5) Ear Pain/Pressure		

6) Fever		
7) Headache		
8) Mucus (thick fluid in nose or chest/lungs)		
9) Nasal congestion (stuffy nose)		
10) Post nasal drip		
11) Runny nose		
12) Sinus pressure/pain (nose/face hurts)		
13) Sneezing		
14) Scratchy throat		
15) Sore throat		
16) Difficulty sleeping		

17. The last time you saw a healthcare provider for a cough/cold, did he/she provide a recommendation for medicine(s) you can buy without a prescription (non-prescription medicine)?

- a) Yes
- b) No

17a. Which medicine(s) did the healthcare provider recommend?

Select all that apply.

- a) Advil
- b) Afrin
- c) Alka-Seltzer
- d) Benadryl
- e) Claritin
- f) Comtrex
- g) Dimetapp
- h) Mucinex
- i) PediaSure
- j) Robitussin
- k) Theraflu
- l) Vicks
- m) Zicam
- n) Generic
- o) Store brand
- p) Some other medicine (Please specify)

18. At any time when you have seen your healthcare provider, have you ever been given instructions on how to choose a non-prescription medicine for your cough/cold?

- a) Yes
- b) No

19. Has your healthcare provider ever recommended a specific active ingredient for the symptoms of your cough/cold (such as acetaminophen, phenylephrine, pseudoephedrine, etc.)?

- a) Yes
- b) No

20. Has your healthcare provider ever recommended a specific brand of non-prescription medicine for the symptoms of your cough/cold?

- a) Yes
- b) No

20a. What brand of medicine did your healthcare provider recommend? Select all that apply.

- a) Advil
- b) Afrin
- c) Alka-Seltzer
- d) Benadryl
- e) Claritin
- f) Comtrex
- g) Dimetapp
- h) Mucinex
- i) PediaSure
- j) Robitussin
- k) Theraflu
- l) Vicks
- m) Zicam
- n) Generic
- o) Store brand
- p) Some other medicine (Please specify)

21. When you have a cough/cold, how much does it usually affect your daily life?

- a) Not at all
- b) A little
- c) A fair amount
- d) A lot

22. About how many days do you miss work/school for EACH cough/cold?

- a) 0
- b) 1
- c) 2
- d) 3
- e) 4
- f) 5
- g) 6
- h) 7
- i) 8
- j) 9
- k) 10
- l) More than 10 days

23. On a scale of 0 to 100, how much are you able to do when you are well?

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Can't do Anything										Can Do Everything

24. On a scale of 0 to 100, how much are you able to do when you have a cold compared to when you are well?

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Can't do Anything										Can Do Everything

25. When you have a cough/cold, how much difficulty do you have sleeping?

- a) No difficulty
- b) Slight difficulty
- c) Moderate difficulty
- d) A lot of difficulty
- e) Extreme difficulty

26. Which symptom makes it most difficult for you to get restful sleep when you have a cough/cold?

- a) Body ache
- b) Chest congestion (heavy feeling when breathing in)
- c) Chills
- d) Cough
- e) Ear pain/pressure
- f) Fever
- g) Headache
- h) Mucus (thick fluid in nose or chest/lungs)
- i) Nasal congestion (stuffy nose)
- j) Post nasal drip (causing scratchy throat or feel mucus on the back of throat)
- k) Runny nose (clear/yellow/green drainage from the nose)
- l) Sinus pressure/pain (nose/face hurts)
- m) Sneezing
- n) Sore throat
- o) Scratchy throat
- p) None of the above

27. When you get sick with a cough/cold, when do you usually start taking non-prescription medicine? Select all that apply.

- a) At first sign of illness
- b) When my general cold symptoms get bad enough
- c) When I have more than one symptom
- d) Only when I need to do certain things during the day
- e) Only when I need to do certain things during the night
- f) Some other time (Please specify)
- g) I do not take non-prescription medicine

28. For the next few questions, please think about any purchases of non-prescription medicine that you buy to treat cough/cold symptoms.

28a. How do you decide which non-prescription medicine is best for treating cough/cold?
Select all that apply.

- a) My mom used it/What my parents gave me
- b) I use whatever is in the medicine cabinet from my last cough/cold
- c) I use a medicine I have seen advertised recently
- d) I use a medicine I have read about online
- e) I use a medicine that has worked for me before
- f) I use a medicine recommended by friends/co-workers
- g) I prefer to try new products, hoping to find something better
- h) I decide at the pharmacy/store on my own

- i) I decide at the pharmacy/store based on a recommendation from my pharmacist
- j) I use a medicine my healthcare provider recommended
- k) I buy the lowest priced medicine
- l) I buy the highest priced medicine
- m) I buy whatever I have a coupon for
- n) Some other reason (Please specify)

29. How is your decision to take a non-prescription medicine affected by any prescription medicine that you take/have taken?

- a) It does not affect my decision
- b) It depends on what the medicines are
- c) It depends on what my healthcare provider tells me
- d) I do not take non-prescription medicine if I am taking prescription medicine

30. Here are some items that you might take into consideration when you are choosing a non-prescription medicine for cough/cold. Please review the entire list before continuing to the next question.

- 1. The active ingredient(s) in the medicine (dextromethorphan, ibuprofen, etc.)
- 2. The form the medicine is in (tablet, liquid or syrup, etc.)
- 3. It is easy to choose the right medicine
- 4. It is easy to understand how to take the medicine
- 5. How well it makes me feel
- 6. The taste
- 7. The smell
- 8. The cost
- 9. How often I have to take it
- 10. It is natural/organic
- 11. It is a well-known brand
- 12. It is a store brand
- 13. The lack of side effects
- 14. It is alcohol free
- 15. It is sugar free
- 16. There are no artificial ingredients
- 17. My past experience with the medicine

30a. Please indicate how important each item is to you when choosing a non-prescription medicine for cough/cold.

To indicate each item's importance to you, please drag and drop the statements in the grey box to one of the columns below. When you are finished, all of the GREEN boxes must be filled. If the GREEN boxes in a column are full, you may use the YELLOW boxes. After you place a statement in a GREEN or YELLOW box, you will be able to move it to any other GREEN or YELLOW box if you need to make adjustments. You will have 4 unused yellow boxes when you are finished with this exercise.

How important is the following item to you when choosing a non-prescription medicine for cough/cold?

[STATEMENT]

Remaining
Statements X

1 Not Very Important At All	2 Slightly Important	3 Moderately Important	4 Very Important	5 Extremely Important
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1. The active ingredient(s) in the medicine (dextromethorphan, ibuprofen, etc.)
2. The form the medicine is in (tablet, liquid or syrup, etc.)
3. It is easy to choose the right medicine
4. It is easy to understand how to take the medicine
5. How well it makes me feel
6. The taste
7. The smell
8. The cost
9. How often I have to take it
10. It is natural/organic
11. It is a well-known brand
12. It is a store brand
13. The lack of side effects
14. It is alcohol free
15. It is sugar free
16. There are no artificial ingredients
17. My past experience with the medicine

31. When choosing a cough syrup, how important are the following items?

	Not Important	Somewhat Important	Neutral	Important	Very Important
1) Thickness of liquid					
2) Soothability					
3) Taste					
4) Cost					
5) How well it works					
6) How fast it works					

7) How long it works					
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32. How much do you agree or disagree with the following statements about your preferred non-prescription cough/cold medicine(s)?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1) I like brands that are available in a wide variety of formulas so I can choose the one that fits my symptom(s) exactly					
2) I want to take as little medicine as possible to make me feel better					
3) I only treat the symptoms I have so I don't have to take more medicine than I need					
4) When I am sick, I don't want to think about what the right medicine is, so I take a multi-symptom product					
5) I prefer taking medicines that last all day					
6) I would rather take medicines that last a short period of time					

33. You are almost done! In these last 4 questions, tell us what you know about cough/cold.

The common cold is caused by...?

Select all that apply.

- a) Bacteria
- b) Virus
- c) Weak immune system
- d) Exposure to cold weather
- e) Some other reason (Please specify)
- f) Don't know

34. Do you agree or disagree with the following statement?

Antibiotics are important for treating the common cold

- a) Agree
- b) Disagree

35. How important is it to you that you are educated about the common cold and its treatment?

- a) Not important
- b) Somewhat important
- c) Very important

36. How much do you agree or disagree with the following statement?

The common cold can be prevented in most cases

- a) Strongly disagree
- b) Disagree
- c) Neither agree nor disagree
- d) Agree
- e) Strongly agree