ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Parnes BL, Smith PC, Gilroy C, et al. The lack of impact of direct-to-consumer advertising on the physician-patient encounter in primary care: a SNOCAP report. *Ann Fam Med.* 2008;7(1):41-46.

http://www.annfammed.org/cgi/content/full/7/1/41/DC1

Supplemental Appendix 1. The Encounter Survey Instrument

No. XXXXX

DIRECT-TO-CONSUMER ADVERTISING CLINICAL ENCOUNTER FORM

Please complete this survey about the patient and your discussion with the patient or his/her representative.

1. Age _____ years Check if >85 years and leave age blank.

2. Gender: ☐ Male ☐ Female

3. Race / ethnicity: *Check all that apply.*

☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Native American

4. How many active medical conditions does this patient have? *Check one.*

☐ 0 ☐ 1-2 ☐ 3-5 ☐ >5

5. How many chronic prescription medications does this patient use? *Check one.*

☐ 0 ☐ 1-2 ☐ 3-5 ☐ >5

6. To the best of your knowledge, does the patient pay the entire cost for prescription medications (e.g., no insurance or discount program)?

☐ Yes ☐ No ☐ Don't know

7. a) At any time during the visit, did the patient *inquire* about a specific prescription medication that they are not currently taking?

☐ NO → If No, **STOP HERE!**

☐ YES → If Yes, what medication? _____

b) How did the patient hear about the drug? *Check all that apply.*

☐ Family/friend ☐ Media/advertisement ☐ Internet ☐ Other source ☐ Don't know

Please answer the following questions about the specific medication discussed in Question 7:

8. Did the patient understand the purpose of the medication? ☐ Yes ☐ No

9. a) Would this medication have been your first choice of treatment for this patient?

☐ Yes ☐ No ☐ No opinion

b) If No, why not? Please check all that apply.

☐ Drug not indicated for patient's condition
☐ Indicated but not appropriate in this specific patient
☐ Patient does not have condition
☐ Less expensive alternative available
☐ Lifestyle/behavior modification more appropriate
☐ Drug side effect profile/drug interactions
☐ Requested drug not on patient's insurance formulary
Other:_____

10. Did the patient *want* a prescription for the medication? ☐ Yes ☐ No

11. Did you feel pressured to prescribe the medication?

☐ Not at all ☐ Somewhat pressured ☐ Significantly pressured

12. Did you prescribe the specific requested medication? ☐ Yes ☐ No

13. a) Did the inquiry have an overall positive or negative effect on the visit? *Please check one.*

☐ Negative effect ☐ Neutral effect ☐ Positive effect

b) Please check any of the following effects that the medication inquiry/discussion had on this visit:

Please check all that apply.

☐ Facilitated a discussion with patient
☐ Improved condition awareness
☐ Educated patient
☐ New conditions were discovered or raised
☐ Negative impact on physician-patient relationship
☐ Increased visit time
☐ Insurance concerns
Other:_____

Supplemental Appendix 2. The Clinician Information Form

Unique ID XXXXX

DIRECT-TO-CONSUMER CLINICIAN INFORMATION FORM

Please do not put your name on this form. No information from this form will be identified with you.

1. **Gender**: ☐ Male ☐ Female

2. Provider: ☐ Physician ☐ Nurse-practitioner / physician's assistant

3. **Specialty**:

☐ Family Medicine

☐ General Internal Medicine

☐ Pediatrics

Other _____

4. Are you a resident?

☐ Yes

☐ No. **of years in practice (excluding training)**: → ☐

5. Do you have direct interaction with pharmaceutical representatives? ☐ Yes ☐ No

If Yes:

a) How often?

☐ 2 times or less per month

☐ 3-5 times per month

☐ >5 times per month

b) In what setting? *Check all that apply.*

☐ Outpatient clinic

☐ Inpatient / hospital setting

☐ Pharmaceutical sponsored dinners / after-hours events

Thank you for your time. Please return this form as directed.