

**SPRAY PAL Intranasal Product Acceptability Questionnaire****Participant ID** \_\_\_\_\_**Date** \_\_\_\_\_

Thank you for agreeing to complete this questionnaire. We would like to know your opinion about the nasal spray that you used as part of this study.

**Acceptability**

1. If a nasal spray like the one you used at home, provided for the study, could protect you against infection from coronavirus/COVID-19, how likely is it that you would use this nasal spray to protect against infection from coronavirus/COVID-19?
  - a. Highly unlikely
  - b. Somewhat unlikely
  - c. Neutral
  - d. Somewhat likely
  - e. Highly likely
  - f. Prefer not to answer
  
2. You were asked to use the spray at home. How confident do you feel that using that amount offers sufficient protection from infection from coronavirus/COVID-19?
  - a. Not confident at all
  - b. Somewhat unconfident
  - c. Neutral
  - d. Somewhat confident
  - e. Highly confident
  - f. Prefer not to answer
  
3. Future studies will determine an effective dose for the nasal spray product. Once an effective dose is determined, how confident do you feel that using this nasal spray will offer sufficient protection from *mild* complications from coronavirus/COVID-19 (e.g., symptoms similar to cold/flu)?
  - a. Not confident at all
  - b. Somewhat unconfident
  - c. Neutral
  - d. Somewhat confident
  - e. Highly confident
  - f. Prefer not to answer
  
4. Once an effective nasal spray dose is determined, how confident do you feel that using this nasal spray offers sufficient protection from *severe* complications from coronavirus/COVID-19 (e.g., symptoms requiring hospitalization, use of supplemental oxygen/respirator)?
  - a. Not confident at all
  - b. Somewhat unconfident
  - c. Neutral
  - d. Somewhat confident
  - e. Highly confident
  - f. Prefer not to answer

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5. How do you feel the effectiveness of this nasal spray compared to that of the COVID-19 vaccines?
  - a. Quite a bit less effective
  - b. Somewhat less effective
  - c. About the same
  - d. Somewhat more effective
  - e. A great deal more effective
  - f. Prefer not to answer
  
6. If a nasal spray like the one that was administered at the clinic could protect you against infection from coronavirus/COVID-19, would likely would you be to recommend it to your friends/family?
  - a. Very unlikely
  - b. Somewhat unlikely
  - c. Neutral
  - d. Somewhat likely
  - e. Very likely
  - f. Prefer not to answer

**Feasibility**

Now we would like to ask you some questions about administering the spray provided in this study for take-home use. While we provided you with specific instructions on how to give the spray to yourself, we are most interested in how you actually used the spray. Please answer all of the following questions based on how you actually used the spray.

7. How easy or difficult was it to administer the spray without missing doses?
  - a. Very difficult
  - b. Difficult
  - c. Neutral
  - d. Easy
  - e. Very easy
  - f. Prefer not to answer
  
8. How easy or difficult was it to administer the spray at prescribed time of day every day without missing doses?
  - a. Very difficult
  - b. Difficult
  - c. Neutral
  - d. Easy
  - e. Very easy
  - f. Prefer not to answer
  
9. If we find that effectiveness of the nasal spray, like the one used in this study, requires it to be used every day for as many days as needed to provide some protection from coronavirus/COVID-19, how likely would you be to use the spray as directed?
  - a. Very unlikely
  - b. Somewhat unlikely
  - c. Neutral
  - d. Somewhat likely
  - e. Very likely
  - f. Prefer not to answer

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10. How easy or difficult was it to follow the instructions to administer the spray?
- Very difficult
  - Difficult
  - Neutral
  - Easy
  - Very easy
  - Prefer not to answer
11. How easy or difficult was it to insert the tip of the bottle into your nose?
- Very difficult
  - Difficult
  - Neutral
  - Easy
  - Very easy
  - Prefer not to answer
12. How easy or difficult was it to spray the liquid into your nose?
- Very difficult
  - Difficult
  - Neutral
  - Easy
  - Very easy
  - Prefer not to answer
13. How easy or difficult was it to handle the bottle used to deliver the liquid (or administer the spray)?
- Very difficult
  - Difficult
  - Neutral
  - Easy
  - Very easy
  - Prefer not to answer

**Tolerability**

14. How much did the force of the nasal spray in your nose encourage or discourage your use of the product?
- Discouraged very much
  - Discouraged a little
  - Neither discouraged nor encouraged use
  - Encouraged a little
  - Encouraged very much
  - Prefer not to answer
15. How much did the tip of the nasal spray bottle in your nose encourage or discourage use of the product?
- Discouraged very much
  - Discouraged a little
  - Neither discouraged nor encouraged use
  - Encouraged a little
  - Encouraged very much
  - Prefer not to answer

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16. How much did the scent of the nasal spray encourage or discourage you from using the product?
- Discouraged very much
  - Discouraged a little
  - Neither discouraged nor encouraged / did not notice a scent
  - Encouraged a little
  - Encouraged very much
  - Prefer not to answer
17. How much did the taste/aftertaste of the nasal spray encourage or discourage your use of the product?
- Discouraged very much
  - Discouraged a little
  - Neither discouraged nor encouraged, or did not notice a taste/aftertaste
  - Encouraged a little
  - Encouraged very much
  - Prefer not to answer
18. Did the product run down the back of your throat?
- Yes, the product ran down the back of my throat and bothered me a lot
  - Yes, the product ran down the back of my throat and bothered me a little
  - Yes, the product ran down the back of my throat but did not bother me at all
  - No, the product did not run down the back of my throat
  - Prefer not to answer
19. Overall, how much did you like or dislike using the nasal spray?
- Disliked very much
  - Disliked a little
  - Neutral
  - Liked a little
  - Liked very much
  - Prefer not to answer
20. How would you rate your overall level of comfort or discomfort during the process of administering the spray (spraying the liquid inside your nose)?
- Very uncomfortable
  - Somewhat uncomfortable
  - Neutral
  - Somewhat comfortable
  - Very comfortable
  - Prefer not to answer
21. How convenient was it to use the spray?
- Very inconvenient
  - Somewhat inconvenient
  - Neutral
  - Somewhat convenient
  - Very convenient
  - Prefer not to answer

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22. How much did you like or dislike the spray bottle itself?

- a. Disliked very much
- b. Disliked a little
- c. Neutral
- d. Liked a little
- e. Liked very much
- f. Prefer not to answer

**Cost**

23. How much would you be willing to spend on a nasal spray like the one used in this study if it provided some protection against infection from coronavirus/COVID-19?

- a. Less than what one spends on on an over-the-counter nasal spray (~\$10)
- b. About the same as one spends on on an over-the-counter nasal spray (~\$10)
- c. Twice as much as one spends on on an over-the-counter nasal spray (~\$10)
- d. Three times as much
- e. Four times as much or more
- f. Prefer not to answer

**Recommendations**

Please help us understand what we can do to make you more likely to use this product.

24. Would you change anything about the the bottle?

- a. No
- b. Yes - please specify what you would change:

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25. Would you change anything about the spray tip?

- a. No
- b. Yes - please specify what you would change:

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26. Would you change anything about how the product is packaged?

- a. No
- b. Yes - please specify what you would change:

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27. If you have any other recommendations, please write them below.

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**Thank you very much for responding to this survey!**