

Appendix material

Appendix A: Anchoring Survey

Life Events Survey

We have assembled a list of events below that people might consider unpleasant or undesirable. Please read and score each event based on your personal feelings of negativity toward that specific event. For example, some people might say that breaking a pencil tip is a 'not at all bad' or 'slightly bad' experience but breaking their neck is 'extremely bad'.

This 2-page survey should take approximately 10-minutes to complete. After taking the survey, you may choose to register contact information for participation in a random drawing where we will award 20 gift certificates worth \$50 each.

Please indicate your rating of unpleasantness or undesirability for each of the events below:

	Not at all bad	Slightly bad	Moderately bad	Very bad	Extremely bad
1 Feeling cold for a brief time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Having a friend show up at your house unannounced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Taking a drug once daily for one week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Getting a speeding ticket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Losing your home in a fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Fearing prejudice/discrimination from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Getting a flat tire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Spilling a drink on a new shirt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Having a family member with major health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Being laid off or fired from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Having minor side effects from a medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Getting sick with the flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Being thirsty for an hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Having severe nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Missing an important meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Getting a physical examination by your physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Being stuck in traffic for an hour on the way to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Completing a food diary for a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Having your blood drawn from your arm by a nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Having concerns about crime in your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Hearing noises that keep you awake at night | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | Getting into a minor car accident (without any injuries) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 | Having trouble finding a parking spot when in a hurry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 | Getting sick with a cold | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Being concerned about current events | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Stubbing your toe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Having too many things to do | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28 | Having a dry mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29 | Having a chest x-ray done | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 | Providing a urine sample | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31 | Having trouble making a decision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32 | Getting a flu vaccine injection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33 | Keeping a daily record of what you eat for one week | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34 | Not having enough money to pay for health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35 | Having major surgery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36 | Having sexual problems due to physical causes such as medications or illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37 | Breaking your arm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38 | Filling out forms for 30 min | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39 | Taking out the trash | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40 | Being hungry for a day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41 | Being woken before your alarm went off | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42 | Having your home burglarized | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43 | Having a tooth drilled by your dentist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44 | Getting a paper cut | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45 | Finding out that you need glasses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46 | Having minor surgery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47 | Feeling hot for a brief time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48 | Having a family member with minor health problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49 | | | | | | |

	Having an overnight sleep study (test used to diagnose sleep disorders) in a sleep laboratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interrupted sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	Having blood taken by a finger stick by a nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	Getting locked out of your home or car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	Having a nightmare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	Taking a drug twice daily for one month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54	Having an eye exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55	Having stitches done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56	Misplacing or losing something that is important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57	Being late for a meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58	Being asked personal questions on a research questionnaire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59	Not getting enough sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60	Losing your wallet or purse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61	Keeping a daily record of drug use and sexual activity for 3 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62	Not being able to get a loan/credit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63	Having your blood pressure taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64	Not having enough money to pay for housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65	Having an earache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66	Getting into a major car accident (with injuries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67	Having a small tissue biopsy (a small cut is made and a piece of skin and tissue underneath are removed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68	Getting bitten by a mosquito	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us a little bit about yourself.

Please select your age group

- 18-29
- 30-49
- 50-64
- 65-74
- 75 or older
- Prefer not to answer

Which term best describes your gender identity?

- Male
- Female
- Neither
- Other
- Prefer not to answer

Please specify your gender

Which group(s) best describe you? Select all that apply.

- American Indian or Alaska Native
- Asian or Asian American
- Black, African American or African
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- None of these fully describe me
- Prefer not to answer

What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 4 (Primary)
- Grades 5 through 8 (Middle school)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 to 3 years (Some college, Associate's degree, or technical school)
- College 4 years or more (College graduate)
- Advanced degree (Master's, Doctorate, etc.)
- Prefer not to answer

What is your annual household income from all sources?

- Less than \$10,000
- \$10,000- \$24,999
- \$25,000- \$34,999
- \$35,000- \$49,999
- \$50,000- \$74,999
- \$75,000-\$99,999
- \$100,000- \$149,999
- \$150,000- \$199,999
- \$200,000 or more
- Prefer not to answer

Appendix B: Vignette Experiment

Your opinions and reactions as a potential participant in a clinical trial are essential to our planning of several clinical trials. You are going to read descriptions of five trials that we are considering. As part of our planning process it is critical that we have your input about these trials. Please read the brief description of each study carefully and completely. After reading the description of each study please take a moment to fully and honestly complete the questions about the study. Your answers will provide us insight into the opinions of people like yourself who may potentially participate in these studies.

Please tell us about yourself.

Which group best describes you?

- American Indian or Alaska Native
- Asian or Asian American
- Black, African American or African
- Hispanic, Latino or Spanish
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- None of these fully describe me
- Prefer not the answer

Which term best describes your gender identity?

- Female
- Male
- Neither
- Other
- Prefer not to answer

Please specify your gender

What is your annual household income from all sources?

- Less than \$35,000
- \$35,000 - \$64,999
- \$65,000 - \$99,999
- \$100,000 or more
- Prefer not to answer

Please select your age group:

- 18-29
- 30-49
- 50-64
- 65-74
- 75 or older
- Prefer not to answer

What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 4 (Primary)
- Grades 5 through 8 (Middle school)
- Grades 9-11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 to 3 years (Some college, Associate's degree, or technical school)
- College 4 years or more (College graduate)
- Advanced degree (Master's, Doctorate, etc.)
- Prefer not to answer

Race Calculation

Gender Calculation

Income Calculation

Ask Amount 1

Ask Amount 2

Ask Amount 3

Ask Amount 4

Ask Amount 5

Vignette 1

Vignette 2

Vignette 3

Vignette 4

Vignette 5

Price 1

Price 2

Price 3

Price 4

Price 5

Text 1

Text 2

Text 3

Text 4

Text 5

Vignette Hi/Lo

Randomization Record

Research Study #1**[final_vignette1]**

This study includes a payment amount of \$[final_price_1]. Would you participate in this study?

- Yes
- No

How much of a burden (time/effort) would it be to join this study?

- Not at all a burden
- A slight burden
- A moderate burden
- A very large burden
- An extremely large burden

Please select from the list below what amount of discomfort or inconvenience you would have if you participated in this study.

Example: Breaking a pencil tip might be "not at all bad, breaking your neck might be extremely bad.

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

What is the biggest risk for taking part in this study?

- A large loss of sleep
- Very upset stomach
- Slight dry mouth
- A lot of pain
- A little pain
- Feeling judged or awkward
- Too much radiation
- A little loss of sleep
- A little radiation
- No risks

How bad do you think this risk is?

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How likely is it that this risk could happen?

- Not at all likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

Research Study #2**[final_vignette2]**

This study includes a payment amount of \$[final_price_2]. Would you participate in this study?

- Yes
- No

How much of a burden (time/effort) would it be to join this study?

- Not at all a burden
- A slight burden
- A moderate burden
- A very large burden
- An extremely large burden

Please select from the list below what amount of discomfort or inconvenience you would have if you participated in this study.

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

What is the biggest risk for taking part in this study?

- A large loss of sleep
- Very upset stomach
- Slight dry mouth
- A lot of pain
- A little pain
- Feeling judged or awkward
- Too much radiation
- A little loss of sleep
- A little radiation
- No risks

How bad do you think this risk is?

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How likely is it that this risk could happen?

- Not at all likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

Research Study #3**[final_vignette3]**

This study includes a payment amount of \$[final_price_3]. Would you participate in this study?

- Yes
- No

Please select from the list below what amount of discomfort or inconvenience you would have if you participated in this study.

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How much of a burden (time/effort) would it be to join this study?

- Not at all a burden
- A slight burden
- A moderate burden
- A very large burden
- An extremely large burden

What is the biggest risk for taking part in this study?

- A large loss of sleep
- Very upset stomach
- Slight dry mouth
- A lot of pain
- A little pain
- Feeling judged or awkward
- Too much radiation
- A little loss of sleep
- A little radiation
- No risks

How bad do you think this risk is?

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How likely is it that this risk could happen?

- Not at all likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

Research Study #4**[final_vignette4]**

This study includes a payment amount of \$[final_price_4]. Would you participate in this study?

- Yes
- No

Please select from the list below what amount of discomfort or inconvenience you would have if you participated in this study.

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How much of a burden (time/effort) would it be to join this study?

- Not at all a burden
- A slight burden
- A moderate burden
- A very large burden
- An extremely large burden

What is the biggest risk for taking part in this study?

- A large loss of sleep
- Very upset stomach
- Slight dry mouth
- A lot of pain
- A little pain
- Feeling judged or awkward
- Too much radiation
- A little loss of sleep
- A little radiation
- No risks

How bad do you think this risk is?

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How likely is it that this risk could happen?

- Not at all likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

Research Study #5**[final_vignette5]**

This study includes a payment amount of \$[final_price_5]. Would you participate in this study?

- Yes
- No

Please select from the list below what amount of discomfort or inconvenience you would have if you participated in this study.

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How much of a burden (time/effort) would it be to join this study?

- Not at all a burden
- A slight burden
- A moderate burden
- A very large burden
- An extremely large burden

What is the biggest risk for taking part in this study?

- A large loss of sleep
- Very upset stomach
- Slight dry mouth
- A lot of pain
- A little pain
- Feeling judged or awkward
- Too much radiation
- A little loss of sleep
- A little radiation
- No risks

How bad do you think this risk is?

- Not at all bad
- Slightly bad
- Moderately bad
- Very bad
- Extremely bad

How likely is it that this risk could happen?

- Not at all likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely