

Study Information

ENCEPP/SDPP/14792

Title	Healthcare Professional Survey to Assess the Effectiveness of Risk Evaluation and Mitigation Strategy for Dulaglutide
Version identifier	1.05
Date of last version	October 27, 2015
Active substance	Dulaglutide
Dosage forms and strengths:	<ul style="list-style-type: none">• Injection: 0.75 mg/0.5 mL solution in a single-dose pen• Injection: 1.5 mg/0.5 mL solution in a single-dose pen• Injection: 0.75 mg/0.5 mL solution in a single-dose prefilled syringe• Injection: 1.5 mg/0.5 mL solution in a single-dose prefilled syringe
Sponsor(s)	Eli Lilly and Company
Research question and objectives	This study aims to assess the impact of a Risk Evaluation and Mitigation Strategy (REMS) for dulaglutide on healthcare professional knowledge regarding the risk of pancreatitis and the potential risk of medullary thyroid carcinoma associated with dulaglutide therapy.
Country(-ies) of study	US

Approval Date: 02-Nov-2015 GMT

1. Table of Contents

Section	Page
1. Table of Contents.....	2
2. List of Abbreviations	3
3. Responsible Parties	4
4. Milestones.....	5
5. Rationale and Background	6
6. Research Question and Objectives.....	8
7. Research Methods.....	9
7.1. Study Design Overview.....	9
7.2. Study Population.....	9
7.3. Survey Content.....	10
7.3.1. Survey Pretest	10
7.4. Survey Administration	11
7.5. Study Size	11
7.6. Data Management	11
7.7. Data Analysis.....	12
7.8. Quality Control	12
7.9. Limitations of the Research Methods.....	12
8. Management and Reporting of Adverse Events/Adverse Reactions	13
8.1. Adverse Event Collection for Retrospective Observational Studies	13
9. Plans for Disseminating and Communicating Study Results.....	14
10. References	15
11. Appendices	16

2. List of Abbreviations

Term	Definition
AE	adverse event: Any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product that does not necessarily have a causal relationship with this treatment. An adverse event can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal (investigational) product, whether or not related to the medicinal (investigational) product.
CASRO	Council of American Survey Research Organizations
CI	confidence interval
FDA	US Food and Drug Administration
GLP-1 RA	glucagon-like peptide-1 receptor agonist
HCPs	healthcare providers (example: doctors, including physicians in internal medicine and family practice; nurse practitioners and physician assistants)
MTC	medullary thyroid carcinoma
PC	product complaints
REMS	Risk Evaluation and Mitigation Strategy
US	United States

3. Responsible Parties

Responsible Party	Name, Degree(s)	Title	Affiliation and Address
Authors	Ayad Ali, PhD	Pharmacoepidemiologist	Eli Lilly and Company
	Alison Bulkley	Senior Research Analyst	Nielsen
	Rebecca Hahn	Research Director	
	Jonathon Wright	Research Manager	

4. Milestones

Milestone	Planned date
Start of data collection	Estimated November 2015
End of data collection	Estimated December 2015
Final report of study results	Estimated February 2016

5. Rationale and Background

On 18 September 2014, the United States (US) Food and Drug Administration (FDA) approved dulaglutide (TRULICITY™), a long-acting glucagon-like peptide-1 receptor agonist (GLP-1 RA), as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. Dulaglutide is marketed under the brand name of TRULICITY™ as 0.75 mg and 1.5 mg injectable formulations. In accordance with Section 505-1 of the Federal Food, Drug and Cosmetic Act (FDA 2009), the FDA has determined that a Risk Evaluation and Mitigation Strategy (REMS) is necessary to ensure that the benefits of TRULICITY outweigh the risk of pancreatitis and the potential risk of medullary thyroid carcinoma (MTC). The REMS for TRULICITY comprises a communication plan which includes a REMS letter to Healthcare Providers (HCPs) and Professional Societies, a REMS-specific website, and a REMS Factsheet (TRULICITY™ REMS 2014).

The following key messages are included in the TRULICITY REMS:

- Risk of pancreatitis:
 - Pancreatitis has been reported with the use of GLP-1 RAs.
 - Cases of pancreatitis have been described in association with TRULICITY during clinical trials.
 - Counsel patients to contact their HCP promptly if they experience symptoms of pancreatitis.
 - Discontinue TRULICITY promptly if pancreatitis is suspected, perform confirmatory test for pancreatitis, and initiate appropriate pancreatitis management.
 - Do not restart TRULICITY if pancreatitis is confirmed. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Potential risk of MTC:
 - In male and female rats, dulaglutide causes a dose-related and treatment-duration-dependent increase in the incidence of thyroid C-cell tumors (adenomas and carcinomas) after lifetime exposure.
 - It is unknown whether TRULICITY will cause thyroid C-cell tumors, including MTC in humans, as the human relevance of dulaglutide-induced rodent thyroid C-cell tumors has not been determined.
 - TRULICITY is contraindicated in patients with a personal or family history of MTC and patients with multiple endocrine neoplasia syndrome type 2.
 - Counsel patients regarding the potential risk of MTC
 - Instruct patients to report the symptoms of thyroid tumors to their HCP.

- Patients with thyroid nodules noted on physical examination or neck imaging should be further evaluated.
- Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with TRULICITY. Such monitoring may increase the risk of unnecessary procedures, due to the low test specificity for serum calcitonin and a high background incidence of thyroid disease. If serum calcitonin is measured and found to be elevated, the patient should be further evaluated.

An assessment of the effectiveness of the TRULICITY REMS program will be conducted at 18 months after initial approval of the REMS (18 September 2014).

6. Research Question and Objectives

The purpose of this survey is to evaluate the impact of the TRULICITY REMS on HCPs knowledge regarding the risk of pancreatitis and the potential risk of MTC associated with dulaglutide therapy. This survey will assess HCPs' awareness of the key messages in the TRULICITY REMS, including understanding of:

- the potential risk of MTC
- the risk of pancreatitis
- the need for prompt evaluation of patients who develop symptoms suggestive of pancreatitis
- the need to immediately discontinue TRULICITY if pancreatitis is suspected, and not restart TRULICITY if pancreatitis is confirmed
- appropriate TRULICITY patients

7. Research Methods

7.1. Study Design Overview

The TRULICITY REMS assessment will be conducted by an online survey of HCPs. All potential participants will be prescreened for qualification based on their specialty and if they have prescribed TRULICITY to at least 1 patient. The survey will take approximately 10 to 15 minutes to complete.

The reporting interval covered by the assessment will conclude approximately 60 days before the submission date for the assessment time interval. Lilly will submit the assessment so that it will be received by the FDA on or before the due date.

7.2. Study Population

The research will be conducted among certain HCPs who have prescribed TRULICITY to at least 1 patient.

The participant must:

- live in the US
- be a current or past prescriber of TRULICITY
- be an HCP (including physicians [family practice, internal medicine, and endocrinologists], nurse practitioners, and physician assistants)

Additionally, participants or their immediate family members who are current or past employees of Eli Lilly and Company, Nielsen, or the FDA will be excluded.

Survey participants will be recruited from a target list of HCPs consisting of multiple specialties, who currently prescribe TRULICITY. We will establish the portion of the full target list who match to online panels, which consists of HCPs who have opted into participating to take online surveys. We will then send survey invitations to a random sample of those HCPs via email. Those who do not match to an online panel will receive an invitation by postal mail, fax, or telephone. The survey invitation will be sent to participants from an independent third party (see [Appendix](#) for example invitation), with an encrypted survey link including information for accessing the online survey. Reminder invitations will be sent to HCPs who have not yet completed the survey. For those HCPs matching to online panels, the first reminder will be sent after 48 hours of the initial invitation, then a second reminder 24 hours after the first reminder, as needed. Reminders for those receiving an initial invitation via postal mail, fax, or telephone will follow later by postal mail (approximately 2 weeks), fax (approximately 1 week), or telephone (approximately 1 week). The survey will be fielded for approximately 2 months, and HCPs will only be allowed to complete the survey once. All participants will be screened; qualifying participants who complete the survey will be offered nominal monetary compensation.

User testing was performed prior to conducting the survey, and recommended modifications were incorporated into the survey to ensure comprehension.

7.3. Survey Content

Data to be collected in the internet survey include:

Screening criteria as outlined in Study Population Section 7.2.

Demographics:

- gender
- years in clinical practice

The survey instrument is designed to collect information regarding:

- confirmation that HCPs are aware of the potential risk of MTC associated with TRULICITY
- confirmation that HCPs are aware of the risk of pancreatitis associated with TRULICITY
- the need for prompt evaluation by the HCP of patients who develop symptoms suggestive of pancreatitis
- confirmation of HCPs' understanding that patients who have confirmed pancreatitis should be discontinued from TRULICITY and not be restarted
- confirmation that HCPs understand the patient prescribing criteria per the TRULICITY label

7.3.1. Survey Pretest

The survey questionnaire was pretested among 8 HCPs, with a mix of primary care physicians, internists, endocrinologists, nurse practitioners, and physician assistants. The primary goals of pretesting were to identify any questions that are confusing, difficult to answer, or at an inappropriate literacy level. Pretesting took place after the survey was designed and programmed, but before the population of interest was invited to take the survey. Potential pretest participants were prescreened over the telephone from a target list, and those that met study qualifications were invited to participate in a telephone 45 to 60 minute qualitative interview. Qualifying potential participants were offered nominal monetary compensation for their participation.

Each participant completed the survey utilizing the FocusVision InterVU platform. All participants completed the survey online and conversed by phone with the Nielsen researcher who moderated the pretests. As they moved through the survey, the participant was asked to “think aloud” while the moderator observed. Upon completion of the survey, participants were further debriefed on any areas where they may have had trouble as well as any preidentified probes.

Minor content, instructions, and formatting updates were made to the survey based on participants' feedback and finalized prior to survey fielding.

7.4. Survey Administration

The survey will be programmed and hosted online on a secure website; they will be self-administered by participants. Participants will be given an individualized link to the questionnaire, which will allow them to stop and start their completion of the survey at any time within the specified study period. Once the participant enters the survey, they will only be able to move forward throughout. There is no option to go back and forth between questions. The survey will not be able to be reviewed once completed. All questions must be completed in order to receive compensation; however, participants will have the option to respond “don’t know” to most questions.

The information for each participant will be stored as a unique data file. No personally identifiable information about survey participants is disclosed, except in reporting the survey responses as required by law or legal process. Personally identifiable information means information that individually identifies the participant, such as name, address, email address, or Medical Education number. Names and addresses of participants are captured by the third party administering the survey for the purpose of participant payment only. Lilly will not have access to the personal information of participants.

Participants will be identified by a Respondent ID number assigned only for the purpose of managing the data for the individual survey.

7.5. Study Size

A sample size of approximately 200 completed surveys will be collected for HCPs. This sample size was determined based on the width of confidence intervals (CIs) it will provide. [Table 1](#) shows 2-sided 95% CIs based on the normal approximation to the binomial distribution for a single sample size of approximately 200.

Table 1. Sample Size Calculations

Sample Size	Observed Response Rate ^a (e.g., Knowledge)	2-Sided 95% Confidence Interval		
		Half-Width	Lower Limit	Upper Limit
200	50%	6%	43%	57%
	60%	6%	53%	67%
	70%	6%	64%	76%
	80%	5%	74%	86%
	90%	4%	86%	94%

^a Percentage of responders who correctly answered a question.

7.6. Data Management

All data collected during the surveys will be verified for accuracy, and will be held confidentially by Nielsen. To ensure participant confidentiality is maintained, the survey will be conducted in accordance with the relevant national guidelines relating to the conduct of noninterventional

studies and will use the Council of American Survey Research Organizations (CASRO 2015) guidelines as a minimum standard.

7.7. Data Analysis

The study analysis is primarily descriptive with univariate statistical tests (for example, t-test, chi-square) planned where needed. Frequencies and proportions with exact 95% confidence limits will be calculated for responses that address the survey questions. Data deliverables will include all questions in a data file and tables in excel format, which will be analyzed in total as well as by specialty. Data will be reported in aggregate only, without any participant personal identifiers.

One of the primary analyses includes assessing the level of HCPs' understanding for each domain of key risk messages. A threshold will be established to determine that at least a majority of HCPs understand the key risk messages. The average number of responses for each response category under each of the key risk messages will be calculated, as well as the percentage of prescribers who understand the key risk messages.

7.8. Quality Control

Nielsen is responsible for implementing and maintaining a quality management system with written development procedures and functional area standard operating procedures to ensure that studies are conducted and data are generated, documented, and reported in compliance with the protocol, accepted standards of Good Pharmacoepidemiology Practice, and all applicable federal, state, and local laws, rules and regulations relating to the conduct of the study.

7.9. Limitations of the Research Methods

A potential limitation is the administration of the survey online. Although computer use is becoming increasingly common among a diverse array of age and socio-demographic groups, use of an online survey restricts participation to those with internet access and computer skills. In order to minimize these potential biases both demographic and propensity weighting will be applied. Given that internet penetration in the US is high – nearing 80% – and continuing to increase, differences between US internet users and the general research/study population are expected to be limited.

8. Management and Reporting of Adverse Events/Adverse Reactions

8.1. Adverse Event Collection for Retrospective Observational Studies

Although information about adverse events (AEs) and product complaints (PCs) is not solicited during the conduct of the surveys and the surveys will not contain any open-ended questions, the survey vendor may receive spontaneous AE/PC reports. Investigators and other study personnel are requested to report adverse reactions in temporal association with any Lilly drugs or non-Lilly drugs to the appropriate party (for example, regulators or marketing authorization holders) as they would in normal practice as required by applicable laws, regulations, and practices.

9. Plans for Disseminating and Communicating Study Results

The study final report will be developed for submission to the FDA within the timeframe specified in Section 4 Milestones.

10. References

- [CASRO] Council of American Survey Research Organizations. 2015. Code of Standards & Ethics for Market, Opinion, and Social Research. Available at: http://c.ymcdn.com/sites/www.casro.org/resource/resmgr/Media/Code_of_Standards_and_Ethics.pdf. Accessed June 22, 2015.
- [FDA] Food and Drug Administration. Guidance for Industry: Format and Content of Proposed Risk Evaluation and Mitigation Strategy (REMS), REMS Assessments, and Proposed REMS Modifications. Draft Guidance. September 2009. Available at: <http://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm184128.pdf>. Accessed March 15, 2015.
- TRULICITY™ REMS [Eli Lilly and Company]. Trulicity™ REMS Risk Evaluation and Mitigation Strategy. 2014. Available at: <http://www.TRULICITYrems.com>. Accessed March 15, 2005.

11. Appendices

Questionnaire

Screening Questions

BASE: ALL RESPONDENTS

S1a. The purpose of this study is to assess awareness and experience with medical treatments. This research is being conducted by Nielsen in conjunction with Schlesinger Associates, an independent market research agency working within specific market research Codes of Conduct. You may access Nielsen privacy policy through the following link. [INSERT LINK TO FOLLOWING SITE: <http://www.harrisinteractive.com/AboutUs/PrivacyPolicy.aspx>]

Please read the following text, which explains key information regarding this research:

- This research is sponsored by a pharmaceutical company and is being carried out within the Code of Conduct of the Market Research Society.
- The research is not intended to be promotional and any information presented is done so solely to explore reactions to such information.
- Any information shown during the course of this research should be assumed to represent hypotheses about what can be said about a product and should not be used to influence decisions outside the research setting.
- During your participation, you have the right to refuse to answer any question or withdraw from participation at any time. If you encounter a survey question that requires your response in order to continue, you may exit the survey and end your participation if you do not want to answer the question.

It is estimated that the survey will take 10 to 15 minutes to complete.

If you wish to contact us about this survey, here are our contact details.

Rose Walker: info@harrisinteractive.com

Please confirm that you have read and understood this information, and you agree to proceed.

1. Yes
2. No [TERMINATE]

BASE: ALL US RESPONDENTS

S1. What is your current role at your practice?

1. Physician
2. Nurse Practitioner
3. Physician Assistant
4. Other [TERMINATE]

BASE: MD, NP, PA

S2. What is your primary medical specialty/practice area?

1. Family Practice
2. Internal Medicine
3. Endocrinology
4. Other (please specify)

BASE: ALL QUALIFIED RESPONDENTS

S3. In what state is your practice located? If you practice in more than one state, please select the state where you consider your primary practice to be located.

[INSERT DROP DOWN LIST OF STATES]

[TERMINATE IF MINNESOTA, VERMONT, DC OR MASSACHUSETTS]

BASE: HCP AND PRACTICE IS NOT IN MN, VT, DC, MA

S4. Are you or were you employed, or are your immediate family members employed by Eli Lilly and Company, Nielsen or the FDA?

1. Yes [TERMINATE]
2. No

BASE: NOT COMPETITIVELY EMPLOYED

S5. Have you ever prescribed TRULICITY (dulaglutide)?

1. Yes
2. No [TERMINATE]
3. I don't know [TERMINATE]

Main Survey Questions

INTRO

In this survey, we will be asking you questions about a Risk Evaluation and Mitigation Strategy (REMS).

A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.

BASE: ALL QUALIFIED RESPONDENTS

Q1. Based on the TRULICITY prescribing information, which of the following describes the indication for TRULICITY? Please select all that apply.

[RANDOMIZE]

1. TRULICITY is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
2. TRULICITY is a sodium-glucose transporter-2 (SGLT-2) inhibitor indicated to improve glycemic control in adults with type 2 diabetes mellitus.
3. TRULICITY is indicated for the treatment of adults with type 1 diabetes mellitus.
4. TRULICITY is indicated for the treatment of children with diabetes mellitus.
5. None of the above [ANCHOR].
6. I do not know [ANCHOR].

BASE: ALL QUALIFIED RESPONDENTS

Q2. Based on the TRULICITY prescribing information, please indicate which of the following are “limitations of use” for TRULICITY.

[RANDOMIZE]

1. HIDDEN	a	B	c
	True	False	I don't know

	[RANDOMIZE}
1	Not recommended as first-line therapy for patients inadequately controlled on diet and exercise
2	Has not been studied in patients with a history of pancreatitis. Consider another anti-diabetic therapy in patients with history of pancreatitis
3	Not for treatment of type 1 diabetes mellitus or diabetic ketoacidosis
4	Not for patients with pre-existing severe gastrointestinal disease
5	Has not been studied in combination with basal insulin
6	Not for treatment of insomnia in adults
7	Not for treatment of type 2 diabetes mellitus

BASE: ALL QUALIFIED RESPONDENTS

Q3. Which, if any, of the following risks or potential risks are listed in the prescribing information as being associated with the use of TRULICITY? Please include whatever risks or potential risks you know of, even if your patients have not experienced them. Please select all that apply.

[RANDOMIZE]

1. Medullary thyroid carcinoma
2. Pancreatitis
3. Upper respiratory tract infection
4. Tuberculosis
5. None of the above [ANCHOR]
6. I do not know [ANCHOR]

BASE: ALL QUALIFIED RESPONDENTS

Q4. Prior to receiving the invitation to participate in this survey regarding the TRULICITY REMS program, were you aware that there was a REMS program for TRULICITY?

1. Yes
2. No

BASE: ALL QUALIFIED RESPONDENTS

Q5. Have any of the following sources of information on safety and risks of TRULICITY been provided to you?

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

HIDDEN	1	2	3
	Yes	No	I don't know

	[RANDOMIZE}
A	TRULICITY REMS Factsheet for Healthcare Providers
B	TRULICITY prescribing information
C	TRULICITY REMS Website address
D	TRULICITY Medication Guide
E	TRULICITY REMS Letter to Healthcare Providers

BASE: PROVIDED TRULICITY REMS LETTER (Q4/e = YES)

Q6. Did you read the TRULICITY REMS Letter to Healthcare Providers?

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

1. Yes, I read all of it
2. Yes, I read at least some of it
3. No, I did not read it
4. I don't remember reading it

BASE: PROVIDED TRULICITY REMS FACT SHEET (Q4/a = YES)

Q7. Did you read the TRULICITY REMS Factsheet for Healthcare Providers?

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

1. Yes, I read all of it
2. Yes, I read at least some of it
3. No, I did not read it
4. I don't remember reading it

BASE: ALL QUALIFIED RESPONDENTS

Q8. Which of the following are required of a healthcare provider regarding medullary thyroid carcinoma (MTC) in patients taking TRULICITY as described in the TRULICITY REMS Factsheet for Healthcare Providers? Please select all that apply.

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

[RANDOMIZE]

1. Instruct patients to contact their healthcare provider (HCP) if they have symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea or persistent hoarseness).
2. Further evaluate patients if thyroid nodules are noted upon physical examination or neck imaging.
3. No further evaluation is necessary if thyroid nodules are noted upon physical examination or neck imaging.
4. Further evaluate patients if serum calcitonin is measured and found to be elevated.
5. Do not inform patients of the potential risks with medullary thyroid carcinoma (MTC) with TRULICITY.
6. None of the above [ANCHOR].
7. I don't know [ANCHOR].

BASE: ALL QUALIFIED RESPONDENTS

Q9. Which of the following are required of a healthcare provider regarding pancreatitis in patients taking TRULICITY as described in the TRULICITY REMS Factsheet for Healthcare Providers? Please select all that apply.

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

[RANDOMIZE]

1. Counsel patients to contact their HCP promptly if they experience symptoms of pancreatitis (for example, persistent, severe abdominal pain sometimes radiating to the back, which may or may not be accompanied by vomiting).
2. Immediately discontinue TRULICITY if pancreatitis is suspected.
3. Continue TRULICITY if pancreatitis is suspected.
4. Perform confirmatory tests, and initiate appropriate management for pancreatitis. If pancreatitis is confirmed, TRULICITY should not be restarted.
5. Restart TRULICITY if pancreatitis is confirmed.
6. Do not inform patients of the risks with pancreatitis and TRULICITY.
7. I don't know [ANCHOR].
8. None of the above [ANCHOR].

Healthcare Provider Demographic Questions

D1. Are you...?

1. Male
2. Female

D2. How many years have you been in clinical practice?

1. Less than 10 years
2. 10 to 20 years
3. More than 20 years

If you have any questions about any of the TRULICITY REMS materials please contact your local field representative or the TRULICITY REMS Call Center at 1-800-545-5979.

Results

Frequencies in numbers and percentages for responses to each question will be reported. Results will be provided to the FDA per the Timetable for Assessments outlined in the current REMS Supporting Document.

Invitation Letter

Dear [HCP Designation],

You are invited to participate in a survey about TRULICITY. If you complete the entire 10- to 15-minute survey, you will be reimbursed for your time and participation.

If you choose to participate, please be assured that survey results will be presented in aggregate form only. Individual responses will be kept confidential.

Compensation: \$[xx.xx]

To complete the survey, go to [Insert survey link] to get started.

Thank you in advance for your participation. Your help in completing this survey is greatly appreciated.

Sincerely,

Inspired Opinions Health Team

help@inspiredopinions.com | <https://health.inspiredopinions.com/>

We Respect Your Privacy. Inspired Opinions is part of Schlesinger Associates, an accredited market research company. We adhere to data protection law and market research codes of conduct. Our Privacy Policy safeguards all personal information collected, which remains confidential and only is used for research. Your access and use of the service is subject to our Terms and Conditions

Please take the time to add this address survey@inspiredopinions.com to your trusted or safe sender list to ensure that our emails to you get delivered to your Inbox.

You have been sent this email because you subscribed as a member of the Inspired Opinions community. If you no longer wish to receive emails from us please click here to unsubscribe: %OPTOUTLINK%

Copyright 2014 Inspired Opinions. All Rights Reserved.
Schlesinger Associates, 101 Wood Avenue South, Iselin, New Jersey 08830