

Appendix B: Demographic Questionnaire

PIN: _____

Date: _____

Interviewer: _____

No.	Question	Answer
1.	Which best describes the type of organization with which you are currently affiliated? <i>[Read aloud responses]</i> <i>Select only one</i>	<input type="checkbox"/> Pharmaceutical industry <input type="checkbox"/> Biotechnology industry <input type="checkbox"/> Other (please specify): _____
2.	What type of product or products does your company develop? <i>[Read aloud responses]</i> <i>Select all that apply</i>	<input type="checkbox"/> Drugs, either therapeutic or preventive <input type="checkbox"/> Vaccines <input type="checkbox"/> Devices <input type="checkbox"/> Biologics <input type="checkbox"/> Combination products (e.g., drug-devices) <input type="checkbox"/> Other (please specify): _____
3.	What is your current role in clinical research and development?	
4.	How many years have you been in this role?	_____
5.	How many years have you been engaged in clinical research that was conducted remotely in some way?	_____
6.	How many years in total have you been engaged in clinical research?	_____