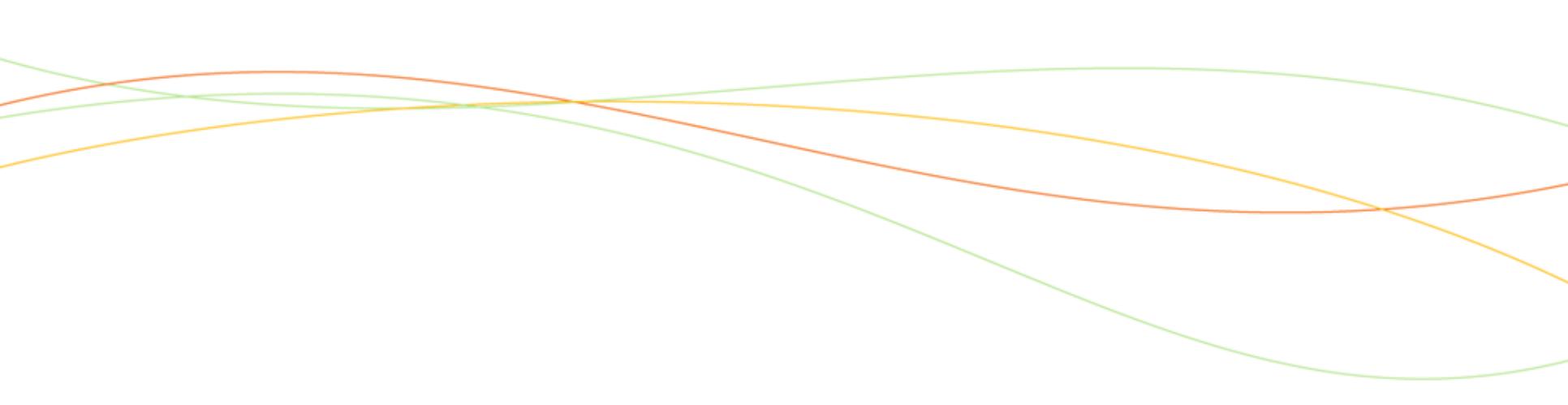


AHEAD OF WHAT'S NEXT.



Asthma and Allergy Foundation of America

Pseudoephedrine (PSE) Awareness Study – Executive External Report
2013 Part 2 Follow-Up – Assessing Patient Burden



Background, Objectives and Methodology

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Background and Objectives

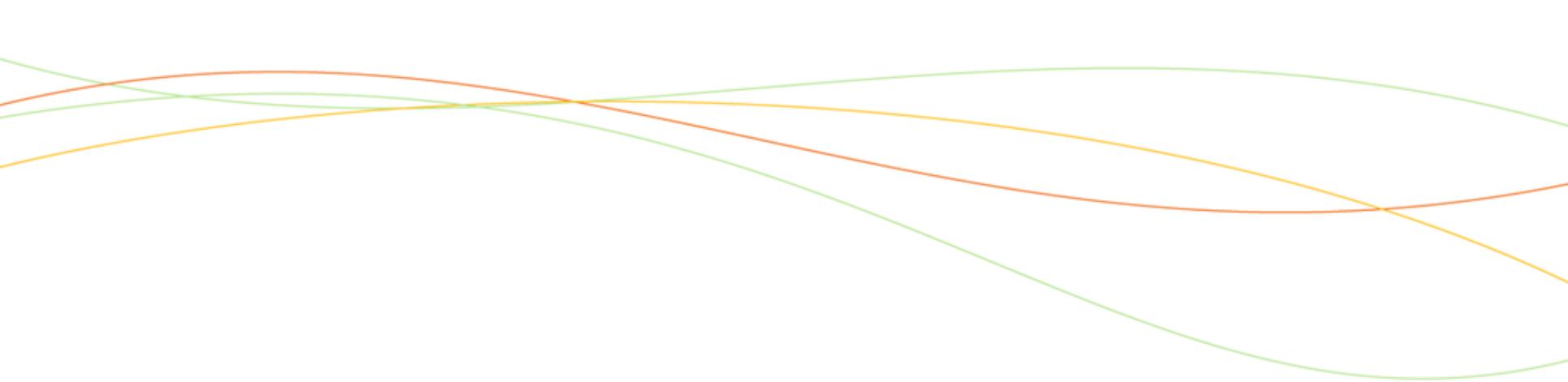
- In 2010, AAFA embarked on a research project to measure pseudoephedrine awareness and attitudes about public policy designed to impact the sale of over-the-counter products with pseudoephedrine as an ingredient.
- That study served as a useful tool for AAFA and their partners in working with state legislatures and other policy makers. Data from the study has helped shape policy and shown lawmakers the voters' points of view on the proper use and regulation of this effective drug.
- Now, AAFA has commissioned Harris Interactive to update the data from that 2010 study. As part of this research, AAFA is interested in:
 - ✓ Measuring the burden (in terms of cost, time off from work, etc.) experienced by patients who suffer from nasal allergies/asthma/cold/cough/flu and who use either OTC medications, or a combination of OTC and Rx medications, to treat their symptoms.
 - ✓ Testing awareness of events involving the use of pseudoephedrine, its use to make crystal meth and the requirement that drugs containing pseudoephedrine be moved behind-the-counter.
 - ✓ Assess support for, or opposition to a proposed prescription requirement.

Methodology: Online Methodology and Screening Requirements

- The Pseudoephedrine Awareness survey was conducted between January 4 - 15 via a 17-minute online survey among a representative sample of U.S. adults, with an “oversampling” in four states of particular interest to AAFA: Oklahoma, Missouri, Kentucky and West Virginia.
- Survey participants were adults 18+ who personally suffered from nasal allergies, asthma or cold, cough or flu in the past 12 months and purchased non-prescription medication for at least one condition.
- 2,020 interviews were completed in the U.S., along 316 interviews in Kentucky, 300 in West Virginia, 312 in Missouri and 300 in Oklahoma.
- Throughout this report, the term “patients” refers to respondents who personally suffer from nasal allergies, asthma, cold, cough or flu and who use either OTC medications or a combination of OTC and Rx medications to treat their symptoms.

Methodology: Weighting and Significance Testing

- Figures from the 2011 CPS for education, age by gender, race/ethnicity, region, and household income were weighted where necessary to bring them into line with the population of US residents age 18+. Separately, figures from the 2011 CPS for education, age by gender, race/ethnicity, and household income were weighted where necessary to bring them into line with the population of age 18+ residents of each of the following states individually: Oklahoma, Missouri, Kentucky, and West Virginia.
- Our weighting algorithm for each group also included a propensity score which allows us to adjust for attitudinal and behavioral differences between those who are online versus those who are not, those who join online panels versus those who do not, and those who responded to this survey versus those who did not.
- Data is tabulated and tested at the 95% confidence level. Throughout this report, capital letters (A,B,C,D) indicate a statistically significant difference between the subgroups indicated at the 95% confidence level.



Executive Summary



Executive Summary

Patients and their households spend a considerable amount of time dealing with their allergy, asthma, cold and flu symptoms.

- 54% nationally personally suffer from nasal allergies, with higher percentages reported in the states of Kentucky (74%), Oklahoma (66%) and West Virginia (62%).
- 13% suffer from asthma (with similar percentages reported in the target states).
- 82% suffer from cold, cough or flu (with similar percentages reported in the target states)
- Nationwide, patients estimate that they (or members of their household) deal with their cold symptoms an average of 20 days out of the year.
- In contrast, they deal with their allergy symptoms for more than two months out of the year (69.5 days). Patients in Oklahoma and Kentucky report that they or their family members suffer from allergy symptoms for more than 3 months out of the year (91 and 87.5 days, respectively)

Executive Summary

Patients incur some expense (in terms of time and money) and noticeable delays when seeing their healthcare providers.

- On average, patients see their general practitioner or pediatrician about once every three-to-four months.
- Roughly one in five can get in to see their healthcare provider the same day they call. However, for a similar number (one-in-five), the wait is over a week – with one-in-three households in West Virginia and Missouri recording wait times this long.
- Roughly 40% - 50% of these doctor's visits take place during work hours. One-in-three had all of their visits during work hours (42% in Oklahoma).
- When including drive time, waiting room time and the visit itself, one-in-five respondents spend less than an hour when visiting the doctor. Roughly one-third require 2 or more hours per visit, while one in ten requires 3 or more hours for their doctor's visits.
- Three out of five respondents spend \$20 or more for each of their doctor's visits.

Executive Summary

Patients regularly purchase RX medications, with most buying for two or more household members. For the most part, they are able to purchase the medications they want.

- 82% of patients nationwide report buying Rx medications “frequently” or “occasionally” – with similar percentages reported in Kentucky (85%), West Virginia (83%), Missouri (81%) and Oklahoma (87%).
- Close to 70% buy Rx medications for more than one member of their household.
- Most (89%) are able to purchase the medications they want.
- When respondents cannot purchase the medications they want, the most common results are that they cannot afford to buy a substitute medication (23%), their recovery time was prolonged (22%) or that they had to settle for a less effective, alternate brand (11%)

Patients use a wide variety of medications containing pseudoephedrine. Moreover ...

- Roughly 70% of respondents have purchased one or more medications containing pseudoephedrine in the past 12 months – including Sudafed, Claritin D, Mucinex D, Zyrtec D and others.

Executive Summary

They are highly aware of the controversy surrounding pseudoephedrine and its use to make illegal crystal meth.

- One in three nationally (38%) recalls seeing, reading or hearing news about pseudoephedrine over the past 12 months – with majorities reporting hearing such news in the target states of West Virginia (52%), Missouri (59%) and Oklahoma (59%).
- The majority of respondents (53%) are aware that products containing pseudoephedrine are sold behind-the-counter in most states – with 73% of patients saying this in Oklahoma.
- When asked – on an unaided basis – why this is so, respondents nationally and across all test markets were highly aware that pseudoephedrine has been moved behind-the-counter because it can be used to make crystal meth (44% nationally) or illegal street drugs (26% nationally).
- When purchasing a decongestant, roughly one in three purchases the decongestant with pseudoephedrine in it – knowing that they will have to sign for their purchase. (In Oklahoma, 45% purchase and sign for the decongestant with pseudoephedrine, the highest percentage reported among the target states.) Half purchase an OTC alternative, while one in ten does without his or her medication.

Executive Summary

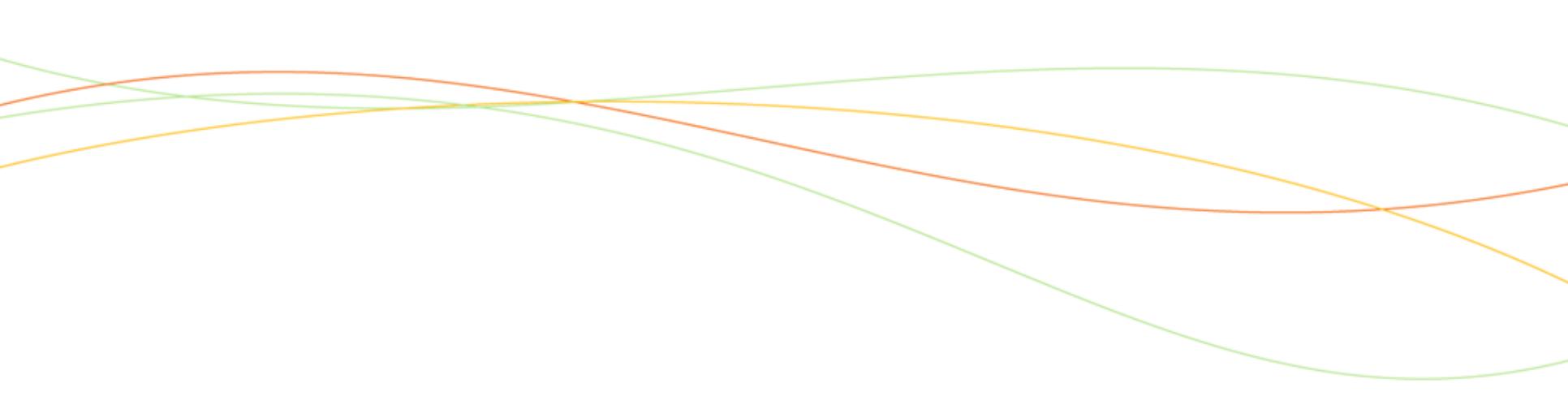
One in five patients who typically buys an alternative OTC medication without pseudoephedrine says that the medication did not work as well as one with pseudoephedrine. A much larger percentage - two in five - are “not sure” if the OTC medication worked as well.

- When asked if the decongestant without pseudoephedrine worked as well as the one with pseudoephedrine, roughly one in three respondents (37% nationally) said “yes”. One-in-five (19% nationally) said “no”, while the largest percentage (43% nationally) were not sure how well the alternative medication had worked.

Executive Summary

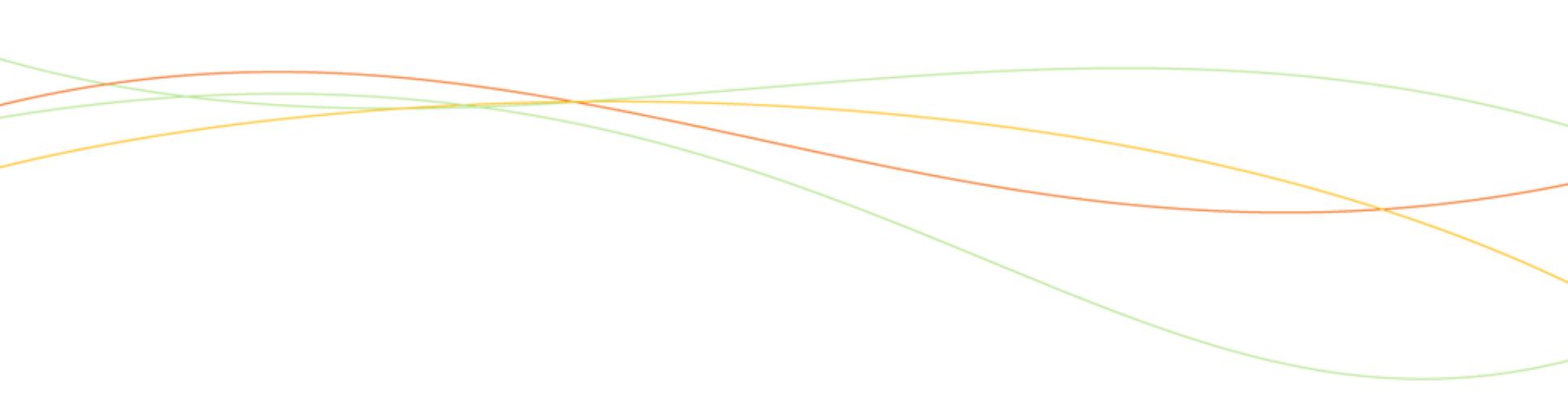
When asked to gauge their support or opposition to a major initiative designed to curb the use of pseudoephedrine in the making of crystal meth, patients report high levels of opposition to a prescription mandate.

- A substantial majority of patients see crystal meth production and usage as a problem for their communities: U.S. (73%), Kentucky (84%), West Virginia (94%), Missouri (88%) and Oklahoma (92%).
- There is nearly universal recognition that crystal meth usage and production is a problem for the country as a whole: U.S. (98%), Kentucky (99%), West Virginia (99%), Missouri (98%) and Oklahoma (100%).
- Thirty-one percent (31%) of patients say they support a proposed requirement that those wishing to buy a decongestant with pseudoephedrine in it must first get a prescription from a doctor to do so. Sixty-two percent (62%) oppose this prescription mandate.



Detailed Findings





Suffering Symptoms, Seeing the Doctor*

*New Section for 2013 Survey

Suffer from Allergies, Asthma or Cold, Cough or Flu Symptom Among All Respondents

Sizable percentages of patients nationally and across our states of interest suffered from nasal allergies or cold/cough/flu over the past year. The percentage of allergy sufferers was especially pronounced in Kentucky.

SUFFER FROM THE FOLLOWING	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
NASAL ALLERGIES (ALSO KNOWN AS "HAY FEVER" OR "SEASONAL ALLERGIES")	54%	66% AE	74% ABDE	62%	53%	66% AE
ASTHMA	13% E	13% E	14% E	8%	6%	14% E
COLD, COUGH OR FLU	82% BC	75%	72%	79%	83% BC	76%

Base: Qualified Respondents

Q600 Have you personally suffered from any of the following over the past 12 months that required you to purchase medication (prescription or non-prescription)?



Days Suffered from Cold, Cough or Flu Symptoms Among All Respondents

On average, patients (or their family members) suffered from cough, cold or flu symptoms 20 days out of the year.

DAYS SUFFERED FROM COLD, COUGH OR FLY IN PAST YEARS	A. US 2013 (N=2020)	B. Kentucky (N=316)	C. West Virginia (N=300)	D. Missouri (N=312)	E. Oklahoma (N=300)
0	5%	5%	2%	5%	4%
1-50	90%	89%	92%	92%	89%
51-100	3%	3%	3%	1%	5%
101-150	1%	0%	2%	0%	1%
151-200	1%	2%	0%	0%	0%
351+	1%	0%	0%	0%	1%
MEAN	20	20.6	19.4	18.2	23
MEDIAN	12	12	14	12	12

Base: Qualified Respondents

Q610 On average, over the past 12 months, how many total days have you and the members of your household dealt with cold, cough or flu symptoms?



Household Allergy Sufferers Among All Respondents

Roughly four out of every five patient households has one or more family members who suffers from allergies.

SUFFERS FROM ALLERGIES	A. US 2013 (N=2020)	B. Kentucky (N=316)	C. West Virginia (N=300)	D. Missouri (N=312)	E. Oklahoma (N=300)
YES, I SUFFER FROM THESE ALLERGIES	36%	43%	40%	34%	36%
YES, I AND ANOTHER MEMBER OF MY FAMILY SUFFER FROM THESE ALLERGIES	28%	33%	33%	27%	40% AD
I DO NOT SUFFER FROM ALLERGIES, BUT ANOTHER MEMBER OF MY FAMILY DOES	15% B	9%	14%	16% B	14%
MY FAMILY DOES NOT SUFFER FROM THESE ALLERGIES	21% BCE	14%	13%	22% CE	11%

Base: Qualified Respondents

Q620 In the past 12 months, have you, or has any member of your household, suffered from allergies (for example, allergies caused by dust, pollen or pets, or seasonal allergies?)

Days Suffer from Allergies Among All Respondents

Nationally, patient households deal with their allergy symptoms more than two months out of the year. For households in Kentucky and Oklahoma, it is three months out of the year.

DAYS SUFFERED FROM ALLERGIES OVER THE PAST YEAR	A. US 2013 (N=2020)	B. Kentucky (N=316)	C. West Virginia (N=300)	D. Missouri (N=312)	E. Oklahoma (N=300)
0	17% BCE	10%	10%	17% E	8%
1-50	53%	54%	54%	51%	48%
51-100	12%	12%	13%	8%	18% AD
101-150	3%	4%	4%	7% A	6%
151-200	3%	2%	4%	3%	6%
201-250	1%	4% AC	0%	3% A	1%
251-300	3%	4%	4%	4%	3%
301-350	0	1%	0%	0%	0%
351+	8%	9%	10%	7%	9%
MEAN	69.5	87.5 A	82.7	77	91 A
MEDIAN	21	30	30	30	45

Base: Qualified Respondents

Q630 On average, over the past 12 months, how many total days have you and/or the members of your household dealt with your/their allergy symptoms?

General Practitioner/Pediatrician Appointment Among All Respondents

Patients generally schedule appointments with their general practitioner or pediatrician once every three-to-four months.

GP OR PEDIATRICIAN'S APPOINTMENTS IN THE PAST 12 MONTHS	A. US 2013 (N=2020)	B. Kentucky (N=316)	C. West Virginia (N=300)	D. Missouri (N=312)	E. Oklahoma (N=300)
0	25% D	26% D	28% D	15%	19%
1-10	70%	68%	65%	79% ABC	74%
11-20	4%	4%	6%	4%	5%
21-30	1%	1%	1%	0%	2% A
31-40	0%	1% A	0%	1% A	0%
41-50	0%	0%	0%	0	0%
MEAN	3.4	3.4	3.4	3.8	4
MEDIAN	2	3	2	2	3

Base: Qualified Respondents

Q640 How many times in the past 12 months have you scheduled an appointment with your general practitioner or your pediatrician, either for yourself or a member of your household?

Delay in Seeing Doctor Among Those Who Schedule Appointments

Only about one in five (one in ten in Missouri) are able to get into see their doctor or pediatrician the same day they call. For 22% of patient households in the U.S. the wait is over a week – with one-in-three households in West Virginia and Missouri recording wait times this long.

WAIT TIME TO SEE DOCTOR	A. US 2013 (N=1602)	B. Kentucky (N=258)	C. West Virginia (N=251)	D. Missouri (N=268)	E. Oklahoma (N=254)
WITHIN THE SAME DAY	19%	22% D	24% D	12%	29% AD
TWO-TO-THREE DAY	44% C	42% C	30%	41%	38%
FOUR-TO-SEVEN DAYS	15%	12%	15%	15%	13%
EIGHT-TO-FOURTEEN DAYS	8%	6%	13%	15% AB	7%
FOURTEEN-TO-TWENTY-ONE DAYS	4%	4% E	3%	9% AE	1%
MORE THAN THREE WEEKS (TWENTY-ONE DAYS)	10%	13%	15%	8%	12%

Base: Scheduled Appointments

Q650 On average, how many days are there between your call to schedule a general practitioner's/pediatrician's appointment for yourself or a member of your household and the actual time of the general practitioner's/pediatrician's visit.



Number of Visits During Work Hours Among Those Who Schedule Appointments

Roughly 40% - 50% of doctor's visits take place during work hours. One in three had all of their appointments during their work hours.

% OF DOCTOR VISITS TAKING PLACE DURING WORK HOURS	A. US 2013 (N=1602)	B. Kentucky (N=258)	C. West Virginia (N=251)	D. Missouri (N=268)	E. Oklahoma (N=254)
MEAN	42.5	39.7	38.6	44.8	52.7 ABC
% SAYING 100%	31%	30%	29%	35%	42% ABC
MEDIAN	20	10	10	30	50

Base: Scheduled Appointments

Q660 What percentage of these general practitioner's/pediatrician's appointments took place during your work hours?



Total Time for Appointments Among Those Who Schedule Appointments

Roughly one-third of patients require 2 or more hours per visit, while one in ten requires 3 or more hours for their doctor's visits.

TOTAL TIME (INCLUDING DRIVE TIME TO AND FROM), WAITING ROOM TIME AND DR. VISIT	A. US 2013 (N=1602)	B. Kentucky (N=258)	C. West Virginia (N=251)	D. Missouri (N=268)	E. Oklahoma (N=254)
LESS THAN ONE HOUR	18%	21%	19%	21%	17%
ONE HOUR TO LESS THAN TWO HOURS	52%	44%	49%	43%	49%
TWO HOURS TO LESS THAN THREE HOURS	21%	24%	23%	30% A	24%
THREE HOURS TO LESS THAN FOUR HOURS	6%	7%	8%	5%	5%
FOUR HOURS TO LESS THAN FIVE HOURS	2%	2%	1%	0	2%
FIVE HOURS OR MORE	1%	1%	-	1%	3%

Base: Scheduled Appointments

Q670 On average, how long do you usually need to set aside for each single visit to your general practitioner or pediatrician, when you add up the drive time to and from the general practitioner/pediatrician, the waiting room time and the time with the general practitioner/pediatrician?



Out-of-Pocket Costs for Each Visit Among Those Who Schedule Visits

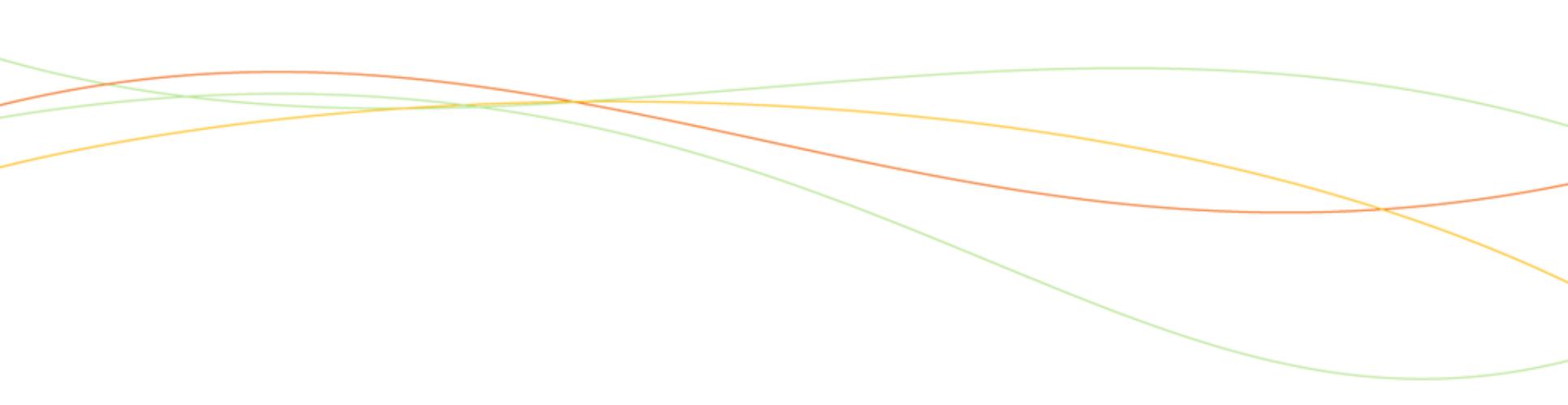
Roughly three in five patients spend \$20 or more each time they visit the doctor.

OUT OF POCKET COSTS FOR EACH GP OR PEDIATRICIAN VISIT	A. US 2013 (N=1602)	B. Kentucky (N=258)	C. West Virginia (N=251)	D. Missouri (N=268)	E. Oklahoma (N=254)
LESS THAN \$20	40%	38%	42%	34%	39%
\$20 TO LESS THAN \$40	41%	40%	36%	50% C	41%
\$40 TO LESS THAN \$60	9%	10%	9%	10%	8%
\$60 TO LESS THAN \$80	4%	7%	6%	4%	3%
\$80 TO LESS THAN \$100	2%	2%	3%	0	6% AD
MORE THAN \$100	3%	3%	4%	2%	2%

Base: Scheduled Appointments

Q680 On average, what is the out-of-pocket cost for each single visit to your general practitioner or pediatrician?





Filling Prescriptions



Buy Medications for Household Members Among All Respondents

Only about one in four patients buys prescription for a single member of his or her household. Most buy medications for two or more family members.

# OF HOUSEHOLD MEMBERS BUY MEDICATIONS FOR	A. US 2013 (N=2020)	B. Kentucky (N=316)	C. West Virginia (N=300)	D. Missouri (N=312)	E. Oklahoma (N=300)
ONE	28%	27%	23%	25%	24%
TWO	39%	37%	45%	52% ABE	39%
THREE	13%	15%	17% D	9%	15%
FOUR-TO-FIVE	11%	16% C	8%	10%	14%
MORE THAN FIVE	1%	2%	3%	1%	3%
I DO NOT PURCHASE MEDICATIONS FOR ANY ONE IN MY FAMILY	8% BD	3%	4%	3%	4%

Base: Qualified Respondents

Q690 How many people in your household do you purchase medications for – either prescription medications or those you can purchase without a prescription?*

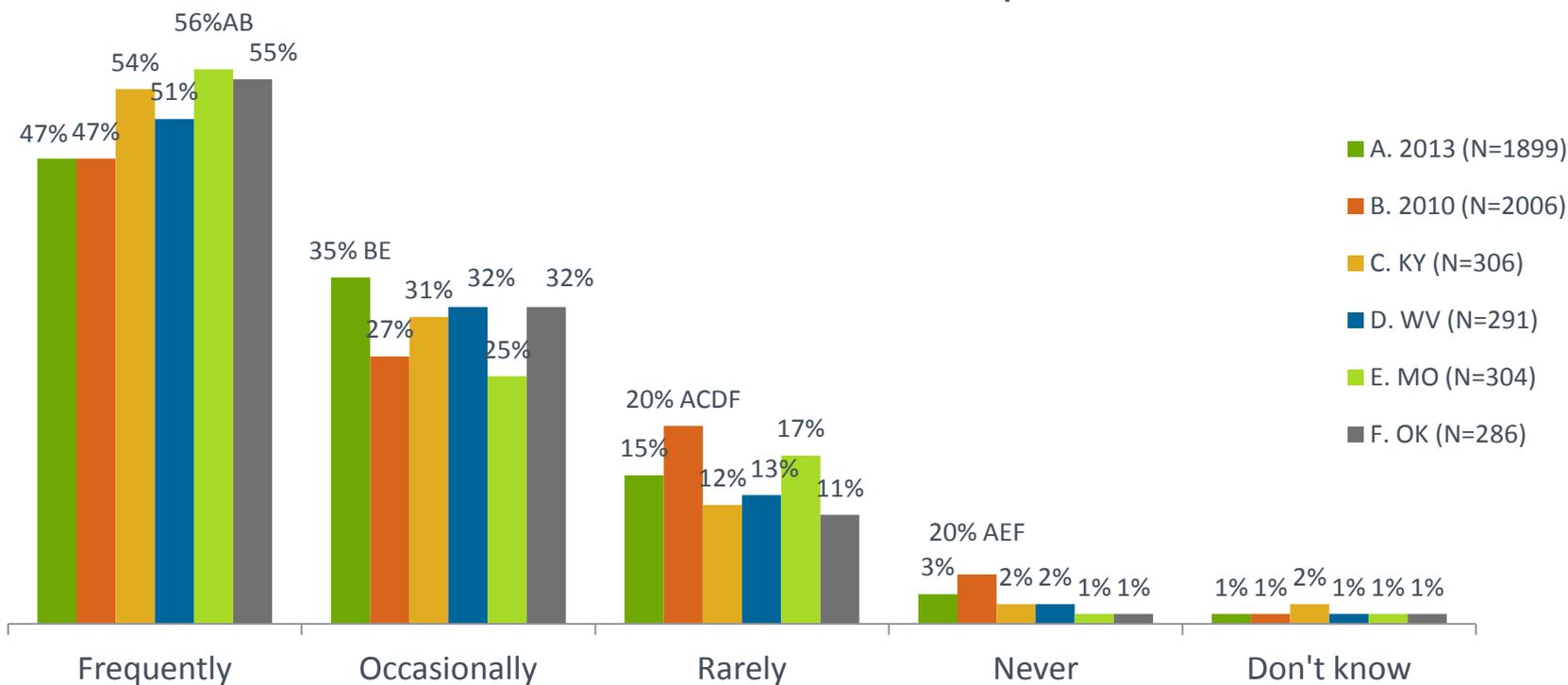
*Note: Not asked in 2010 survey



Level of Prescription Usage Among Those Who Buy Medications

The vast majority of patients fill prescriptions “frequently” or “occasionally”. Roughly half describe their prescription filling as “frequent”.

How Often Fill Prescriptions



Base: Purchases Medications

Q700 How often do you have prescriptions filled either for yourself or someone in your immediate household?

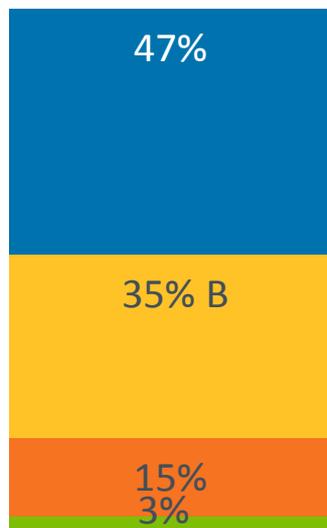


How Often Buy Rx Medications Among Those Who Purchase Medications

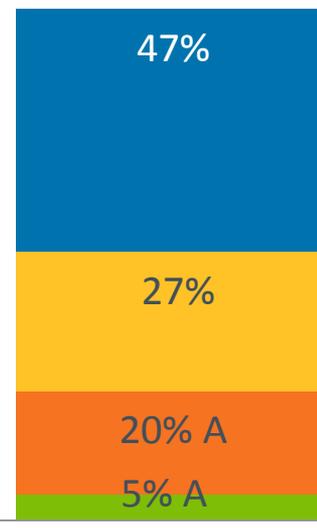
In 2013, roughly four out of five patients bought prescription medications for themselves or someone in their households at least “occasionally”. Half buy these medications “frequently”.

Over the Past Year

A. 2013
(N=1899)



B. 2010
(N=2006)



- Frequently
- Occasionally
- Rarely
- Never

Base: Purchases Medications

Q700 How often do you have prescriptions filled either for yourself or someone in your immediate household?



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How Often Buy Rx Medications Among Those Who Purchase Medications – By State

Half of patients across our states of interest are frequent purchasers of Rx medications for themselves and/or others in their households.

HOW OFTEN PURCHASE RX MEDICATIONS	Kentucky (N=306)	West Virginia (N=291)	Missouri (N=304)	Oklahoma (N=286)
FREQUENTLY	54%	51%	56%	55%
OCCASIONALLY	31%	32%	25%	32%
RARELY	12%	13%	17%	11%
NEVER	2%	2%	1%	1%
DON'T KNOW	2%	1%	1%	1%

Base: Purchases Medications

Q700 How often do you have prescriptions filled either for yourself or someone in your immediate household?



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Implications of Not Being Able to Purchase Rx Medications

As a rule, patients have been able to purchase the cold or allergy medications they wanted. When they could not, it was most likely because they could not afford the medication.

ABLE TO PURCHASE ALLERGY MEDICATIONS	A. US 2012 (N=1826)	B. Kentucky (N=298)	C. West Virginia (N=286)	D. Missouri (N=298)	E. Oklahoma (N=279)
Yes	11%	18% A	16%	14%	12%
No	89% B	82%	84%	86%	88%

IMPLICATIONS: TOP RESPONSES	A. US 2012 (N=192)	B. Kentucky (N=45)*	C. West Virginia (N=49)*	D. Missouri (N=38)*	E. Oklahoma (N=32)*
Too Expensive, Couldn't Afford	23%	18%	29%	24%	42%
Prolonged Sickness, Recovery Time	22%	6%	8%	6%	-
Purchased Generic/Less effective brand	11%	2%	5%	17%	9%
Low Supply/Out of Stock	11%	11%	-	2%	13%
Went Without, Suffered Through it	9%	17%	15%	15%	10%

Base: Respondents Who Have Prescriptions Filled at Least Rarely

Q710 Have you ever not been able to purchase your cold or allergy medications?* Note: Not asked in the 2010 survey

Base: Not Been Able to Purchase Medications

Q715 What were the implications/What was the result of your not being able to purchase your cold or allergy medications?

*Note: Small bases



Implications: Sample Comments

Purchased something that didn't work as well. - WV

Did without. - OK

I just could not afford the trip to the next town to see my ENT doctor to get my RX meds for my allergies so I bought the OTC meds my Dr. recommends. - WV

Worse symptoms leading to infection - WV

The cold lasted for 2 weeks more with lingering cough - OK

Was miserable unable to breathe and generally sickly. - KY

I was miserable for a lot longer. US

It resulted in a sinus infection that required antibiotic. - MO

Got much sicker and had to stay in bed. - MO

New law on pseudoephedrine. Had to switch from buying over-the counter to a prescription medication. - US

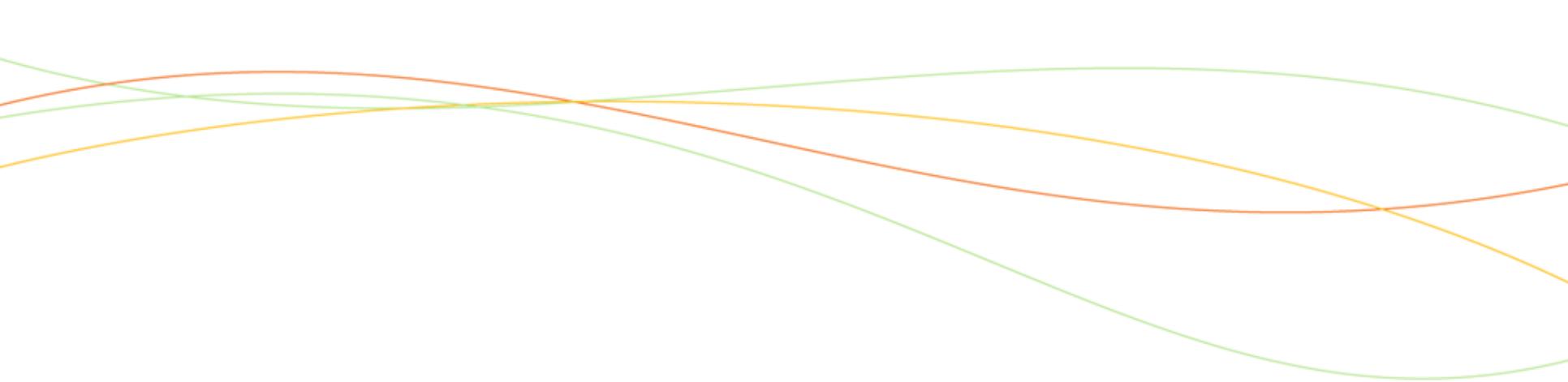
I had to go to school without symptom relief. I found myself interrupting class because of having to excuse myself due to coughing fits etc. - US

Just live with discomfort until it "runs its course" - MO

Need prescription from doctor to get allergy pills in certain counties in Missouri. - MO

Feeling very bad until I could get the medicine. KY



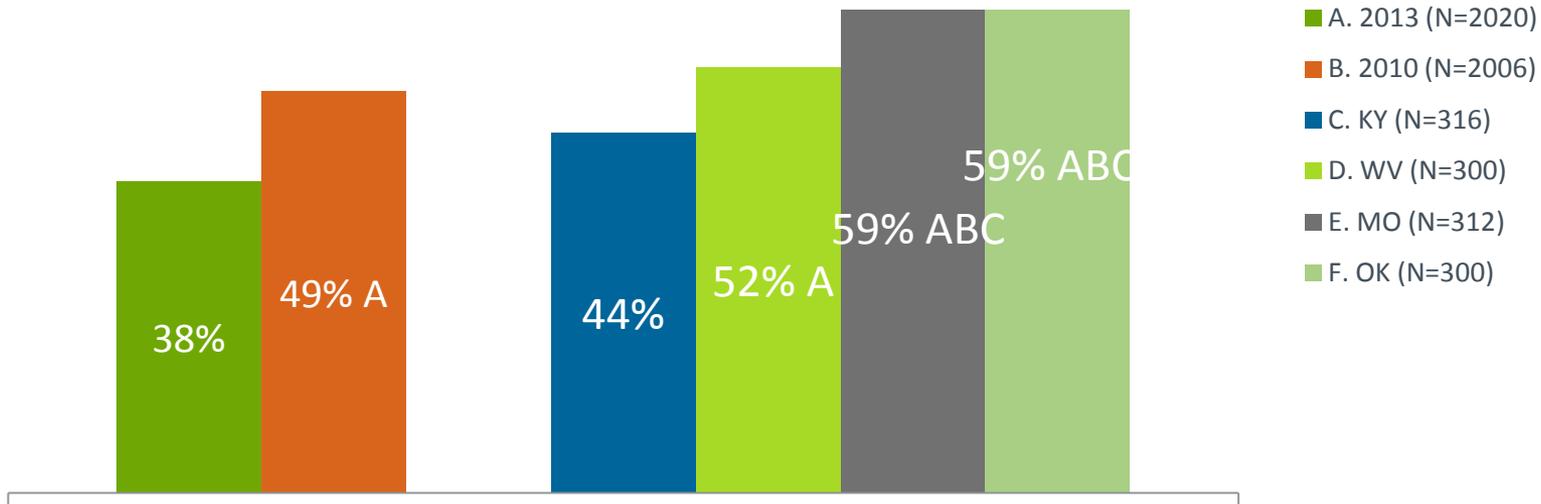


Knowledge and Use of Pseudoephedrine

Awareness of Pseudoephedrine News Among the Target Market

Although down nationally since 2010, awareness of pseudoephedrine news is especially high in West Virginia, Missouri and Oklahoma.

Seen, Read or Heard News
About Pseudoephedrine - % Saying "Yes"



Base: Qualified Respondents

Q805 Have you seen, read or heard anything about pseudoephedrine over the past 12 months?



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Pseudoephedrine News: What They've Heard

Patients are most likely to have read that pseudoephedrine can be used to make crystal meth. This is especially true in the target state of Missouri.

HEARD THE FOLLOWING ABOUT PSEUDOEPHEDRINE (US Responses over 5%)	A. US 2013 (N=786)	B. US 2010 (N=949)	C. Kentucky (N=161)	D. West Virginia (N=147)	E. Missouri (N=206)	F. Oklahoma (N=197)
Can be used to make meth	19%	25%	32% A	25%	48% ABCDF	23%
Available only through pharmacist/pharmacy by prescription	9%	7%	13% B	5%	8%	14% BD
Ad on TV	7%	7%	6%	4%	5%	8%
Can be used to make illegal drug	6%	9%	7%	4%	4%	10%
Available behind the counter	5%	9% A	11%	6%	5%	5%
Limits on purchasing quantity	5%	5%	9%	3%	5%	12% ABD
Need to have ID to purchase	5%	6%	3%	4%	3%	10% E

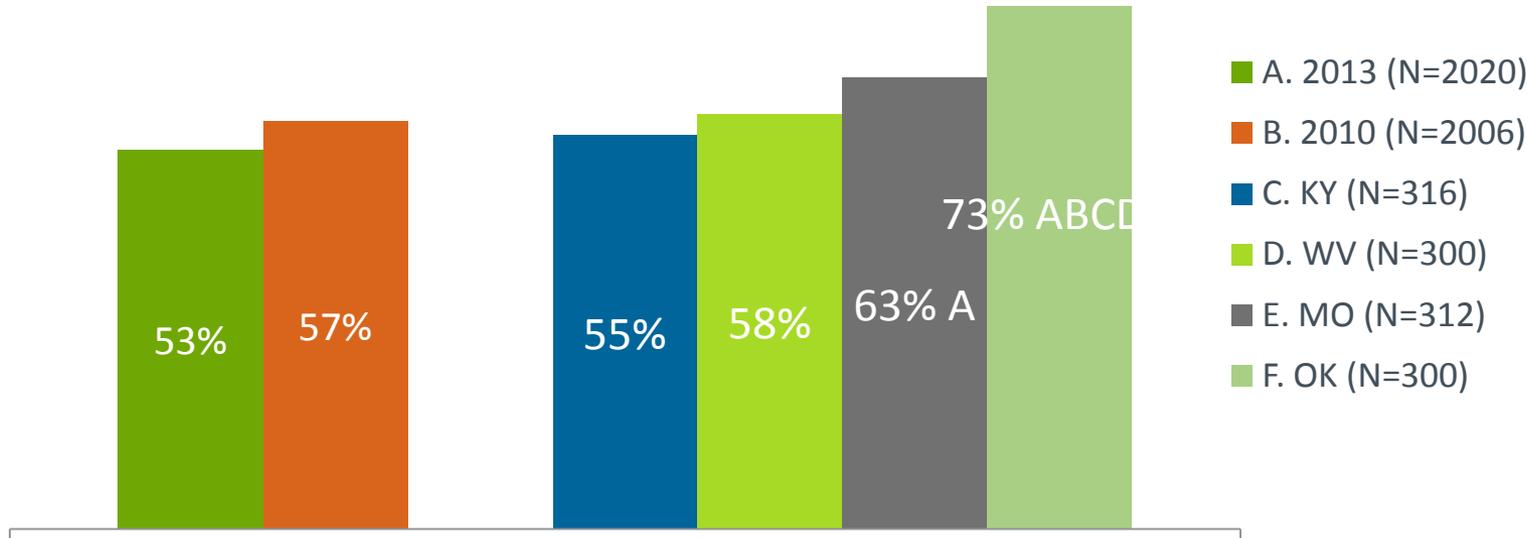
Base: Seen, Read or Heard Anything About Pseudoephedrine in the Past 12 Months
Q810 Please describe what you saw, read or heard about pseudoephedrine.



Awareness Pseudoephedrine Sold Behind Counter Among All Respondents

Majorities in all markets are aware that pseudoephedrine is sold mostly behind-the-counter, even though it does not require a prescription. This is especially true in Oklahoma.

**Awareness Pseudoephedrine Sold Behind the Counter
in Most States
% Saying "Yes"**



Base: Qualified Respondents

Q815 Are you aware that in all but two states, Oregon and Mississippi, medications containing pseudoephedrine are sold behind the counter even though they do not require a prescription?



Pseudoephedrine Behind-the-Counter Sales

What They've Heard

There is high unaided awareness – particularly in Kentucky, Missouri and Oklahoma – that pseudoephedrine is sold behind the counter because it can be used to make crystal meth.

WHY PSEUDOEPHEDRINE SOLD BEHIND THE COUNTER (US Responses over 5%)	A. US 2013 (N=1156)	B. US 2010 (N=1146)	C. Kentucky (N=199)	D. West Virginia (N=190)	E. Missouri (N=212)	F. Oklahoma (N=230)
Can be used to make meth/crystal meth	44%	49%	65% AB	51%	64% AB	61% AB
Can be used to make street/illegal drugs	26% CF	24% C	14%	22%	19%	18%
Can be used/misused	9%	9%	5%	12% E	4%	5%
Can be used to make drugs (unspecified)	6% B	0%	9% B	5% B	4% B	7% B
Kids/youth/teens may use them to get high	5% DEF	4% F	1%	0%	0%	0%
Track the purchase amount	5%	5%	7%	9%	3%	4%

Base: Aware That Medications Containing Pseudoephedrine Are Sold Behind the Counter

Q820 To the best of your knowledge, please explain why medications containing pseudoephedrine are sold behind the counter even though they do not require a prescription? If you do not know, please type NA and continue.

Pseudoephedrine Medications Purchased Among All Respondents

Patients report using a wide variety of medications that include pseudoephedrine.

PURCHASED THE FOLLOWING MEDICATIONS OVER THE PAST YEAR	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
Sudafed or its store brand version	32%	30%	25%	26%	27%	36% C
Claritin D or its store brand version	24%	26%	29%	32% A	22%	32% A
Zyrtec D or its store brand version	18% B	13%	23% BE	17%	14%	16%
Mucinex D or its store brand version	29% B	19%	35% B	28% B	35% B	34% B
Advil Cold and Sinus or its store brand version	27% B	22%	24%	30% B	20%	25%
Aleve D Sinus & Cold or its store brand version	10%	8%	14% B	13%	7%	10%
Allegra D or its store brand version*	12%	-	14% B	12%	9%	12%
None of these	30%	36% ACF	25%	29%	31%	24%

Base: Qualified Respondents

Q825 Each of the following medications contains pseudoephedrine. Please indicate if you have purchased any of the following medications with the past 12 months. Please select all that apply.

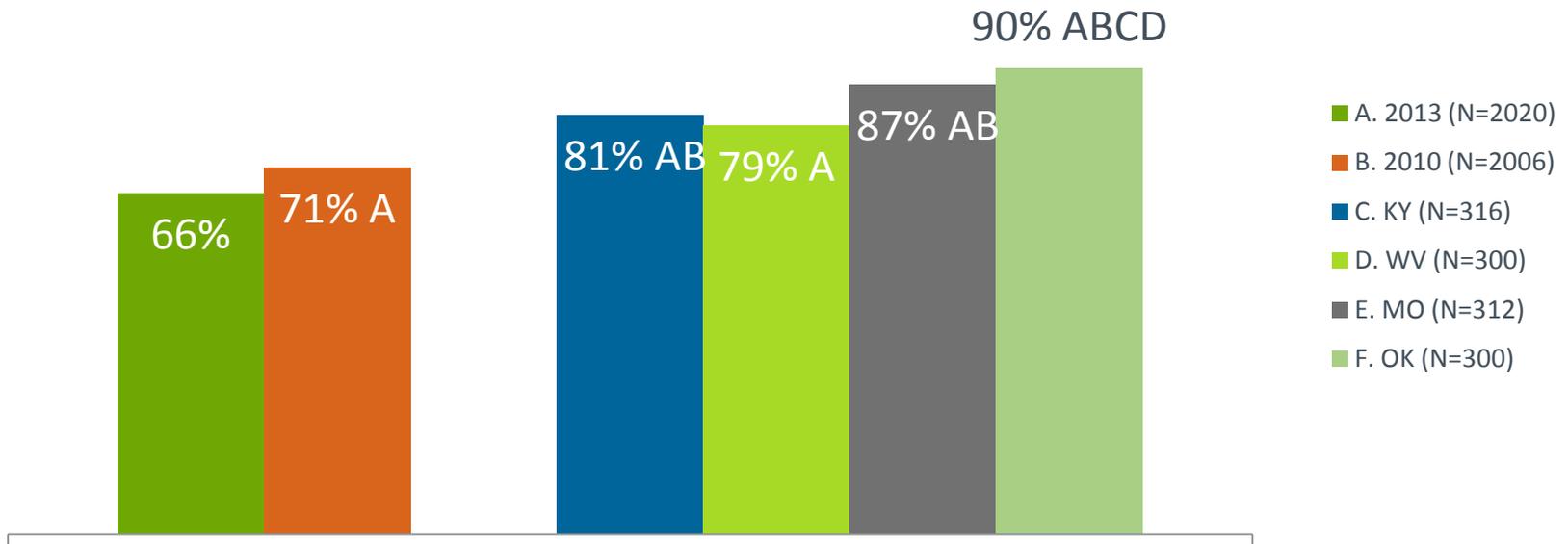
*Note: Not asked in 2010



Aware of Meth Lab Role in Moving Medications BTC Among All Respondents

Awareness is high – particularly in Oklahoma – that pseudoephedrine’s use in the illegal manufacture of pseudoephedrine is the reason the decongestant was moved behind the counter.

**Aware that Pseudoephedrine Use in Meth Labs Reason for Moving BTC
% Saying “Yes”**



Base: Qualified Respondents

Q845 Were you aware that pseudoephedrine use in meth labs was the reason for moving these medications behind the counter?



Are Crystal Meth Labs a Problem? Among All Respondents

There is widespread agreement that crystal meth labs are a problem in the community – particularly in West Virginia and Oklahoma. Agreement that crystal meth labs are a problem nationwide is nearly universal across all patients.

CRYSTAL METH LABS AS A PROBLEM IN THE COMMUNITY	A. US 2013 (N=2020)	B. Kentucky (N=316)	C. West Virginia (N=300)	D. Missouri (N=312)	E. Oklahoma (N=300)
Not a problem at all	27% BCDE	16% CE	6%	12%	8%
A minor problem	44% DE	36%	48% BDE	28%	32%
A major problem	29%	48% A	46% A	59% ABC	60% ABC
% SAYING "PROBLEM"	73%	84% A	94% AB	88% A	92% AB

CRYSTAL METH LABS AS A PROBLEM IN THE U.S.	A. US 2013 (N=2020)	B. Kentucky (N=316)	C. West Virginia (N=300)	D. Missouri (N=312)	E. Oklahoma (N=300)
Not a problem at all	2%	1%	1%	2%	0%
A minor problem	19% CDE	13%	8%	8%	8%
A major problem	79%	86% A	91% A	90% A	92% A
% SAYING "PROBLEM"	98%	99%	99%	98%	100%

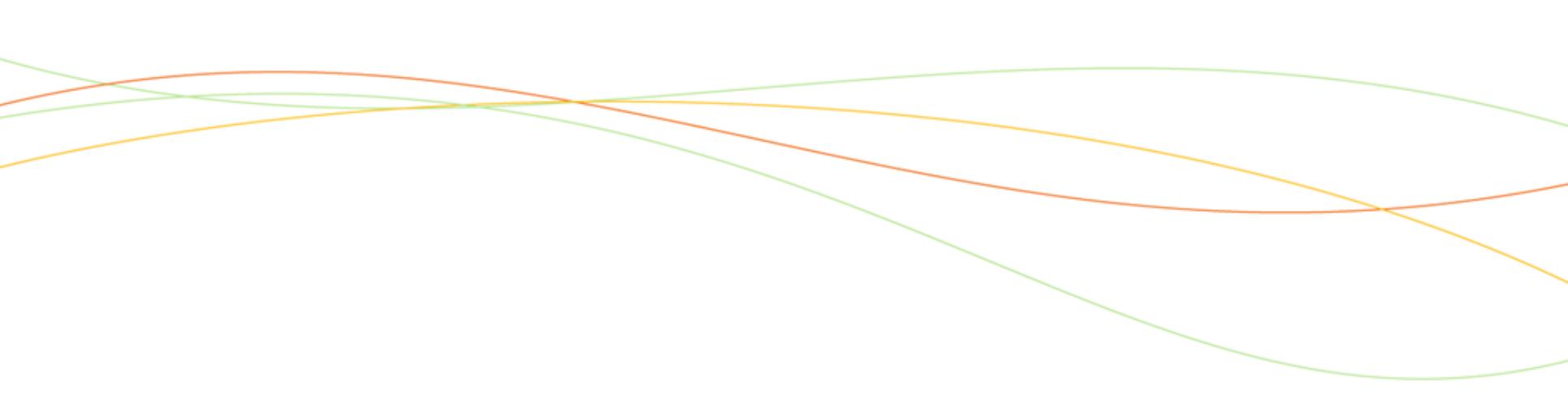
Base: Qualified Respondents

Q846 How big of a problem is crystal meth production and use in your community?*

Q847 How big of a problem is crystal meth production and use in the U.S.?*

*Note: Not asked in 2010





Prescription Requirement



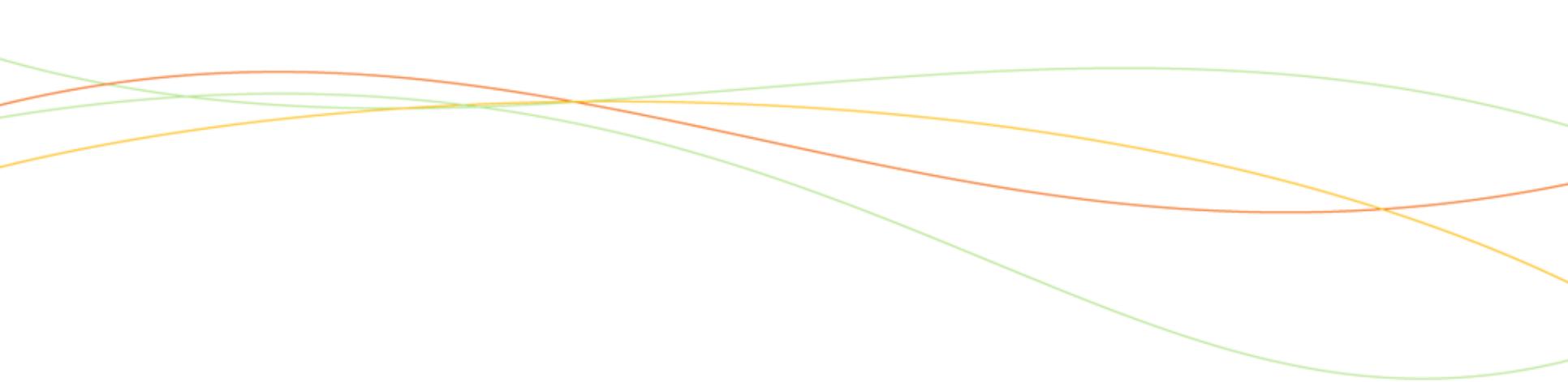
Support/Opposition to Prescription Requirement Among All Respondents

Although down nationally from opposition levels reported in 2010, there remains strong opposition to the proposal that pseudoephedrine purchases require a prescription.

POSITION REGARDING PRESCRIPTION REQUIREMENT	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
SUPPORT (NET)	31% B	24%	36% B	42% AB	33% B	34% B
Strongly Support	14%	11%	17% B	17% B	17% B	15%
Somewhat Support	17% B	13%	18% B	25% AB	16%	20% B
Somewhat Oppose	23%	24% C	16%	22%	16%	19%
Strongly Oppose	39%	48% AD	43% D	32%	43% D	43% D
OPPOSE (NET)	62%	71% ACDEF	59%	54%	60%	62%
Don't Know	8% B	5%	5%	5%	7%	4%

Base: Qualified Respondents

Q905 Please indicate your support or opposition to a proposal law that would require everyone who wants to purchase a decongestant containing pseudoephedrine to first get a prescription from a doctor. This law would mean that products like Sudafed, Claritin D, Zyrtec D, Mucinex D, Advil Cold & Sinus and Aleve Sinus & Cold or their store brand versions would only be available with a prescription from a doctor.



Insurance Coverage



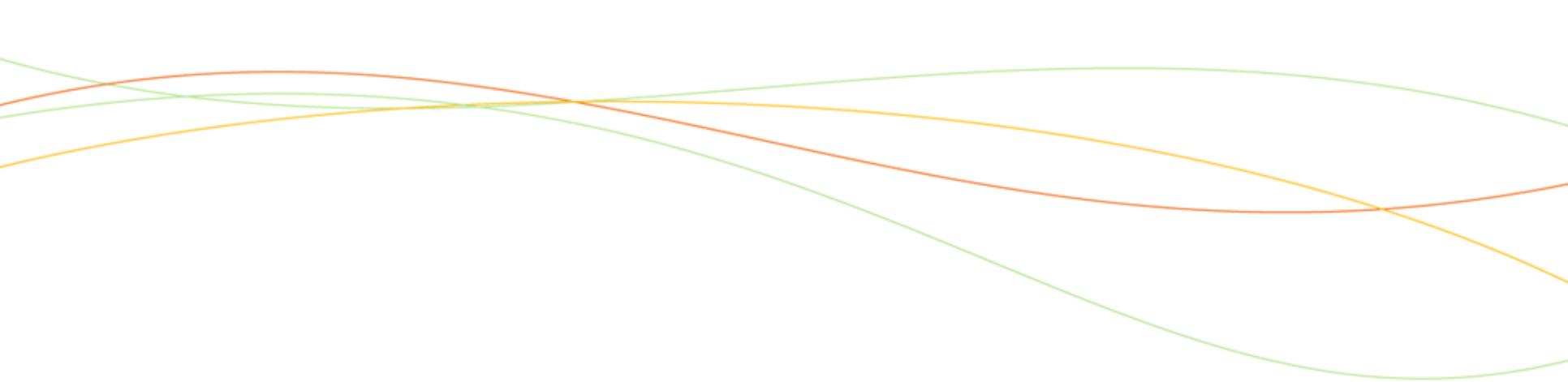
Types of Insurance Coverage Among All Respondents

TYPE OF INSURANCE COVERAGE	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
Health care coverage through my work or union	38%	40%	36%	35%	47% DF	32%
Health care coverage through someone else's work or union	20%	20%	18%	22%	17%	27% E
Health care coverage through some other group, which I buy directly	5%	7%	4%	5%	9%	4%
Medicare or a Medicare HMO, which is a government plan that pays health care bills for people age 65 and older and for some people with disabilities	17% B	13%	16%	18%	16%	17%
Medicaid, a Medicaid HMO, Medi-Cal or public aid	8% CE	6%	3%	7%	3%	6%
Some other type of health plan or coverage	8% D	7%	8%	4%	8%	8%
I have no health insurance coverage	15%	15%	19% E	19% E	10%	16%

Base: Qualified Respondents

Q2000 Which type of health plan or health insurance, if any, do you currently have for yourself? Please select all that apply.





Demographics



Demographic Profile

Demographic	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
GENDER						
Male	44%	43%	43%	41%	47%	39%
Female	56%	57%	57%	59%	53%	61%
AGE						
Mean Age	45.6 B	43.7	45.9	46.1	48.8 AB	46.1
REGION						
East	21%	20%	0%	100%	0%	0%
Midwest	24%	24%	0%	0%	100%	0%
South	33%	31%	100%	0%	0%	100%
West	22%	24%	0%	0%	0%	0%
EDUCATION						
HIGH SCHOOL OR LESS (NET)	30%	42% AEF	34%	38% AEF	27%	25%
ATTENDED COLLEGE OR COLLEGE DEGREE (NET)	52%D	49% D	46%	39%	47%	50% D
ATTENDED GRADUATE SCHOOL OR GRADUATE DEGREE (NET)	10%	9%	15% B	11%	18% AB	13%
Job-specific training program(s) after high school	7% B	0%	4% B	12% BC	7% B	11% BC



Asthma and Allergy
Foundation of America



Demographic Profile

Demographic	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
EMPLOYMENT STATUS						
EMPLOYED (NET)	55%	63% ACD	55%	52%	63%	58%
Employed full time	40%	46% AD	42%	33%	48% D	43%
Employed part time	10%	23% ACDEF	10%	9%	10%	7%
Self-employed	5%	12% ACE	3%	10% AC	5%	8%
NOT EMPLOYED (NET)	45%	52% AEF	45%	48%	37%	42%
Not employed, but looking for work	8%	12% ADF	8%	6%	7%	5%
Not employed and not looking for work	1%	18% ACDEF	0	2%	1%	2%
Retired	17%	15%	17%	18%	18%	17%
Not employed, unable to work due to a disability or illness	5%	7% E	4%	6%	2%	3%
Student	5%	18% ACDEF	5%	3%	3%	4%
Stay-at-home spouse or partner	9%	10%	10%	15% AE	6%	11%
ADULTS IN HOUSEHOLD						
1	16%	21% AF	18%	17%	19%	14%
2	56% B	48%	51%	61% B	62% B	61% BC
3	18% E	20% DE	23% DE	14%	11%	17%
4	7%	8%	7%	7%	7%	6%
5+	2%	3%	2%	1%	2%	1%

Demographic Profile

Demographic	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
CHILDREN IN HOUSEHOLD						
0	66%	76% ACDEF	63%	59%	68%	61%
1	16% B	12%	19% B	23% ABE	14%	18% B
2	12% B	9%	10%	16% BF	12%	8%
3	4% B	2%	6% B	2%	2%	11% ABDE
4	1%	1%	2%	0%	3%	1%
5+	0%	1%	0%	0%	1%	1%
MARTIAL STATUS						
Never married	25%	34% ACDEF	19%	18%	19%	19%
Married or civil union	56% B	42%	56% B	57% B	61% B	67% ABC
Divorced	9%	9%	11%	12% F	7%	6%
Separated	1%	2%	1%	2%	0%	1%
Widow/Widower	4%	4%	3%	2%	4%	4%
Living with partner	6%	9% AF	10% AF	8%	9% F	3%

Demographic Profile

Demographic	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
ETHNICITY						
White	74%	72%	86% AB	94% ABCEF	85% AB	84% AB
Hispanic	11% CDEF	13% CDEF	4%	1%	2%	5% D
BLACK/AFRICAN AMERICAN (NET)	11% DF	9% DF	7% D	3%	7%	3%
Black	11% BDF	7%	7% D	3%	7%	3%
African American	0%	2% AC	0%	0%	0%	0%
Asian or Pacific Islander	2%	2%	1%	1%	2%	2%
Native American or Alaskan Native	0%	0%	1%	0%	0%	4% ABDE
Mixed Race	0%	1% A	0%	0%	0%	0%

Demographic Profile

Demographic	A. US 2013 (N=2020)	B. US 2010 (N=2006)	C. Kentucky (N=316)	D. West Virginia (N=300)	E. Missouri (N=312)	F. Oklahoma (N=300)
INCOME						
Less than \$15,000	7%	7%	11%	9%	6%	7%
\$15,000 to \$24,999	9%	7%	7%	11%	7%	11%
\$25,000 to \$34,999	10%	9%	10%	12%	8%	9%
\$35,000 to \$49,999	12%	12%	15%	15%	13%	14%
\$50,000 to \$74,999	19%	19%	20%	19%	21%	24%
\$75,000 to \$99,999	14%	12%	13%	10%	14%	12%
\$100,000 to \$124,999	12% BC	9%	5%	9%	10%	11%
\$125,000 to \$149,999	5%	5%	5%	3%	4%	4%
\$150,000 to \$199,999	4% D	3% D	4% D	0%	3%	2%
\$200,000 to \$249,999	1%	2% A	0%	1%	2%	0%
\$250,000 or more	1%	1%	2%	0%	1%	1%