Are Relationships Built in 15 Seconds?

The Role of Relationship Marketing in Over-the-counter Allergy Medication Advertisements

Holly Brus

University of Minnesota

TABLE OF CONTENTS

About the Author

Holly Brus is originally from Denison, Iowa. She completed her BA in International Studies and Spanish and also holds a Certificate in Sustainability from the University of Iowa. Prior to moving to Minneapolis to work for International Student & Scholar Services at the University of Minnesota, she worked at the Iowa United Nations Association on campaigns for UNICEF and UN Women. She also briefly worked on the International Visitor Leadership Program, the U.S. Department of State's premier professional exchange association. She now works at Murals Your Way in Hopkins as their Social Media and Email Marketing Manager. A long time sufferer of allergies, she has tried many branded and private label over-the-counter allergy medications with little success. Her siblings and parents are also allergy sufferers who are limited in terms of what they can eat, what they can wear, and the time that they can spend outdoors. She has consulted both pharmacists and doctors along her customer journey to find an OTC allergy medication she trusts. Recognizing that she is not alone in her pursuits, she wanted to research what other consumers think of this growing category.

ABSTRACT:

Perhaps in an effort to curb costs, the over-the-counter drug industry, like many other retail categories, added a number of 15 second spots (as opposed to 30 second spots) to its advertising strategy in recent past. But copy-testing firm Ameritest found a marked decrease in ad effectiveness for 15 versus 30 second spots particularly for over-the-counter medication brands (Neff, 2010), meaning that some of these brands may have made a poor investment. This snafu raises some concerns for national brands in the OTC drug category like Advil, Benadryl, and Allegra. To attempt to explain this event, the following study raised a number of research questions: (1) How is cutting TV advertising length for OTC medications to a 15 second spot affecting messaging for national over-the-counter allergy medication brands? and (2) Do any of the OTC category TV advertisements studied indicate a relationship marketing message structure? Based on the results of a content analysis for OTC allergy medications, two additional questions were developed: (3) To what extent do consumers trust OTC allergy medication national brands? and (4) How does this compare to private label brands? A content analysis of OTC allergy TV advertisements is completed and a consumer survey was distributed in order to gauge opinions about and examine the messaging used by eight brands in the category (both private label and national). Recommendations for the category are discussed.

INTRODUCTION AND BACKGROUND

The OTC and prescription drug categories are remarkable in that they are not yet mature and were relatively new to allow advertising, which means that there could be untapped potential for brands to establish or reestablish themselves a category that often sees repeat purchases. This should be good news for marketers, especially for gaining market share and profits. In recent years, spending in the OTC health care category specifically has only increased and has increased at a substantial rate. Within the OTC medications category (which includes cough and cold, pain medicines, and treatments for related ailments), many private label medicines have emerged in response in order to meet the demand. This could possibly be a threat for current national OTC brands like Benadryl, Claritin, and Allegra as they directly compete with private label brands like Equate (Walmart's retail brand) and up&up (Target's retail brand) (Neff, 2010). Not only is the category open to new products and challengers, but the number of potential new purchasers is also growing. The number of people in the United States who suffer from allergies of any kind, including food, plant based, and animal based triggers has been rapidly rising. While unfortunate, more people entering the category with a chronic problem like allergies means more opportunities for advertising and marketing professionals to obtain loyal customers (Neff, 2010).

According to Neff (2010), the prevalence of the thirty second spot for television is fading away. Advertising companies and major corporations are cutting back on advertising spending and opting for shorter versions of advertisements while potentially attempting to get a better return on investment (perhaps due to the recession). One of the biggest adopters of the 15 second spot most recently was the over-the-counter drug industry. In 2010, reportedly 65% of ads in the OTC vertical were 15 seconds in length (Neff, 2010). After this push to shorter commercials, AdAge reported that the market share for OTC drugs steeply dropped and was converted to private label drug sales. According to an empirical analysis of private label brand research conducted by Gooner and Nadler in 2012, private label market share often grows with recession periods, which is what may have caused such a big change. Unfortunately for household names like Claritin, a trial of a private label product could convince customers to stick with the store brand rather than to return to national brands when a recession period ends. This gives cause for marketers of national brands to worry (Gooner and Nadler, 2012). But the answer is still uncertain - perhaps marketers of private label brands chose to engage in a different kind of marketing with separate, more effective messaging strategies. As the recession wanes, national OTC medication brands may need to engage consumers in strategies that build relationships in addition to driving awareness. Is this where the OTC drug industry chose to change its messaging for 15 second spots? Are the national brands in the OTC medication category failing to hold up their end of the relationship?

LITERATURE REVIEW

PRIVATE LABELS

Private labels are unique in that they are available storewide across categories in major retailers. For the purposes of this study, it's important to define what a private label brand or a "store brand" is. The Private Label Manufacturers Association (PLMA, 2013) defines private label products as all merchandise sold under a retailer's brand, including both the chain's name and a chosen brand name that the retailer uses in each of their stores. This definition is the one used throughout the discussion (sometimes referred to as a PLB for "private label brand," also called a "store brand"). As private label brands are typically priced well below national brands, they appeal to price sensitive customers (Hansen, Singh, and Chintagunta, 2006). Because they are traditionally offered at a lower price point, private label brands are often perceived as "an inferior quality alternative at a low price" despite assertions made by the PLMA that the quality of so-called "store brands" is equivalent to that of national brands (De Wulf et al., 2005; Cheng et al., 2007; Nenycz-Thiel and Romaniuk, 2009). At such price advantages, private label brands have become increasingly important for retailers to utilize to increase customer loyalty.

Often the store brand is the only brand that is available across several categories in a given retail store. With a presence in almost every category, the private label brand is thus reinforced over and over as a consumer walks through the retailer and is accompanied by a lower price. Furthermore, competition for memory and recall between private label brands and national brands has been found to affect the choices consumers make when shopping. Findings from Nenycz-Thiel, Sharp, Dawes, and Romaniuk (2010) show that private label brands are connected to the same attributes in the consumer's mind as national brands, but that a consumer will generalize qualities of private label brands across categories. This could be both beneficial and harmful to private label brands. National brands like Benadryl and Allegra simply would not have this effect as they are not present in other item categories throughout a given store.

In recent years, private labels have been able to capture a considerable amount of market share (Hansen, Singh, and Chintagunta, 2006). Findings show that consumers do observe differences between private and national brands in price point, quality, value and risk/trust perceptions, but more research is needed to examine such observations at a more specific level within a given category (Nenycz-Thiel and Romaniuk, 2009). Given the implications for purchasing patterns for consumers, a majority of the research available is focused on the relationship between store loyalty and private label share, but still more research is needed across several categories, with several different retailers, and in conjunction with consumers of different demographics.

RELATIONSHIP MARKETING

The relationship between consumer and the company or organization has been characterized in literature as a “marriage” and later as an “interpersonal relationship.” In previous research, relationship marketing has been described as “the development of strategies to build relationships with customers, to develop these relationships further and maintain them over the long term, and, through this process, add value” (Romero, Caplliure-Giner, and Adame-Sanchez, 2014, p.). Also defined as “a customer-centered approach whereby a firm seeks long-term business relationships with prospective and existing customers,” (Evans and Laskin, 1994, p.440), relationship marketing has grown for industries like banks and car companies where marketers need to take a customer-centered approach to their appeals in order to attract buyers.

The main goal in relationship marketing is to create customer loyalty and repeat purchasers (Chaudhuri and Holbrook, 2001). In this way, increased customer loyalty amplifies the bottom line by reducing the needs for recruiting new consumers. Ganesan defines brand trust as the willingness of the average customer to rely on the brand’s ability to perform (1994). Brand trust can be extended to relationship marketing in that confidence in the brand would strengthen a relationship as it diminishes risk (Ganesan, 1994). Repeat purchases in which a customer has a satisfactory experience would only reinforce that trust and by extension, the relationship and customer loyalty. Research has suggested that consumers view relationships with larger companies and corporations as distant and cold, and relationships with smaller entities are seen as more close and caring and able to embody a personal connection with the consumer. (In this study, the retailer might fall under the category of distant and transactional. The brands studied may be considered smaller entities to the consumer. More research would be needed about the retailers and brands in this study specifically.)

Grossman (1998) proposed that a consumer has entered into a relationship through an exchange process related to the social exchange theory. For a consumer to enter into relationships with marketers, they must perceive that the benefits of engaging with the relationship with the brand outweigh the costs (p. 28). Consumers limit their choices by returning to the same brand, but they also minimize risk, which results in loyalty behavior. Building a relationship, however, is hard. For consumers, it requires a lot more consideration and emotion. Brands must view relationship marketing as a long-term process that requires constant attention (p. 29) on the part of the marketer. Attention should be paid to investing in long term trust building and reducing risk for the consumer which may ultimately cultivate brand loyalty rather than trying to increase short term product sales.

Grossman states that there are three phases to developing a relationship with consumers: courtship, sale, and maintenance. In the courtship phase, the marketer must make itself attractive to the consumer by providing information about products and services. In the maintenance stage, the marketer must engage the customer's trust in the product; they can do this through customer service claims, predictable pricing, positive experiences of brand advocates, and loyalty programs (Grossman, 1998). Grossman also is firm in stating that "promotions alone cannot solidify a relationship." (p. 36) For the private label OTC medication brands, this is not good news—many purchasers of private label brands state lower price as their primary reason for purchase. However, it is important to note that private label brands may have a connection with the brand promises delivered by their retailers and as a result may rise and fall with them. For the purposes of this content analysis, the phase of courtship is measured by coding commercials from OTC allergy medication with categories labeled by claims made in each advertisement.

PRIVATE LABELS AND RELATIONSHIP MARKETING

Again, previous research from Grossman (1998) suggests that manufacturers should use relationship marketing to combat the increase in share from private label brands. The benefits of relationship marketing include customer retention and loyalty, which would lead to continued purchase and customer retention. Chumpiatz and Paproidamis (2007) state in their research that brands should engage in relationship marketing because the outcomes result in satisfaction, trust, and commitment, which eventually lead to loyalty. Retailers take advantage of some relationship marketing strategies to retain customers. But what most strongly affects the relationship between a consumer and a marketed product? Palmatier, Dan, Grewal, and Evans (2006) found in their study that the antecedents with the greatest positive impact for relationship marketing are (in order of largest impact to smallest): seller expertise, communication, relationship investment, similarity, and relationship benefits (p. 143). In order to test whether or not these antecedents are present in OTC allergy advertisements and whether there has been a change in messaging in the last five or more years, a content analysis was chosen with a coding structure that uses antecedents identified by Palmatier, Dan, Grewal, and Evans (2006). This content analysis attempts to measure the research questions: (1) How is cutting TV advertising length for OTC medications to a 15 second spot affecting messaging for national over-the-counter allergy medication brands? and (2) Do any of the OTC category TV advertisements studied indicate a relationship marketing message structure?

ANALYSIS 1: CONTENT ANALYSIS

SAMPLING STRATEGY

For this study, ads were chosen based on the ease of access to 30 second and 15 second spots within the over the counter allergy medication category. While it would have been most beneficial to study advertisements that had a 30 second and a 15 second counterpart, not many of these pairs were readily available (this is discussed further in the limitations section). This may be, in part, due to the realization that 15 second advertisements were less effective as was suggested by AdAge (Neff, 2010). Despite this lack of 15 second spots for the sample, it is still relevant and important to test whether or not advertisements exhibited cues for relationship marketing as it could help to regain market share from private label brands. No advertisements were found for private label over-the-counter allergy medication, so they were excluded from this portion of the analysis. National brands with large audiences that are generally present across major retailers (Benadryl, Allegra, Claritin, and Zyrtec) were pulled from brand YouTube channels with an attempt to represent multiple networks and demographics reached. There were a few outliers for the given advertisement length—a 20 second and a 40 second spot—however, these advertisements can be counted towards the study results because they were the same advertisement but edited by half—much like a 30 to a 15 second spot. This 40 second spot was one of the only advertisements that used sound effects only and no spoken messaging, so claims were drawn based on the visuals and written words in the advertisement. (The 20 second spot that matched this one did not have any spoken words either and was analyzed in the same manner.) Pairs of 30 second and 15 second spots with the same messaging structure were analyzed four times in the study. Any ads older than 2008 were not included in the study in order to capture only data that was most relevant to the premise established by Neff in 2010.

This analysis was limited to television ads rather than Internet and digital advertising because television ads reach a wider audience, are more readily available, and have a more robust body of research from which to draw support for claims. This investigation reflects the sum of 16 unique ads comprising of 39 advertisement claims for a total of four advertisements 15 seconds in length and ten advertisements for spots of 30 seconds in length or longer (see Table 1). For each ad that measured 30 or more seconds in length that had a 15 second spot of the same content, results are displayed adjacently. Shortened versions of the same ad were included to measure what messages and themes were communicated and affected by the shorter length in advertisements. This sample reflects 4 out of the 10 top selling brands in the OTC allergy medication category for the last seven years.

Methods

The gathered advertisements were first converted to .mp3 form before being uploaded to a professional transcription service. The professional transcription service used in this study was Transcriberly. Transcriberly is an online service that automatically transcribes uploaded audio files almost instantaneously. This service offers machine transcription for $0.10 per minute of audio with up to 95% accuracy, depending on the quality of the audio file. Human transcription is also available. Audio recordings of the advertisements used in this study were submitted online and transcribed by machine, which resulted in text files of the advertisements. The transcriptions were then reviewed by the researcher, who watched all 15 advertisements and corrected transcriptions for further accuracy. The transcribed results are recorded in Table 1. The researcher recorded the imagery used in each advertisement, year released, advertisement length, and brand information for the videos and coded for claims made by the companies presented using the approach outlined below.

CODING METHODS

The types of appeals to viewers were selected based on categories previously developed by Cline and Young (2004) for print advertisements and applied to this study. Categories were adapted for the use of this study and are shown in Table 4 in the Appendix. Coding method was adapted from Frosch, Krueger, Hornik, Cronholm, and Barg's (2007) research regarding direct-to-consumer advertising for prescription drugs. Inductive codes were developed by approaching the sample with the following questions: (1) how is cutting TV advertising length for OTC medications to a 15 second spot affecting messaging for national over-the-counter allergy medication brands? and (2) do any of the OTC category TV advertisements studied indicate a relationship marketing message structure? The appeals to viewers were coded based on the following: (1) Does the nature of the advertisement include rational appeals as the primary message? In these claims, information is provided about product features to include strength of medication, length of effects, comparisons with other products, pricing of products, and claims a product would relieve symptoms. These claims were narrowed into "price savings," "strength/long lasting," "product comparison," and "relieves symptoms." (2) Does the nature of the advertisement include emotional appeals as the primary message? Emotional appeals were defined as intending to evoke a positive or negative emotional effect on a viewer, often portrayed using a nostalgic storyline or lifestyle change from using the product. These claims were named “lifestyle change.”

Finally, based on research conducted by Palmatier, Dant, Grewal, and Evans (2006), the predecessors with the greatest positive impact for relationship marketing (seller expertise, communication, relationship investment, similarity, and relationship benefits) were coded with the exception of “communication” as it was too broad to identify within one set of TV advertisements and “similarity” as this study measured products within the same category for the same condition (p. 143). The code “expertise” was attributed to an advertisement if the ad included referenced having doctor recommendation or previously being categorized as prescription. The attribute “relationship investment” was ascribed if the national brand supported their promise to relieve symptoms with a “money back guarantee,” which meant that the relationship between marketer and consumer was made with a promise of repayment should he or she not be satisfied. The assignment of “relationship benefits” was approached with the idea that relationship between brand and consumer would be beneficial to the consumer if there were a loyalty program in place for the product or a savings from repeat purchases (this was not found in the sample). This investigation is largely descriptive in nature of the category in an attempt to explain a phenomenon. Therefore, the use of inductive coding was most effective in that it allowed for the examination of content, comparison, and categorization of qualitative data to distinguish themes in the sample. 9292

Results and Discussion

A total of 16 advertisements were analyzed in this study based on the claims outlined in the methods above. In summary, there were 39 recorded claims spread among advertisements ranging from 15 seconds to 40 seconds at the longest, meaning there were approximately two major claims made on average per advertisement. The least used claim was price savings, which is reflective of the competition in the category with private label brands, which generally have lower price points. For the advertisements studied, only four 15 second spots were used, comprising roughly one quarter of the sample size. The rational arguments for strength of medication and the emotional appeals to lifestyle change were the most common among both 30 second and 15 second spots. The shorter 15 second advertisements were created by national brands Benadryl, Allegra, and Claritin – there were none for Zyrtec (see Table 3 below).

Table 3: Summary Data for 0:15 Advertisements

Video Title	**Length**	**Year**	**Brand**	**Claim**	**Imagery**
When Allergies Attack, fight back with allergy relief from Benadryl	0:15	2014	Benadryl	▪ Product comparison	Pollen, flowers, plants, weeds, war, gunfire, helicopter noise
Claritin Commercial	0:15	2014	Claritin	▪ Lifestyle change ▪ Strength/long lasting	river, inner tube, field, playground, kids,
Allegra TV commercial "brakes"	0:15	2014	Allegra	▪ Strength/long lasting ▪ Lifestyle change	Purple, dog, sneezing, jeep, car, before/after, dust,
Allegra commercial featuring Justin Smith and Candice Nunes	0:15	2013	Allegra	▪ Relieves symptoms ▪ Lifestyle change	Car, sneezing, couple, pollen, dog,

The results of the content analysis show that for the prevalence of recorded claims, the numbers stay relatively stable between the 30 second and 15 second advertisements – again, roughly two claims were made per ad for each of the four ads found at 15 seconds in length. Most ads made some claims and rational arguments for product use, effectiveness, and strength. Emotional appeals were also almost universal. National brand products were also frequently portrayed as more effective than other national brands in direct product comparisons—most often, the ad stated that a product worked faster than another. There was no mention of private-label brands in any of the advertisements. Where the results differ by advertisement length is that the entirety of the claims coded for "expertise," and the "investment/guarantee" claims were dropped as the advertisements moved to shorter lengths (see Table 4 below). As the research from Palmatier, Dant, Grewal, and Evans (2006) states, these particular strategies are integral in strengthening the relationship between marketer and consumer and serve as a tool for relationship marketing. While the presence of relationship marketing strategies is not high for the entirety of the sample, it is absent when the ad is shortened.

Table 4: Claims Summary

Category	**Claim Type**	**Number Recorded in All Advertisements N = 16**	**Number Present in 15 Second Spots N = 4**	**Number Present in 30 Second Spots N = 10**
Rational	Strength/long lasting	10	2	8
Emotional	Lifestyle change	10	3	7
Rational	Product comparison	7	1	6
Relationship Marketing	Expertise	5	0	5
Rational	Relieves symptoms	4	1	3
Relationship Marketing	Investment/guarantee	2	0	2
Rational	Price Savings	1	0	1
	Total:	**39**	**7**	**32**

This allows the content analysis to answer the research question posed in the study: (1) how is cutting TV advertising length for OTC medications to a 15 second spot affecting messaging for national over-the-counter allergy medication brands? The results of this study indicated that despite the suggestions made by Grossman's study of private label brand strength in 1998, the national over-the-counter allergy medication brands have not yet fully incorporated themes that would encourage relationship marketing in their television advertising. When an advertisement was cut in length, the messaging was affected in that it lacked the claims traditionally associated with relationship marketing. The relationship marketing claims (expertise and investment/guarantee) made in 15-second spots are lacking, which may contribute to the lack in drive for market share for national brands like Benadryl, Zyrtec, and Claritin posed by Neff (2010). In response to the second research question posed (Do any of the OTC category TV advertisements studied indicate a relationship marketing message structure?), the results suggest that some of the 30 second advertisements have expertise and relationship investment claims in addition to other rational and emotional appeals, meaning that potentially some of the over-the-counter allergy medication national brands are partially invested in relationship marketing.

However, the number of 15 second advertisements found represents only a fourth of the sample studied (and four in total), which leads the research to question whether or not over-the-counter allergy medication brands actually adopted the 15 second spot over the 30 second spot as Neff's original article (2010) had suggested. It is possible that this particular subcategory of over-the-counter medications was exempt. However, the sample was drawn from convenience in access to online advertisements and so the study must be replicated and a more complete catalog of advertisements must be analyzed (perhaps through contacting the companies directly) in order to disprove or support this premise. More research is needed to uncover whether or not this result is repeated in other media, including online and print advertisements. In addition, the attitudes of the general consumer about advertisements' content must be recorded and analyzed so as to get an understanding of what messages are memorable and persuasive about the four brands studied. This will also provide insight as to whether or not the content was interpreted similarly between researcher and consumer.

Analysis 2: Consumer Survey

Trust and Perceptions of OTC Medication Effectiveness

The relationship between brand and consumer is difficult to measure and still harder to assess financially, which is why a survey was developed to attempt to quantify the attitudinal components of the brand-consumer relationship. In the survey conducted in Analysis 2, the measure of the amount of trust present was used as an indicator for relationship between a given brand and a consumer in order to answer follow-up research questions (3) “To what extent do consumers trust OTC allergy medication national brands?” and (4) “How does this compare to private label brands?” which were developed based on results from the previous content analysis in part 1.

In the literature surrounding trust in relationship marketing, Ganesan defines brand trust as the willingness of the average customer to rely on the brand’s ability to perform. Again, brand trust has been extended to relationship marketing in that confidence in the brand would strengthen a relationship as it diminishes risk (Ganesan, 1994). In diminishing risk and applying relationship marketing principles to retain individuals, it is important to note that brand equity can be leveraged for customer loyalty and could potentially inspire repeat purchases. In addition, the role of trust has been named important to the commitment in creating a mutual relationship between brand and consumer (Lee and Trim, 2006 p.737). Trust in advertising may be difficult to achieve, however, as consumers tend to distrust advertising as compared to other types of product information (Ball, Manika, and Stout, 2015). According to research conducted by Ball, Manika and Stout, consumer trust in direct-to-consumer prescription drug advertising (legalized in 1985) has declined. This may not translate directly to OTC medications but is important to consider for this study as ads with brands that are perceived as more trustworthy are considered more relatable and attractive (Ball, Manika, and Stout, 2015).

The amount of trust present was chosen as a key indicator, because it has been described in the literature as a component of relationship building tactics. Knowing that trust is a culmination of knowledge, experiences, and observations, it is difficult to document the complex process that builds consumer confidence in a given brand or product. In the broader advertising literature has been much research regarding source credibility and its effect on direct-to-consumer advertising (mostly for prescription drugs). It was found that trust in a number of traditional media channels predicts trust in online prescription drug information (Ball, Manika, and Stout, 2015 p. 6). Additionally, product trial has been known to increase trust in a product's effectiveness, as it was recorded to be one of the reasons by which consumers deemed a medication "effective." If operating without an opinion from a physician, consumers are "especially likely to rely on message content as the most concrete and available basis for ad evaluation when the nature of a message source is ambiguous" (Ball, Manika, and Stout, 2015 p. 25). Thus, studying trust with respect to messaging is important in this category. In addition, the notion of "self-care" in patients enables them to choose medicine within the OTC category and is important to consider. According to Hanna and Hughes, one study revealed that pharmacists did not often use evidence in decision making regarding OTC medications, which makes advertising messaging that is unrelated to studies all the more important. According to their research, over 95% of those surveyed agreed that they were "influenced by how effective they thought the product was" and over 75% were influenced by "familiarity with the name and brand." (p.346) Participants in this particular survey said that they judged an OTC product to be effective based on previous trial more so than on the results of testing experiments conducted by scientists. Interestingly enough, respondents also reported that they found some OTC medicines to be ineffective in the same survey (over half of responses indicated that these "ineffective" medicines were in the "cough, cold and sore throat" category). This research is important in assessing questions about trust as it relates to effectively delivering on brand promises, more specifically the research question: (3) "To what extent do consumers trust OTC allergy medication national brands?" In sum, this guides research by showing that scientific evidence and recommendation from pharmacists may not be as important for decision making when it comes to OTC medications, especially if consumers have previously tried the product or feel confident in their "self diagnosis." The survey below attempts to capture previous trial by asking how often consumers have purchased national and private label brands and attempts to capture how confident consumers feel in providing "self care" with the statements in question 15.

Because messages with relationship marketing cues were not largely present in over-the-counter allergy medication advertisements sampled in the content analysis above, I hypothesize that the rating of trust in brands for the OTC allergy category is relatively low or stable across the category. Therefore, in the survey, consumers were asked whether they agreed or disagreed with statements claiming that a given brand "delivered on its claims" as a reasonable measure of trust and by extension, relationship or brand confidence, rather than asking the consumer about the relationship directly, which might be difficult for an individual to quantify (a full list of survey questions is available in the Appendix for reference).

METHODS

In an effort to answer a third research question, "To what extent do consumers trust OTC allergy medication national brands?" and subsequent question "How does this compare to private label brands?" a quantitative survey was developed using the survey tool Qualtrics, which is available through the University of Minnesota (see appendix for complete index of questions and a summary of responses). This survey was developed with 35 questions about purchasing habits, allergy symptoms and prevalence, private label brands offered by major retailers (Walmart, Walgreens, Target, CVS) and the four major label OTC allergy brands studied in the content analysis (Zyrtec, Allegra, Benadryl, and Claritin). Several questions were also included about demographic and household information in order to gain a more comprehensive understanding of the sample surveyed. A total of 124 surveys were started, and 92 survey responses were recorded for the front-end survey questions with the response numbers dropping to the 80s for the final questions. The survey was open to the public (from May 18th, 2015 through June 2nd, 2015 - approximately 15 days). However, not every question was answered by all respondents. These respondents' results are still included in the study; the answers recorded for other questions were still considered valid as there were no major outliers with regards to average survey completion time. The survey was promoted on social media channels (Facebook and LinkedIn) a total of three times by the principal researcher throughout the time the survey was open to the audience on her personal accounts. Friends and family shared the posting on their own accounts, so the sample is defined as a snowball sample. Responses were collected anonymously with consent using only an IP address for a unique identifier so that only one response was recorded per individual.

SAMPLE OVERVIEW

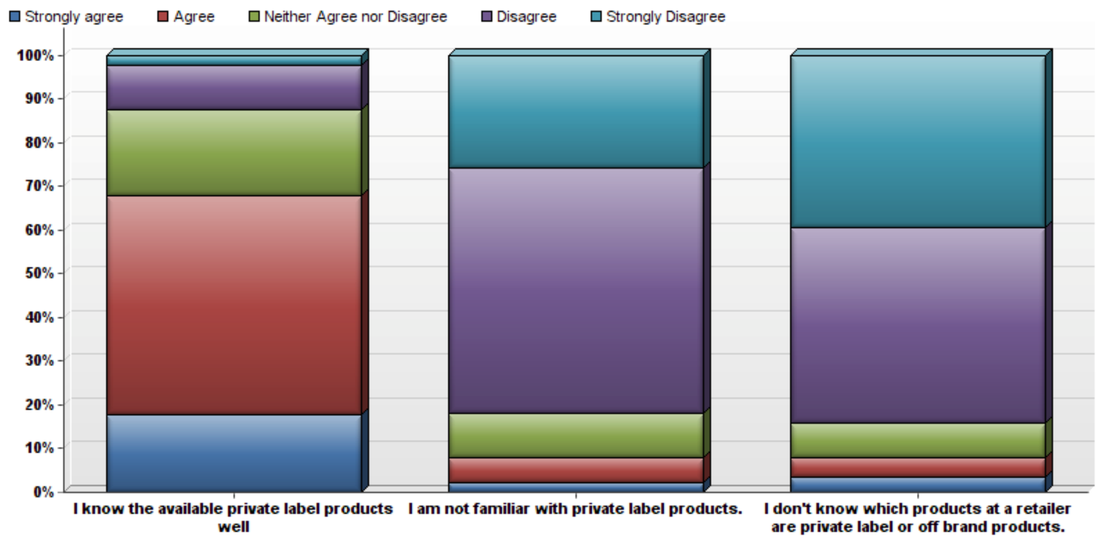
Because the sample was a snowball sample and was not large in size, it is not indicative of the general public. The sample skewed slightly female (64% of those surveyed) and represented a younger audience—57% of respondents were between the ages of 25 and 34. This is congruent with the audiences on social media, which is where the survey was distributed and with the researcher's social media circle—mostly friends, coworkers, and family. The survey sample was pretty evenly split in terms of household income, but had relatively small household sizes (again, this is likely due to the age range of audiences found on social media). While a little over half (57%) of the consumers surveyed answered that they suffer from allergies, 78% of individuals claimed that they were the primary purchasers for their households. In addition, 46% of the sample indicated that someone else in their household suffers from allergies, meaning that he attitudes of consumers surveyed are still important as primary purchasers for others in the household. Of those surveyed that have allergies, most of the symptoms reported were caused by common triggers like trees, grass, and weeds. However, it is important to remember that many of the respondents were self-reporting and as such the diagnoses are most likely unprofessional in nature. Also, it is of note that the population surveyed takes over-the-counter medication alone and not in conjunction with a prescribed allergy medication.

When it comes to shopping habits, the sample of consumers strongly identified with purchasing at major retailers, with the exception of CVS, which was chosen by less than half of the sample: 92% of respondents shop at Target, followed by 71% of those who shop at Walgreens, and 63% who shop at Walmart. As there is a high concentration of Target stores in the Twin Cities (where the survey originated and where the researchers' social network ties are strongest) the sample most likely reflects the preference for this retailer over the others. Subsequent survey questions confirm that Target is the most popular and most frequented retailer; over half of the individuals surveyed indicated that they shop at Target more than once per month. As was indicated in the literature review, a strong tie to a retailer's brand can have a carryover effect to items throughout the store in different departments. It is important, then, to question consumers about their shopping habits at major retailers in order to try to predict whether or not this private label brand would then have a stronger relationship with the consumer.

In addition to retailer affinity, survey responses were collected with regards to allergy prevalence and health care practices. Most of the individuals surveyed agreed that they were “health conscious,” and most people said that they research symptoms online or through friends before seeking a doctor. This only reinforces why advertising in the over-the-counter allergy medication category is an important step in the consumer path to purchase and currently a missed opportunity. Furthermore, survey results suggest people feel comfortable choosing their own OTC medications and are confident in their ability to do so—this result is surprising and also contradictory to previous research about relationship marketing. As previously mentioned, “expertise” is one of the claims that was most effective in relationship marketing determined by researchers. Perhaps this consumer confidence or perceived expertise is an effect of advertising or a result of repeat purchases or availability of health related information online—purchasers may feel they are very well informed about the category. This merits future research.

SURVEY FINDINGS

The survey revealed that consumers feel moderately experienced with private label or “off-brand” products in retail stores. Approximately 75% of those surveyed disagreed with the statement “I don’t know which products at a retailer are private label or off brand products.” Of consumers surveyed, approximately 65% agreed with the statement “I know the available private label products well.” See table of supporting data for the statements in question twelve and the responses on the Likert scale below.



So not only are consumers fully aware of which products are made by national brands and which products are private label ones, but they also feel comfortable when asked if they are able to distinguish between the two types of products. This reaffirms prior research about how well consumers can differentiate private label and national brands and their level of awareness when it comes to products available on the shelves (Nenycz-Thiel and Romaniuk, 2009).

In addition to feeling aware when it comes to PLBs and national brands, a large number of respondents reported that they purchased private label goods quite often. As was mentioned in previous research, private labels make up a sizeable portion of market share, and the survey responses provide anecdotal support. Within the sample studied, approximately 50% of people surveyed said that they buy PLBs more than once a month, and these purchases were made most often in the categories related to health, pharmacy, and beauty (76%) and also grocery, household, and pet categories (96%). Research shows that prior use of private label products can change consumers' expectations about trust with regard to private and national labels, so consumers' experiences with the private label brands in the survey may be influenced by previous trial. Unfortunately for household names like Benadryl, this could mean that even if a purchaser didn't buy store brand OTC allergy medication but bought store brand household cleaners, the given individual may be more likely to purchase private label OTC medications because a "trial of a PL in one product category will lower the risk of trying PL from other categories" (Nenycz-Thiel and Romaniuk, 2009, p. 258).

The impact of previous trial could partially explain why when survey takers were asked about their expectations for national brands and private label products, they were pretty evenly split in their responses. When asked whether they disagree or agree with the following statement, "I expect more from national brand allergy medications than I do of retail brand medications," the mean of the scores across agree and disagree options (where 1 is strongly agree and 5 is strongly disagree) was 2.79 (see table for question 26 below).

#	Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total Responses	Mean
1	Based on my experience, the retailer's brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	17	42	28	3	0	90	2.19
2	Based on my experience, national brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	19	49	21	0	1	90	2.06
3	The retail brand allergy medication is just as effective as the national brand allergy medication.	19	36	30	4	0	89	2.21
4	The national brand allergy medication is effective in delivering on its product claims.	18	49	22	1	0	90	2.07
5	I expect more from national brand allergy medications than I do of retail brand medications.	16	20	28	17	8	89	2.79

Approximately one third of respondents neither agreed nor disagreed with the statement, indicating that they were unsure whether or not they expected more from national or retail brand medications. The response to this question also had the highest variance in the set of five inquiries for survey question 26 at 1.47, (see table below) indicating that the audience was varied in opinion. It seems that on this question regarding expectations for the two types of products (national and private label), the sample is all across the board. While some respondents have higher expectations for their national label brands like Benadryl, others are unsure whether this is true. Perhaps one reason for this result is that survey respondents may have had a difficult time quantifying their expectations on a comparison basis instead of separately. This outcome is contrary to previously established research in which private labels have generally been perceived as an inferior quality alternative at a low price where consumers have lower expectations (De Wulf et al., 2005; Cheng et al., 2007; Nenycz-Thiel and Romaniuk, 2009).

Statistic	Based on my experience, the retailer's brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	Based on my experience, national brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	The retail brand allergy medication is just as effective as the national brand allergy medication.	The national brand allergy medication is effective in delivering on its product claims.	I expect more from national brand allergy medications than I do of retail brand medications.
Min Value	1	1	1	1	1
Max Value	4	5	4	4	5
Mean	2.19	2.06	2.21	2.07	2.79
Variance	0.60	0.55	0.69	0.49	1.47
Standard Deviation	0.78	0.74	0.83	0.70	1.21
Total Responses	90	90	89	90	89

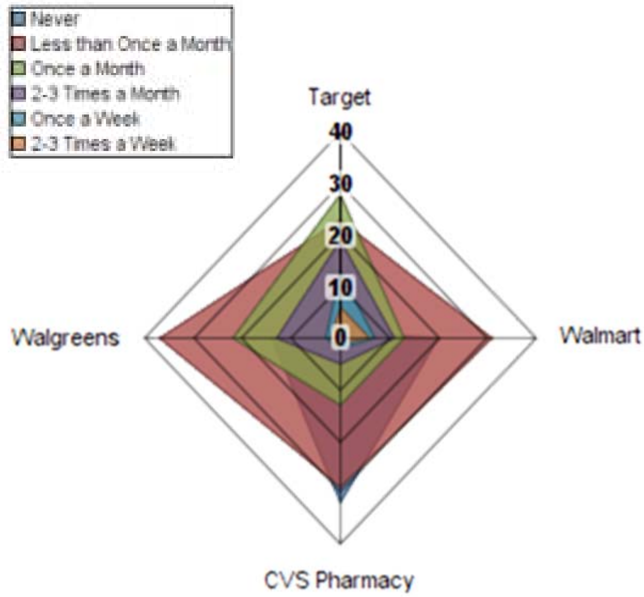
In sum, 25 respondents (28.1%) indicated that they disagreed or strongly disagreed with the statement, "I expect more from national brand allergy medications than I do of retail brand medications," which was the most disagreement expressed when compared with the other four statements.

In sum, however, for both private label and national brands studied, respondents either largely agreed that the brands met their expectations or were unsure about the brand's performance—maybe in part because they had never used the product (did not suffer from allergies). Yet national brands still scored the best. When asked to rank the four national brands in the study (Benadryl, Allegra, Claritin, Zyrtec) and four private label brands from major retailers (Walmart, Walgreens, Target, CVS stores), the segment surveyed chose Benadryl as the "most trustworthy in that it delivers the most of its product claims (works fast, relieves symptoms, lasts several hours)" followed by Claritin, Zyrtec, and Allegra. The private label brands were all ranked below the national label brands, with Walgreens ranked fourth, followed by Walmart, Target, and CVS Pharmacy at the bottom of the list. See table of answers to question 27 below (percentages rounded to the nearest tenth of a percent).

27. Please rank brands according to which one is most trustworthy in that it delivers the most of its product claims (works fast, relieves symptoms, lasts several hours). Please place the brands that you feel are most trustworthy at the top of the list.

#	Answer	1	2	3	4	5	6	7	8	Total Responses
1	Benadryl	26 (32%)	18 (22.2%)	17 (21%)	10 (12.3%)	2 (2.5%)	3 (3.7%)	5 (6.2%)	0 (0%)	81
2	Claritin	20 (24.6%)	26 (32%)	12 (14.8%)	10 (12.3%)	6 (7.4%)	4 (4.9%)	2 (2.5%)	1 (1.2%)	81
3	Zyrtec	16 (19.8%)	11 (13.6%)	21 (25.9%)	16 (19.8%)	9 (11.1%)	5 (6.2%)	3 (3.7%)	0 (0%)	81
4	Allegra	10 (12.3%)	7 (8.6%)	16 (19.8%)	27 (33.3%)	9 (11.1%)	6 (7.4%)	4 (4.9%)	2 (2.5%)	81
5	Walgreens	1 (1.2%)	5 (6.2%)	5 (6.2%)	6 (7.4%)	31 (38.3%)	20 (24.6%)	9 (11.1%)	4 (4.9%)	81
6	Walmart/Equate	4 (4.9%)	2 (2.5%)	0 (0%)	3 (3.7%)	9 (11.1%)	19 (23.5%)	17 (21%)	27 (33.3%)	81
7	up & up/Target	1 (1.2%)	9 (11.1%)	7 (8.6%)	5 (6.2%)	7 (8.6%)	13 (16%)	26 (32%)	13 (16%)	81
8	CVS Pharmacy	3 (3.7%)	3 (3.7%)	3 (3.7%)	4 (4.9%)	8 (9.9%)	11 (13.6%)	15 (18.5%)	34 (42%)	81
	Total	81	81	81	81	81	81	81	81	-

Purchasing patterns by retailer in this study were not necessarily indicative of greater trust valuation; while most of those surveyed said that they shop at Target most often, (see diagram to the right) Target's private label brand, "up&up," did not have the highest scores for trustworthiness. Previously, I hypothesized that the rating of trustworthiness for brands in the OTC allergy medication category would be relatively low or stable across the category. But when asked to rank these eight brands on what they find to be "most trustworthy in that it delivers the most of its product claims (works fast, relieves symptoms, lasts several hours)," consumers ranked national label brands the highest, which means that in answer to research questions: (3) To what extent do consumers trust OTC allergy medication national brands? and (4) How does this compare to private label brands? the survey data points to the notion that consumers trust national label OTC allergy medication brands more than private label ones.



What's also interesting to note about the survey results is that the highest ranked private label brand was Walgreens, followed by Walmart. This result is interesting particularly because Target was the most popular and most frequented retailer in the study (see responses to question 11: "How often do you shop at these retailers?" above), yet it ranked seven out of the eight total brands studied when comparing whether or not it "meets expectations" of the consumer. (However, this result is not statistically significant.) For purchasing patterns, Benadryl seemed to be purchased most often out of the national label brands, and up&up (Target) brand OTC allergy medication was purchased most often out of the private label options. However, purchasing patterns in this study were not necessarily indicative of greater trust valuation; while most of those surveyed said that they shop at Target most often, Target's private label brand, "up&up," did not have the highest scores for trustworthiness. Perhaps these purchases were driven solely out of price point. Respondents were also asked if they thought a brand "works fast," "relieves symptoms," "is effective," etc. across seven different criteria in questions 27 – 35. When specifically looking at whether the eight brands "meet expectations," the means scores for national label brands were the lowest but consumers largely were unsure about the brands' performances. The results for the last eight questions in the survey did not indicate that trustworthiness was relatively low across the category but rather that more research is needed in order to assess consumer opinion.

LIMITATIONS AND FUTURE RESEARCH

This study has several limitations to keep in mind. As the research was completed by one researcher that inductively identified themes and reviewed advertisements and transcriptions for the content analysis, it is important to note that the average consumer may not interpret the advertisements in the same way due to distractions, their cultural backgrounds, experience with the category, etc. The researcher had the opportunity to review and watch the advertisements several times for the purposes of the study, which may not be congruent to how consumers would naturally perceive them. In addition, the researcher did not have a second coder to review the work, which would help to develop more objective themes.

Additionally, the sample for the content analysis was drawn from advertisements that were easily available online and through the history on YouTube. This sample does not account for all advertisements run throughout the last seven years in the over the counter allergy medication category for the four brands represented in the study. Further research should attempt to expand the sample size and media for the study to include digital and print advertising. In addition, as TV advertisements are generally a form of communication that drives brand recall and top of mind awareness, it is recommended that other studies attempt to capture which claims made in advertisements are remembered by consumers.

In the same way, larger sample size for the survey would provide a more accurate depiction of consumer attitudes in the subcategory. A wider surveyed audience would also be able to identify how purchasers perceive of relationships with both national brands of allergy medication and private label allergy medications that could be applicable to the consumer population as a whole. Given that the survey was distributed via snowball sampling through friends and personal networks, future studies should also survey a broader geographic area. Finally, in order to improve upon the survey, additional indicators for the brand-consumer relationship need to be defined and measured. While trust provides value and is very central to relationship marketing, it is both an antecedent to a purchase and a consequence of purchasing and should appear on both sides of any analysis. A study that measures multiple variables as an indication of brand equity would paint a more accurate picture of consumer attitudes in the subcategory. As the survey used was comprised entirely of quantitative data, future questionnaires should include a mix of qualitative questions in order to gather more insights as to why people made the selections they did.

Category Recommendations

According to Quest Diagnostics Health's allergy report in 2011, allergies are the most chronic medical condition to affect children and across all age groups is the most chronic disease in the U.S. In response, the allergy market is set to eclipse $14.7B in 2015. Allergies are a widespread and growing health issue in the U.S. and there are no signs of the problem slowing or even plateauing any time soon (Olohan, 2013). The fact that national brands are more expensive for what they deliver yet are still perceived as similarly trustworthy as private label competitors may lead consumers to reject the nationally branded options. Faced with this quandary, the manufacturers of brands like Benadryl, Allegra, Claritin, and Zyrtec can either consider lowering the price, which in turn may hurt the brand image and reduce margins; or they can keep a price premium, but aim to increase the added value.

A common theme in this study is the infusion of relationship marketing messages into allergy medicine advertisements and whether or not that is an effective practice. Perhaps it is not length of advertisement (15 seconds vs. 30 seconds TV spots) that determines the performance of a spot but rather the messaging strategies included (or excluded) in such a small time frame. As TV advertisements are generally a form of communication that drives brand recall and top of mind awareness, it is recommended that other studies measure how much of the claims made in advertisements are remembered by those who view them. As market share from private label brands grows and national brands like Benadryl and Claritin may be threatened, these household names should consider using strategies that strongly reinforce elements that build the relationship between consumer and brands to ultimately create value and repeat purchases in the long term.

While these brands will need to continue to invest in advertising to remain salient, a deeper look into the over-the-counter allergy medication private label and national brands offers insights into how to spend advertising dollars. Based on the research in the target audience outlined above, results have lead to the following marketing implications:

- Brands in the over-the-counter allergy medication sector need to strengthen their messaging in order to build valuable relationships with consumers.
- A successful strategy, therefore, will be customer-centric. Marketing managers should plan to build long-term relationships based on trust and understanding customer expectations in categories where both private label and national labels exist.
- Among these strategies are product guarantees, communication, relationship investment, similarity, and relationship benefits (Palmatier and Grewel, 2006).

As suggested by results from the content analysis, product-centric claims are not only common for all brands involved in the study, but the survey results show that there is not much difference and some uncertainty in perceived trustworthiness among the national and private label brands. Ultimately, it seems that similar product-centric messaging has potentially caused many brands to lose their points of differentiation in the category while ceasing to provide real value. With private labels that command lower prices, the over-the-counter allergy medication category needs to differentiate and develop an edge or market share may continue to decline. Marketers should meet growing consumer need in this subcategory with a response that is consumer centric and based on trust and understanding of customer expectations in categories where both private label and national labels exist. Rather than rely on product comparisons, symptom claims, and statements related to strength of ingredients in the OTC allergy medications, communications professionals should consider answering consumer questions in order to create truly valuable relationships with their audience members that have the potential to turn into brand loyalists.

APPENDIX

Table 1: Transcriptions

Video Title	**Transcription with Researcher Edits**
Powerful allergy relief – muddle no more	This one goes out to all the allergy Muddlers you know who you are. You become deaf to the sound of your own sniffling. Your purse is starting to look more like a tissue box. <sneezes> You can clear a table without lifting a finger. Well Muddlers muddle no more. Try Zyrtec. It gives you powerful allergy relief, and Zyrtec is different than Claritin because Zyrtec starts working at hour one on the first day you take it. Claritin doesn't start working until hour three! Zyrtec: muddle no more.
Official New Benadryl TV advert	Introducing our latest weapon in the war on hay fever. New liquid capsules. Benadryl allergy liquid release capsules. No one a day works faster
I can see clearly now Claritin Commercial 2011	I can't let allergies stop me from leading the way so I get Claritin clear. <"I can see clearly now" music plays> "Alright, let's move on, team!" Claritin works hard to relieve my worst symptoms, and only Claritin is proven to keep me as alert and focused as someone without allergies. "watch your step!" "I couldn't do this without you" Don't let allergies hold you back. Live Claritin clear with non-drowsy Claritin.
Claritin Commercial 2011	Woo hoo! I've been Claritin clear for 7 days. At the first sign of my allergies, my doctor recommended taking one Claritin every day of my allergy season for continuous relief. 16 days. 26 days of continuous relief. Live Claritin clear every day.

Claritin Commercial Sept 4, 2013	Wow, I've been Claritin clear for 10 days! When your allergies start, doctors recommend taking one non drowsy Claritin every day during your allergy season for continuous relief. Eighteen days. Twelve days. Twenty four days of continuous relief. Live Claritin clear, every day.
Claritin Commercial May 9, 2013	Wow, 10 days of allergy relief. I'm still Claritin clear. I've been Claritin clear for 12 days. When your allergies start, doctors recommend taking one clinically proven Claritin every day during your allergy season for continuous relief. 18 days. 17 days. I'm still Claritin clear. 22 days of continuous relief. Now at Walmart get your Claritin bonus back 10 extra days of relief and a roll back price.
Children's Benadryl Commercial	Ah-choo! Ah-choo! Ah-choo! Allergies can make them miss out. Children's Benadryl effectively relieves your child's allergy symptoms, like runny nose, sneezing and itchy eyes
Children's Allegra Allergy Commercial	Closed captioning and other consideration for friends provided by. Before Allegra, Scott's allergies made it hard to keep up with his friends after Allegra he's right there with them. Children's Allegra gives kids effective, long lasting, non-drowsy relief of their toughest symptoms. Children's Allegra so kids can stop suffering and start living.
Benadryl	0:30 second spot – no speaking involved

Commercial	
Allegra TV commercial "brakes"	Pollen used to put the brakes on my weekend drive but the power of Allegra put me on the road again. Allegra is effective even at eight times high pollen levels. Non drowsy Allegra starts working in one hour and stays strong for twenty four. Allegra - stop suffering, start living.
Allegra commercial featuring Justin Smith and Candice Nunes	I'd love to own you but my allergies wouldn't let me put your top down. The power of Allegra. It relieves your toughest symptoms on the toughest pollen days. Only Allegra is both fast and non-drowsy. Goodbye symptoms. Hello dream machine. Allegra - stop suffering, start living.
Tea Party – Zyrtec TV commercial	If you can clear a table without lifting a finger. You may be muddling through allergies. Try Zyrtec for powerful allergy relief and Zyrtec is different than Claritin because it starts working faster on the first day you take it. Zrytec: muddle no more. This week save up to $9 on Zyrtec products. See Sunday's newspaper.
Get Quick Fast Acting Relief From Cats, Pollen And Grass	How fast are new Allegra gel caps? They're "I didn't know you got a cat, fast." How strong are new Allegra gel caps? They're "10 more lawns to go…" strong. Non-drowsy Allegra gives you noticeable relief of your worst allergy symptoms in just one hour. Two times faster than Claritin and stay strong for twenty four hours. They're "relief even when pollen's off the charts" strong. New

	Allegra gel caps. Nothing is faster. Nothing stronger - guaranteed or your money back.
When Allergies Attack, fight back with allergy relief from Benadryl	0:15 second spot – no speaking involved
Zyrtec ad - bicycle	Bicycle I've missed you. Gather dust as flowers bloom and pollen floats through the air, while I, with sneezing itching eyes look for safer havens in the air conditioning. But now with the strength of 24 hour Zyrtec to relieve my worst allergy symptoms indoors and outdoors, I'll wipe off the dust that gathered these long months. Use Zyrtec which starts working 2 hours faster than Claritin, and promise not to wait as long to go for our ride, because with Zyrtec I can love the air.
Zyrtec allergy medication ad	Have you heard the news about Zyrtec? It's great news for people with indoor allergies, people who have outdoors allergies, or for people like me who have… both! Zyrtec, the number one prescribed allergy medicine is now available without a prescription at full prescription strength. Zyrtec is clinically proven to relieve even your worst allergy symptoms. From dust mites and pet dander to ragweed and pollen for a full 24 hours! Now I am freer to do what I want, where I want. Zyrtec – number one prescribed, now without a prescription.

Table 2: Summary Data for All Advertisements

Video Title	Length	Year	Brand	Claim	Imagery	Source Link
Powerful allergy relief – muddle no more	0:32	2014	Zyrtec	▪ Strength/long lasting ▪ Product comparison ▪ Lifestyle change	Kids, parents Sniffling, sneezing, tissues, symptoms,	https://www.youtube.com/watch?v=abLW_gF8gMM
Official New Benadryl TV advert	0:22	2012	Benadryl	▪ Product comparison ▪ Expertise	Gunshots, war, rain, flowers, spring, summer, pollen, pills shown, box	https://www.youtube.com/watch?v=qsbLDtVK-G8
I can see clearly now	0:31	2011	Claritin	▪ Lifestyle change ▪ Investment	Outdoors, tour, rock climbing, group activity, rain forest, rope bridge, helmet, helping others, rafting, river, yellow	https://www.youtube.com/watch?v=TfvaTwdLSgs
Claritin Commercial 2011	0:31	2011	Claritin	▪ Expertise ▪ Lifestyle change ▪ Strength/long lasting	Biking, tree house, flowers, trees, outdoors, helmet, rainforest, guide, fishing, rainbow, horseback riding, zip lining, river rafting,	https://www.youtube.com/watch?v=raFi7HvWZu8
Claritin Commercial	0:30	2013	Claritin	▪ Lifestyle change ▪ Expertise	River rafting, construction work, outdoor yoga,	https://www.youtube.com/watch?v=5eP3UdBoaKU

				▪ Strength/long lasting	puppies, crosswalk guard, Walmart	
Claritin Commercial	0:15	2014	Claritin	▪ Lifestyle change ▪ Strength/long lasting	river, inner tube, field, playground, kids,	https://www.youtube.com/watch?v=wcQD2Vl_REo
Children's Benadryl Commercial	0:32	2009	Benadryl	▪ Lifestyle change ▪ Relieves symptoms	Sneezing, balloons, kids, park, soccer, helmet, box car derby, race	https://www.youtube.com/watch?v=b9IVILnNKBI
Children's Allegra Allergy Commercial	0:20	2013	Allegra	▪ Lifestyle change	FRIENDS TV show, before/after, kids, scooter, park, mom,	https://www.youtube.com/watch?v=WshMyjWPqGY
Benadryl Commercial	0:40	2013	Benadryl	▪ Expertise ▪ Strength/long lasting ▪ Product Comparison	Pollen, helicopter noise, flowers, outdoors, gunfire, bugs, weeds, explosions	https://www.youtube.com/watch?v=kEZ6L3vVFoM
Allegra TV commercial "brakes"	0:15	2014	Allegra	▪ Strength/long lasting ▪ Lifestyle change	Purple, dog, sneezing, jeep, car, before/after, dust,	https://www.youtube.com/watch?v=d3uiVm0GAKg
Allegra commercial featuring Justin Smith and Candice Nunes	0:15	2013	Allegra	▪ Relieves symptoms ▪ Lifestyle change	Car, sneezing, couple, pollen, dog,	https://www.youtube.com/watch?v=IX6eR2LYgYk
Tea Party – Zyrtec TV	0:30	2014	Zyrtec	▪ Product comparison ▪ Relieves symptoms	Kids, parents, sneezing, symptoms. Recommended	https://www.youtube.com

commercial				▪ Price savings	by others	/watch?v=nvM23zQc6A4
Get Quick Fast Acting Relief From Cats, Pollen And Grass	0:30	2015	Allegra	▪ Product comparison ▪ Strength/long lasting ▪ Investment/Guarantee	Pets, sneezing, lawns, pills, lawn mowing, purple, driving, outdoors	https://www.youtube.com/watch?v=MK0jXPppUzs
When Allergies Attack, fight back with allergy relief from Benadryl	0:15	2014	Benadryl	▪ Product comparison	Pollen, flowers, plants, weeds, war, gunfire,, helicopter noise	https://www.youtube.com/watch?v=JhWEzy8G8yA
Zyrtec ad - bicycle	0:30	2009	Zyrtec	▪ Product comparison ▪ Lifestyle change	Bicycle, indoors, dust, flowers, trees, outdoors	https://www.youtube.com/watch?v=trzJ3Y-i5-Q
Zyrtec allergy medication ad	0:30	2008	Zyrtec	▪ Strength/long lasting ▪ Expertise ▪ Relieves symptoms	Indoor room, outdoors, pets, pill bottle, Rx, dog	https://www.youtube.com/watch?v=pBtQDXuKVAo

Table 3: Summary Data for 0:15 Advertisements

Video Title	Length	Year	Brand	Claim	Imagery	Source Link
When Allergies Attack, fight back with allergy relief from Benadryl	0:15	2014	Benadryl	▪ Product comparison	Pollen, flowers, plants, weeds, war, gunfire,, helicopter noise	https://www.youtube.com/watch?v=JhWEzy8G8yA
Claritin Commercial	0:15	2014	Claritin	▪ Lifestyle change ▪ Strength/long lasting	river, inner tube, field, playground, kids,	https://www.youtube.com/watch?v=wcQD2Vl_REo
Allegra TV commercial “brakes”	0:15	2014	Allegra	▪ Strength/long lasting ▪ Lifestyle change	Purple, dog, sneezing, jeep, car, before/after, dust,	https://www.youtube.com/watch?v=d3uiVm0GAKg
Allegra commercial featuring Justin Smith and Candice Nunes	0:15	2013	Allegra	▪ Relieves symptoms ▪ Lifestyle change	Car, sneezing, couple, pollen, dog,	https://www.youtube.com/watch?v=IX6eR2LYgYk

Table 4: Claims Summary

Claim Type	**Number Recorded in All Advertisements**	**Number Present in 15 Second Spots**	**Number Present in 30 Second Spots**
Price Savings	1		1
Strength/long lasting	10	2	8
Product comparison	7	1	6
Expertise	5		5
Lifestyle change	10	3	7
Investment/guarantee	2		2
Relieves symptoms	4	1	3
Total:	**39**	**7**	**32**

Survey Questions & Responses

1. You are invited to be in a research study about OTC allergy medication advertisements. You were selected as a possible participant based on your proximity to the researcher. We ask that you read this text and contact the researcher to ask any questions you may have before agreeing to participate in the study. This study is being conducted by: Holly Brus, Strategic Communications Program Candidate Procedures: If you agree to be in this study, we ask that you complete this survey to the best of your ability with truthful and accurate responses. Only surveys that are fully completed will be considered for this study. The survey will take approximately 12 minutes. Confidentiality: The records of this study will be kept entirely confidential and private. In any publications, no information will be included to make it possible to identify a respondent. Records will be stored securely and only researchers will have access to the data. Voluntary nature of the study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota. If you decide not to participate, you are free to withdraw from the study at any time without punishment and your answers will be discarded from the study. Contact information and questions: Please ask any questions you have about the study by emailing the researcher at hbrus@umn.edu. You may also contact the study Advisor at wehre003@umn.edu. You are also encouraged to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. SE, Minneapolis MN 55455: (612) 625-1650. By selecting "I agree" in the box below, you are affirming that you understand the study procedures, your involvement in the study, confidentiality, and the voluntary nature of the study, and you wish to proceed in taking the survey.

#	Answer		Response	%
1	I agree		124	100%
	Total		124	100%

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	124

2. Are you male or female?

#	Answer	Bar	Response	%
1	female		58	64%
2	Male		33	36%
	Total		91	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.36
Variance	0.23
Standard Deviation	0.48
Total Responses	91

3. What is your age?

#	Answer	Bar	Response	%
1	under 18		0	0%
2	18 - 24		16	17%
3	25 - 34		52	57%
4	35 - 44		9	10%
5	45 - 54		7	8%
6	55 - 64		4	4%
7	65+		4	4%
	Total		92	100%

Statistic	Value
Min Value	2
Max Value	7
Mean	3.38
Variance	1.53
Standard Deviation	1.24
Total Responses	92

4. What is your household income? (round up to the nearest thousand)

#	Answer		Response	%
1	Less than $10,000		3	3%
2	$10,000 - $30,000		10	11%
3	$31,000 - $50,000		16	18%
4	$51,000 - $70,000		15	16%
5	$71,000 to $90,000		9	10%
6	$91,000 - $110,000		16	18%
7	above $111,000		22	24%
	Total		91	100%

Statistic	Value
Min Value	1
Max Value	7
Mean	4.68
Variance	3.46
Standard Deviation	1.86
Total Responses	91

5. How many people are there in your household (including children)?

#	Answer		Response	%
1	1 to 3		85	92%
2	4 to 6		7	8%
3	7 or more		0	0%
	Total		92	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.08
Variance	0.07
Standard Deviation	0.27
Total Responses	92

6. Are you the primary purchaser for your household?

#	Answer		Response	%
1	Yes		70	78%
2	No		20	22%
	Total		90	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.22
Variance	0.17
Standard Deviation	0.42
Total Responses	90

7. What is your highest level of education?

#	Answer		Response	%
1	GED/high school diploma		2	2%
2	some college education		15	16%
3	bachelor's degree		42	46%
4	Master's level degree		27	29%
5	Doctorate level degree		6	7%
	Total		92	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.22
Variance	0.77
Standard Deviation	0.87
Total Responses	92

8. What is your marital status?

#	Answer		Response	%
1	single		52	57%
2	married		39	42%
3	divorced		1	1%
4	separated		0	0%
	Total		92	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.45
Variance	0.27
Standard Deviation	0.52
Total Responses	92

9. How many children do you have?

#	Answer		Response	%
1	0 to 2		85	92%
2	3 to 5		6	7%
3	6 or more		1	1%
	Total		92	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.09
Variance	0.10
Standard Deviation	0.32
Total Responses	92

10. Do you shop at any of these major retailers? Check all that apply.

#	Answer		Response	%
1	Target		85	92%
2	Walmart		58	63%
3	Walgreens		65	71%
4	CVS Pharmacy		40	43%

Statistic	Value
Min Value	1
Max Value	4
Total Responses	92

11. How often do you shop at these retailers?

#	Question	Never	Less than Once a Month	Once a Month	2-3 Times a Month	Once a Week	2-3 Times a Week	Daily	Total Responses	Mean
1	Target	1	23	28	19	13	6	1	91	3.46
2	Walmart	20	31	13	11	7	6	0	88	2.68
3	CVS Pharmacy	32	29	13	5	2	1	0	82	2.01
4	Walgreens	14	37	22	13	3	2	0	91	2.56

Statistic	Target	Walmart	CVS Pharmacy	Walgreens
Min Value	1	1	1	1
Max Value	7	6	6	6
Mean	3.46	2.68	2.01	2.56
Variance	1.65	2.24	1.22	1.32
Standard Deviation	1.29	1.50	1.11	1.15
Total Responses	91	88	82	91

12. How familiar are you with private label - often known as "off brand" or "retailer brand" products? Please select the answer that describes your response most accurately.

#	Question	Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total Responses	Mean
1	I have plenty of experience using private label products	24	48	11	7	2	92	2.08
2	I know the available private label products well	16	45	18	9	2	90	2.29
3	I have often bought private labels.	29	45	8	7	1	90	1.96
4	I am not familiar with private label products.	2	5	9	50	23	89	3.98
5	I don't know which products at a retailer are private label or off brand products.	3	4	7	40	35	89	4.12

Statistic	I have plenty of experience using private label products	I know the available private label products well	I have often bought private labels.	I am not familiar with private label products.	I don't know which products at a retailer are private label or off brand products.
Min Value	1	1	1	1	1
Max Value	5	5	5	5	5
Mean	2.08	2.29	1.96	3.98	4.12
Variance	0.88	0.90	0.83	0.79	0.95
Standard Deviation	0.94	0.95	0.91	0.89	0.97
Total Responses	92	90	90	89	89

13. When you shop at a retail store, how often do you buy the private label or "off brand" goods offered by the retailer?

#	Answer		Response	%
1	Never		1	1%
2	Less than Once a Month		17	18%
3	Once a Month		28	30%
4	2-3 Times a Month		22	24%
5	Once a Week		13	14%
6	2-3 Times a Week		11	12%
7	Daily		0	0%
	Total		92	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	3.67
Variance	1.67
Standard Deviation	1.29
Total Responses	92

14. In what product categories do you purchase private label or "off brand" goods? Check all that apply.

#	Answer		Response	%
1	clothing and accessories		37	42%
2	home furniture		12	13%
3	electronics and office goods		8	9%
4	toys and video games		7	8%
5	movies, music, and books		4	4%
6	sports, fitness, and outdoor goods		18	20%
7	beauty, health, and pharmacy		68	76%
8	grocery, household, and pets		85	96%
9	baby and kids items		13	15%

Statistic	Value
Min Value	1
Max Value	9
Total Responses	89

15. Please select the answer that describes most accurately describes you.

#	Question	strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total Responses	Mean
1	I am a very health conscious person.	15	57	17	3	0	92	2.09
2	I take vitamins and nutrition supplements on a regular basis.	18	32	12	19	11	92	2.71
3	I often research my symptoms online or speak with friends before deciding whether or not to seek medical treatment or visit a doctor.	21	48	11	10	2	92	2.17
4	I feel comfortable choosing my own over-the-counter medications.	20	52	9	9	0	90	2.08

Statistic	I am a very health conscious person.	I take vitamins and nutrition supplements on a regular basis.	I often research my symptoms online or speak with friends before deciding whether or not to seek medical treatment or visit a doctor.	I feel comfortable choosing my own over-the-counter medications.
Min Value	1	1	1	1
Max Value	4	5	5	4
Mean	2.09	2.71	2.17	2.08
Variance	0.48	1.75	0.96	0.72
Standard Deviation	0.69	1.32	0.98	0.85
Total Responses	92	92	92	90

16. Do you personally suffer from allergies?

#	Answer		Response	%
1	Yes		52	57%
2	No		39	43%
	Total		91	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.43
Variance	0.25
Standard Deviation	0.50
Total Responses	91

17. Does someone in your household (other than yourself) suffer from allergies?

#	Answer		Response	%
1	yes		42	46%
2	No		50	54%
	Total		92	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.54
Variance	0.25
Standard Deviation	0.50
Total Responses	92

18. Would you characterize your allergies as severe, mild, or varying in intensity?

#	Answer		Response	%
1	severe		8	9%
2	mild		21	23%
3	varying in intensity		30	33%
4	not applicable - I do not have allergies		32	35%
	Total		91	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	2.95
Variance	0.94
Standard Deviation	0.97
Total Responses	91

19. What causes your allergies? Please check all that apply.

#	Answer		Response	%
1	Pollen from trees, grass, and weeds		51	57%
2	Dust/dust mites		31	34%
3	Mold and Mildew		19	21%
4	Animal dander - dogs, cats, etc.		28	31%
5	Foods (including nuts and shellfish)		10	11%
6	Sunlight		2	2%
7	Not sure		5	6%
8	Other - not listed		3	3%
9	not applicable - I do not have allergies		30	33%

Statistic	Value
Min Value	1
Max Value	9
Total Responses	90

20. When do you experience the majority of your symptoms?

#	Answer		Response	%
1	Seasonal		42	47%
2	Present year round		13	14%
3	Present only when exposed to stimulus (e.g. only when in a home with pets)		16	18%
4	not applicable - I do not have allergies		29	32%

Statistic	Value
Min Value	1
Max Value	4
Total Responses	90

21. What are your most common allergy symptoms? Please check all that apply.

#	Answer		Response	%
1	runny or congested nose		49	80%
2	sneezing		48	79%
3	watery/itchy eyes		45	74%
4	itchy mouth and tongue		12	20%
5	asthma		8	13%
6	frequent ear infections		1	2%
7	sinus headaches		25	41%
8	skin rashes and eczema		14	23%
9	muscle/joint pain		4	7%
10	nasal polyps		3	5%
11	Other - not listed		3	5%

Statistic	Value
Min Value	1
Max Value	11
Total Responses	61

22. How often do you take medication for your allergies? If you do not have allergies, please choose "never."

#	Answer		Response	%
1	daily		19	21%
2	2-3 times a week		6	7%
3	once a week		2	2%
4	2 -3 times a month		5	5%
5	Once a Month		5	5%
6	Less than Once a Month		19	21%
7	Never		35	38%
	Total		91	100%

Statistic	Value
Min Value	1
Max Value	7
Mean	4.85
Variance	5.86
Standard Deviation	2.42
Total Responses	91

23. If you take allergy medication, is it prescribed by a physician or is it an over-the-counter medication?

#	Answer		Response	%
1	prescribed by a physician/doctor		3	3%
2	over-the-counter medication		41	46%
3	both		12	13%
4	I do not take allergy medication		34	38%
	Total		90	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	2.86
Variance	0.96
Standard Deviation	0.98
Total Responses	90

24. How often do you purchase allergy medication under the following private label brands? If you do not have allergies, please choose "never." If you purchase for another member of your household, please choose the answer that best describes you.

#	Question	Never	Rarely	Sometimes	Often	All of the Time	Total Responses	Mean
1	up & up (Target brand)	54	10	18	7	1	90	1.79
2	equate (Walmart brand)	67	9	8	4	3	91	1.54
3	Wal-zyr, Wal-dryl, Wal-fex, or Wal-itin (Walgreens brands)	59	9	14	7	2	91	1.73
4	CVS Allergy	71	11	6	1	1	90	1.33

Statistic	up & up (Target brand)	equate (Walmart brand)	Wal-zyr, Wal-dryl, Wal-fex, or Wal-itin (Walgreens brands)	CVS Allergy
Min Value	1	1	1	1
Max Value	5	5	5	5
Mean	1.79	1.54	1.73	1.33
Variance	1.18	1.10	1.25	0.56
Standard Deviation	1.09	1.05	1.12	0.75
Total Responses	90	91	91	90

25. How often do you purchase allergy medication under the following national brands? If you do not have allergies, please choose "never." If you purchase for another member of your household, please choose the answer that best describes you

#	Question	Never	rarely	sometimes	often	all of the time	Total Responses	Mean
1	Claritin	48	14	14	9	3	88	1.92
2	Benadryl	43	21	16	6	2	88	1.90
3	Allegra	58	14	4	10	2	88	1.68
4	Zyrtec	53	14	10	8	4	89	1.83

Statistic	Claritin	Benadryl	Allegra	Zyrtec
Min Value	1	1	1	1
Max Value	5	5	5	5
Mean	1.92	1.90	1.68	1.83
Variance	1.43	1.15	1.28	1.46
Standard Deviation	1.20	1.07	1.13	1.21
Total Responses	88	88	88	89

26. Please rate the extent to which you agree or disagree with each of the following statements.

#	Question	strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total Responses	Mean
1	Based on my experience, the retailer's brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	17	42	28	3	0	90	2.19
2	Based on my experience, national brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	19	49	21	0	1	90	2.06
3	The retail brand allergy medication is just as effective as the national brand allergy medication.	19	36	30	4	0	89	2.21

4	The national brand allergy medication is effective in delivering on its product claims.	18	49	22	1	0	90	2.07
5	I expect more from national brand allergy medications than I do of retail brand medications.	16	20	28	17	8	89	2.79

Statistic	Based on my experience, the retailer's brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	Based on my experience, national brand allergy medication is trustworthy in its product claims (works fast, relieves symptoms, lasts several hours).	The retail brand allergy medication is just as effective as the national brand allergy medication.	The national brand allergy medication is effective in delivering on its product claims.	I expect more from national brand allergy medications than I do of retail brand medications.
Min Value	1	1	1	1	1
Max Value	4	5	4	4	5
Mean	2.19	2.06	2.21	2.07	2.79
Variance	0.60	0.55	0.69	0.49	1.47
Standard Deviation	0.78	0.74	0.83	0.70	1.21
Total Responses	90	90	89	90	89

27. Please rank brands according to which one is most trustworthy in that it delivers the most of its product claims (works fast, relieves symptoms, lasts several hours). Please place the brands that you feel are most trustworthy at the top of the list.

#	Answer	1	2	3	4	5	6	7	8	Total Responses
1	Benadryl	26	18	17	10	2	3	5	0	81
2	Claritin	20	26	12	10	6	4	2	1	81
3	Zyrtec	16	11	21	16	9	5	3	0	81
4	Allegra	10	7	16	27	9	6	4	2	81
5	Walgreens	1	5	5	6	31	20	9	4	81
6	Walmart/Equate	4	2	0	3	9	19	17	27	81
7	up & up/Target	1	9	7	5	7	13	26	13	81
8	CVS Pharmacy	3	3	3	4	8	11	15	34	81
	Total	81	81	81	81	81	81	81	81	-

Statistic	Benadryl	Claritin	Zyrtec	Allegra	Walgreens	Walmart/Equate	up & up/Target	CVS Pharmacy
Min Value	1	1	1	1	1	1	1	1
Max Value	7	8	7	8	8	8	8	8
Mean	2.67	2.77	3.22	3.77	5.19	6.35	5.67	6.38
Variance	2.98	2.86	2.70	2.88	2.20	3.35	4.10	3.91
Standard Deviation	1.72	1.69	1.64	1.70	1.48	1.83	2.02	1.98
Total Responses	81	81	81	81	81	81	81	81

28. Do you think that Benadryl:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	46	5	37	88	1.90
2	relieves symptoms	57	1	30	88	1.69
3	is non-drowsy	14	42	32	88	2.20
4	is safe	54	0	32	86	1.74
5	is effective	58	1	29	88	1.67
6	lasts 24 hours	12	35	40	87	2.32
7	meets expectations	45	6	36	87	1.90

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	1.90	1.69	2.20	1.74	1.67	2.32	1.90
Variance	0.94	0.90	0.49	0.95	0.89	0.50	0.93
Standard Deviation	0.97	0.95	0.70	0.97	0.94	0.71	0.96
Total Responses	88	88	88	86	88	87	87

29. Do you think that Claritin:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	34	17	36	87	2.02
2	relieves symptoms	50	6	31	87	1.78
3	is non-drowsy	44	7	36	87	1.91
4	is safe	49	0	38	87	1.87
5	is effective	48	7	30	85	1.79
6	lasts 24 hours	21	23	42	86	2.24
7	meets expectations	44	7	35	86	1.90

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	2.02	1.78	1.91	1.87	1.79	2.24	1.90
Variance	0.81	0.89	0.92	1.00	0.88	0.68	0.92
Standard Deviation	0.90	0.95	0.96	1.00	0.94	0.83	0.96
Total Responses	87	87	87	87	85	86	86

30. Do you think that Zyrtec:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	20	9	57	86	2.43
2	relieves symptoms	34	0	52	86	2.21
3	is non-drowsy	25	3	58	86	2.38
4	is safe	32	0	53	85	2.25
5	is effective	32	3	51	86	2.22
6	lasts 24 hours	16	12	57	85	2.48
7	meets expectations	29	3	53	85	2.28

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	2.43	2.21	2.38	2.25	2.22	2.48	2.28
Variance	0.72	0.97	0.83	0.95	0.93	0.63	0.90
Standard Deviation	0.85	0.98	0.91	0.97	0.96	0.80	0.95
Total Responses	86	86	86	85	86	85	85

31. Do you think that Allegra:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	29	6	51	86	2.26
2	relieves symptoms	39	1	46	86	2.08
3	is non-drowsy	29	4	52	85	2.27
4	is safe	39	0	46	85	2.08
5	is effective	37	2	47	86	2.12
6	lasts 24 hours	22	11	53	86	2.36
7	meets expectations	30	5	49	84	2.23

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	2.26	2.08	2.27	2.08	2.12	2.36	2.23
Variance	0.87	0.99	0.89	1.01	0.97	0.75	0.90
Standard Deviation	0.94	1.00	0.94	1.00	0.99	0.87	0.95
Total Responses	86	86	85	85	86	86	84

32. Do you think that Equate (Walmart) allergy medicine:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	15	12	59	86	2.51
2	relieves symptoms	23	7	56	86	2.38
3	is non-drowsy	13	7	66	86	2.62
4	is safe	28	2	56	86	2.33
5	is effective	22	6	58	86	2.42
6	lasts 24 hours	11	11	64	86	2.62
7	meets expectations	19	8	59	86	2.47

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	2.51	2.38	2.62	2.33	2.42	2.62	2.47
Variance	0.61	0.78	0.55	0.88	0.76	0.50	0.70
Standard Deviation	0.78	0.88	0.74	0.94	0.87	0.71	0.84
Total Responses	86	86	86	86	86	86	86

33. Do you think that Up & Up (Target) allergy medicine:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	22	9	55	86	2.38
2	relieves symptoms	31	2	52	85	2.25
3	is non-drowsy	22	4	60	86	2.44
4	is safe	30	1	55	86	2.29
5	is effective	28	4	54	86	2.30
6	lasts 24 hours	13	14	59	86	2.53
7	meets expectations	25	4	56	85	2.36

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	2.38	2.25	2.44	2.29	2.30	2.53	2.36
Variance	0.76	0.93	0.77	0.91	0.87	0.56	0.83
Standard Deviation	0.87	0.96	0.88	0.96	0.93	0.75	0.91
Total Responses	86	85	86	86	86	86	85

34. Do you think that Walgreens allergy medicine:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	17	6	63	86	2.53
2	relieves symptoms	24	2	60	86	2.42
3	is non-drowsy	13	5	68	86	2.64
4	is safe	23	2	61	86	2.44
5	is effective	24	3	59	86	2.41
6	lasts 24 hours	10	12	64	86	2.63
7	meets expectations	19	5	62	86	2.50

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	2.53	2.42	2.64	2.44	2.41	2.63	2.50
Variance	0.65	0.81	0.54	0.79	0.81	0.47	0.70
Standard Deviation	0.81	0.90	0.73	0.89	0.90	0.69	0.84
Total Responses	86	86	86	86	86	86	86

35. Do you think that CVS brand allergy medicine:

#	Question	yes	no	not sure	Total Responses	Mean
1	works fast	14	6	65	85	2.60
2	relieves symptoms	20	2	64	86	2.51
3	is non-drowsy	13	3	70	86	2.66
4	is safe	20	2	64	86	2.51
5	is effective	20	3	63	86	2.50
6	lasts 24 hours	9	10	67	86	2.67
7	meets expectations	15	5	66	86	2.59

Statistic	works fast	relieves symptoms	is non-drowsy	is safe	is effective	lasts 24 hours	meets expectations
Min Value	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3
Mean	2.60	2.51	2.66	2.51	2.50	2.67	2.59
Variance	0.58	0.72	0.53	0.72	0.72	0.43	0.60
Standard Deviation	0.76	0.85	0.73	0.85	0.85	0.66	0.77
Total Responses	85	86	86	86	86	86	86

References

Ball, J. G., Manika, D., & Stout, P. (2015). Causes and consequences of trust in direct-to-consumer prescription drug advertising. *International Journal of Advertising,* , 1-32. doi:10.1080/02650487.2015.1009346

Chaudhuri, A., & Holbrook, M. B. (2001). The chain of effects from brand trust and brand affect to brand performance: The role of brand loyalty. *Journal of Marketing, 65*(2), 81-93.

Evans, J. R., & Laskin, R. L. (1994). The relationship marketing process: A conceptualization and application. *Industrial Marketing Management, 23*(5), 439-452. doi:10.1016/0019-8501(94)90007-8

Frosch, D. L., Krueger, P. M., Hornik, R. C., Cronholm, P. F., & Barg, F. K. (2007). Creating demand for prescription drugs: A content analysis of television direct-to- consumer advertising. *Annals of Family Medicine, 5*(1), 6.

Gooner, R. A., & Nadler, S. S. (2012). Abstracting empirical generalizations from private label brand research. *The Journal of Marketing Theory and Practice, 20*(1), 87-104. doi:10.2753/MTP1069-6679200106

Grossman, R. P. (1998). Developing and managing effective consumer relationships. *Journal of Product & Brand Management, 7*(1), 27-40. doi:10.1108/10610429810209719

Hanna, L., & Hughes, C. M. (2011). Public's views on making decisions about over-the-counter medication and their attitudes towards evidence of effectiveness: A cross-sectional questionnaire study. *Patient Education and Counseling, 83*(3), 345-351. doi:10.1016/j.pec.2011.02.016

Hansen, K., Singh, V., and Chintagunta, P. (2006). Understanding store- brand purchase behavior across categories. *Marketing Science* *25*(1). 75-90. doi:10.1287/mksc.1050.0151

Julian Ming-Sung Cheng, Lily Shui-Lien Chen, Julia Ying-Chao Lin, & Edward Shih-Tse Wang. (2007). Do consumers perceive differences among national brands, international private labels and local private labels? the case of taiwan. *Journal of Product & Brand Management, 16*(6), 368-376. doi:10.1108/10610420710823735

Koschate-fischer, N., Cramer, J., & Hoyer, W. D. (2014). Moderating effects of the relationship between private label share and store loyalty. *Journal of Marketing,* 140129073220001. doi:10.1509/jm.13.0075

Magda Nenycz-Thiel, & Romaniuk, J. (2009). Perceptual categorization of private labels and national brands. *Journal of Product & Brand Management, 18*(4), 251-261. doi:10.1108/10610420910972774

Miquel-Romero, M., Caplliure-Giner, E., & Adame-Sánchez, C. (2014). Relationship marketing management: Its importance in private label extension. *Journal of Business Research, 67*(5), 667-672. doi:10.1016/j.jbusres.2013.11.025

Neff, J. (2010). Killing off 30- second spot is bad medicine for OTC drug industry; data shows category most in favor of ditching 30s for 15s also saw highest incursion of private-label.(NEWS)(over-the-counter). *Advertising Age, 81*(32), 1.

Nenycz-Thiel, M., Sharp, B., Dawes, J., & Romaniuk, J. (2010). Competition for memory retrieval between private label and national brands. *Journal of Business Research, 63*(11), 1142-1147. doi:10.1016/j.jbusres.2009.10.010

Olohan, R. (2013, October 1). Searching for Allergy Relief: How Marketers Can Help. Retrieved June 10, 2015.

Palmatier, R. W., Dant, R. P., Grewal, D., & Evans, K. R. (2006). Factors influencing the effectiveness of relationship marketing: A meta-analysis. *Journal of Marketing, 70*(4), 136-153. Retrieved from http://www.jstor.org/stable/30162119

Welch Cline, R. J., & Young, H. N. (2004). Marketing drugs, marketing health care relationships: A content analysis of visual cues in direct-to- consumer prescription drug advertising. *Health Communication, 16*(2), 131-157. doi:10.1207/S15327027HC1602_1.

Wulf, K. D., Gaby Odekerken-Schröder, Goedertier, F., & Gino, V. O. (2005). Consumer perceptions of store brands versus national brands. *Journal of Consumer Marketing, 22*(4), 223-232. doi:10.1108/07363760510605335

Yang-Im Lee, & Peter R.J. Trim. (2006). Retail marketing strategy; the role of marketing intelligence, relationship marketing and trust. *Marketing Intelligence & Planning, 24*(7), 730-745. doi:10.1108/02634500610711888