

Appendix E. Invitation Email for Study 1 (Eye-tracking Study)

**Experimental Studies of Nutrition Symbols on Food Packages
Study 1
(DRAFT, November 2009)**

EYE-TRACKING INVITATION EMAIL

Form Approved: OMB No. 0910-XXXX

Expirate Date ____/____/____

Dear [first name],

EyeTracking, Inc. is currently recruiting participants for a new paid research study regarding some food products, and we need your opinions. This eyetracking appointment will take place [study dates]. Each session will last up to an hour and you will be compensated \$40 for your time. If you live in or near San Diego and are interested in participating...

1. Please go to <http://www.eyetracking.com/study> ("study" TBD)
2. Click on the orange "Click here to sign up now" link.
3. Enter your username and password to access the screener
4. Then just answer a few questions to see if you qualify.

If you qualify, you will be given a chance to sign up. If not, we will continue to keep you posted on other studies.

NOTE: All information you provide will remain strictly confidential.

Thanks!

The EyeTracking, Inc. Research Team

1. What is your gender? [RECRUIT A MIX ACROSS THE STUDY]

Male

Female

2. In which age group do you fall? [RECRUIT A MIX ACROSS THE STUDY]

Under 18 [THANK AND TERMINATE]

18-34

35-54

55-64

65 or older
Prefer not to answer [THANK AND TERMINATE]

3. What is your highest level of education? [RECRUIT A MIX ACROSS THE STUDY]

0 - 11 years or grades
12 years, high school graduate, or GED
1 - 3 years of college or associate degree
4 years of college or college graduate
Postgraduate, masters, doctorate, law degree, MD
Prefer not to answer [THANK AND TERMINATE]

4. Are you of Hispanic or Latino origin?

Yes
No
Prefer not to answer

5. What is your race? You may choose one or more categories as they apply. [RECRUIT A MIX ACROSS THE STUDY]

White
Black or African American
Asian
Native Hawaiian or other Pacific Islander
American Indian or Alaska Native
Other

6. Do you wear corrective lenses? [CHECK ALL THAT APPLY]

No, I do not wear glasses or contacts
Yes, I wear regular glasses
Yes, I wear bifocals [THANK AND TERMINATE]
Yes, I wear soft contact lenses
Yes, I wear hard contact lenses [THANK AND TERMINATE]
Prefer not to answer

[IF ELIGIBLE]

Congratulations, you have qualified for this study.

Please select a time you would like to come in.

1. Select Day

Date TBD

2. Select Time

Select a day

to view the
times for that
day.

If none of these times are acceptable click [HERE](#) to be added to the waiting list.

PUBLIC Disclosure Burden Statement

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
CFSAN/PRB Comments/HFS-24
5100 Paint Branch Parkway
College Park, MD 20740-3835.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.