

**Appendix G. Questionnaire for Study 1 (Experimental Study)**

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

**Questionnaire**

**PHASE 1**

*Form Approved: OMB No. 0910-XXXX*

*Expirate Date \_\_\_\_/\_\_\_\_/\_\_\_\_*

Thank you for agreeing to participate in our survey. This is the first phase of the survey. During the survey, you will be asked what you think about some common food products. It usually takes people about 4 minutes to complete this phase of the survey.

We would appreciate it very much if you would fill out this survey with YOUR OWN answers and not talk to any other individuals or consult any other sources about the answers. It is all right for you to tell us if you do not know the answer to a question. The information we gather from you and other panelists would be much more useful if we have everyone's own answers and can analyze each individual's answers together with the individual's background such as age and food consumption habits.

The information you provide will be kept strictly confidential.

Please click the "NEXT" button to begin the survey.

**Section A. Consumption and purchase**

A1. [ALL PARTICIPANTS] First of all, how often do you eat these types of foods in a typical month? Please select one answer for each food. [ROTATE FOODS]

Everyday or nearly every day	2-3 times a week	Once a week	Less than once a week	Never eat it	Don't know
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Food 1

Food 2

Food 3

Note: FOOD 1 is the food category (cereal, crackers and chips, or entrée) that will be asked in Section D; FOOD 2 is the food category that will be asked in Section E; FOOD 3 is the other food category (yogurt and salad) that will be used in Section F to compare to the food category asked in Section D.

A2. [ALL PARTICIPANTS] In the past six months, did you yourself shop for all, most, some, or none of these foods you ate? Please select one. [USE SAME ORDER OF FOODS AS IN A1]

	All	Most	Some	None	Don't eat	Don't know
Food 1						
Food 2						
Food 3						

[A3-A5: ASK FOOD 1 IF ITS ANSWER IN A2 = ALL/MOST/SOME]

A3. Think about shopping for [FOOD 1] at the store. On a scale of 1 to 6 where 1 is not important at all and 6 very important, how important to you is each of the factors listed below? [ROTATE FACTORS]

	Not important at all 1	2	3	4	5	Very important 6	Don't know
Price							
Brand							
Healthiness or nutritional qualities							
Convenience							
Taste							

A4. At the store, how often do you read labels on [FOOD 1, plural] to compare how healthy or nutritious different [FOOD 1, plural] are?

Regularly  
Occasionally  
Hardly ever  
Never  
Don't know

A5. When you buy a type of [FOOD 1] for the first time, how often do you read the label to find out how much it has in things like calories, fat, sodium, or vitamins?

Regularly  
Occasionally  
Hardly ever  
Never  
Don't know

[A6-A8: ASK FOOD 2 IF ITS ANSWER IN A2 = ALL/MOST/SOME]

A6. Think about shopping for [FOOD 2] at the store. On a scale of 1 to 6 where 1 is not important at all and 6 very important, how important to you is each of the factors listed below? [ROTATE FACTORS]

Not important at all 1	2	3	4	5	Very important 6	Don't know
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Price  
Brand  
Healthiness  
or  
nutritional  
qualities  
Convenience  
Taste

A7. At the store, how often do you read labels on [FOOD 2, plurals] to compare how healthy or nutritious different [FOOD 2, plural] are?

Regularly  
Occasionally  
Hardly ever  
Never  
Don't know

A8. When you buy a type of [FOOD 2] for the first time, how often do you read the label to find out how much it has in things like calories, fat, sodium, or vitamins?

Regularly  
Occasionally  
Hardly ever  
Never  
Don't know

## **Section B. Product perception of and familiarity**

B1. [ALL PARTICIPANTS] How healthy would you say each of these foods is **in general**? On a scale of 1 to 6 where 1 is not healthy at all and 6 is very healthy, how healthy is .... [USE SAME ORDER OF FOODS AS IN A1]

Not healthy at all 1	2	3	4	5	Very healthy 6	Don't know
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Food 1  
Food 2  
Food 3

[B2-B5, ASK ABOUT FOODS 1 AND 2 ONLY; USE SAME ORDER OF FOODS AS IN A1]

B2. [ALL PARTICIPANTS]

1	2	3	4	5	6	Don't know
Compared to the average consumer, how knowledgeable are you about the average nutritional qualities of [FOOD 1]?						
One of the least knowledgeable			One of the most knowledgeable			
How familiar are you with the average nutritional qualities of [FOOD 1]?						
Not at all familiar			Extremely familiar			

B3. [ALL PARTICIPANTS] Have you ever heard or read that [FOOD 1] may help lower the risk of the following health problems? [ROTATE HEALTH PROBLEMS]

	Yes	No	Don't know
Hypertension or high blood pressure			
Cancer			
Osteoporosis or bone problem			
Diabetes or high blood sugar			
Heart disease			
Obesity or overweight			

B4. [ALL PARTICIPANTS]

6	5	4	3	2	1	Don't know
Compared to the average consumer, how knowledgeable are you about the average nutritional qualities of [FOOD 2]?						
One of the least knowledgeable			One of the most knowledgeable			
How familiar are you with the average nutritional qualities of [FOOD 2]?						
Not at all familiar			extremely familiar			

B5. [ALL PARTICIPANTS] Have you ever heard or read that [FOOD 2] may help lower the risk of the following health problems? [ROTATE HEALTH PROBLEMS]

	Yes	No	Don't know
Hypertension or high blood pressure			
Cancer			
Diabetes or high blood sugar			
Heart disease			
Obesity or overweight			

### **Section C. Dietary interests**

C2. [ALL PARTICIPANTS] From the list below, which do you try to limit and which do you try to have enough in what you eat and drink? Select all that apply. [ROTATE ITEMS, EXCEPT "NONE OF THE ABOVE, DON'T KNOW, AND PREFER NOT TO ANSWER"]

	Try to limit	Try to have enough
Fat		
Carb or carbohydrate		
Salt or sodium		
Calories		
Cholesterol		
Sugar		
Vitamin A		
Vitamin C		
Calcium		
Iron		
Fiber		
None of the above		
Don't know		
Prefer not to answer		

[IF C2=NONE OF THE ABOVE/DON'T KNOW/PREFER NOT TO ANSWER, END PHASE 1. OTHERWISE, GO TO C3]

C3. [SHOW AND ASK ALL ITEMS SELECTED IN C2 EXCEPT "NONE OF THE ABOVE, DON'T KNOW, PREFER NOT TO ANSWER] When did you start trying to limit or have enough of this/these thing(s)? Was it within the past 3 months or more than 3 months ago?

Within	More	Don't	Prefer not
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the past 3 months    than 3 months ago    know    to answer

Fat  
Carb or carbohydrate  
Salt or sodium  
Calorie  
Cholesterol  
Sugar  
Vitamin A  
Vitamin C  
Calcium  
Iron  
Fiber

Thank you for your cooperation in the first phase of the survey. We are going to send you the second phase of the survey in about a week. The second phase will ask you to share with us your opinions about some food products and should take about twelve minutes. Good-bye.

**END OF PHASE 1**

## PUBLIC Disclosure Burden Statement

Public reporting burden for this collection of information is estimated to average 4 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  
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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.

# Experimental Studies of Nutrition Symbols on Food Packages

## Study 1

(DRAFT, November 2009)

### Study Questionnaire

#### PHASE 2

*Form Approved: OMB No. 0910-XXXX*

*Expirate Date \_\_\_\_/\_\_\_\_/\_\_\_\_*

Thank you for agreeing to participate in the second phase of the survey. During the survey, you will be asked to look at food labels and answer questions about them. It usually takes people about 12 minutes to complete this phase of the survey.

We would appreciate it very much if you would fill out this survey with YOUR OWN answers and not talk to any other individuals or consult any other sources about the answers. It is all right for you to tell us if you do not know the answer to a question. The information we gather from you and other panelists would be much more useful if we have everyone's own answers and can analyze each individual's answers together with the individual's background such as age and food consumption habits.

The information you provide will be kept strictly confidential.

Click the "NEXT" button to begin the survey.

[RANDOM START SECTION D (evaluation of a single product) OR SECTION E (comparison of two products)]

#### **Section D. Evaluation of a single product**

[IN SECTION D, EXCEPT WHEN 'NUTRITION FACTS' CONDITION IS ASSIGNED, SHOW FRONT PANEL OF PACKAGE ON SCREEN AND PROVIDE ABILITY TO CLICK ON THE PACKAGE TO SEE BACK PANEL]

[IF 'NUTRITION FACTS' CONDITION, GO TO D0. OTHERWISE, SKIP TO D1]

D0. Please take a moment to look at this Nutrition Facts label. When you are ready, click on the "CONTINUE" button. [SKIP TO D4]

[MAKE THIS NOTE SMALLER AND SEPARATE FROM PREVIOUS PARAGRAPH] Note that the package information you see in this survey may or may not be the same as you would see in the store.



D1. Please take a moment to look at this package. Feel free to click on the package for more information about the product.

[MAKE THIS NOTE SMALLER AND SEPARATE FROM PREVIOUS PARAGRAPH] Note that the package information you see in this survey may or may not be the same as you would see in the store.

When you are ready, click on the "CONTINUE" button.

[IF THE 'NO SYMBOL' IS ASSIGNED, SKIP TO D4]

D2. Did you see this symbol [INSERT SYMBOL GRAPHIC (Nutrition at a Glance, Nutrition Tips, Smart Choices Program)] on the package?

Yes  
No

[IF D2=NO, GO TO D3; OTHERWISE SKIP TO D4]

D3. Please look again at the package. Do you see this symbol [INSERT SYMBOL GRAPHIC (Nutrition at a Glance, Nutrition Tips, Smart Choices Program)] on the package?

Yes  
No

[IF D3=NO, SKIP TO E1 IF SECTION E HAS NOT BEEN ASKED; OTHERWISE SKIP TO F1]

[D4-D8: EXCEPT WHEN THE 'NUTRITION FACTS' CONDITION IS ASSIGNED, INCLUDE A REMINDER (NOT A LINK) BELOW THE PACKAGE THAT SAYS "CLICK ON THE PACKAGE FOR MORE INFORMATION."]

D4. On a scale of 1 to 5 where 1 is none or a little and 5 is a lot, how much of each of the following things would you say this product has? [ROTATE ITEMS]  
[INCLUDE "CALORIES" FOR ALL FOODS; INCLUDE 3 OTHER ITEMS PER ASSIGNMENT TABLE]

	None or a little 1	2	3	4	A lot 5	Don't know
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Calories  
Total Fat  
Sodium  
Sugars  
Vitamin  
C

Vitamin  
A  
Fiber  
Calcium

D5. On a scale of 1 to 6 where 1 is not healthy (nutritious) at all and 6 is very healthy (nutritious). How healthy would you say this product is?

1 = Not healthy at all

2

3

4

5

6 = Very healthy

Don't know

D6. On a scale of 1 to 5 where 1 means "very likely to **raise** the risk" and 5 means "very likely to **lower** the risk," how likely is this product to raise or lower the risk of each of these health problems or does the product have no effect on the risk? [IN THE SCALE LABELS, PUT "RAISE" AND "LOWER" IN BLUE FONT, SAME AS IN THE QUESTION STEM]

Very likely to <b>raise</b> the risk 1	Somewhat likely to <b>raise</b> the risk 2	No effect on the risk 3	Somewhat likely to <b>lower</b> the risk 4	Very likely to <b>lower</b> the risk 5	Don't know
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Heart disease  
High blood  
pressure or  
hypertension  
Diabetics or  
high blood  
sugar  
Cancer  
Obesity or  
overweight

D7. On a scale of 1 to 6 where 1 is not tasty at all and 6 is very tasty. How tasty would you say this product is?

1 = not tasty at all

2

3

4

5

6 = very tasty  
Don't know

D8. How likely would you be to consider including this product in your diet if you want to eat a healthier diet?

1 = Definitely would not consider including this product  
2  
3  
4  
5  
6 = Definitely would consider including this product  
Don't know

[D9-D11: EXCEPT 'NO SYMBOL' OR 'NUTRITION FACTS' CONDITION, DISABLE ABILITY TO CLICK ON THE PACKAGE TO SEE BACK PANEL]

D9. On a scale of 1 to 6 where 1 is not helpful at all and 6 is very helpful. How helpful would you say the [INSERT SYMBOL NAME: Nutrition at a Glance, Nutrition Tips, Smart Choices Program] symbol is in telling you the nutritional qualities of this product?

1 = not helpful at all  
2  
3  
4  
5  
6 = very helpful  
Don't know

D10. On a scale of 1 to 6 where 1 is not helpful at all and 6 is very helpful. How helpful would you say the [INSERT SYMBOL NAME: Nutrition at a Glance, Nutrition Tips, Smart Choices Program] symbol is in helping you decide how much to eat this product, if you were to eat it?

1 = not helpful at all  
2  
3  
4  
5  
6 = very helpful  
Don't know

D11. On a scale of 1 to 6 where 1 is not trustworthy at all and 6 is very trustworthy. How trustworthy would you say the [INSERT SYMBOL NAME: Nutrition at a Glance, Nutrition Tips, Smart Choices Program] symbol is in telling you the nutritional qualities of this product?

- 1 = not trustworthy at all
- 2
- 3
- 4
- 5
- 6 = very trustworthy
- Don't know

[IF SECTION D WAS THE ASSIGNED AS THE FIRST SECTION IN PHASE 2, GO TO SECTION E. OTHERWISE, SKIP TO F1]

**Section E. Comparison of two products**  
**same product category (one healthier, one less healthy), and same symbol**

[IN SECTION E, EXCEPT WHEN 'NUTRITION FACTS' CONDITION IS ASSIGNED, SHOW FRONT PANELS OF TWO PACKAGES ON SCREEN AND PROVIDE ABILITY TO CLICK ON THE PACKAGES TO SEE EACH BACK PANEL]

[IF 'NUTRITION FACTS' CONDITION, GO TO E0. OTHERWISE, SKIP TO E1]

- E0. Please take a moment to look at the two Nutrition Facts labels. When you are ready, click on the "CONTINUE" button. [SKIP TO E4]

[MAKE THIS NOTE SMALLER AND SEPARATE FROM PREVIOUS PARAGRAPH] Note that the package information you see in this survey may or may not be the same as you would see in the store.

- E1. Please take a moment to look at these two packages. Feel free to click on the packages for more information about the products.

[MAKE THIS NOTE SMALLER AND SEPARATE FROM PREVIOUS PARAGRAPH] Note that the package information you see in this survey may or may not be the same as you would see in the store.

When you are ready, click on the "CONTINUE" button.

[IF THE "NO SYMBOL" CONDITION IS ASSIGNED, SKIP TO E4]

- E2. Did you see a symbol similar to [INSERT SYMBOL GRAPHIC (Nutrition at a Glance, Nutrition Tips, Smart Choices Program) on the package?

- Yes
- No

[IF E2=NO, GO TO E3; OTHERWISE SKIP TO E4]

E3. Please look again at the packages. Do you see a symbol similar to [INSERT SAME GRAPHIC (Nutrition at a Glance, Nutrition Tips, Smart Choices Program) on the package?

Yes  
No

[IF E3=NO, SKIP TO F1 IF SECTION D HAS BEEN ASKED, OR SKIP TO D1 IF SECTION D HAS NOT BEEN ASKED; OTHERWISE GO TO E4]

[E4-E8: EXCEPT WHEN THE 'NUTRITION FACTS' CONDITION IS ASSIGNED, INCLUDE A REMINDER (NOT A LINK) BELOW THE PACKAGE THAT SAYS "CLICK ON THE PACKAGE FOR MORE INFORMATION."]

E4. Which product is more healthy (nutritious), or are they about the same?  
[PRODUCT A(B) IS THE PRODUCT SHOWN ON THE LEFT(RIGHT);  
RANDOMIZE POSITION OF A AND B]

[Product A] is more healthy  
[Product B] is more healthy  
They are about the same  
Don't know

[E5-E8: ROTATE ITEMS: CALORIES AND THREE OTHER ITEMS; SEE ASSIGNMENT TABLE]

E5. Which product has more [INSERT ITEM]?

[Product A] has more [ITEM]  
[Product B] has more [ITEM]  
They have the same amount of [ITEM]  
Don't know

E6. Which product has more [INSERT ITEM]?

[Product A] has more [ITEM]  
[Product B] has more [ITEM]  
They have the same amount of [ITEM]  
Don't know

E7. Which product has more [INSERT ITEM]?

[Product A] has more [ITEM]

[Product B] has more [ITEM]  
They have the same amount of [ITEM]  
Don't know

E8. Which product has more [INSERT ITEM]?

[Product A] has more [ITEM]  
[Product B] has more [ITEM]  
They have the same amount of [ITEM]  
Don't know

**Section F. Comparison of two products**  
**different product categories but same symbol**

[IN SECTION F, EXCEPT WHEN 'NUTRITION FACTS' CONDITION IS ASSIGNED, SHOW FRONT PANELS OF TWO PACKAGES ON SCREEN AND PROVIDE ABILITY TO CLICK ON THE PACKAGES TO SEE EACH BACK PANEL]

[IF 'NUTRITION FACTS' CONDITION, GO TO F0. OTHERWISE, SKIP TO F1]

F0. Please take a moment to look at the two Nutrition Facts labels. When you are ready, click on the "CONTINUE" button. [SKIP TO F4]

[MAKE THIS NOTE SMALLER AND SEPARATE FROM PREVIOUS PARAGRAPH] Note that the package information you see in this survey may or may not be the same as you would see in the store.

F1. Please take a moment to look at these two packages. Feel free to click on the packages for more information about the products.

[MAKE THIS NOTE SMALLER AND SEPARATE FROM PREVIOUS PARAGRAPH] Note that the package information you see in this survey may or may not be the same as you would see in the store.

When you are ready, click on the "CONTINUE" button.

[IF THE 'NO SYMBOL' CONDITION IS ASSIGNED, SKIP TO G1]

F2. [ALL PARTICIPANTS] Did you see a symbol similar to [INSERT SYMBOL GRAPHIC (Nutrition at a Glance, Nutrition Tips, Smart Choices Program) on the package?

Yes  
No

[IF F2=NO, GO TO F3; OTHERWISE SKIP TO F4]

F3. Please look again at the packages. Do you see a symbol similar to [INSERT SYMBOL GRAPHIC (Nutrition at a Glance, Nutrition Tips, Smart Choices Program) on the package?

- Yes
- No

[IF F3=NO, SKIP TO G1; OTHERWISE GO TO F4]

[EXCEPT WHEN 'NUTRITION FACTS' CONDITION IS ASSIGNED, INCLUDE A REMINDER (NOT A LINK) BELOW THE PACKAGE THAT SAYS "CLICK ON THE PACKAGE FOR MORE INFORMATION."]

F4. Which product is more healthy (nutritious), or are they about the same?  
[PRODUCT A IS THE PRODUCT ASKED IN SECTION E; PRODUCT B IS YOGURT IF PRODUCT A IS CEREAL OR CRACKER/CHIP AND SALAD IF PRODUCT A IS ENTREE; RANDOMIZE POSITION OF A AND B]

- [Product A] is more healthy
- [Product B] is more healthy
- They are about the same
- Don't know

### **Section G. Other topics on symbols**

G1. [ALL PARTICIPANTS EXCEPT THOSE ASSIGNED "NO SYMBOL" OR 'NUTRITION FACTS' CONDITION IN SECTION D; SHOW ONLY SYMBOL GRAPHIC; DON'T SHOW FRONT OR BACK PANEL] Have you seen this symbol before taking this survey?

	Yes	No	Don't know
Symbol (shown in Section D)			

G2. [IF G1=YES] Have you ever used this symbol [SHOW SYMBOL] to do the following things?

	Yes	No	Don't know
To compare how healthy different products are			

To find out how much a product has in things like calories, fat, sodium, or vitamins

G3. As far as you know, who decides what food products can show this symbol? You may select more than one answer. [ROTATE MANUFACTURER, RETAILER AND GOVERNMENT]

Yes

- Food manufacturer
- Food retailer (supermarket)
- Government
- Other (neither food manufacturer/retailer nor government)
- Don't know

G4. [ALL PARTICIPANTS EXCEPT THOSE ASSIGNED "NO SYMBOL" OR 'NUTRITION FACTS' CONDITION IN SECTION E; SHOW ONLY SYMBOL GRAPHIC; DON'T SHOW FRONT OR BACK PANEL] Have you seen this symbol before taking this survey?

Yes No Don't know

Symbol (shown in Section E)

G5. [IF G4=YES] Have you ever used this symbol [SHOW SYMBOL] to do the following things?

Yes No Don't know

To compare how healthy different products are  
To find out how much a product has in things like calories, fat, sodium, or vitamins

G6. As far as you know, who decides what food products can show this symbol? You may select more than one answer. [ROTATE MANUFACTURER, RETAILER AND GOVERNMENT]



Yes

- Food manufacturer
- Food retailer (supermarket)
- Government
- Other (neither food manufacturer/retailer nor government)
- Don't know

**Section H. Motivation regarding label use**

H1. [ALL PARTICIPANTS] On a 1 to 4 scale, where 1 is strongly disagree and 4 is strongly agree. How much do you agree with each of the following statements? Please select one for each statement.

Strongly disagree 1	2	3	Strongly agree 4	Don't know
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- I feel confident that I know how to use food labels to choose a nutritious diet
- The nutrition information on food labels is hard to interpret
- Reading food labels takes more time than I can spare
- I would like to learn more about how to use food labels to choose a nutritious diet
- Using food labels to choose foods would be better than just relying on my own knowledge about what is in them

**[THERE IS NO SECTION I]**

**Section J. Health status and demographics**

The next few questions may seem a bit personal, but we need this information because this survey is about nutrition and health.

J1. [ALL PARTICIPANTS] Would you say your health in general is ...

excellent  
very good  
good  
fair  
poor  
Don't know  
Prefer not to answer

J2. [ALL PARTICIPANTS] Are these health problems of concern to you? Please select an answer for each of the health problems. [ROTATE HEALTH PROBLEMS]

Yes	No	Don't know	Prefer not to answer
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Cancer  
Diabetes  
Heart disease  
Hypertension or  
high blood  
pressure  
High  
cholesterol  
Digestive  
problem  
Obesity or  
overweight  
Osteoporosis or  
bone problem  
Stroke

J3. [ALL PARTICIPANTS] How tall are you without shoes? Please enter a number in both the "feet" and "inches" or select "prefer not to answer."

Feet \_ [ONE SPACE]      Inches \_ \_ [TWO SPACES]  
Prefer not to answer

J4. [ALL PARTICIPANTS] How much do you weight without shoes? Please enter a number in the pounds blank.

Pounds \_ \_ \_ [THREE SPACES]  
Prefer not to answer

J5. [ALL PARTICIPANTS] Do you consider yourself to be overweight, underweight, or about the right weight?

- Overweight
- Underweight
- About the right weight
- Don't know
- Prefer not to answer

J6. [ALL PARTICIPANTS] What is the highest grade or level of school you have completed or the highest degree you have received? Please select one.

Yes

- 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

J7. [ALL PARTICIPANTS] What year were you born?

19 \_\_ [TWO SPACES]

J8. [ALL PARTICIPANTS] Are you .... (please select one)

- Female
- Male

J9. [ALL PARTICIPANTS] Are you of Hispanic or Latino origin? Please select one.

- Yes
- No

J10 [ALL PARTICIPANTS] What is your race? You may choose one or more categories as they apply.

Yes

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

Thank you. These are all the questions in this survey. We hope you have enjoyed your

participation in the survey.

**END**

## PUBLIC Disclosure Burden Statement

Public reporting burden for this collection of information is estimated to average 12 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:

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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.