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Do you have medically diagnosed celiac disease or non-celiac gluten sensitivity, or do you regularly purchase groceries or prepare food for someone else with a medically diagnosed celiac disease or non-celiac gluten sensitivity?

Please select all that apply.

- ☐ I have medically diagnosed celiac disease
- ☐ I purchase groceries or prepare food for someone else with medically diagnosed celiac disease
- ☐ I have non-celiac gluten sensitivity (I do **not** have celiac disease but consuming gluten would result in physical reactions, such as cramps, diarrhea, or vomiting, instantly or within a few hours of consuming gluten.)
- ☐ I purchase groceries or prepare food for someone else with non-celiac gluten sensitivity
- ☐ I have a medically diagnosed non-celiac wheat allergy.
- ☐ I purchase groceries or prepare food for someone else with a medically diagnosed non-celiac wheat allergy.
- ☐ No

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How was this diagnosis made? (If you indicated above that you have been medically diagnosed with celiac disease or non-celiac gluten-sensitivity **and** you purchase groceries or prepare food for someone with these diagnoses, please respond to this and all the following questions with reference to **your own** celiac disease or gluten-sensitivity. If you do not have celiac disease or a non-celiac gluten sensitivity but do purchase groceries or prepare food for more than one person with celiac disease or non-celiac gluten-sensitivity, please respond to this question with reference to the person with celiac disease or non-celiac gluten sensitivity who has the **most recent birthday**.)

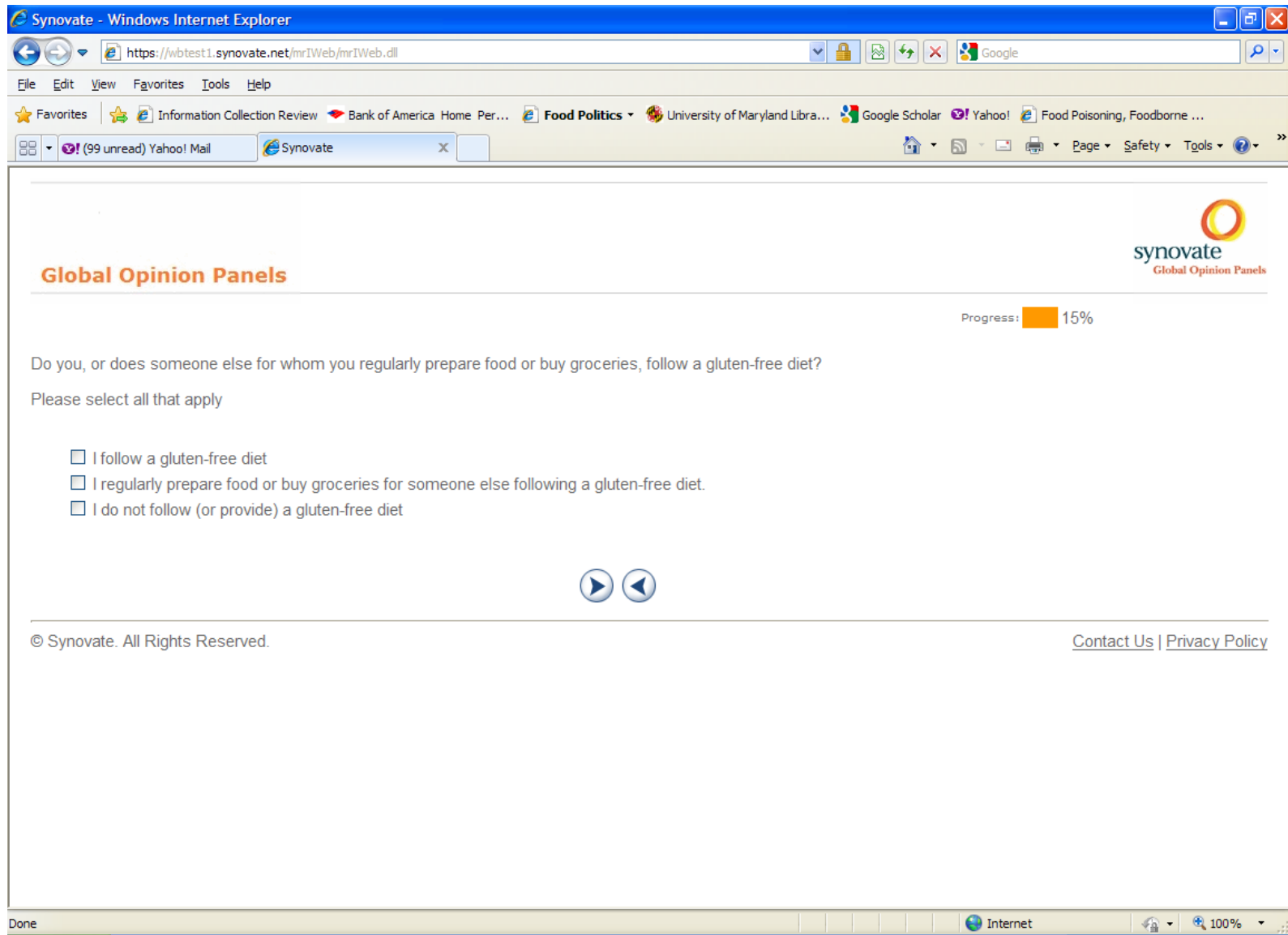
Please select all that apply

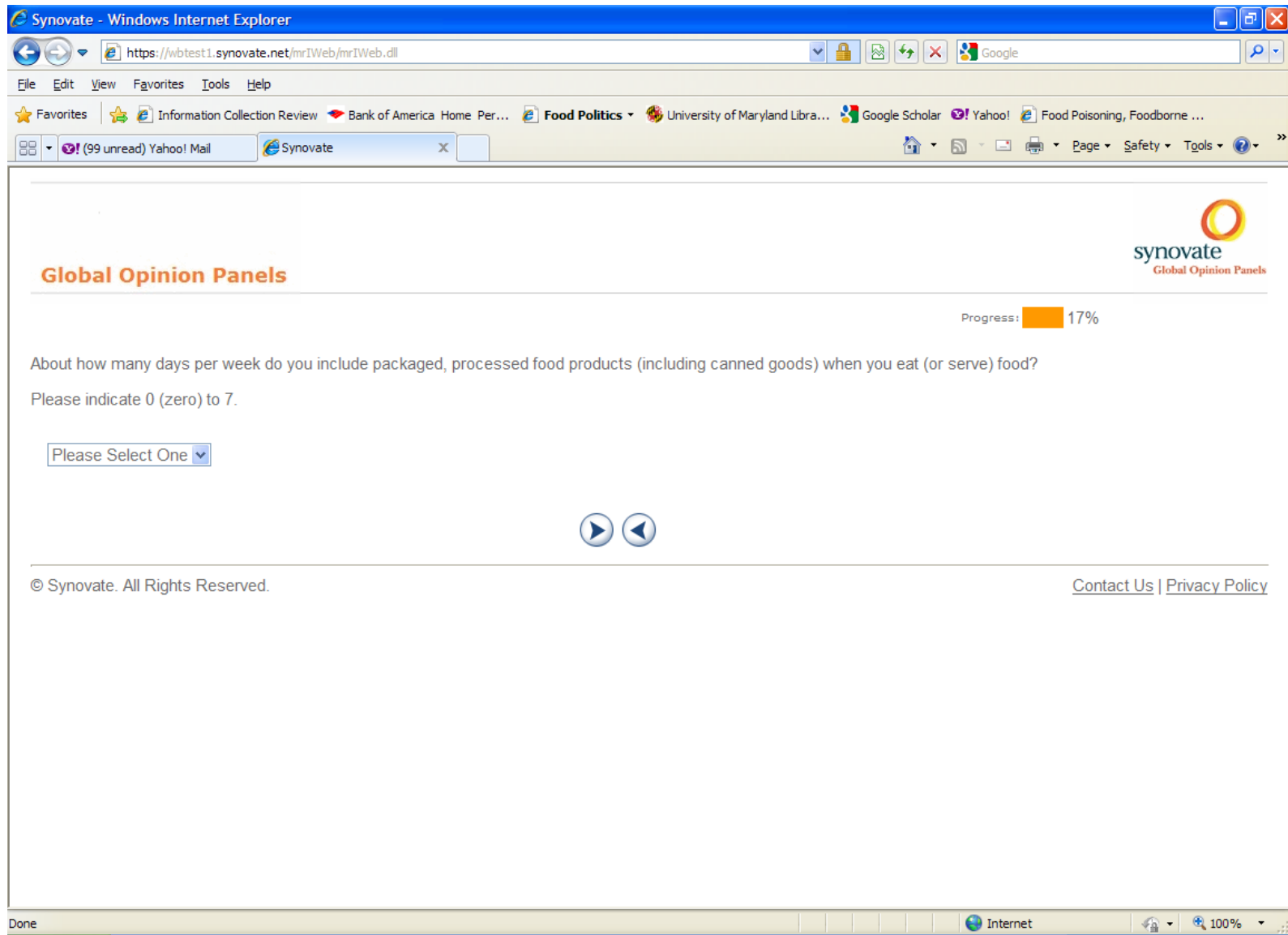
Was the diagnosis made by:

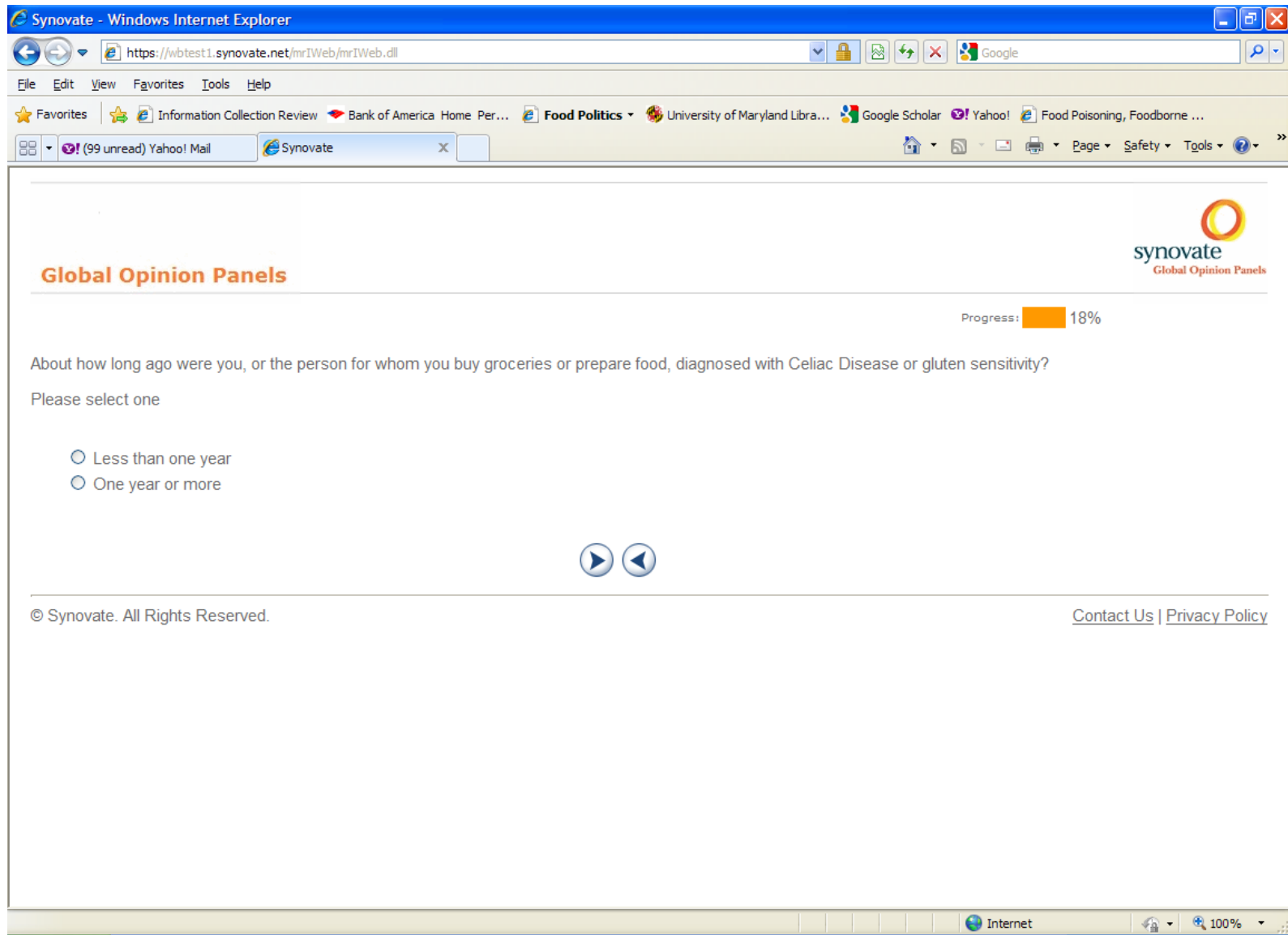
- ☐ Removing foods with gluten (or wheat) from your or the person's diet.
- ☐ Genetic blood test or strong family history of celiac disease.
- ☐ Positive blood tests for antibodies only.
- ☐ Biopsy of the small intestine.
- ☐ None of the above.
- ☐ Don't know

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You indicated that it has been one or more years since a diagnosis of Celiac Disease or gluten sensitivity. Please provide your best estimate.

Please indicate the number of years and months in the space provided.

1 ▾

 Years

0 ▾

 Months

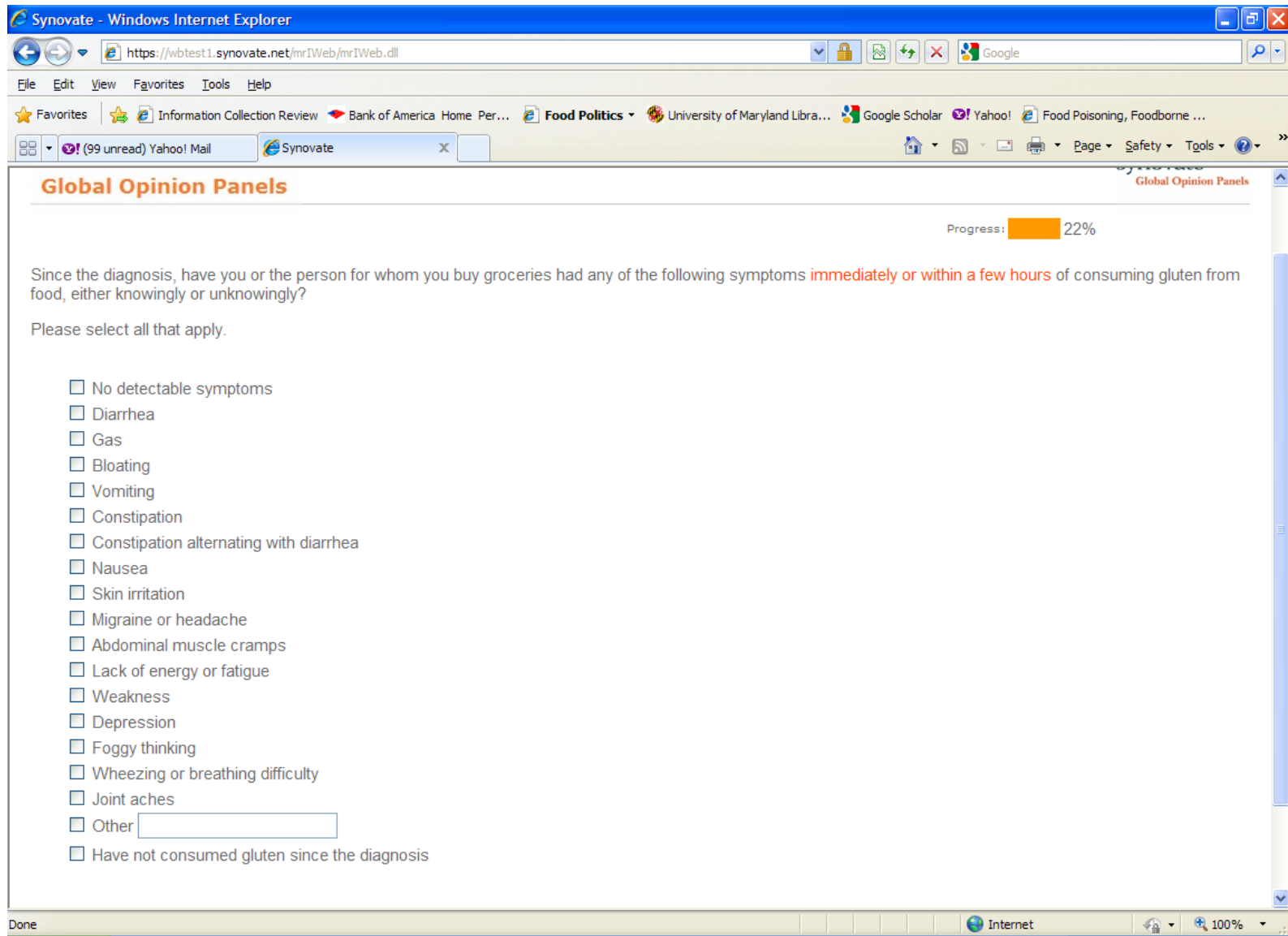
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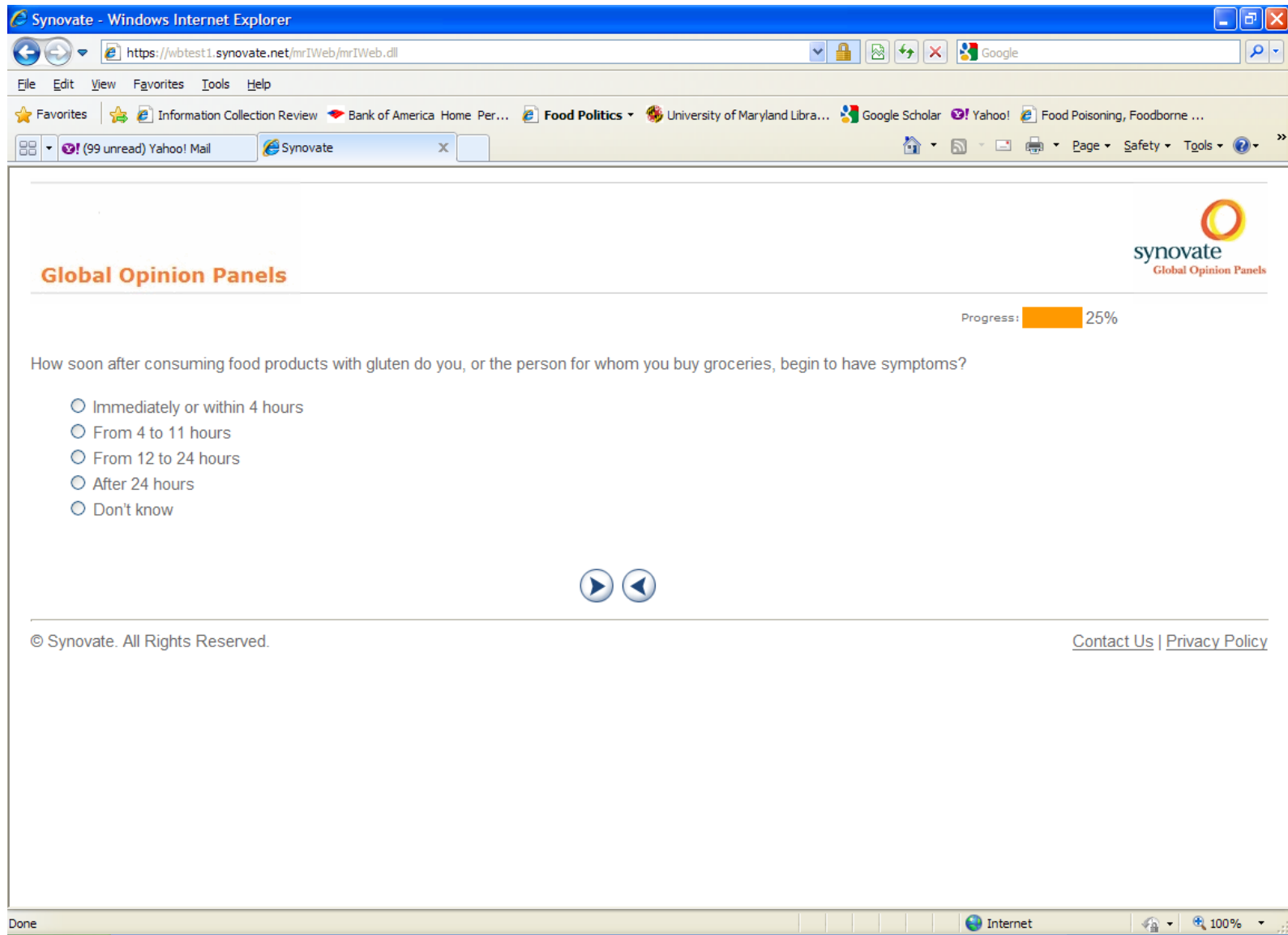
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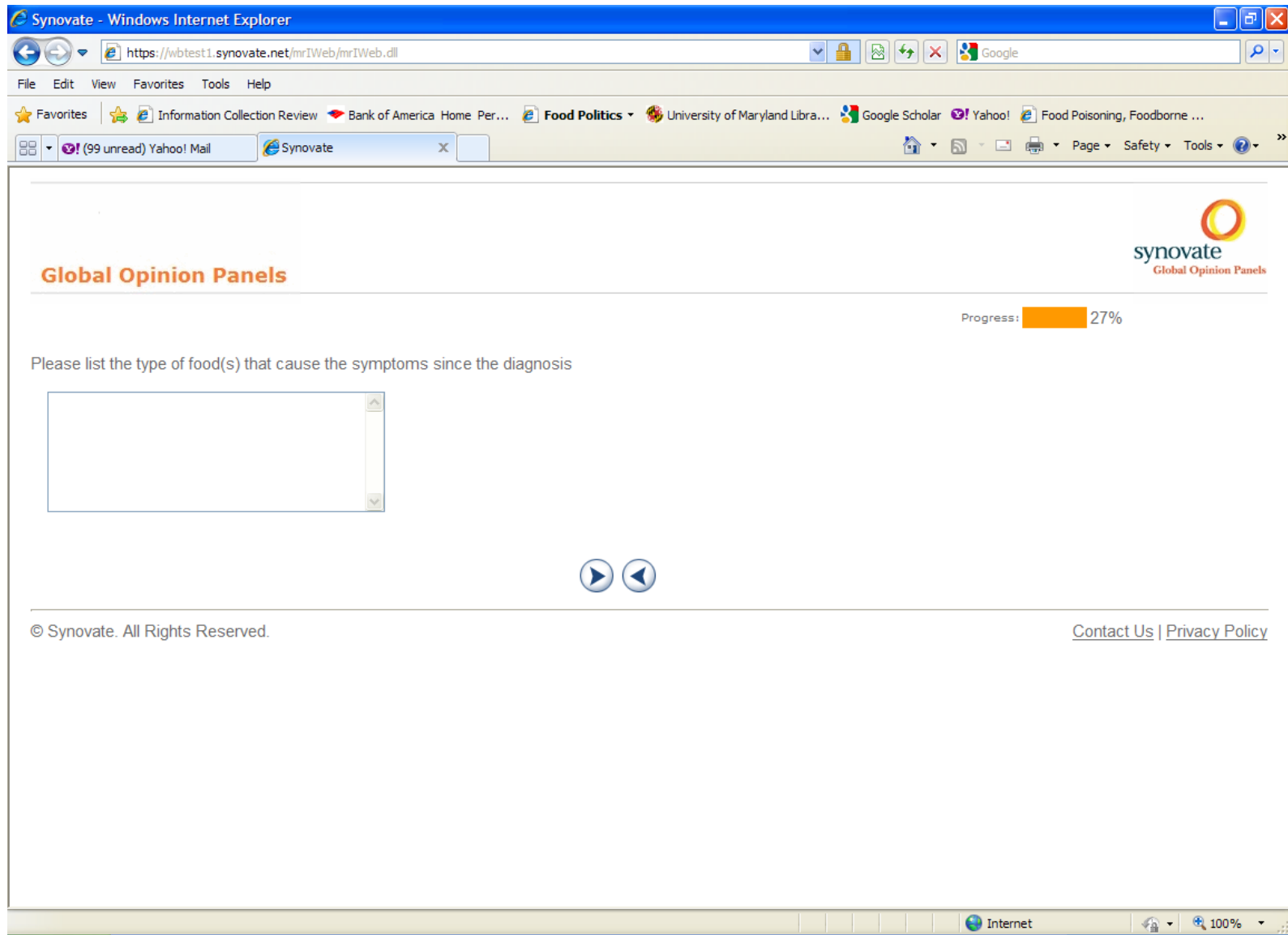
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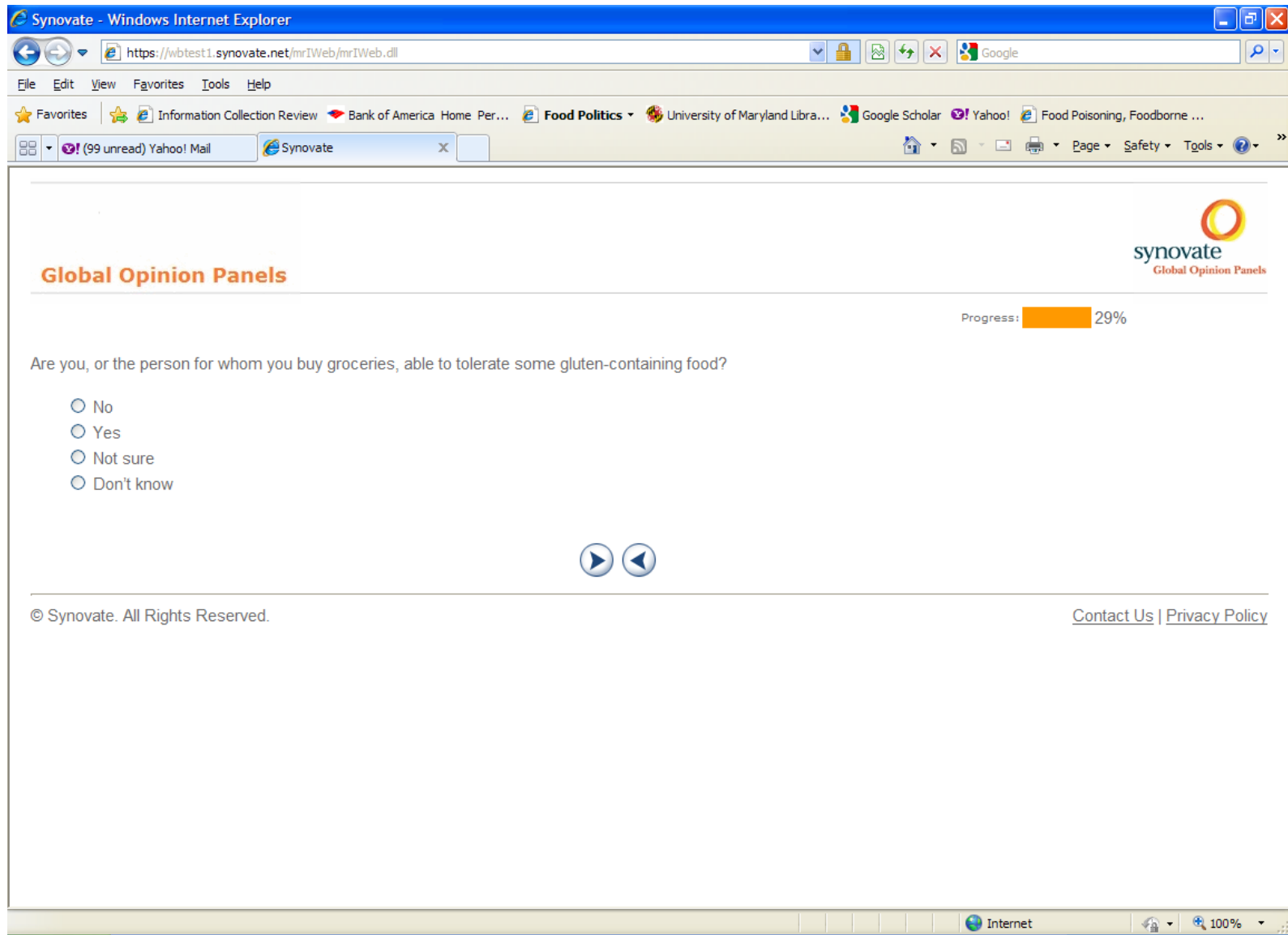
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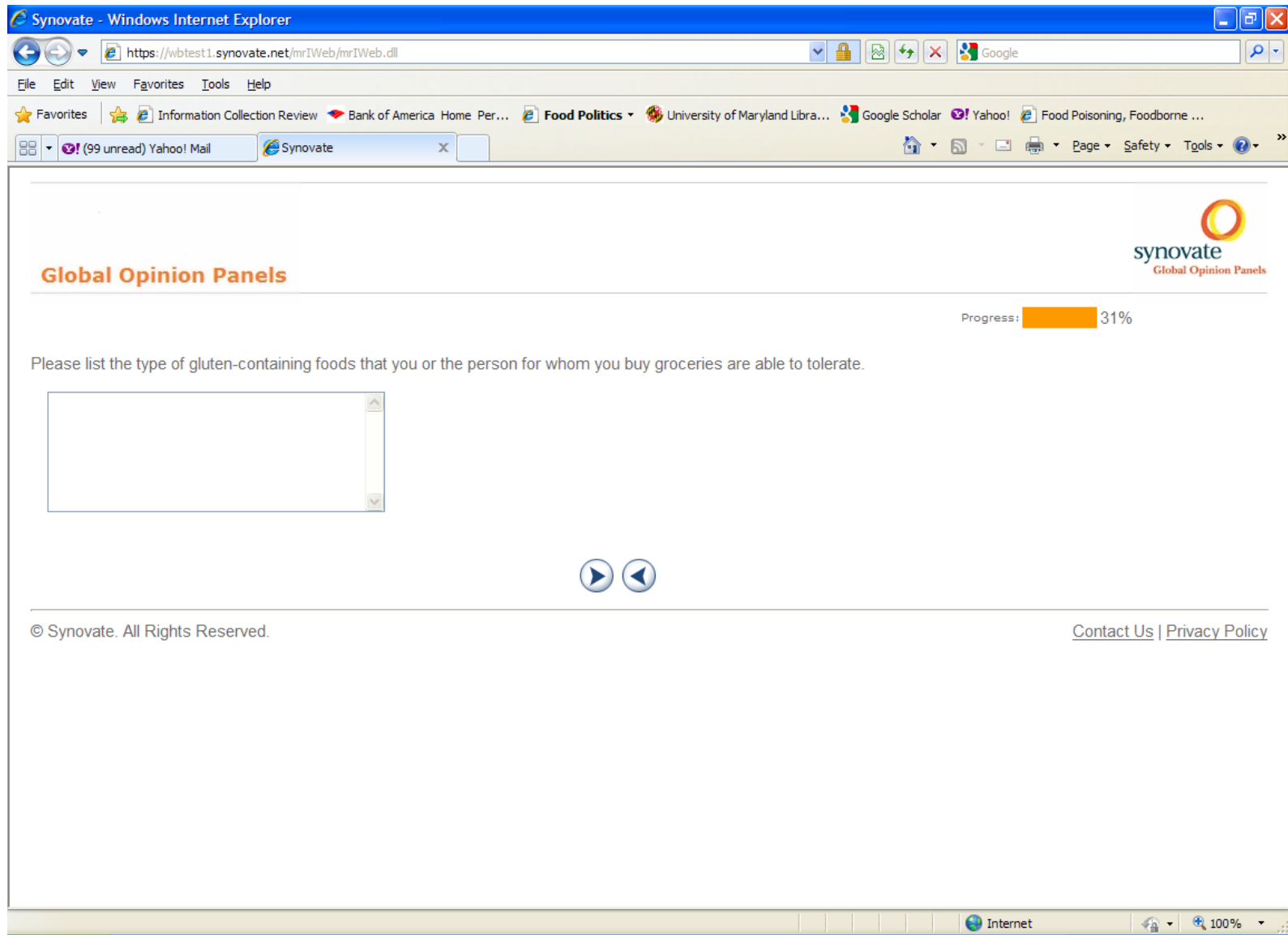
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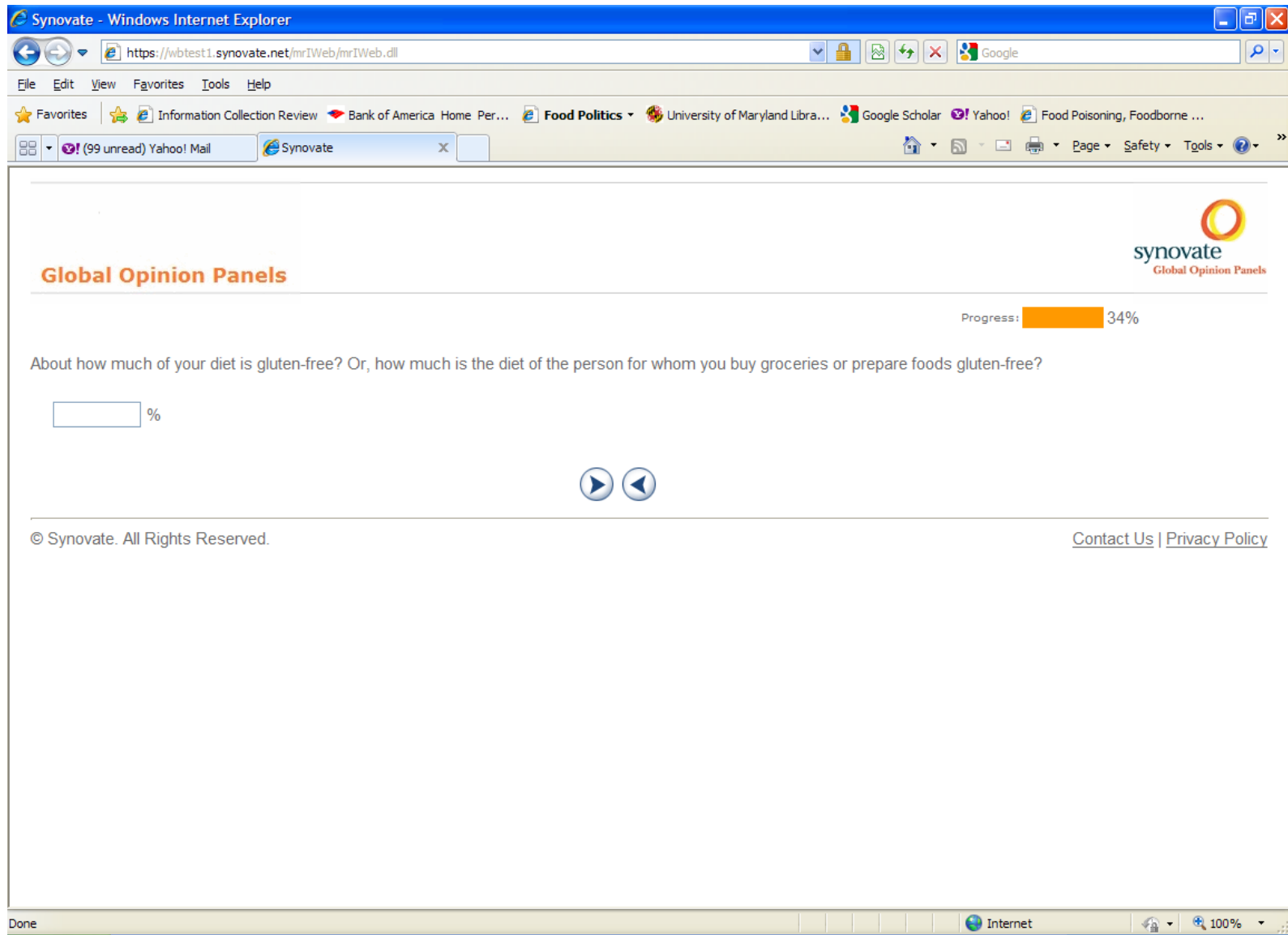


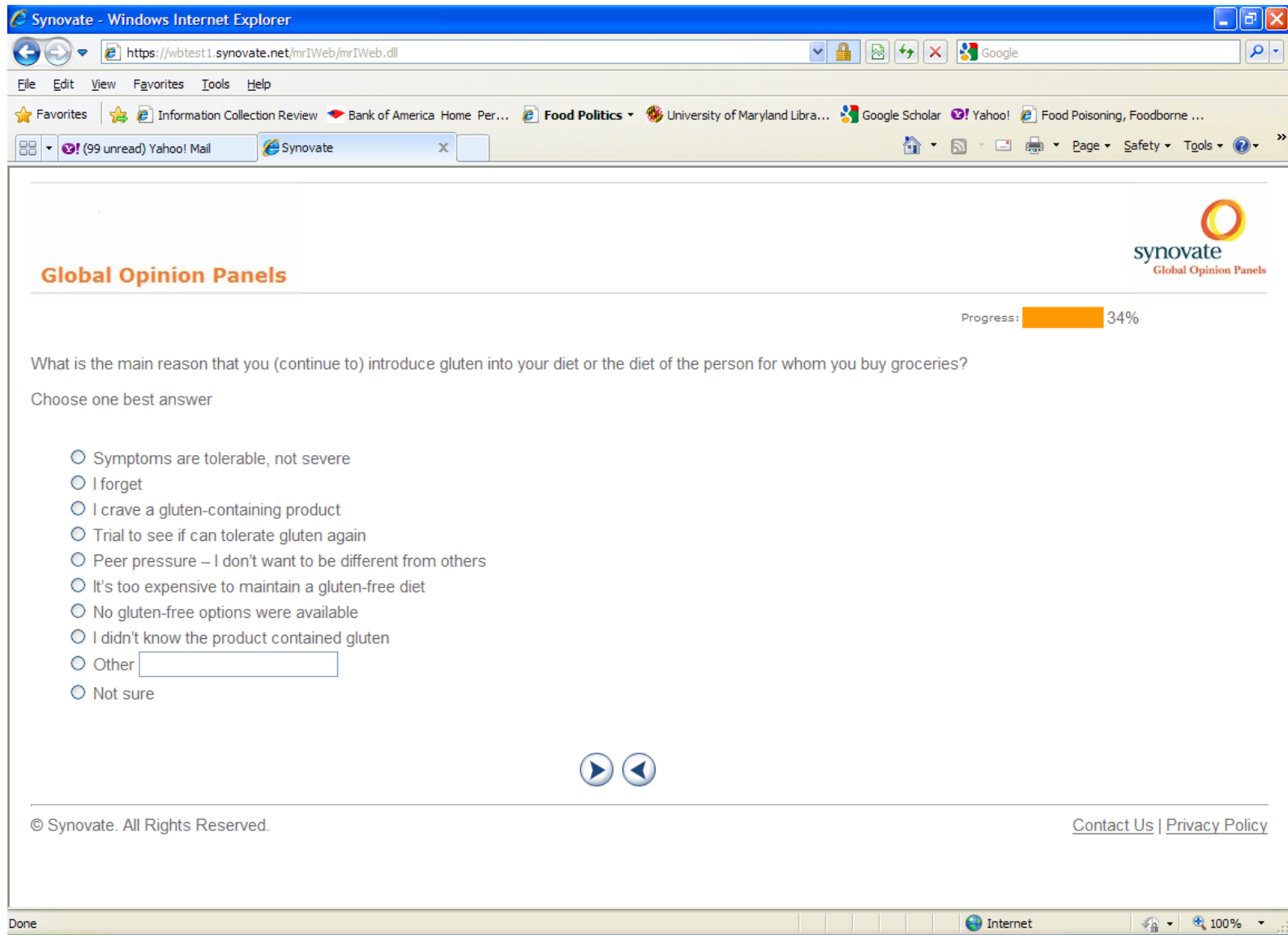


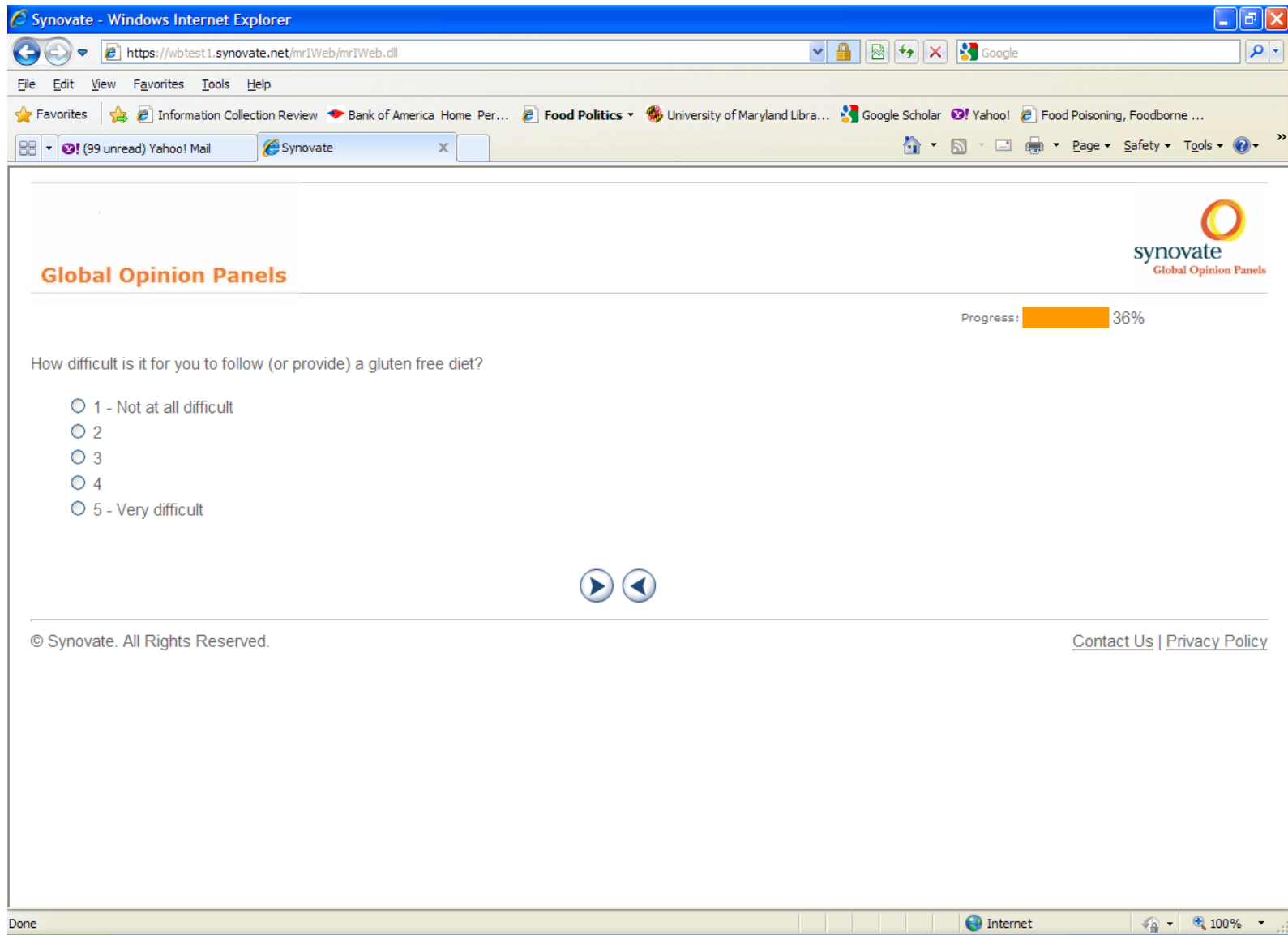












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Progress: 37%

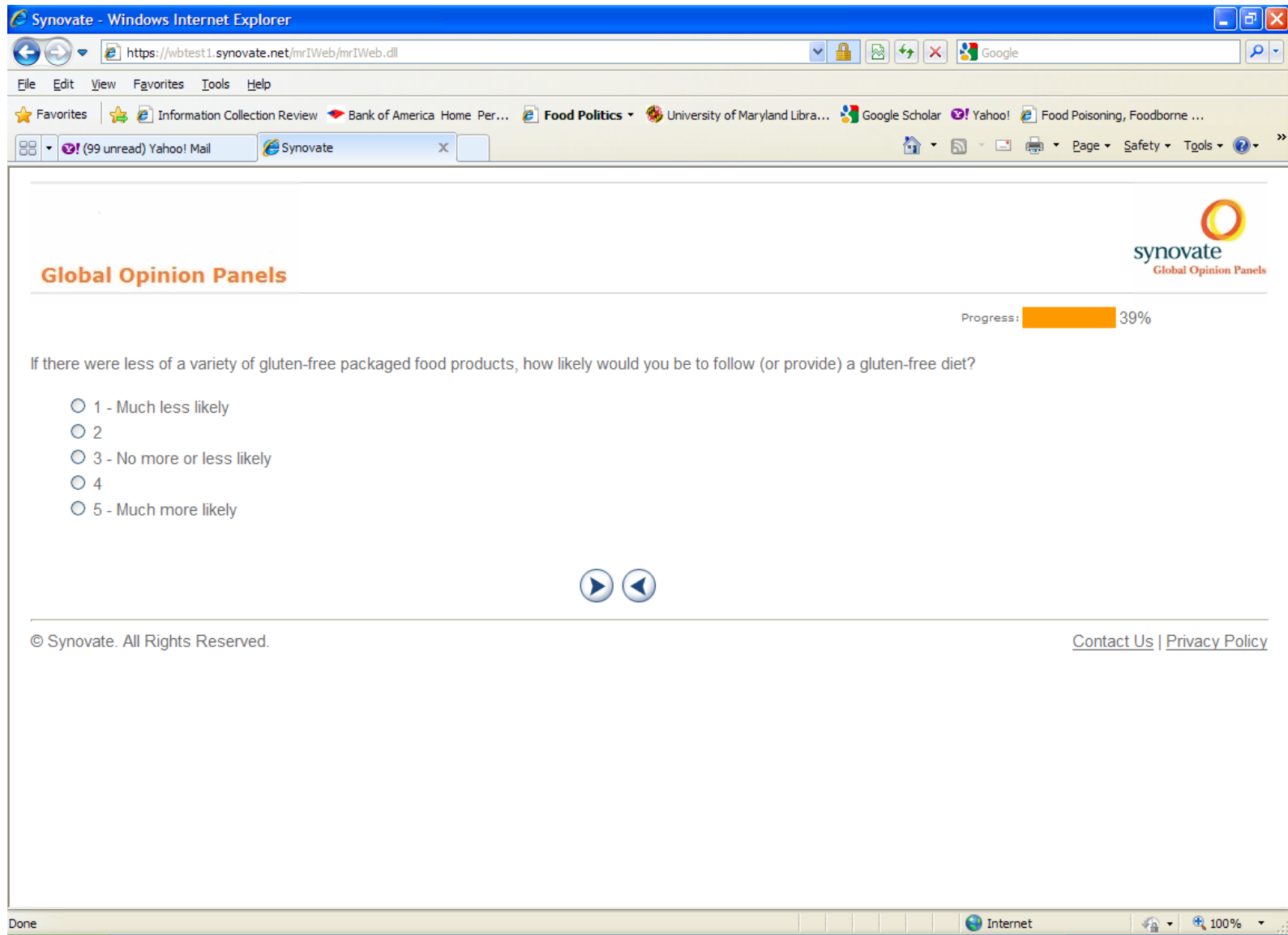
What is the main reason for this difficulty?

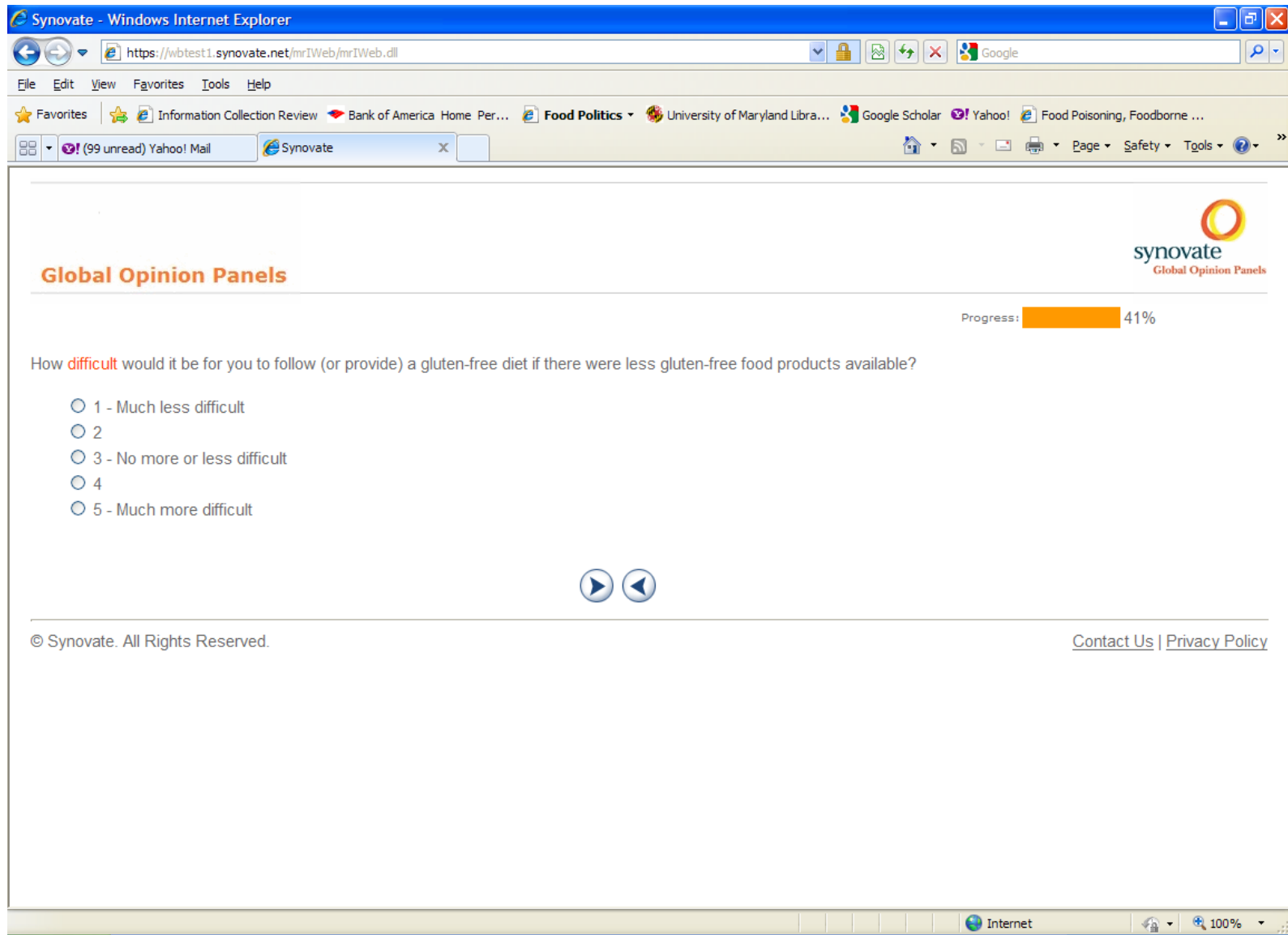
Please select all that apply

- ☐ It is expensive
- ☐ Few selections/ not readily available
- ☐ Few appetizing choices
- ☐ I forget
- ☐ I crave a gluten-containing product
- ☐ I mistakenly consume products containing gluten
- ☐ Peer pressure – I don't want to be different from others
- ☐ Other

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Progress: 43%

What are your feelings about needing to eat (or provide) gluten-free foods?

	Not at all				Very much
	1	2	3	4	5
Frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annoyed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress: 46%

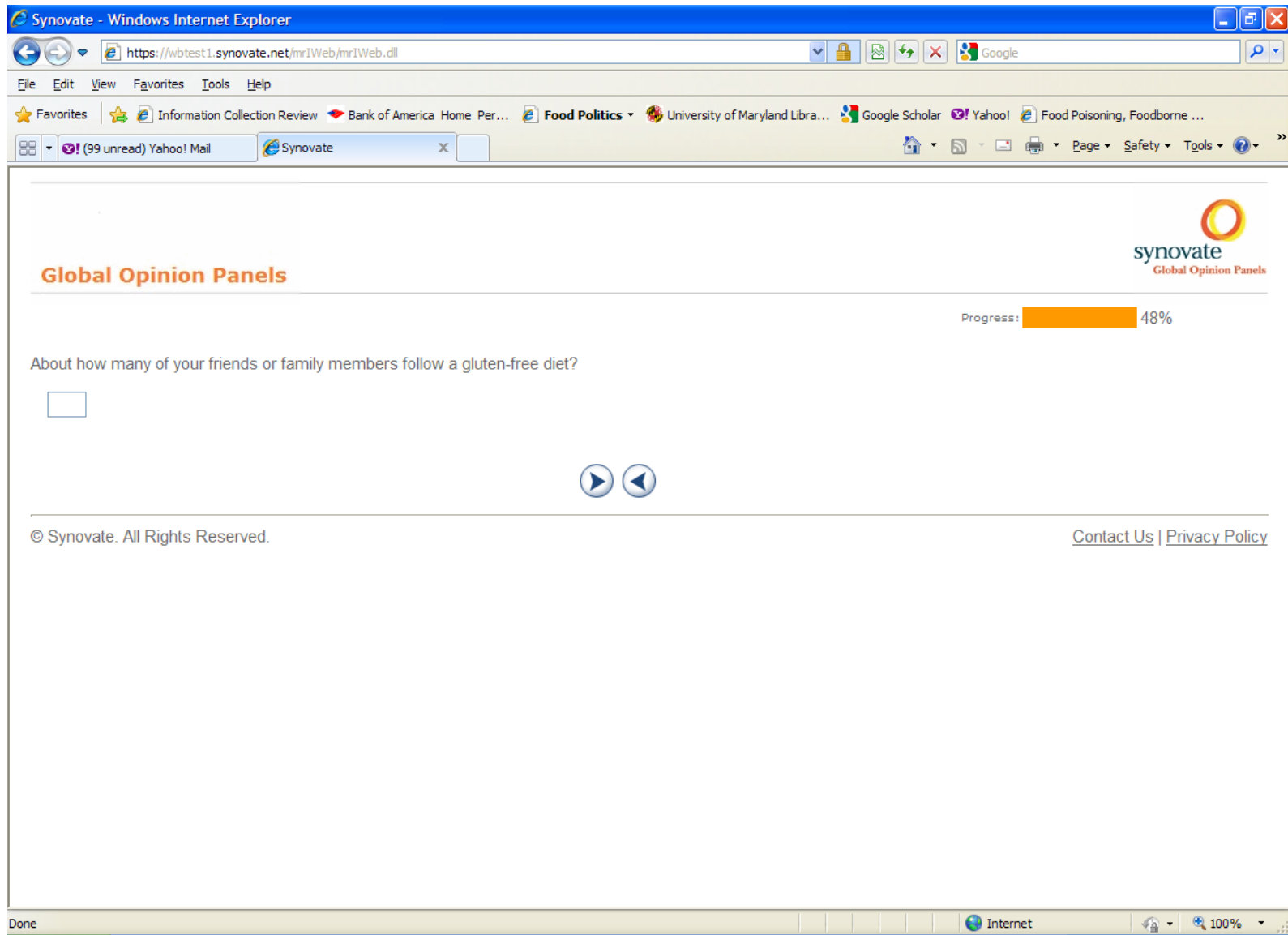
How often do you....?

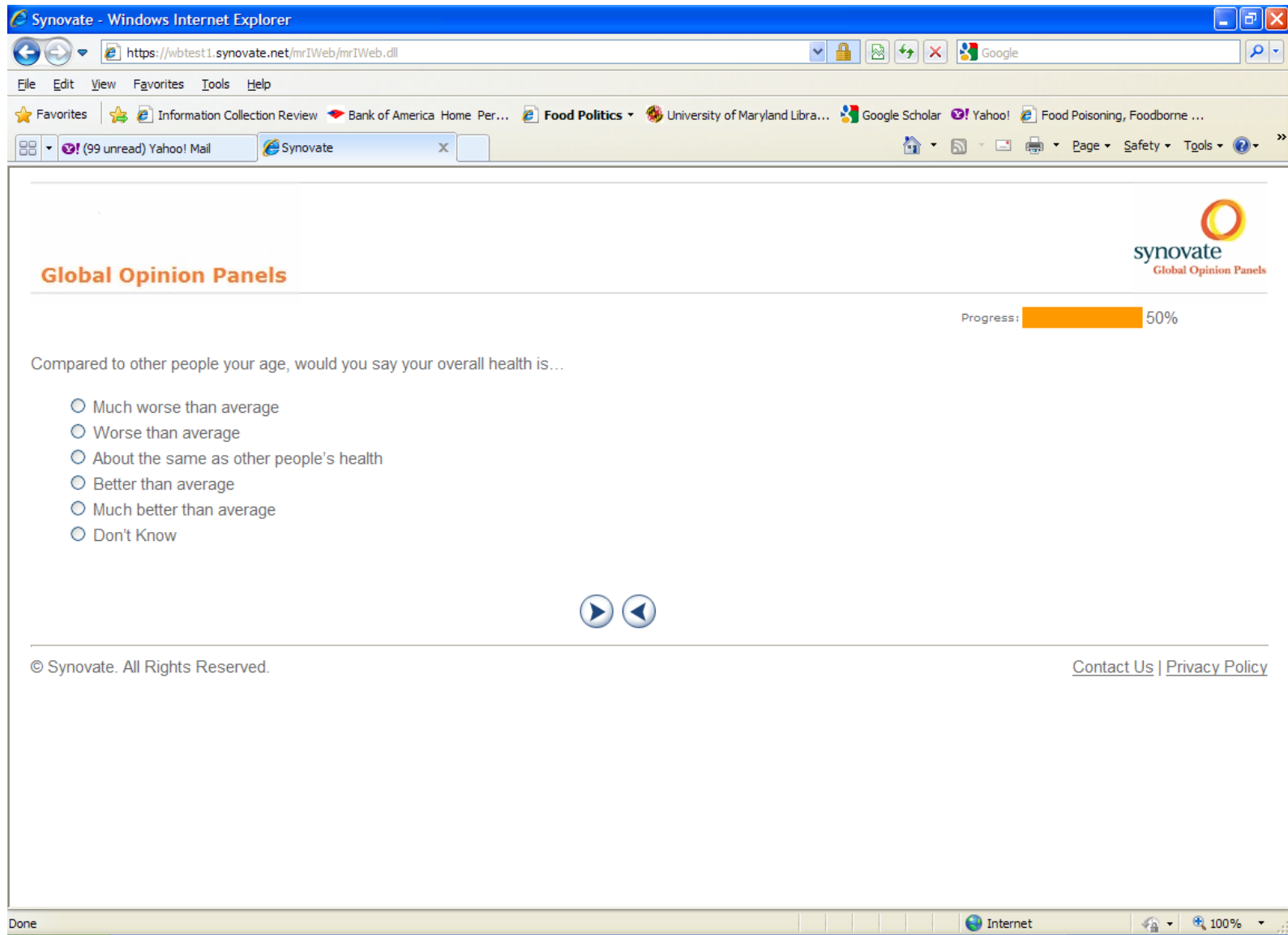
	Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
Look for a "gluten-free" claim on packaged foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchase (or provide) packaged foods that do not carry a "gluten-free" claim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Here are some food labels for a common food product. The brand and the labels are not real but are made up for the purpose of this study. Please use the food labels to help you answer this question. (The Nutrition Facts is purposefully blurred. The ingredients list on each label is identical. Please use the rest of the label to make your choice.) Imagine you are shopping for someone who has Celiac Disease or gluten sensitivity. Choose **one** Alpine Krunch bar for this person by clicking on the shopping cart next to the bar you want to purchase.



In order to view an image in more detail, simply click it once to zoom in. Click on the image again to reduce it.



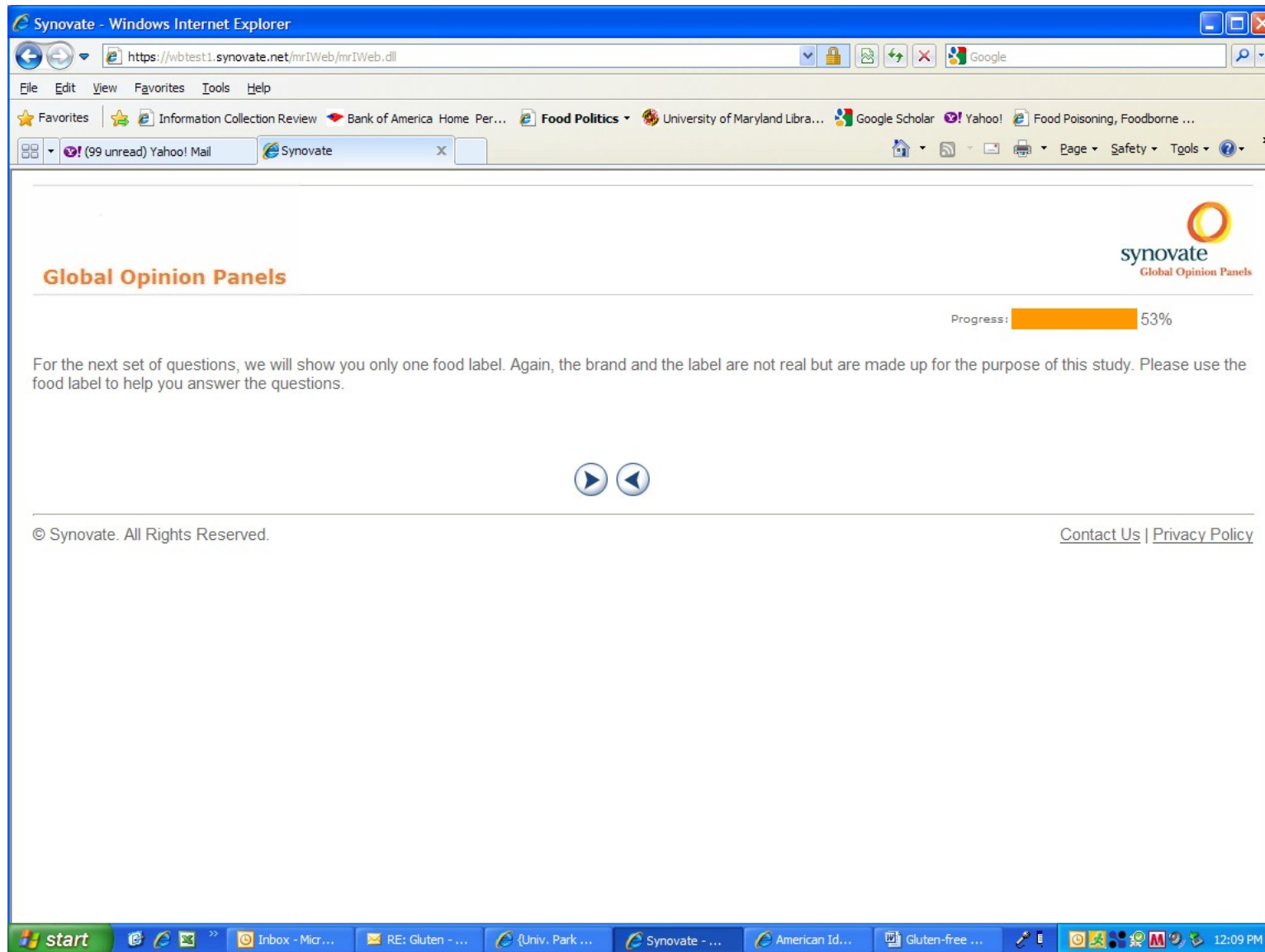








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Progress: 55%

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Great Taste!

Benson's

Benson's

Farm Fresh Eggs

Eggs are naturally free of gluten.

12 Extra Large Eggs

How likely is it that this product contains gluten?

☐ 1 - Not at all likely

☐ 2

☐ 3

☐ 4

☐ 5 - Very likely

▶◀

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How likely is it that this product contains gluten?

- ☐ 1 - Not at all likely
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 - Very likely

Great Taste!

Benson's

Benson's Farm Fresh Eggs

Eggs are naturally free of gluten.

12 Extra Large Eggs

55%

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Progress: 56%

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Great Taste!
Benson's
Eggs are naturally free of gluten.
Benson's Farm Fresh Eggs
12 Extra Large Eggs

How safe is this product for someone with Celiac Disease or a gluten sensitivity to eat?



☐ 1 - Not at all safe

☐ 2

☐ 3

☐ 4

☐ 5 - Very safe

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Progress: 58%

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Great Taste!

Benson's

Benson's Farm Fresh Eggs

Eggs are naturally free of gluten.

12 Extra Large Eggs

How much does the information on this food label **inform** you about the product's gluten content?

☐ Not at all - 1

☐ 2

☐ 3

☐ 4

☐ Very much - 5

How much does the information on this food label **protect** consumers with Celiac Disease or gluten sensitivity?

☐ Not at all - 1

☐ 2

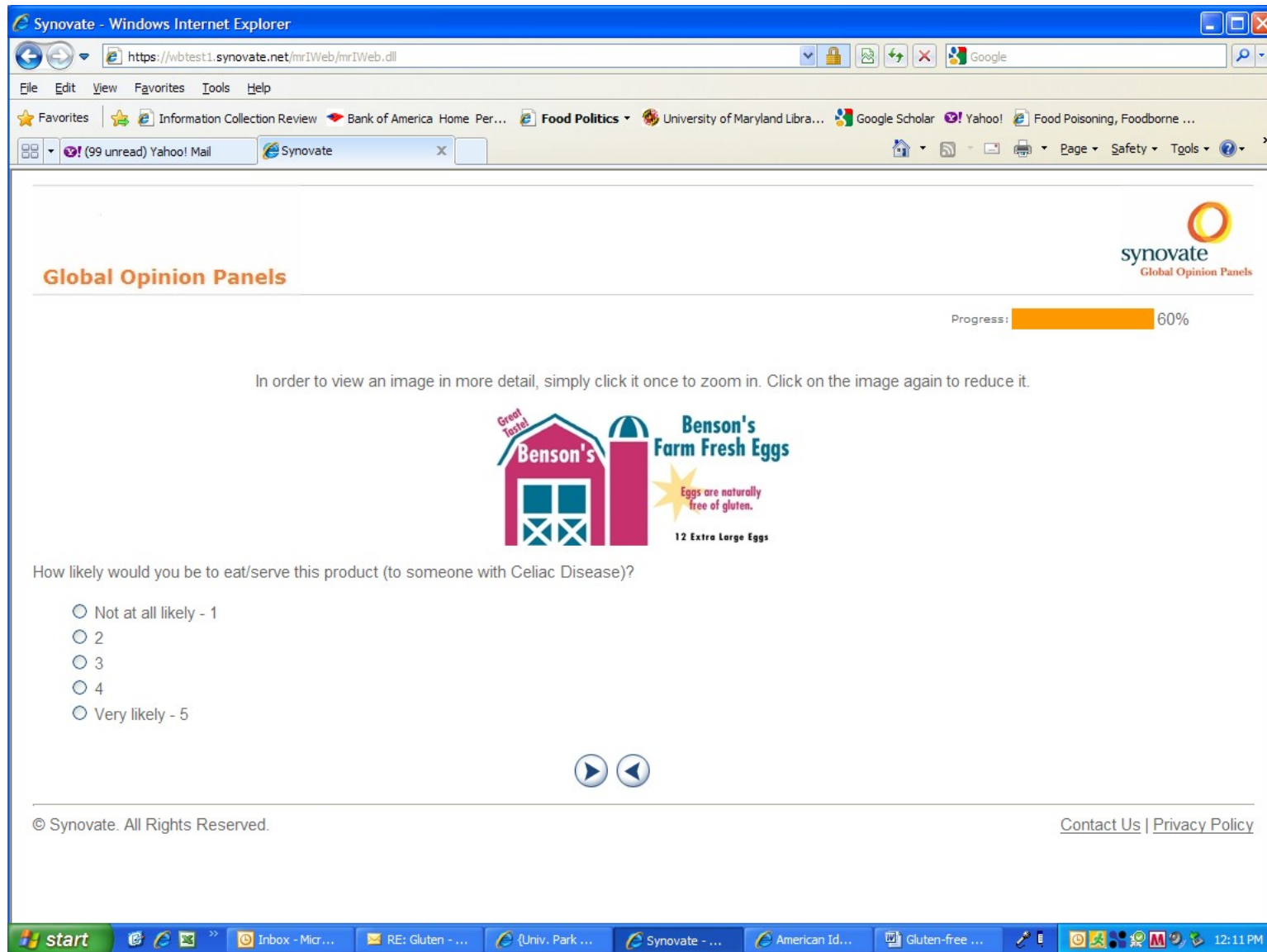
☐ 3

☐ 4

☐ Very much - 5

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Progress: 63%

As far as you know, how much gluten can be in a food product labeled "gluten-free"?

☐ None (zero parts per million (ppm))

☐ 5 ppm

☐ 10 ppm

☐ 15 ppm

☐ 20 ppm

☐ Other

☐ Don't Know

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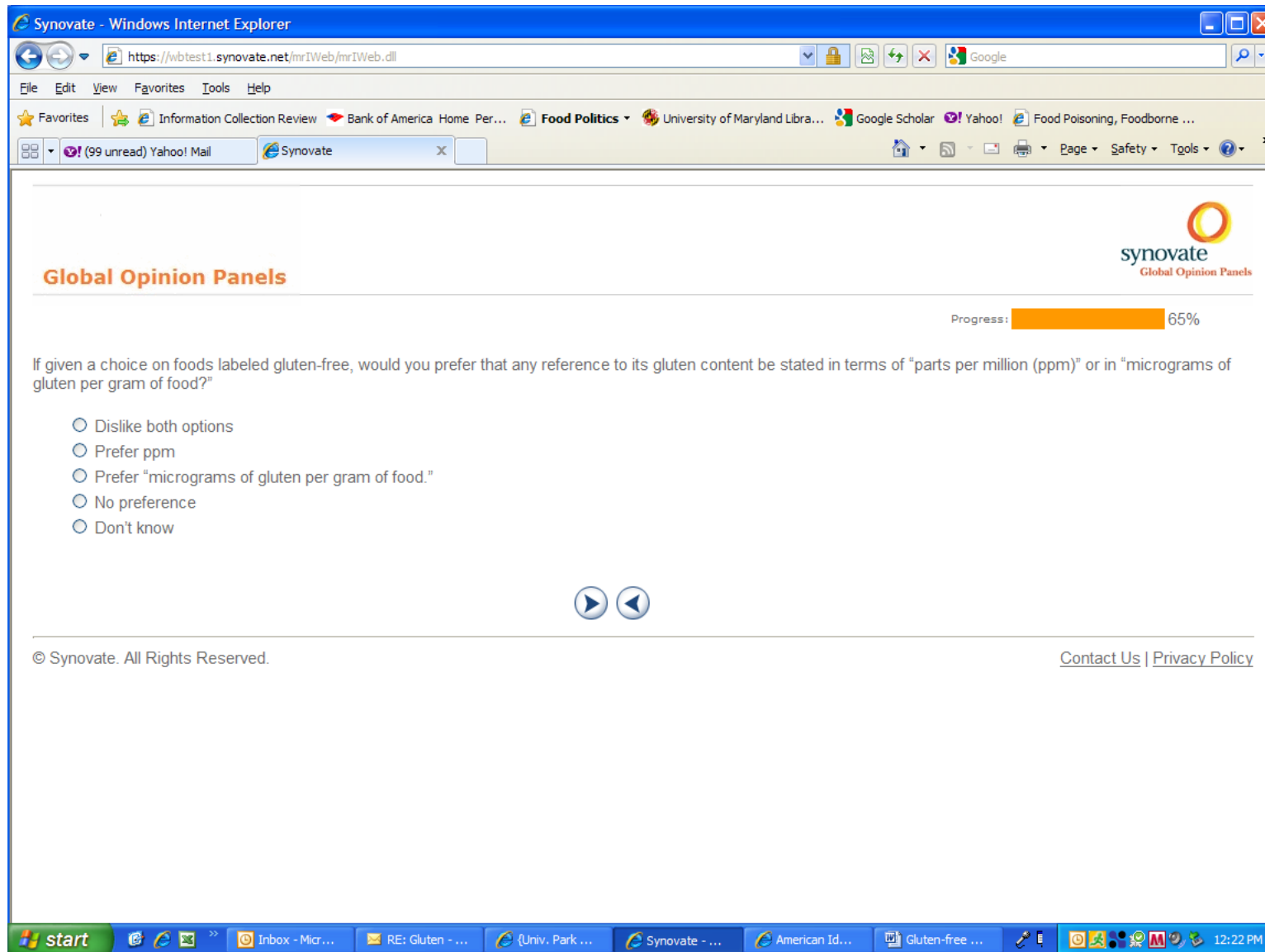
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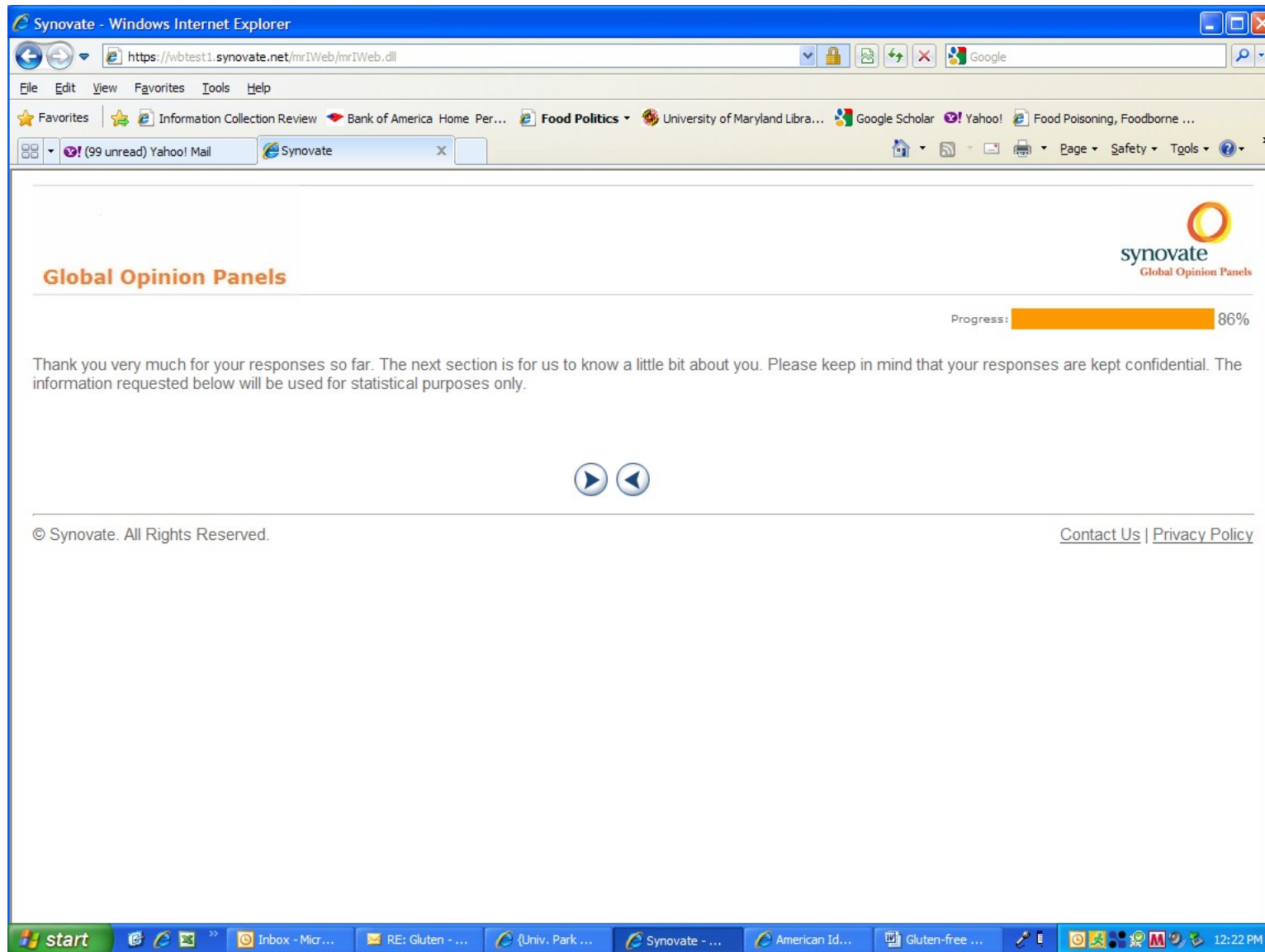
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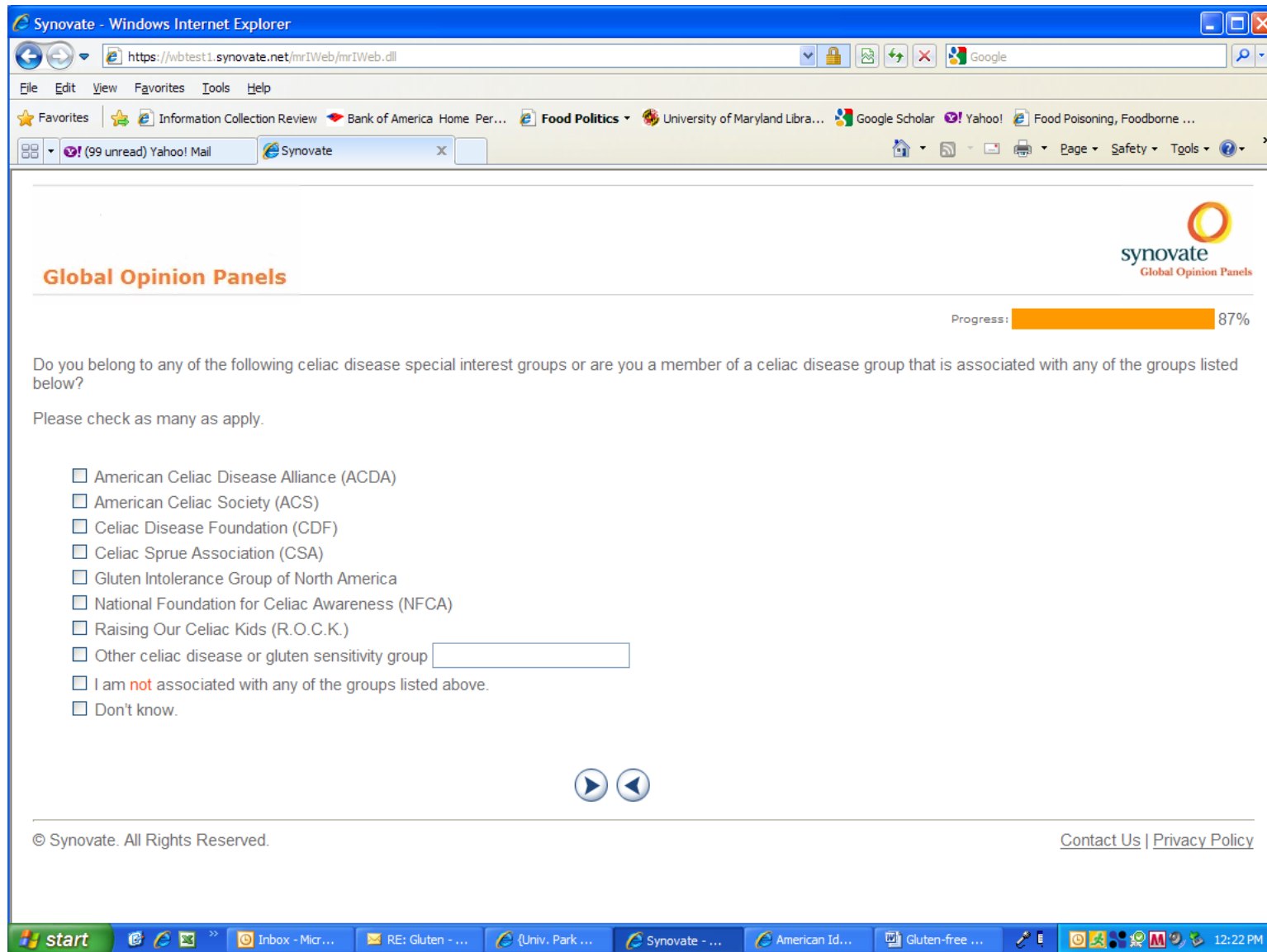
American Id...

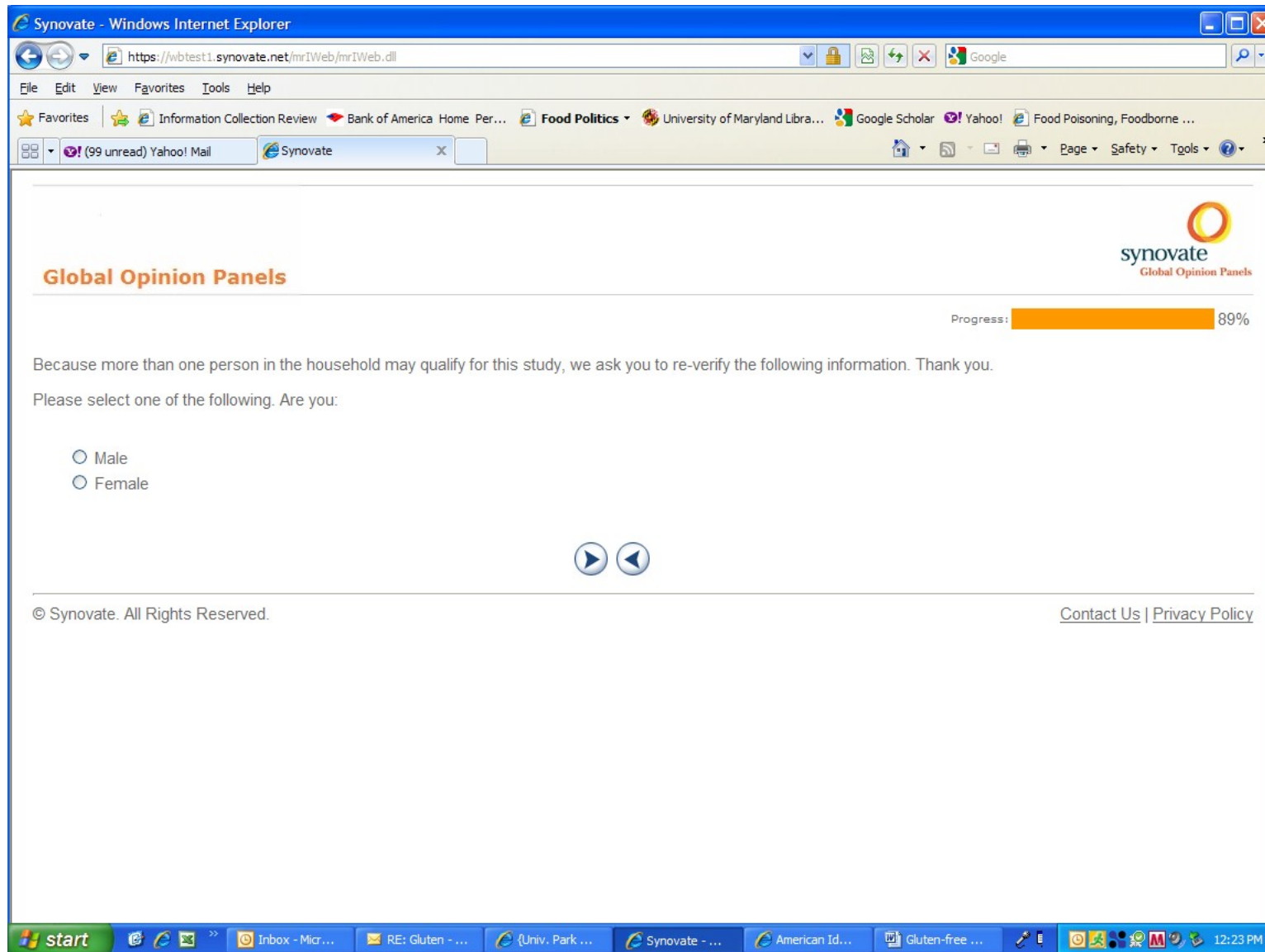
Gluten-free ...

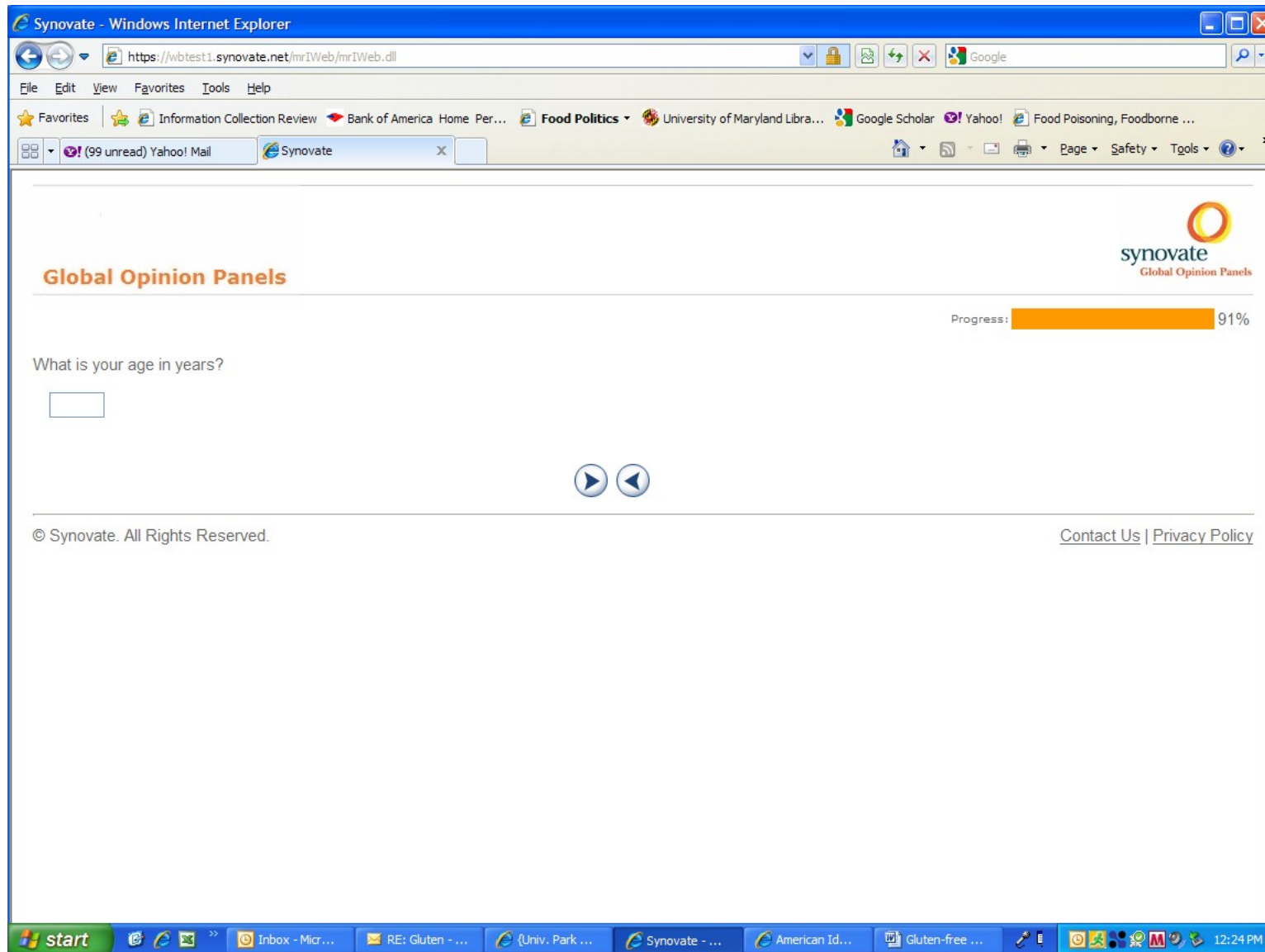
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What is the highest level of education that you have completed?

- ☐ Less than high school
- ☐ High school graduate or GED
- ☐ Technical/vocational school
- ☐ Community college
- ☐ Some college (1-3 years towards Bachelor's degree)
- ☐ College (Bachelor's degree)
- ☐ Advanced degree (post graduate degree)

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