

EXPERIMENTAL STUDY OF NUTRITION FACTS LABEL FORMATS

Appendix C

Questionnaire for Cognitive Interviews, Pretest, and Experiment

Form Approved: OMB No. XXXXXX

Expiration Date: XXXXXX

PUBLIC Disclosure Burden Statement

Public reporting burden for this collection of information is estimated to average 15 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.

Screening criteria: Have to be at least 18 years old.

Task One Single Product

Respondents will see only the NF label (no front panel) but will be told the name of the product the label is for. There will be both a “healthy” and “unhealthy” version of each product.

Time will be recorded for each question.

TASK ONE Purchase Intention and Healthfulness Rating –

Purchase Intent

A1. Assume you were shopping for [SOUP/ CHIPS/FROZEN ENTREE], how likely would you be to purchase this [SOUP/BAG OF CHIPS]? Use a five point scale where 1 means “not likely at all” and 5 means “very likely.” [HAVE OPTION FOR DON’T KNOW]

Not likely At all		Neither likely nor unlikely		Very likely
1	2	3	4	5

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Overall Healthfulness of Product

A2. If you were going to eat [SOUP/ BAG OF CHIPS/FROZEN ENTREE], how healthy of a choice would this [SOUP/CHIPS/FROZEN ENTREE] be? Use a five point scale where 1 means “not healthy at all,” 5 means “very healthy.” [HAVE OPTION FOR DON’T KNOW]

Not healthy at all		Neither healthy nor unhealthy		Very healthy
1	2	3	4	5

Product Perception of Nutrients

A3. Based on this label, how high or low do you consider a serving of this [SOUP/CHIPS/ENTREE] to be in [FILL]? Use a five point scale where 1 means “very low” and 5 means “very high.” [ROTATE]

	Very Low	2	3	4	Very High	Don’t know
	1				5	
Calories						
Total Fat						
Sodium						
Sugars						
Vitamin A						
Fiber						
Iron						

Ability to Use Label (TIME TOTAL)

[ROTATE ORDER OF A2-A7.]

A4. How many calories are in the WHOLE PACKAGE of this [SOUP/CHIPS/ENTREE]? _____[Enter #]
Don’t know

A5. How many calories are in ONE SERVING of this [SOUP/ CHIPS/ENTREE]? _____[Enter #]
Don’t know

A6. How many grams of total fat are in the WHOLE PACKAGE of this [SOUP/CHIPS/ENTREE]? _____[Enter #]
Don’t know

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A7. How many grams of total fat are in ONE SERVING of this [SOUP/CHIPS/ENTREE]?

_____ [Enter #]

Don't know

A8. How many grams of dietary fiber are in the WHOLE PACKAGE of this [SOUP/CHIPS/ENTREE]?

_____ [Enter #]

Don't know

A9. How many grams of dietary fiber are in ONE SERVING of this [SOUP/CHIPS/ENTREE]?

_____ [Enter #]

Don't know

A10. How many servings of this [SOUP/MUFFIN/FROZEN ENTRÉE] would someone need to eat to get all of the [FILL NUTRIENT] that they need in a day?

Vitamin A _____ [Enter #]

Don't know

Vitamin C _____ [Enter #]

Don't know

A11. How many servings of this [SOUP/MUFFIN/FROZEN ENTRÉE] would provide someone with a all the [FILL NUTRIENT] that they need in a day. full day's worth of ...?

Saturated fat _____ [Enter #]

Don't know

Sodium _____ [Enter #]

Don't know

Task 2A and Task 2B Two Label Comparisons

Time spend on each question is recorded.

[In this task, respondents will choose between two versions of the same product –a healthy and unhealthy version – with the same NF label scheme (Task 2A) or varied NF label scheme (Task 2B)]

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- B1. Based on what you can see on the labels, if you wanted to buy the healthier product, which of these two products would you select?
- [Product A, the product on the left]
[Product B, the product on the right]
I can't tell
- B2. Based on what you can see on the labels, if you wanted to buy the [SOUP,CHIPS, FROZEN ENTREE] with the fewest calories per package, which of these two products would you select? [USE SAME LEFT-RIGHT POSITION AS IN A1]
- [Product A, the product on the left]
[Product B, the product on the right]
I can't tell
- B3. Based on what you can see on the labels, if you wanted to buy the [SOUP, CHIPS, FROZEN ENTREE] with the fewest calories per serving, which of these two products would you select?
- [Product A, the product on the left]
[Product B, the product on the right]
I can't tell

Differences between Control and New Labels

These questions should be asked after completing both Task One and Task 2A/Task 2B. (They will use the label condition/product from Task 1 (healthy version). Those that saw the control in Task 1 will be randomly assigned to one of the other seven conditions (healthy version for the product they say in Task 1))

C1. [SHOW BOTH LABELS ON SCREEN SIDE BY SIDE] For each label they see, have the respondent rate the product on the following scales:

C1a. Not helpful at all (1) 2 3 4 5 (Very helpful)

C1b. Hard to use (1) 2 3 4 5 (Easy to use)

C1c. Not too informative (1) 2 3 4 5 (Very informative)

C2. Do you notice any differences between the two nutrition facts labels below?
YES/NO

C3 [FOR THOSE WHO SAY YES] What differences do you notice? (Have a yes/no check box for each item.

Font size of calories enlarged YES/NO

Removal of calories from fat line YES/NO

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Inclusion of nutrition information for the entire package YES/NO

Inclusion of calorie information for the entire package YES/NO

ADD OTHERS; INCLUDING WRONG ANSWERS

C4. Did you notice these differences when you rated each label? YES/NO/DON'T KNOW

Product Perception and Familiarity

D1. 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
Canned Soup					
Chips					
Frozen					
Entree					

D2. How healthy or nutritious would you say each of these foods is **in general**? On a scale of 1 to 5 where 1 is not healthy at all and 5 is very healthy, how healthy is

	Not healthy at all 1	2	3	4	Very healthy 5
Canned Soup					
Chips					
Frozen					
Entree					

D4. How familiar are you with the average nutritional qualities of [SOUP/CHIPS/FROZEN ENTREES]?

Not at all familiar		Somewhat familiar		Extremely familiar
1	2	3	4	5

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Label usage, perceived benefits and barriers to label use, and self efficacy regarding label use

E1. When you buy a packaged product for the FIRST TIME, how often do you read the nutrition facts label, which provides nutrition information?

- Regularly
- Occasionally
- Hardly ever
- Never
- Don't know

E2a. People tell us they use food product labels in many different ways. When you look at food labels, **at the store**, how often, if at all, do you use the labels in the following ways? Would you say you often, sometimes, rarely or never use the food label [ROTATE LIST – Make a grid box with each statement to the left and OFTEN, SOMETIMES, RARELY, NEVER, and DON'T KNOW as option to check off.]

- a. To help you decide which **brand** of a particular food item to buy
- b. To figure out **how much** of the food product you or your family should eat
- c. To compare different food items with each other
- d. To see if something said in advertising or on the package is actually true
- e. To get a general idea of the nutritional content of the food
- f. To see how high or low the food is in things like calories, salt, vitamins, or fat
- g. To help you in meal planning
- h. To see if there is an ingredient that you or someone in your family should avoid

E2b. How about when you look at food labels **in your home**, how often, if at all, do you use the labels in the following ways? Would you say you often, sometimes, rarely or never use the food label [ROTATE LIST – Make a grid box with each statement to the left and OFTEN, SOMETIMES, RARELY, NEVER, and DON'T KNOW as option to check off.]

- b. To figure out **how much** of the food product you or your family should eat
- c. To compare different food items with each other
- d. To see if something said in advertising or on the package is actually true
- e. To get a general idea of the nutritional content of the food
- f. To see how high or low the food is in things like calories, salt, vitamins, or fat
- g. To help you in meal planning
- h. To see if there is an ingredient that you or someone in your family should avoid

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E3. 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	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
1	2	3	4	

SELF EFFICACY:

I feel confident that I know how to use food labels to choose a nutritious diet

PERCEIVED

BARRIERS: The nutrition information on food labels is hard to interpret

PERCEIVED

BARRIERS: Reading food labels takes more time than I can spare

PERCEIVED

BENEFITS: The nutrition information on food labels is useful to me.

PERCEIVED

BENEFITS: Reading food labels makes it easier to choose foods.

PERCEIVED

BENEFITS: When I use food labels, I make better food choices

PERCEIVED

BENEFITS: Using food labels to choose foods is better than just relying on my own knowledge about what is in them.

E4. Think about shopping for [FOOD 1] at the store. On a scale of 1 to 5 where 1 is not important at all and 5 very important, how important to you is each of the factors listed below? [ROTATE FACTORS]

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	Not important at all 1	2	3	4	Very important 5
Price					
Brand					
Healthiness or nutritional qualities					
Taste					

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Extent and Reporting of Adverse Events from Cosmetics

We would like to ask you a few questions about cosmetics. By cosmetics we mean skin moisturizers, perfumes, lipsticks, fingernail polishes, eye and facial makeup preparations, shampoos, permanent waves, hair colors, toothpastes, and deodorants.

G1. Have you ever had a bad reaction to a cosmetic?

Yes [go to G2]

No [go to G4]

Don't know [go to G4]

G2. Did you report the bad reaction?

Yes [go to G3]

No [go to F1]

Don't know [go to F1]

G3. Where did you report the bad reaction?

My state or local health authority [go to G3b]

The manufacturer [go to G3b]

My healthcare provider [go to G3b]

The Food and Drug Administration [go to G3b]

Poison Prevention Center [go to G3b]

The Consumer Product Safety Commission [go to G3b]

Other (please specify) [go to G3b]

Don't know [go to F1]

G3b. How did you report it?

By phone

By mail

By email or at a website

[All answer go to F1]

G4. If you had a bad reaction to a cosmetic, where would you report it?

My state or local health authority

The manufacturer [go to G5]

My healthcare provider [go to G5]

The Food and Drug Administration [go to G5]

Poison Prevention Center [go to G5]

The Consumer Product Safety Commission [go to G5]

Other (please specify) [go to G5]

I would not report it [go to F1]

Don't know [go to F1]

G5. How would you report it?

By phone

By mail

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By email or at a website

Demographics

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

- F1. 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] or Prefer not to answer

- F2. How much do you weight without shoes? Please enter a number in the pounds blank.

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

- F3. [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

- F4. During the past 30 days, have you or anyone in your household been on any kind of diet either to lose weight, maintain your weight, or for any health-related reason?

Yes 1
No 2

- F5. Have you yourself been trying to limit or cut down on these things in your diet in the past 3 months? Select all that apply. [ROTATE, EXCEPT “NONE OF THE ABOVE, DON’T KNOW, PREFER NOT TO ANSWER”]

	Yes
Fat	
Carb or carbohydrate	
Sodium or salt	

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Calories	
Cholesterol	
Sugar	
None of the above	
Don't know	
Prefer not to answer	

F6. Would you say your health in general is:

- 1 = excellent
- 2 = very good
- 3 = good
- 4 = fair
- 5 = poor
- Don't know
- Prefer not to answer

F7. 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

F8. [ALL PARTICIPANTS] What year were you born?

19 _ _ [TWO SPACES]

F9. Are you (please select one)

- Female
- Male

F10. Are you of Hispanic or Latino origin? Please select one.

- Yes
- No

F11. What is your race? You may choose one or more categories as they apply.

Yes

White

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Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Some other race