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Total (n=3000)

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EFFICACY MARK QUESTIONNAIRE
(Revised Draft - 5/23/11)

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INTRODUCTION:

Welcome! Today we're conducting a survey about insect repellents and we would like to include your opinions. The survey will take you approximately 15 minutes to complete. Please be assured that all responses will remain confidential.

PROGRAMMER NOTE: USE CODES FOR PROGRAMMING ONLY. ALL NUMBERS SHOULD BE REPLACED WITH BOXES. RANDOMIZE ORDER OF IMPORTANCE AND RATING GRID LISTS. FORCE RESPONSES TO ALL QUESTIONS, UNLESS OTHERWISE NOTED. DISABLE RIGHT CLICK AND BACK BUTTON FUNCTIONALITY.

SCREENING QUESTIONS

S1. Are you:

	SELECT ONE	
Female	1	→(Quota = 1500)
Male	2	→(Quota = 1500)

S2. Which of the following categories includes your age?

	SELECT ONE	
Under 18	1	→(THANK AND TERMINATE)
18-24	2	
25-34	3	
35-44	4	→(ESTABLISH QUOTAS PER
45-54	5	U.S. CENSUS)
55-64	6	

65 or older	7

S3. Do you or does any member of your immediate family work for a company that manufactures, distributes or sells insect repellent products?

	SELECT ONE	
Yes	1	®(TERMINATE)
No	2	®(CONTINUE)
Don't know/not sure	3	®(TERMINATE)

PART 1: INSECT REPELLENT USAGE AND BARRIERS

1. Which of the following best describes your role in purchasing insect repellent products for your household?

	SELECT ONE	
I am solely responsible for making purchase decisions on insect repellents	1	
I share in the responsibility for making purchase decisions on insect repellents	2	
Someone else makes the decision	3	®(TERMINATE)
Don't know	4	

2. In the past year, how many times have you purchased insect repellent products?

	SELECT ONE	
None or 0 times	1	®(TERMINATE)
1 time	2	
2 times	3	
3 or 4 times	4	
5 or 6 times	5	
More than 6 times	6	
Don't know/not sure	7	®(TERMINATE)

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3. What is the primary reason you use insect repellent products? (RANDOMIZE LIST)

	SELECT ONE
Avoid itching and feeling uncomfortable caused from insect bites	1
Protect against getting a disease carried by mosquitoes, ticks, or other insects	2
Other (Specify_____)	3

4. How often do you use insect repellent when you are going to be outdoors?

	SELECT ONE
Every time	1
Most of the time	2
Some of the time	3
Rarely	4

5. Under what circumstances do you usually apply insect repellent? (RANDOMIZE LIST)

	SELECT ALL THAT APPLY
Anytime I'm going to be outdoors	1
If I'm going to be outdoors all or most of the day	2
If I'm going to be in a wooded area	3
If I'm going to be on or near the water	4
If I'm starting to get bitten	5
Other (SPECIFY_____)	6
Don't know	7

6. (IF CODES 3 OR 4 IN Q.4, ASK:) Why do you not use insect repellent more often? (RANDOMIZE LIST)

	SELECT ALL THAT APPLY
I don't like the smell	1
I'm outside for too short a period of time	2
I am not sure which one to purchase	3
I don't like the greasy feel	4
I don't think they work	5
I find the labels confusing	6
I usually just forget them	7
I think the chemicals are harmful	8
I think DEET is harmful	9
I don't usually get bitten by insects	10
Other (SPECIFY_____)	11
Don't know	12

7. Have you ever looked at the product labels when shopping for insect repellents?

	SELECT ONE	
Yes	1	
No	2	®(SKIP TO Q.11)
Don't know/not sure	3	

8. What is the <u>most</u> important piece of information you look for on the label of insect repellent products? Please be specific.

_____

_____

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9.   What information do you look for on the insect repellent product label?
(RANDOMIZE LIST)

	SELECT ALL THAT APPLY
Type of insects repelled	1
Number of hours of protection	2
Active ingredients	3
Other ingredients	4
Scented/unscented	5
Waterproof	6
Instructions on when to reapply	7
Expiration date	8
Safety warnings	9
Other (Specify_____)	10

10. Which two of these pieces of information are most important to you?
(RANDOMIZE LIST)

	SELECT TWO
Type of insects repelled	1
Number of hours of protection	2
Active ingredients	3
Other ingredients	4
Scented/unscented	5
Waterproof	6
Instructions on when to reapply	7
Expiration date	8
Safety warnings	9
Other (Specify_____)	10

PART 2: REACTIONS TO SAMPLE EFFICACY MARKS

You're going to see three design options that may appear on the front of insect repellent product labels.

PROGRAMMER NOTE: INSERT 3 EFFICACY MARKS, ONE AT A TIME, AND ROTATE THE ORDER OF PRESENTATION. FOR Q. 11-26, KEEP ALL LOGO NUMBERS THE SAME. USE M=4/T=4.

INSERT EFFICACY MARK # 1

11. (ASK ONLY OF THE FIRST EFFICACY MARK THAT THE CONSUMER SEES)

What do you think this symbol means?

_____

_____

12.   (INCLUDE ONLY FOR THE FIRST EFFICACY MARK) The symbol is an efficacy mark. This is a graphic that could be placed on the front label of an insect repellent that would standardize the presentation of information on how long the insect repellent repels ticks and mosquitoes. The numbers represent the hours that the product works.

How would you rate this label design on the following attributes? (RANDOMIZE LIST)

	Describes Very Well				Does Not Describe At All
Attention getting	5	4	3	2	1
Easy to understand	5	4	3	2	1
Helpful	5	4	3	2	1

13.   What, if anything, do you particularly <u>like</u> about this logo? (RANDOMIZE LIST)

	SELECT ALL THAT APPLY
The overall design	1
The shape	2
The color scheme	3
The font/size of type	4
The visual images	5
Other (Specify: _____)	6

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14. What, if anything, do you particularly <u>dislike</u> about this logo? (RANDOMIZE LIST)

	SELECT ALL THAT APPLY
The overall design	1
The shape	2
The color scheme	3
The font/size of type	4
The visual images	5
Other (Specify: _____)	6
Nothing	7

15. Now that you have seen this efficacy mark, how likely would you be to look for and consider the logo information in making a purchase of an insect repellent product?

Extremely Likely				Not At All Likely
5	4	3	2	1

REPEAT Q.12-15 FOR EACH OF THE REMAINING 2 EFFICACY MARKS. CONTINUE SEQUENTIAL QUESTION NUMBERING.

24. (INSERT ALL 3 EFFICACY MARKS) (PLACE MARKS IN SAME ORDER AS SHOWN TO RESPONDENT IN Q.11-23)

Please rank the 3 designs in terms of how helpful they would be if you were shopping for insect repellent. Place a "1" next to the design that you find most helpful, a "2" next to your second choice for helpfulness, and a "3" next to the least helpful design.

Efficacy Mark #1	_____
Efficacy Mark #2	_____
Efficacy Mark #3	_____

PART 3: EFFICACY MARKS ON SAMPLE PRODUCT

Now, you will see how these design options would look on an insect repellent product.

PROGRAMMER NOTE: INSERT THE EFFICACY MARK RATED #1 IN Q.24 ON SAMPLE PRODUCT.

25.   How would you rate this design on the insect repellent bottle for the following attributes? (RANDOMIZE LIST)

	Describes Very Well				Does Not Describe At All
Attention getting	5	4	3	2	1
Clear and easy to read	5	4	3	2	1

26. (INSERT ALL THREE EFFICACY MARKS ON SAMPLE PRODUCT) (PLACE MARKS IN SAME ORDER AS SHOWN TO RESPONDENT IN Q.11-23)

When viewing all three product-sized versions on a product label, which one would be most helpful to you when shopping for an insect repellent?

	SELECT ONE
Efficacy Mark #1	1
Efficacy Mark #2	2
Efficacy Mark #3	3

27. If you are comparing two insect repellent products, and you are looking for a product to use while watching your child's soccer game, which would you choose? (SHOW EFFICACY MARK CHOSEN IN Q. 26 THREE TIMES, ONE WITH EACH OF THESE MOSQUITO/TICK HOUR OPTIONS ON IT. RANDOMIZE OPTIONS)

	SELECT ONE
M8/T8	1
M4/T4	2
M2/T2	3
I want a different product	4

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28. How would you interpret the following? (SHOW EFFICACY MARK CHOSEN IN Q. 26 WITH M6/T2 ON IT. RANDOMIZE LIST)

	SELECT ONE
The product works for approximately 6 hours	1
the product works for approximately 2 hours	2
The product repels mosquitoes for 6 hours and repels ticks for 2 hours	3
Don't know	4

29. How would you interpret the following? (SHOW EFFICACY MARK CHOSEN IN Q. 26 WITH M0/T6 ON IT. RANDOMIZE LIST)

	SELECT ONE
The product works for approximately 6 hours	1
The product works for an average of 3 hours	2
The product repels ticks for 6 hours and does not work on mosquitoes	3
The product repels ticks for 6 hours and also works on mosquitoes for 6 hours	4
Don't know	5

PART 4: RF FACTOR

Now you will see another approach to providing information about the relative strength or effectiveness of insect repellent products.

INSERT SAMPLE RF PRODUCT

30.   What do you think RF means?

_____

31. How would you rate this labeling approach on the following attributes?
(RANDOMIZE LIST)

	Describes Very Well				Does Not Describe At All
Attention getting	5	4	3	2	1
Easy to understand	5	4	3	2	1
Helpful	5	4	3	2	1

32. What, if anything, do you particularly <u>like</u> about this approach? (RANDOMIZE LIST)

	SELECT ALL THAT APPLY
The overall design	1
The color scheme	2
The font/size of type	3
Other (Specify: _____)	4
Nothing	5

33. What, if anything, do you particularly <u>dislike</u> about this approach? (RANDOMIZE LIST)

	SELECT ALL THAT APPLY
The overall design	1
The color scheme	2
The font/size of type	3
Other (Specify: _____)	4
Nothing	5

34. INSERT ALL THREE EFFICACY MARKS AND RF FACTOR. PLACE IN SAME ORDER AS SHOWN TO RESPONDENT IN Q.11-23

Overall, which of these <u>product-sized</u> label designs do you find the most helpful?

	SELECT ONE
Efficacy Mark #1	1
Efficacy Mark #2	2
Efficacy Mark #3	3

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RF Factor   4

PART 5: DEMOGRAPHICS

The next questions are primarily for classification purposes. Your answers will
always be kept strictly confidential.

35.   Approximately how much time do you spend outdoors on a weekly basis?

	SELECT ONE
Less than 1 hour	1
1 to 2 hours	2
3 to 5 hours	3
6 to 10 hours	4
11 to 15 hours	5
More than 15 hours	6

36. How often, if ever, do you engage in the following activities? (SELECT ONE PER
ROW) (RANDOMIZE LIST)

	Never	Rarely	Occasionally	Regularly
Walking or hiking	1	2	3	4
Sports (soccer, baseball, football, etc.)	1	2	3	4
Biking	1	2	3	4
Hunting or fishing	1	2	3	4
Canoeing/kayaking/boating	1	2	3	4
Golfing	1	2	3	4
Tennis	1	2	3	4
Working outside (e.g., doing lawn/yard work, etc.)	1	2	3	4
Camping	1	2	3	4

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37. Are you currently married or living with a significant other? (DO NOT FORCE RESPONSE)

	SELECT ONE
Yes	1
No	2

38. Do you have children under 18 living at home? (DO NOT FORCE RESPONSE)

	SELECT ONE
Yes	1
No	2

39. Including yourself, how many adults and children under the age of 18 are living in your household? (DO NOT FORCE RESPONSE. ALLOW INTEGERS ONLY; 1-99 FOR ADULTS, 0-99 FOR CHILDREN. IF CODE 2 SELECTED IN Q.38, REMOVE "NUMBER OF CHILDREN" FROM THIS QUESTION)

_____ Number of adults including yourself
_____ Number of children

40. What was the last grade of school you completed? (DO NOT FORCE RESPONSE)

	SELECT ONE
Some high school or less	1
High school graduate	2
Some college	3
College graduate	4
Some graduate school	5
Graduate or professional degree	6

41. Are you…? (DO NOT FORCE RESPONSE)

	SELECT ONE
Employed full time	1
Employed part time	2
A homemaker	3
A student	4
Retired	5
Not employed right now	6

42.   What is your total annual household income before taxes? (DO NOT FORCE RESPONSE)

	SELECT ONE
Under $25,000	1
$25,000 to $49,999	2
$50,000 to $74,999	3
$75,000 to $99,999	4
$100,000 to $149,999	5
$150,000 to $199,999	6
$200,000 or more	7

43.   To ensure that we have a balanced sample, what is your ethnic and racial background?   (DO NOT FORCE RESPONSE)

	SELECT ALL THAT APPLY
Caucasian/White	1
African American/Black	2
Asian	3
Some other racial or ethnic group	4

44.   Are you Hispanic or Latino? (DO NOT FORCE RESPONSE)

	SELECT ONE
Yes	1
No	2

THANK YOU VERY MUCH FOR PARTICIPATING IN OUR SURVEY.