

Appendix C

Questionnaire for 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

Note that the label information you see in this study may or may not be the same as you would see at the grocery store.

{Note to reader: participants will be randomized to perform either the single-product or the two-product. task first. There will be both a healthy and unhealthy version of each Time will be recorded for each question.}

TASK ONE Purchase Intention and Healthfulness Rating –

Purchase Intent

Please answer the questions below based on what you can see on the Nutrition Facts label shown on your screen.

Please look at the Nutrition Facts Label provided to answer these questions.

A1. Assume you were shopping for [FOOD], how likely would you be to purchase this [FOOD]? Use a five point scale where 1 means “not at all likely” and 5 means “very likely.”

Not at all likely				Very likely	
1	2	3	4	5	Don't know

A2. If you were going to eat [FOOD], how healthy of a choice would this [FOOD] be? Use a five point scale where 1 means “not at all healthy,” and 5 means “very healthy.”

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

A3. Based on this Nutrition Facts label, how much of each of the following things would you would say that one SERVING of this FOOD has? Use a five point scale where 1 means “none” and 5 means “A lot.” Please provide a rating for each item listed.

	None 1	2	3	4	A lot 5	Don't know
Calories						
Total Fat						
Sodium						
Saturated Fat						
Sugars						
Vitamin A						
Dietary Fiber						
Iron						

Ability to Use Label (TIME TOTAL)

Please answer the questions below. Please write your answers in the spaces provided.

A4. How many calories are in the WHOLE CONTAINER of this [FOOD]?

_____Calories

Don't know

A5. How many calories are in ONE SERVING of this [FOOD]?

_____Calories

Don't know

A6. How many grams of total fat are in the WHOLE CONTAINER of this [FOOD]?

_____Grams total fat

Don't know

A7. How many grams of total fat are in ONE SERVING of this [FOOD]?

_____Grams total fat

Don't know

A8. How many grams of dietary fiber are in the WHOLE CONTAINER of this [FOOD]?

_____Grams dietary fiber

Don't know

A9. How many grams of dietary fiber are in ONE SERVING of this [FOOD]?

_____Grams dietary fiber

Don't know

A10. How many servings of this [FOOD] would someone need to eat to get all of the Vitamin A that they need in a day?

_____Servings

Don't know

A11. How many servings of these chips would provide someone with the maximum amount of sodium someone should eat in a day?

_____Servings

Don't know

A12. For this set of questions, please tell us what you think about the Nutrition Facts label you see by using the scales provided to answer each question.

	Not at all 1	2	3	4	Very 5	Don't know
How useful is this label to you personally?						
How helpful is this label for determining the healthiness of the food?						
How trustworthy is the information on this label?						
How confusing is this label?						
How helpful is this label for determining the number of calories PER SERVING in this food?						
How helpful is this label for determining the number of calories PER ENTIRE CONTAINER?						

TWO-PRODUCT TASK

Please take a moment to look at these two [insert “NEW” if this is the second task] Nutrition Facts labels.

Note that the label information you see in this study may or may not be the same as you would see at the grocery store.

[INSERT TWO FOOD LABELS SIDE-BY-SIDE, BEFORE subsequent instructions.]

Please answer the questions below based on what you can see on the Nutrition Facts labels shown on your screen.

- 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?

_____ [FOOD] on the left is healthier
_____ [FOOD] on the right is healthier
_____ I can't tell [GO to B1A]

B1A. [IF “I can't tell”] You indicated that you couldn't tell which of these products you would select. Which of the following best describes why you couldn't tell?

_____ Both foods seem equally unhealthy
_____ Both foods seem equally healthy
_____ Don't know
_____ Other (Please specify: _____)

- B2. Based on what you can see on the labels, if you wanted to buy the [FOOD] with the fewest calories PER CONTAINER, which of these two products would you select?

_____ [FOOD] on the left is healthier
_____ [FOOD] on the right is healthier
_____ I can't tell

B3. Based on what you can see on the labels, if you wanted to buy the [FOOD], with the fewest calories PER SERVING, which of these two products would you select?

- _____ [FOOD] on the left is healthier
- _____ [FOOD] on the right is healthier
- _____ I can't tell

B4. For each nutrient listed below, tell us which product you think is healthier based on that specific nutrient, and not thinking about anything else. Please mark an answer for each nutrient.

	Food on left is healthier	Food on right is healthier	Both foods are about the same	Don't know
Total Fat				
Sodium				
Sugars				
Vitamin A				
Fiber				
Iron				

AUXILIARY MEASURES

Consumption of and Familiarity with Types of Foods Included in the Study [ROTATE FOODS FOR ENTIRE SECTION]

D1. During the past 30 days, about how often did you BUY these types of foods? Please select one answer for each food. [ROTATE FOODS]

	Not at all	Less than once a week	Once a week	More than once a week	Don't know
Chips					
Frozen Entrees					

D2. During the past 30 days, about how often did you EAT these types of foods? Please select one answer for each food. [ROTATE FOODS]

	Not at all	Less than once a week	Once a week	2-3 times a week	Every day or almost every day	Don't know
Chips						
Frozen Entrees						

D3. How familiar are you with the average nutritional qualities of...

	Not at all familiar				Very familiar	
	1	2	3	4	5	Don't know
Chips						
Frozen Entree						

D4. How healthy or nutritious would you say each of these foods is in general compared to other types of foods you eat? On a scale of 1 to 5, where 1 means “not healthy” and 5 means “very healthy,” how healthy is

	Not healthy 1	2	3	4	Very healthy 5	Don't know
Chips						
Frozen Entree						

D5. When shopping for [FOOD] at the store, how important to you is each of the factors listed below? Use a scale of 1 to 5, where 1 means “Not at all important” and 5 means “Very important.” Add don't know

	Not at all important 1	2	3	4	Very important 5	Do not buy food	Don't know
Price							
Brand							
Healthiness							
Taste							

Food Label Use

E1. When you **BUY** a food product for the first time, how often do you use the Nutrition Facts label?

- _____ Often
- _____ Sometimes
- _____ Rarely
- _____ Never [Skip E2]
- _____ Don't know

E2. When deciding to **buy** a food product, how often, if at all, do you use the Nutrition Facts label in the following ways?

	Often	Sometimes	Rarely	Never	Don't know
To help you decide which brand of a particular type of food to buy					
To figure out how much of the food product you or your family should eat					
To compare two different types of products to each other (e.g., soup vs. cereal)					
To see if something said in advertising or on the package is actually true					
To get a general idea of the nutritional content of the food					
To see how high or low the food is in things like calories, salt, vitamins, or fat					
To help you in meal planning					

E3. How often do you use the Nutrition Facts label **AFTER** you have bought a food product?

- _____ Often
- _____ Sometimes
- _____ Rarely
- _____ Never [Skip E4]
- _____ Don't know

E4. AFTER you have bought a food product, how often, if at all, do you use the Nutrition Facts label in the following ways?

	Often	Sometimes	Rarely	Never	Don't know
To figure out how much of the food product you or your family should eat					
To compare two different types of products to each other (e.g., soup vs. cereal)					
To see if something said in advertising or on the package is actually true					
To get a general idea of the nutritional content of the food					
To see how high or low the food is in things like calories, salt, vitamins, or fat					
To help you in meal planning					

E5. How much do you agree with each of the following statements? Please select one answer for each statement.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
I feel confident that I know how to use food labels to choose a nutritious diet.					
The nutrition information on food labels is easy to understand.					
Reading food labels takes more time than I can spare.					
The nutrition information on food labels is useful to me.					
Reading food labels makes it easier to choose foods.					
When I use food labels, I make better food choices.					

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
Using food labels to choose foods is better than just relying on my own knowledge about what is in them.					

E6. Think about the “serving size” on a food label. What does serving size mean to you?
 Serving size is... (Mark all that apply)

- The amount of this food that people should eat
- The amount of this food that people usually eat
- Something that makes it easier to compare foods
- Other (Please specify: _____)
- Don't know

Dietary Awareness, Knowledge, and Interests

F1. Would you say your health in general is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Prefer not to answer

F2. 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

F3. During the past 3 months, have you been trying to limit or cut down on these things in your diet?

	Yes	No	Don't know	Prefer not to answer
Fat				
Carbs or carbohydrates				
Sodium or salt				
Calories				
Cholesterol				
Sugar				

F4. About how many calories do you think a person of your age, gender, and physical activity needs to consume in a day to maintain your weight?

- Less than 500 calories
- 500-1000 calories
- 1001-1500 calories
- 1501-2000 calories
- 2001-2500 calories
- 2501-3000 calories
- More than 3000 calories
- Don't know

Section G. Cosmetics

We would also like to ask you a few questions about **cosmetics**. By cosmetics we mean toothpaste, shampoo, deodorant, skin moisturizer , perfumes, lipsticks, fingernail polishes, eye and facial makeup preparations, permanent waves, hair colors.

G1. Have you ever had a bad reaction to a cosmetic [Include allergic reactions]?

- 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 G3c]

G3. Where did you report the bad reaction? (You may select one or more option.)

- 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 Control Center [go to G3b]
- The Consumer Product Safety Commission [go to G3b]
- The store where I bought it [got 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
- In person

G3c. Why did you not report it? (Open ended)

[All answers go to F1]

G4. If you had a bad reaction to a cosmetic, where would you report it? (You may select one or more answer.)

- 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 Control Center [go to G5]
- The Consumer Product Safety Commission [go to G5]
- The store where I bought it [go to G5]
- Other (please specify): _____ [go to G5]

- I would not report it [go to H1]
- Don't know [go to H1]

G5. How would you report it?

- By phone
- By mail
- By email or at a website
- In person
- Don't know
- Other (please specify): _____

Section H. Demographics.

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

H1. How tall are you without shoes? Please enter a number in both “feet” and “inches” or select “prefer not to answer.”

Feet _____ Inches _____

- Prefer not to answer
- Don't know

H2. How much do you weigh without shoes? Please enter a number in pounds.

Pounds _____

- Prefer not to answer
- Don't know

H2b. Have you ever been told by a doctor or other healthcare professional that you have any of the following health conditions? We don't need to know which condition, just whether you have ANY of them -- high blood pressure, diabetes, high cholesterol, heart disease, obesity, overweight, or cancer.

- Yes
- No
- Prefer not to answer

H3. What is your sex?

- _____Female
- _____Male
- Prefer not to answer

H4. What is the highest grade or level of school you have completed? Please select one.

	Yes
Less than 9 th grade	
9 th to 12 th grade, NO DIPLOMA	
High school graduate – DIPLOMA or GED	
Some college or Associate degree	
Bachelor's degree	
Graduate or professional degree	

Prefer not to answer	
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H5. What year were you born?

 Prefer not to answer

H6. Are you of Hispanic or Latino origin? Please select one.

_____ Yes
_____ No
_____ Prefer not to answer

H7. What race do you consider yourself to be? Please select one or more.

_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or other Pacific Islander
_____ White
_____ Other
_____ Prefer not to answer

You have reached the end of the survey. Thank you very much for your participation in this research.