

## **Attachment 2b: Online Survey for Wave 1: Beverages**

(FHI 360, The Emery Group, & SmithGeiger on behalf of the Centers for Disease Control and Prevention, Division of Community Health)

April 4, 2013

### **Introduction**

SHOW: About this online survey: Thank you for answering these questions. You are qualified to participate in this online survey, which is being conducted on behalf of the Centers for Disease Control and Prevention, sometimes referred to as CDC, in Atlanta. The online survey will take about 22 minutes to complete. In this online survey you are going to be shown sample advertisements and asked to share your honest opinions about them.

Your responses will be entered into a database and will only be seen by researchers associated with this online survey. Your answers will be kept secure to the extent permitted by law. There will be no risk to you. You may stop at any time. You will receive your gift, as it is explained in your online survey invitation, after completing the online survey.

If you have any questions about this online survey or about your rights as an online survey participant, please email them to [StudyInfo@fhi360.org](mailto:StudyInfo@fhi360.org).

By clicking 'Next,' I am agreeing to the above project description.

### **Public Reporting Burden Statement**

Public reporting burden of this collection of information is estimated to average 22 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).

[BACKGROUND HEALTH BEHAVIORS AND ATTITUDES]

[Contemplation and Behavioral Intentions]

Pre-Post Questions

[CHECK S12. IF S12 IS 1 OR MORE, ASK Q1. OTHERS SKIP TO Q1\_2]

Q1. Are you planning to [stop drinking regular soft drinks (non-diet) or other sugary drinks] within the next 30 days?

- 1 Yes..... Continue
- 2 No..... Continue

[IF Q1=1 SKIP TO Q1\_2. IF Q1=2 CONTINUE TO Q1\_1]

Q1\_1. Are you planning to [cut back on regular soft drinks (non-diet) or other sugary drinks] within the next 30 days?

- 1 Yes..... Continue
- 2 No..... Continue

Q1\_2. Are you planning to [be more physically active] within the next 30 days?

- 1 Yes..... Continue
- 2 No..... Continue

Q1\_3. Are you planning to [eat healthier meals and snacks] within the next 30 days?

- 1 Yes..... Continue
- 2 No..... Continue

Q2. Are you planning to [do something about your weight] within the next 30 days?

- 1 Yes, I plan to try to lose weight..... Continue
- 2 Yes, I plan to try to gain weight..... Continue
- 3 Yes, I plan to try to maintain my current weight..... Continue
- 4 No, I have no plans to do anything about my weight.... Continue

Q3. During the past 12 months, did you try to cut back on regular soft drinks (non-diet) or other sugary drinks?

- 1 Yes..... Continue
- 2 No..... Continue

Q3\_1. During the **past 12 months**, did you try to be more physically active?

- 1 Yes..... Continue
- 2 No..... Continue

Q3\_2. During the **past 12 months**, did you try to eat healthier meals and snacks?

- 1 Yes..... Continue
- 2 No..... Continue

Q4. In the past year, have you tried to do any of the following? **MULTIPLE RESPONSE**

- 1 Lose weight..... Continue
- 2 Gain weight..... Continue
- 3 Maintain your current weight..... Continue

Q4\_1. Compared to a year ago, do you weigh...?

- 1 Less..... Continue
- 2 More..... Continue
- 3 About the same..... Continue

Q4\_2. And compared to a year ago, would you say that you are...?

- 1 More healthy..... Continue
- 2 Less healthy..... Continue
- 3 About the same ..... Continue

**[CHECK S12. IF S12 IS 1 OR MORE, ASK Q5. OTHERS SKIP TO Q7]**

Q5. Overall, on a scale from 1 to 5, where 1 is not at all interested and 5 is extremely interested, how interested are you in [cutting back on regular soft drinks (non-diet) or other sugary drinks]?

- 1 Not at all interested..... Continue
- 2 A little interested..... Continue
- 3 Somewhat interested..... Continue
- 4 Very interested..... Continue
- 5 Extremely interested ..... Continue

[THERE IS NO Q6.]

Q7. Thinking about the next six months, how likely are you to...? Please use a scale from 1 to 5, where 1 is not at all likely and 5 is extremely likely.

- |   |                                  |          |
|---|----------------------------------|----------|
| 1 | Not at all likely.....           | Continue |
| 2 | Somewhat unlikely.....           | Continue |
| 3 | Neither likely nor unlikely..... | Continue |
| 4 | Somewhat likely.....             | Continue |
| 5 | Extremely likely .....           | Continue |

- A Look for more information on [the health effects of drinking regular soft drinks (non-diet) or other sugary drinks]
- B Talk to a friend about [the health effects of drinking regular soft drinks (non-diet) or other sugary drinks]
- C Participate in community efforts to reduce obesity

[Self-Efficacy Questions]

Q8. On a scale from 1 to 5, where 1 indicates that you strongly disagree and 5 indicates that you strongly agree, please indicate how much you agree or disagree with each of these statements.

- |   |                                 |          |
|---|---------------------------------|----------|
| 1 | Strongly disagree.....          | Continue |
| 2 | Somewhat disagree.....          | Continue |
| 3 | Neither agree nor disagree..... | Continue |
| 4 | Somewhat agree.....             | Continue |
| 5 | Strongly agree.....             | Continue |

- A I feel as though I can make a difference regarding [my risk for being overweight or obese]
- B I am confident that I can protect myself from [being overweight or obese]
- C There are many things I can do to protect myself from [being overweight or obese]
- D Generally speaking, it is possible to reduce [one's risk for being overweight or obese]

[Behavioral Beliefs]

Q9. On a scale from 1 to 5, where 1 indicates that you strongly disagree and 5 indicates that you strongly agree, please indicate how much you agree or disagree with each of these statements.

- |   |                                 |          |
|---|---------------------------------|----------|
| 1 | Strongly disagree.....          | Continue |
| 2 | Somewhat disagree.....          | Continue |
| 3 | Neither agree nor disagree..... | Continue |
| 4 | Somewhat agree.....             | Continue |
| 5 | Strongly agree.....             | Continue |

Eliminating regular soft drinks (non-diet) and other sugary drinks during meals every day, would...

- A ...make me feel that I was doing something good for my health
- B ...make eating meals less enjoyable for me
- C ...help me prevent weight gain
- D ...make life more stressful for me
- E ...help me save money
- F ...make it easier for me to drink milk or water at mealtimes
- G ...help me lose weight
- H ...help me maintain a healthy weight

[Community Attitudes]

Q10. Which of the following statements best describes how you think the problem of obesity should be solved in your community? SINGLE RESPONSE, RANDOMIZE LIST.

- 1 Obesity is an individual problem that is best solved by people taking personal responsibility for what they eat and how physically active they are.....Continue
- 2 Obesity is a community problem that is best solved by people working together to make it easier for everyone to eat healthy foods and be physically active.....Continue
- 3 Obesity is both an individual and community problem that is best solved by people taking personal responsibility for what they eat and how physically active they are, and the community working together to make these behaviors easier to do.....Continue

**CAMPAIGN EVALUATIONS**

Q11. [RANDOMLY SELECT TWO CAMPAIGN SEQUENCES TO SHOW]

SHOW: Now we would like to show you a few different health-related ads, including a television, print, and/or radio ad, and then ask you to evaluate each ad. Even if an ad is from another community or city, please rate it as if it were an ad from your local community.

Please make sure the volume on your computer is turned up, so that you may both see and/or hear the TV and radio ads.

*Please click "Next" to continue.*

NOTE: WHEN THE TV AND RADIO ADS ARE PRESENTED, PLEASE SHOW THE FOLLOWING MESSAGE ABOVE THE SCREEN: *Please be patient while the audio and/or video loads; also note that the video may stop to buffer from time to time. We do not expect buffering to continue for more than 30 seconds. If you find that it is buffering too long, you can suspend the survey at any time and return to this point in the survey simply by clicking on the original survey link.*

**Questions for Each Ad**

SHOW: Please answer the following questions about the ad you just viewed.

Q12. If you saw or heard this message, would it get your attention?

- 1 Yes..... Continue
- 2 No..... Continue

Q13. Why or why not? OPEN ENDED..... Continue

Q14. Is this message believable or not?

- 1 Yes..... Continue
- 2 No..... Continue

Q15. Why or why not? OPEN ENDED..... Continue

Q16. Did you think any of these ads was effective to motivate you or someone else to [cut back on regular soft drinks or other sugary beverages – for example, regular pop or soda (non-diet), sugary sports drinks and energy drinks, fruit flavored drinks (not counting 100% fruit juice), or other sugary drinks]?

*Please use a scale from 1 to 5, where 1 is not at all effective and 5 is extremely effective.*

- 1 Not at all effective..... Continue
- 2 Somewhat ineffective..... Continue
- 3 Neither effective nor ineffective..... Continue
- 4 Somewhat effective..... Continue
- 5 Extremely effective ..... Continue

Q17. Who would you say this ad is trying to reach? *Please check all that apply.*

- |   |                      |                               |
|---|----------------------|-------------------------------|
| 1 | You.....             | Continue                      |
| 2 | People like you..... | Continue                      |
| 3 | Someone else.....    | Continue                      |
| 4 | None of these.....   | Continue [EXCLUSIVE RESPONSE] |

Q18. On a scale from 1 to 5, where 1 indicates that you strongly disagree, and 5 indicates that you strongly agree, please indicate how much you agree or disagree with each of the following statements about this advertisement.

- |   |                                 |          |
|---|---------------------------------|----------|
| 1 | Strongly disagree.....          | Continue |
| 2 | Somewhat disagree.....          | Continue |
| 3 | Neither agree nor disagree..... | Continue |
| 4 | Somewhat agree.....             | Continue |
| 5 | Strongly agree.....             | Continue |

- A Overall, I liked this ad
- B I am interested in this ad's topic
- C I trust the information in this ad
- D This [ad] was confusing
- E This [ad] was convincing
- F This [ad] said something important to me
- G This [ad] grabbed my attention
- H I learned something new from this ad
- I I can do what this ad suggests
- J This ad was easy to understand

**[CHECK Q11. IF A PRINT OR VIDEO AD IS SHOWN, INCLUDE K. IF NOT, OMIT]**

- K I would look at this ad if I saw it

**[IF ANSWERED 4-5 TO Q18G ASK Q19. IF 1-3, SKIP TO INSTRUCTIONS BEFORE Q20]**

Q19. What makes it stand out? OPEN ENDED..... Continue

BEFORE THE NEXT AD IS EVALUATED, UNTIL THE LAST AD, SHOW: Now you will see another ad to evaluate. Once again, even if an ad is from another community or city, please rate it as if it were an ad from your local community. Please note that we would like your reaction to each ad individually – we will not ask you to compare one ad to any other.

**[ONLY ASK Q20 ONCE A WHOLE "CAMPAIGN" IS EVALUATED]**

## Campaign Summary Evaluation

Q20. Considering the impact of these ads together, please indicate how much you agree or disagree with each statement.

- |   |                                 |          |
|---|---------------------------------|----------|
| 1 | Strongly disagree.....          | Continue |
| 2 | Somewhat disagree.....          | Continue |
| 3 | Neither agree nor disagree..... | Continue |
| 4 | Somewhat agree.....             | Continue |
| 5 | Strongly agree.....             | Continue |
- 
- A I trust the information in this set of ads.  
B This [set of ads] was convincing.  
C This [set of ads] grabbed my attention.  
D This [set of ads] told me something I didn't already know.  
E The message [about regular soft drinks (non-diet) or other sugary drinks in this set of ads] was persuasive.  
F This [set of ads] gave me good reasons to [cut back on regular soft drinks (non-diet) or other sugary drinks].  
G This [set of ads] gave me good reasons to [stop drinking regular soft drinks (non-diet) or other sugary drinks].

BEFORE THE SECOND CAMPAIGN SEQUENCE IS EVALUATED, SHOW: Now you will see another series of ads to evaluate. Once again, even if an ad is from another community or city, please rate it as if it were an ad from your local community.

## INDIVIDUAL SPOT EVALUATIONS

Q21. [EACH PERSON WILL SEE 3 OF THE 9 INDIVIDUAL ADS.]

SHOW: We would now like to show you a few more ads and then gather your reactions to them. If you are watching a television or radio ad, please make sure the volume on your computer is turned up, so that you may both see and hear the video or audio.

Once again, even if an ad is from another community or city, please rate it as if it were an ad from your local community. Please note that we would like your reaction to each ad individually – we are not interested in comparing any of the ads to one another.

*Please click "Next" to continue.*

NOTE: WHEN TELEVISION ADS ARE SHOWN, PLEASE SHOW THE FOLLOWING MESSAGE ABOVE THE SCREEN: *Please be patient while the video or audio loads; please note that the video or audio may stop to buffer from time to time.*



**Questions for Each Ad**

SHOW: Please answer the following questions about the ad you just viewed.

Q22. If you saw or heard this message, would it get your attention?

- 1 Yes..... Continue
- 2 No..... Continue

Q23. Why or why not? OPEN ENDED..... Continue

Q24. Is this message believable or not?

- 1 Yes..... Continue
- 2 No..... Continue

Q25. Why or why not? OPEN ENDED..... Continue

Q26. Did you think any of these ads was effective to motivate you or someone else to [cut back on regular soft drinks or other sugary drinks – for example, regular pop or soda (non-diet), sugary sports drinks and energy drinks, fruit flavored drinks (not counting 100% fruit juice), or other sugary drinks]?

*Please use a scale from 1 to 5, where 1 is not at all effective and 5 is extremely effective.*

- 1 Not at all effective..... Continue
- 2 Somewhat ineffective..... Continue
- 3 Neither effective nor ineffective..... Continue
- 4 Somewhat effective..... Continue
- 5 Extremely effective ..... Continue

Q27. Who would you say this ad is trying to reach? *Please check all that apply.*

- 1 You..... Continue
- 2 People like you..... Continue
- 3 Someone else..... Continue
- 4 None of these..... Continue [EXCLUSIVE RESPONSE]

Q28. On a scale from 1 to 5, where 1 indicates that you strongly disagree, and 5 indicates that you strongly agree, please indicate how much you agree or disagree with each of the following statements about this advertisement.

- 1 Strongly disagree..... Continue
- 2 Somewhat disagree..... Continue
- 3 Neither agree nor disagree..... Continue
- 4 Somewhat agree..... Continue
- 5 Strongly agree..... Continue

- A Overall, I liked this ad
- B I am interested in this ad's topic
- C I trust the information in this ad
- D This [ad] was confusing
- E This [ad] was convincing
- F This [ad] said something important to me
- G This [ad] grabbed my attention
- H I learned something new from this ad
- I I can do what this ad suggests
- J This ad was easy to understand
- K I would look at this ad if I saw it

[IF 4-5 TO Q28G ASK Q29. IF 1-3, SKIP TO INSTRUCTIONS AFTER Q29]

Q29. What makes it stand out? OPEN ENDED..... Continue

BEFORE THE NEXT AD IS EVALUATED, UNTIL THE LAST AD, SHOW: Now you will see another ad to evaluate. Once again, even if an ad is from another community or city, please rate it as if it were an ad from your local community. Please note that we would like your reaction to each ad individually – we are not interested in comparing any of the ads to one another.

**Pre-Post Questions**

[Behavioral Intentions]

[CHECK S12. IF S12 IS 1 OR MORE, ASK Q1. OTHERS SKIP TO Q30\_2]

Q30. Are you planning to [stop drinking regular soft drinks (non-diet) or other sugary drinks] within the next 30 days?

- 1 Yes..... Continue
- 2 No..... Continue

[IF Q30=1 SKIP TO Q1\_2. IF Q30=2 CONTINUE TO Q1\_1]

Q30\_1. Are you planning to [cut back regular soft drinks (non-diet) or other sugary drinks] within the **next 30 days**?

- 1 Yes..... Continue
- 2 No..... Continue

Q30\_2. Are you planning to [be more physically active] within the **next 30 days**?

- 1 Yes..... Continue
- 2 No..... Continue

Q30\_3. Are you planning to [eat healthier meals and snacks] within the **next 30 days**?

- 1 Yes..... Continue
- 2 No..... Continue

**[CHECK S11\_1. IF S11\_1=1, ASK Q31. OTHERS SKIP TO INSTRUCTIONS BEFORE Q32]**

Q31. Are you planning to [do something about your weight] within the **next 30 days**?

- 1 Yes, I plan to try to lose weight..... Continue
- 2 Yes, I plan to try to gain weight..... Continue
- 3 Yes, I plan to try to maintain my current weight..... Continue
- 4 No, I have no plans to do anything about my weight.... Continue

**[CHECK S12. IF S12 IS 1 OR MORE, ASK Q32. OTHERS SKIP TO Q32\_1]**

Q32. Overall, on a scale from 1 to 5, where 1 is not at all interested and 5 is extremely interested, how interested are you in [cutting back on regular soft drinks (non-diet) or other sugary drinks]?

- 1 Not at all interested..... Continue
- 2 A little interested..... Continue
- 3 Somewhat interested..... Continue
- 4 Very interested..... Continue
- 5 Extremely interested ..... Continue

Q32\_1. Overall, on a scale from 1 to 5, where 1 is not at all interested and 5 is extremely interested, how interested are you in [trying to be more physically active]?

- 1 Not at all interested..... Continue
- 2 A little interested..... Continue
- 3 Somewhat interested..... Continue
- 4 Very interested..... Continue

5 Extremely interested ..... Continue

Q32\_2. Overall, on a scale from 1 to 5, where 1 is not at all interested and 5 is extremely interested, how interested are you in [trying to eat healthier meals and snacks]?

1 Not at all interested..... Continue  
2 A little interested..... Continue  
3 Somewhat interested..... Continue  
4 Very interested..... Continue  
5 Extremely interested ..... Continue

[THERE IS NO Q33]

Q34. Thinking about the next six months, how likely are you to...? Please use a scale from 1 to 5, where 1 is not at all likely and 5 is extremely likely.

1 Not at all likely..... Continue  
2 Somewhat unlikely..... Continue  
3 Neither likely nor unlikely..... Continue  
4 Somewhat likely..... Continue  
5 Extremely likely ..... Continue

- A Look for more information on [the health effects of drinking regular soft drinks (non-diet) or other sugary drinks]
- B Talk to a friend about [the health effects of drinking regular soft drinks (non-diet) or other sugary drinks]
- C Participate in community efforts to reduce obesity

[Self-Efficacy Questions]

Q35.

On a scale from 1 to 5, where 1 indicates that you strongly disagree and 5 indicates that you strongly agree, please indicate how much you agree or disagree with each of these statements.

1 Strongly disagree..... Continue  
2 Somewhat disagree..... Continue  
3 Neither agree nor disagree..... Continue  
4 Somewhat agree..... Continue  
5 Strongly agree..... Continue

- A I feel as though I can make a difference regarding [my risk for being overweight or obese]
- B I am confident that I can protect myself from [being overweight or obese]
- C There are many things I can do to protect myself from [being overweight or obese]

D Generally speaking, it is possible to reduce [one's risk for being overweight or obese]

Q36. On a scale from 1 to 5, where 1 indicates that you strongly disagree and 5 indicates that you strongly agree, please indicate how much you agree or disagree with each of these statements.

- |   |                                 |          |
|---|---------------------------------|----------|
| 1 | Strongly disagree.....          | Continue |
| 2 | Somewhat disagree.....          | Continue |
| 3 | Neither agree nor disagree..... | Continue |
| 4 | Somewhat agree.....             | Continue |
| 5 | Strongly agree.....             | Continue |

Eliminating regular soft drinks (non-diet) and other sugary drinks during meals every day, would...

- A ...make me feel that I was doing something good for my health
- B ...make eating meals less enjoyable for me
- C ...help me prevent weight gain
- D ...make life more stressful for me
- E ...help me save money
- F ...make it easier for me to drink milk or water at mealtimes
- G ...help me lose weight
- H ...help me maintain a healthy weight

[Community Attitudes]

Q37. Which of the following statements best describes how you think the problem of obesity should be solved in your community? SINGLE RESPONSE, RANDOMIZE LIST.

- 1 Obesity is an individual problem that is best solved by people taking personal responsibility for what they eat and how physically active they are.....Continue
- 2 Obesity is a community problem that is best solved by people working together to make it easier for everyone to eat healthy foods and be physically active.....Continue
- 3 Obesity is both an individual and community problem that is best solved by people taking personal responsibility for what they eat and how physically active they are, and the community working together to make these behaviors easier to do.....Continue

### CLASSIFICATION

SHOW: You're almost done! These last few questions are for classification purposes only and will be used for analyzing the results of the survey in total. They will not be identified with you personally.

C1. Has a healthcare professional ever told you that you are overweight or at risk for being overweight? SINGLE RESPONSE.

- |   |          |          |
|---|----------|----------|
| 1 | Yes..... | Continue |
|---|----------|----------|

- 2 No..... Continue
- 3 Don't know / not sure ..... Continue

C2. Has anyone else in your household been identified by a health care professional as being overweight or at risk for being overweight? SINGLE RESPONSE.

- 1 Yes..... Continue
- 2 No..... Continue
- 3 Don't know / not sure ..... Continue

C3. What is your current occupational status? Would you say...? Please select the option that best applies to you. SINGLE RESPONSE

- 1 Employed full time..... Continue
- 2 Employed part time..... Continue
- 3 Unemployed..... Continue
- 4 Homemaker..... Continue
- 5 Student ..... Continue
- 6 Retired ..... Continue
- 7 Disabled ..... Continue
- 8 Other (Please specify: \_\_\_\_\_)..... Continue
- 9 Don't Know/Not Sure ..... Continue
- 10 Refused..... Continue

C4. What is your marital status?

- 1 Married ..... Continue
- 2 Unmarried living with a partner..... Continue
- 3 Divorced ..... Continue
- 4 Widowed ..... Continue
- 5 Separated..... Continue
- 6 Single, never been married ..... Continue
- 7 Don't Know/Not Sure ..... Continue
- 8 Refused..... Continue

C5. How many children (under age 18) live in your household?

- 1 Enter number: **[Numeric Response]** ..... Continue

C6. What is your household's total income from all sources before taxes? SINGLE RESPONSE, DO NOT ROTATE

- |   |                              |          |
|---|------------------------------|----------|
| 1 | Under \$20,000.....          | Continue |
| 2 | \$20,000 to \$29,999 .....   | Continue |
| 3 | \$30,000 to \$39,999 .....   | Continue |
| 4 | \$40,000 to \$49,999 .....   | Continue |
| 5 | \$50,000 to \$74,999 .....   | Continue |
| 6 | \$75,000 to \$99,999 .....   | Continue |
| 7 | \$100,000 to \$199,999 ..... | Continue |
| 8 | Over \$200,000 .....         | Continue |
| 9 | Prefer not to say.....       | Continue |

C7. In the following list of items, please indicate which devices you currently use or own. MULTIPLE RESPONSE

- |   |   |          |
|---|---|----------|
| 1 | A desktop computer.....   | Continue |
| 2 | A laptop computer.....  | Continue |
| 3 | A smartphone, such as an iPhone, BlackBerry, HTC EVO, Droid, etc. ....      | Continue |
| 4 | A tablet, such as an iPad, Kindle Fire, Nook Color, Motorola Xoom, etc..... | Continue |
| 5 | An iPod or other mp3 player .....   | Continue |

SHOW: That is the last question. Thank you for your time. Please click "OK" to confirm your participation.