

## Appendix B

### Experimental Study on Consumer Responses to Labeling Statements on Food Packages Draft Questionnaire

Form Approved: OMB No. 0910-xxxx

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Your information will be kept private to the extent permitted by law.  
(Contractor) assures the privacy of your information following its privacy policy.

#### PUBLIC Disclosure Burden Statement

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Department of Health and Human Services  
Food and Drug Administration  
CFSAN/PRA Comments/HFS-24  
5100 Paint Branch Parkway  
College Park, MD 20740-3835.

[DISABLE “PREVIOUS” OR “BACK” FUNCTIONALITY]

#### **Study Introduction:**

Thank you for agreeing to participate. The following questions are about common food products and the labels you might see on these products. It usually takes about 15 minutes to answer all the questions. The information you provide will be kept strictly confidential.

Please click the “NEXT” button to begin the study.

#### **Section A. Food consumption and purchase**

[FOOD 1 AND FOOD 2 ARE THE FOODS RANDOMLY ASSIGNED TO THE RESPONDENT; FOOD 3 IS THE THIRD FOOD IN THE STUDY.]

A1. [ALL PARTICIPANTS] First of all, during the past 30 days, about how often did you eat these types of foods? Please select one answer for each food. [ROTATE FOODS]

5 or more times per week	3-4 times per week	1-2 times per week	Less than once a week	Not at all	Don't know
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Food 1  
Food 2  
Food 3

A2. [ALL PARTICIPANTS] In the past six months, did you yourself shop for all, most, some, or none of these foods you ate? Please select one. [USE SAME ORDER OF FOODS AS IN A1]

All            Most            Some            None            Don't eat            Don't know

Food 1  
Food 2  
Food 3

## **Section B. Label Responses**

[SHOW LABEL 1]

The next few questions are about the product you see on the screen.

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.

You will be able to see the product while answering each question. At any point during a question, you may click on the "TURN" button to see the Nutrition Facts of the product for more information. [Skip last sentence if NF-only condition.]

### **FOOD 1**

B0. Please take a moment to look at this product.

When you are ready to continue the survey, click on the "NEXT" button.

B1. [SHOW LABEL 1] On a scale of 1 to 6, where 1 is “not healthy at all” and 6 is “very healthy,” how healthy would you say this product is?

1 = not healthy at all

2

3

4

5

6 = very healthy

Don't know

[Record any click to see the NF panel during B1]

B2. [SHOW LABEL 1] On a scale of 1 to 6, where 1 is “very unlikely” and 6 is “very likely,” how likely is it that this product would help reduce the risk of the following health problems? Please select one rating for each health problem.

	Very unlikely	2	3	4	5	Very likely	Don't know
	1					6	
Hypertension or high blood pressure							
Cancer							
Osteoporosis or bone problem							
Diabetes or high blood sugar							
Heart disease							
Obesity or overweight							
Digestive problems							

[Record any click to see the NF panel during B2]

B3. [SHOW LABEL 1] On a scale of 1 to 6, where 1 is “none or a little” and 6 is “a lot,” how much of each of the following things would you say this product has? [ROTATE ITEMS]

	None or a little	2	3	4	5	A lot	Don't know
	1					6	
Calories							
Total Fat							
Sodium							
Sugars							
Vitamins and minerals							
Fiber							

[Record any click to see the NF panel during B3. Reset after B3 is answered so that the NF panel is no longer available.]

B4. [SHOW LABEL 1] On a scale of 1 to 6, where 1 is “not tasty at all” and 6 is “very tasty,” how tasty would you expect this product to be?

- 1 = not tasty at all
- 2
- 3
- 4
- 5

6 = very tasty  
Don't know

- B5. [SHOW LABEL 1] Imagine that you are in a grocery store and thinking about getting some [FOOD] for yourself. Assume the [FOOD] you see here is comparable to other [FOOD]s on the shelf in terms of price, taste, flavor, and nutritional quality.

On a six-point scale, where 1 means “definitely would not consider buying” and 6 means “definitely would consider buying,” how likely would you be to consider buying THIS [FOOD] rather than another [FOOD]?

1= Definitely would not consider buying  
2  
3  
4  
5  
6= Definitely would consider buying  
Don't know

## **FOOD 2**

- B6. Please take a moment to look at this next product. This is a different product from the one you saw previously.

When you are ready to continue the survey, click on the "NEXT" button.

B7-B11 [REPEAT B1-B5 FOR THE SECOND FOOD]

[Start the following instructions on a new screen.]

Now that you have had a chance to rate some products, we have a few questions about the package labels that you just saw.

Here is the first label you saw. [Display Label 1 without the NF panel, unless NF-only control.]

- B12. [SHOW LABEL 1] On a scale of 1 to 6, where 1 is “not helpful at all” and 6 is “very helpful,” how helpful is the label in telling you the nutritional qualities of this product?

1 = not helpful at all  
2  
3  
4  
5

6 = very helpful  
Don't know

B13. [SHOW LABEL 1] On a scale of 1 to 6, where 1 is “not trustworthy at all” and 6 is “very trustworthy,” how trustworthy is the label in telling you the possible health benefits of this product?

1 = not trustworthy at all  
2  
3  
4  
5  
6 = very trustworthy  
Don't know

B14. [SHOW LABEL 1] On a scale of 1 to 6, where 1 is “not helpful at all” and 6 is “very helpful,” how much does the label help you decide whether to buy this product?

1 = not helpful at all  
2  
3  
4  
5  
6 = very helpful  
Don't know

Here is the second label you saw. [Display Label 2 without the NF panel, unless NF-only control.]

B15-17 [Repeat questions B12-B14.]

### **Section C. Food purchase and knowledge, and label reading**

The next section of the survey includes general questions. These questions are **not** about the labels you saw in the previous questions. [Start next question on a new screen.]

[ASK C1-C3 IF A2 = ALL/MOST/SOME FOR FOOD 1]

C1. Think about shopping for [FOOD 1] at the store. On a scale of 1 to 6, where 1 is “not important at all” and 6 is “very important”, how important to you is each of the factors listed below? [ROTATE FACTORS]

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

6

Price  
Brand  
Healthiness  
or  
nutritional  
qualities  
Convenience  
Taste

C2. At the store, how often do you read labels on [FOOD 1, plural] to compare how healthy or nutritious different [FOOD 1, plural] are?

Always  
Most of the time  
Sometimes  
Rarely  
Never  
Don't know

C3. When you buy a type of [FOOD 1] for the first time, how often do you read the label to find out how much it has of things like calories, fat, sodium, or vitamins?

Always  
Most of the time  
Sometimes  
Rarely  
Never  
Don't know

C4. [ALL PARTICIPANTS]

Compared to the average consumer, how knowledgeable are you about the average nutritional qualities of [FOOD 1]?

1	2	3	4	5	6	Don't know
One of the least knowledgeable					One of the most knowledgeable	

How familiar are you with the average nutritional qualities of [FOOD 1]?

1	2	3	4	5	6	Don't know
Not at all familiar					Extremely familiar	

C5-C8 [REPEAT C1-C3 FOR FOOD 2 IF A2 = ALL/MOST/SOME FOR FOOD 2. REPEAT C4 FOR FOOD 2 FOR ALL PARTICIPANTS.]

**Section D. Food perception**

D1. [ALL PARTICIPANTS] How healthy would you say each of these types of foods is **in general**, on a scale of 1 to 6?

	Not healthy at all						Very healthy	
	1	2	3	4	5	6	Don't know	
Food 1								
Food 2								
Food 3								

D2. [ALL PARTICIPANTS] Have you ever heard or read that [FOOD 1] may help lower the risk of the following health problems? [ROTATE HEALTH PROBLEMS]

	Yes	No	Don't know
Hypertension or high blood pressure			
Cancer			
Diabetes or high blood sugar			
Heart disease			
Obesity or overweight			
Digest problems			
Osteoporosis or bone problem			

D3. [ALL PARTICIPANTS] Have you ever heard or read that [FOOD 2] may help lower the risk of the following health problems? [ROTATE HEALTH PROBLEMS]

	Yes	No	Don't know
Hypertension or high blood pressure			
Cancer			
Diabetes or high blood sugar			
Heart disease			
Obesity or overweight			
Digest problems			
Osteoporosis or bone problem			

**Section E. Dietary Interests and Restrictions**

E1. [ALL PARTICIPANTS] From the list below, which have you tried to limit in the past 30 days? Select all that apply. [ROTATE ITEMS, EXCEPT “NONE OF THE ABOVE, DON’T KNOW, AND PREFER NOT TO ANSWER”]

Yes

- Fat
- Carbs or carbohydrate
- Salt or sodium
- Calories
- Cholesterol
- Sugar
- None of the above
- Don’t know
- Prefer not to answer

E2. [ALL PARTICIPANTS] From the list below, which have you ever tried to have enough of in the past 30 days? Select all that apply. [ROTATE ITEMS, EXCEPT “NONE OF THE ABOVE, DON’T KNOW, AND PREFER NOT TO ANSWER”]

Yes

- Omega-3 fatty acid
- Vitamin D
- Calcium
- Iron
- Fiber
- None of the above
- Don’t know
- Prefer not to answer

E3. [ALL PARTICIPANTS] Do you consider yourself to be a vegetarian?

- Yes
- No
- Don’t know
- Prefer not to answer

E4. [ALL PARTICIPANTS] Do you have any food allergies?

- Yes
- No
- Don’t know
- Prefer not to answer

E5. [ALL PARTICIPANTS] On a scale of 1 to 6, where 1 is “not interested at all” and 6 is “very interested,” how interested are you in buying products that say they are labeled as Natural or Organic?



- 1 = not interested at all
- 2
- 3
- 4
- 5
- 6 = very interested
- Don't know

**Section F. Motivation regarding label use and health literacy**

F1. [ALL PARTICIPANTS] 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 hard 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.					
Using food labels to choose foods is better than just relying on my own knowledge about what is in them.					

The next six questions are about the label shown on the screen. Please look at this label as long as you like.

<b>Nutrition Facts</b>	
Serving Size 1/2 Cup	
Serving Per Container 4	
Amount Per Serving	
<b>Calories</b> 250	Calories from Fat 120
% Daily Value*	
<b>Total Fat</b> 13g	<b>20%</b>
Saturated Fat 9g	<b>40%</b>
<i>Trans</i> Fat 0g	
<b>Cholesterol</b> 28mg	<b>12%</b>
<b>Sodium</b> 55mg	<b>2%</b>
<b>Total Carbohydrate</b> 30g	<b>12%</b>
Dietary Fiber 2g	<b>8%</b>
Sugars 23g	
<b>Protein</b> 4g	

**INGREDIENTS:** CREAM, SKIM MILK, LIQUID SUGAR, WATER, EGG YOLKS, BROWN SUGAR, MILKFAT, PEANUT OIL, SUGAR, BUTTER, SALT, CARRAGEENAN, VANILLA EXTRACT.

Imagine that this information is on the back of a container of a pint of ice cream.

- F2. If you eat the entire container, how many calories will you eat? \_\_\_\_\_ calories
- F3. If you are allowed to eat 60 g of carbohydrates as a snack, how much of this product could you have? \_\_\_\_\_ grams
- F4. Suppose your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes 1 serving of this product. If you stop eating this product, how many grams of saturated fat would you be consuming each day? \_\_\_\_\_
- F5. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving of this product? \_\_\_\_\_ percent
- F6. Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings. Is it safe for you to eat this product?
- Yes  
No  
DK
- F7. [IF F6 = NO] Why is it not safe for you to eat this product? \_\_\_\_\_

## **Section G. Health status and demographics**

We have one final set of questions about you and your health. It is not required that you answer these questions. We use this information for analysis purposes and to better understand the information obtained in this study as a whole. All answers to this survey will be kept private.

G1. [ALL PARTICIPANTS] Would you say your health in general is ...

excellent  
very good  
good  
fair  
poor  
Don't know  
Prefer not to answer

G2. [ALL PARTICIPANTS] Have you been told by a doctor or other healthcare professional that you have any of these health problems? Check all that apply. [RANDOM ORDER]

	Yes	No	Don't know	Prefer not to answer
Cancer				
Diabetes				
Heart disease				
Hypertension or high blood pressure				
High cholesterol				
Obesity or overweight				
Osteoporosis or bone problem				
Stroke				

G3. [ALL PARTICIPANTS] Are these health problems of concern to you? Please select an answer for each of the health problems. [ROTATE HEALTH PROBLEMS]

	Yes	No	Don't know	Prefer not to answer
Cancer				
Diabetes				
Heart disease				



Prefer not to answer

G9. [ALL PARTICIPANTS] Are you female or male?

Female

Male

Prefer not to answer

G10. [ALL PARTICIPANTS] Are you of Hispanic or Latino origin? Please select one.

Yes

No

Prefer not to answer

G11. [ALL PARTICIPANTS] What race do you consider yourself to be? Please select one or more.

Yes

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Other

Prefer not to answer

Thank you. These are all the questions in this survey. We hope you have enjoyed your participation in the survey.

**END**