

**Experimental Study on Consumer Responses to Whole Grain Labeling Statements on
Food Packages
Draft Questionnaire**

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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.

Section A: Nutrition and Food Label Awareness & Perceptions

A1. Think about shopping for food 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?
[RANDOMIZE FACTORS]

	Not important at all 1	2	3	4	5	Very important 6
Price						
Brand						
Healthiness or nutritional qualities						
Convenience						
Taste						

A2. Thinking about the foods you have eaten in the past week for breakfast, lunch, dinner, or snacks, how many times did you have each of the following types of foods? [RANDOMIZE FOODS]

	None	1 to 2 times	3 to 4 times	5 to 6 times	7 times or more	Don't know
Vegetables, including beans and peas						
Salty snacks (chips, pretzels, fries, etc.)						
Fruits, including canned fruits						
Bread						
Breakfast bars						
Soft drinks and sugared fruit drinks (e.g. apple juice)						

Section B: Food Labels

[SHOW LABEL 1 ON THE SCREEN]

[PROVIDE A BUTTON FOR INTERESTED PARTICIPANTS TO SEE THE BACK PANEL]

B1. Imagine that you are in a grocery store and thinking about getting some [INSERT FOOD] for yourself or your family. How likely would you be to purchase this product? Please use a scale from 1 to 6, where 1 means “very unlikely” and 6 means “very likely”.

1	2	3	4	5	6
Very unlikely to purchase					Very likely to purchase

B2. How high or low is this product regarding the amounts of the following ingredients or nutrients? Please use a scale from 1 to 6, where 1 means “none or very low” and 6 means “very high”. [RANDOMIZE FACTORS]

	None or Very low 1	2	3	4	5	Very high 6	Don't Know
Whole grains							
Fiber							
Iron							
Magnesium							
Selenium							
B vitamins							

B3. How would you rate the following attributes of this product using the scale from 1 to 6, where 1 means “not good at all” and 6 means “very good”.

	Not good at all 1	2	3	4	5	Very good 6	Don't Know
Texture							
Taste							
Healthiness or nutritional quality							

B4. If you include this product in your daily diet, how likely would it be to help you lower the risk of each of the following health problems? Please use a scale from 1 to 6, where 1 means “very unlikely” and 6 means “very likely”. [RANDOMIZE LIST]

	Very unlikely to help lower the risk 1	2	3	4	5	Very likely to help lower the risk 6	Don't know

Digestive Problems							
High Cholesterol							
Heart disease							
High blood pressure or hypertension							
Diabetes or high blood sugar							
Cancer							
Obesity or overweight							
Osteoporosis or bone problem							

[ASK B5 IF THE LABEL ASSIGNED IS NOT A LABEL WITH NO CLAIM]

B5. Would you say that the statement on the front of this package, [INSERT CLAIM] is,

1	2	3	4	5	6
Not trustworthy at all					Very trustworthy
Not reasonable at all					Very reasonable
Not helpful at all					Very helpful
Not clear at all					Very clear
Not informative at all					Very informative

Section C: General Knowledge and Attitudes about Whole Grain, Food Labels, and Nutrition

C1. Here are some claims or terms that may appear on the front of a product package. How likely would you say each one of them means that the product is a whole grain product? (Please use the scale from 1 to 6, where 1 means "Very unlikely a whole grain product" and 6 means "Very likely a whole grain product". [RANDOMIZE TERMS])

	Very unlikely a whole grain product 1	2	3	4	5	Very likely a whole grain product 6	Don't know
Whole Wheat							
12 Grain							
Grains that are naturally rich in fiber							
Made with Whole Wheat							
Good source of fiber							
Multi-Grain							
Brown Rice							
Oatmeal							
Popcorn							
Stone-ground Flour							
Cracked wheat							
Enriched Grain/Flour							
Unbleached Flour							

C2. Here are some claims or terms that may appear on the front of a product package. How likely would you say each one of them means that the product is rich in fiber (Please use the scale from 1 to 6, where 1 means "Very unlikely rich in fiber" and 6 means "Very likely rich in fiber". [RANDOMIZE TERMS])

	Very unlikely rich in fiber 1	2	3	4	5	Very likely rich in fiber 6	Don't know
Whole Wheat							

	Very unlikely rich in fiber 1	2	3	4	5	Very likely rich in fiber 6	Don't know
12 Grain							
Grains that are naturally rich in fiber							
Made with Whole Grain							
Made with Whole Wheat							
Good source of fiber							
Multi-Grain							
Brown Rice							
Oatmeal							
Popcorn							
Stone-ground Flour							
Cracked wheat							
Products with at least 8 grams of whole grain							
Enriched Grain/Flour							
Unbleached Flour							

C3. Have you ever shopped whole grain foods?

- 1) Yes → [continue]
- 2) No → [skip to C6]

C4. How do you know which products are whole grain products? Check all that apply.

- 1) Information on the front of the package, such as claims, logos, pictures
- 2) Information on the back or side of the package (nutrition facts label, ingredient list, claims, logos, pictures)
- 3) Color of the product
- 4) Price of the product
- 5) Other (please specify) _____

C5. Have you ever used the Nutrition Facts label to tell which products are whole grain products?

- 1) Yes → [continue]
- 2) No → [SKIP TO C7]

- C6. Which one of the following suggests that the product is most likely a whole grain product that provides a good source of fiber? [Choose one answer]
- 1) Whole grain (whole wheat, oat, etc.) is listed as the 1st or 2nd item on the ingredient list, and the % Daily Value (DV) for dietary fiber is high
 - 2) Whole grain (whole wheat, oat, etc.) is listed as the 1st or 2nd item on the ingredient list, and the % DV for dietary fiber is low
 - 3) Whole grain (whole wheat, oat, etc.) is listed on the ingredient list, but not as the 1st or 2nd item, and the % DV for dietary fiber is high
 - 4) Whole grain (whole wheat, oat, etc.) is listed on the ingredient list, but not as the 1st or 2nd item; and the % DV for dietary fiber is low
 - 5) Don't Know

- C7. Have you eaten any whole grain products (such as cereal or bread, pasta that are made with whole grains) in the past week for breakfast, lunch, dinner, or snacks?
- 1) Yes [Continue]
 - 2) No [Skip to C9]
 - 3) Don't know

- C8. Thinking about the whole grain products (such as cereal or bread, pasta that are made with whole grains) you have eaten in the past week, how much did you eat on average?
- 1) less than 1 serving a day (Examples of a one-serving equivalent includes 1 regular slice of 100% whole-grain bread or ½ cup cooked oatmeal)
 - 2) 1-3 servings a day
 - 3) More than 3 servings a day
 - 4) Don't Know

- C9. If a food package label stated that it contained “5 grams of whole grains per serving,” how many grams of fiber would you expect in each serving?
- 1) More than 5 grams of fiber
 - 2) 5 grams of fiber
 - 3) 3 to 4 grams of fiber
 - 4) 1 to 2 grams of fiber
 - 5) Less than 1 gram of fiber
 - 6) Unsure if whole grain products contain fiber
 - 7) Don't Know

C10. Please evaluate whether each of the following statements is true or false.

	True	False	Don't Know
Nutrition experts recommend that half of the grain foods in your diet should be whole grains			
The primary benefits of whole grain foods come from the dietary fiber in the foods			
Nutrition experts recommend eating three or more servings (at least 48 grams) of whole grains everyday			
Most dietary fiber come from whole grains only			
Whole grains are one of the best sources of fiber			

All whole grain foods are organic			
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C11. When you buy a packaged food product for the first time, how often do you read the Nutrition Facts label?

- 1) Always
- 2) Most of the time
- 3) Sometimes
- 4) Rarely
- 5) Never
- Don't know

C12. Read the following statements and check all that apply to you.

	Yes	No	Don't Know
I have wheat allergy			
I have medically diagnosed celiac disease			
I have medically diagnosed gluten intolerance			
I follow a gluten-free diet			

Section D: Health Status & Demographics

The next few questions may seem a bit personal, but we need this information for statistical purposes. As mentioned before, your responses are confidential and the results will be used in the aggregate form only.

D1. [ALL PARTICIPANTS] Would you say your health in general is

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

D2. [ALL PARTICIPANTS] Are these health problems of concern to you or anyone currently living in your household? 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
- Hypertension or high blood pressure
- High cholesterol
- Obesity or overweight
- Osteoporosis or bone problem
- Stroke

D3. [ALL PARTICIPANTS] How tall are you without shoes? Please enter a number in both "feet" and "inches" or select "prefer not to answer."

Feet _ [ONE SPACE] Inches _ _ [TWO SPACES]
Prefer not to answer

D4. [ALL PARTICIPANTS] How much do you weigh without shoes? Please enter a number in pounds.

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

D5. [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

D6. [ALL PARTICIPANTS] What is the highest grade or level of school you have completed or the highest degree you have received? Please select one.

- 0 - 11 years or grades
- 12 years, high school graduate, or GED
- 1 to 3 years of college or associate degree
- 4 years of college or college graduate
- Postgraduate, masters, doctorate, law degree, MD

D7. [ALL PARTICIPANTS] What year were you born?

19 __ [TWO SPACES]

D8. [ALL PARTICIPANTS] Are you (please select one)

- Female
- Male

D9. [ALL PARTICIPANTS] Are you of Hispanic or Latino origin? Please select one.

- Yes
- No

D10 [ALL PARTICIPANTS] What is your race? You may choose one or more categories as they apply.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Some other race

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

END

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DRAFT REMINDER

We recently sent you a survey to ask you some questions about_____. Our records show that you have not had a chance to complete the survey. We think that you will find the survey interesting. We'd appreciate your completing the survey at your first convenience. Thank you in advance for your time and cooperation.

">Click Here to Start Survey<

(If it does not work automatically from email, please copy the below link to your Internet browser).

“Link”

Our Panel Member Support Center is available if you have questions or comments. You can contact us at our toll free 1-800-782-6899 number, or simply reply to this email invitation. In order to better serve you, please be sure to include reference “ ” in the Subject of your message. We are always happy to hear from you!

Thanks,
KnowledgePanel Support Team
<http://www.knowledgepanel.com>

This email was intended for “firstname.”