

**Eye Tracking Experimental Studies to Explore Consumer Use of Food
Labeling Information and Consumer Response to Online Surveys
Laboratory Study**

Questionnaire

Form Approved: OMB No. 0910-0xxx

Expiration Date: xx/xx/201x

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

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Public reporting burden for this collection of information is estimated to average 20 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/PRA Comments/HFS-24
5100 Paint Branch Parkway
College Park, MD 20740-3835.

Thank you for signing up to participate in the study that we are doing for the Food and Drug Administration (FDA). FDA would like to understand consumers' opinions about some common food products and find better ways to provide useful information to consumers. Today you will be asked to view some images of food packages. We will ask you some questions about the packages you see. While you are looking at the images on the screen, we will be using eye-tracking cameras to collect visual behavior data. All of the recordings will remain confidential and your name will not be associated with any findings from this study. Do you have any questions?

A0

[NO TASK WILL BE GIVEN FOR THESE 20 IMAGES; RECORD VIEWING TIME AND DATA FOR EACH IMAGE.]

Now, let's begin the study. First, please look at 20 food labels one by one for as long as you like. You can click on the package if you would like to see the back or side panel. When you have finished looking at one label, just click CONTINUE to move on to the next one.

[PARTICIPANTS VIEW A PRACTICE IMAGE AND THEN 19 IMAGES IN ROTATED ORDER. ANSWER PARTICIPANT QUESTIONS, IF ANY, AFTER THE FIRST IMAGE.]

A1. Next, we want to ask you about some foods you commonly see in the store. How often do you eat these types of foods in a typical month? Please select one answer for each food. [ROTATE ITEMS]

| | | | | |
|------------------------------------|---------------------|-------------|--------------------------|--------------|
| Everyday or nearly every day | 2-3 times a week | Once a week | Less than once a week | Never eat it |
|------------------------------------|---------------------|-------------|--------------------------|--------------|

Food 1
Food 2
Food 3

A2. 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 |
|-----|------|------|------|-----------|

Food 1
Food 2
Food 3

[PUT THESE TWO PARAGRAPHS ON THE SAME PAGE]

In the next several screens, you will be asked to view some images of food packages. We will ask you some questions about the packages you see.

Please click CONTINUE to see the first package. You may look at the image for as long

as you like and you may click on this package if you would like to see the back or side panel. You don't have to memorize its contents. We will show the image when a question is asked about it. [REPLACE "You may look at the image for as long as you like" with TIME INSTRUCTION FOR PARTICIPANTS ASSIGNED TO TIME PRESSURE CONDITIONS; an instruction may read "You have xx seconds to complete each of the following four questions. The time spent on each question will be shown by a bar at the corner of each screen."] When you are ready, click CONTINUE.

A line underneath a question number indicates the question will be timed for the time-pressure participants.

[RECORD VIEWING TIME AND DATA FOR EACH OF A3-A12.]

[ROTATE ORDER OF THE TWO PAIRS OF QUESTIONS, A3+A4 AND A5+A6.]

A3. [SHOW A PAIR OF LABELS FOR FOOD1 FROM A1] Based on what you can see on the labels, if you wanted to buy a healthy [FOOD] for yourself, which of these two products would you select? [USE SAME LEFT-RIGHT POSITION AS IN A1.]

[Product A, the product on the left]
[Product B, the product on the right]
I can't tell

A4. [SHOW THE SAME PAIR OF LABELS] Based on what you can see on the labels, if you wanted to buy a [FOOD] with the lesser amount of calories **PER CONTAINER**, which of these two products would you select? [USE SAME LEFT-RIGHT POSITION AS IN A3.]

[Product A, the product on the left]
[Product B, the product on the right]
I can't tell

A5. [SHOW A PAIR OF LABELS FOR FOOD2 FROM A1] Based on what you can see on the labels, if you wanted to buy a healthy [FOOD] for yourself, which of these two products would you select? [USE SAME LEFT-RIGHT POSITION AS IN A1.]

[Product A, the product on the left]
[Product B, the product on the right]
I can't tell

A6. [SHOW THE SAME PAIR OF LABELS] Based on what you can see on the labels, if you wanted to buy a [FOOD] with the lesser amount of added sugars per serving, which of these two products would you select? [USE SAME LEFT-RIGHT POSITION AS IN A5.]

[Product A, the product on the left]

[Product B, the product on the right]
I can't tell

A7. [ASK THOSE WHO ARE ASSIGNED TO TIME PRESSURE CONDITIONS]
You were asked in the last four questions to complete each one of them in xx seconds. How hurried did you feel when you were answering these four questions?

1 = not hurried at all
2 =
3 =
4 =
5 = extremely hurried
9 = DK

A8. [SHOW A LABEL OF FOOD3 FROM A1] Now we want to ask you a few questions about a different product. How healthy or nutritious would you say this product is?

1 = not healthy at all
2 =
3 =
4 =
5 = very healthy
9 = DK

A9. [SHOW THE SAME LABEL] How much of each of the following things would you say this product has? [ROTATE ITEMS]

| | | | | | |
|--------------------------|---|---|---|------------|--------------------|
| None or a little 1 | 2 | 3 | 4 | A lot 5 | Don't know (DK) |
|--------------------------|---|---|---|------------|--------------------|

Calories
Total Fat
Sodium
Sugars
Vitamin
A
Fiber
Iron

Look at the next label as long as you like but you don't have to memorize its contents [OR, INSERT TIME INSTRUCTION FOR PARTICIPANTS ASSIGNED TO TIME PRESSURE CONDITIONS; an instruction may read "You have x seconds to complete each of the following y questions. The time spent on each question will be shown by a bar at the corner of each screen."]

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

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

A10. [SHOW THE NUTRITION FACTS LABEL]. The next two questions will be about this label. If you eat the entire container, how many calories will you eat?

_____ calories

A11. [SHOW THE SAME LABEL] If you are allowed to eat 60 g(rams) of carbohydrates a day, how much of this product could you have?

_____ cup(s) or _____ serving (s)

A12. [SHOW THE LABEL OF A DIETARY SUPPLEMENT PRODUCT] How unlikely or likely would you say this product will deliver the benefit it claims on the package?

1 = very unlikely

2 =

3 =

4 =

5 = very likely

9 = DK

[ASK ABOUT THE FIRST FOOD FOR WHICH THE ANSWER IN A2 = ALL/MOST/SOME]

B1. Think about shopping for [FOOD] at the store. How important to you is each of the factors listed below? [ROTATE FACTORS]

| | | | | | |
|-----------|---|---|---|-----------|----|
| Not | 2 | 3 | 4 | Very | DK |
| important | | | | important | 9 |
| at all | | | | 5 | |

1

Price
Brand
Healthiness
or
nutritional
qualities
Taste

B2. When you buy a food product for the first time, how often do you read the label to find out how much it has in things like calories, fat, sodium, or vitamins?

- 1 = Never
- 2 = Hardly ever
- 3 = Occasional
- 4 = Regularly
- 9 = DK

B3. How often do you read food labels to compare how healthy or nutritious different products are?

- 1 =Never
- 2 = Hardly ever
- 3 = Occasional
- 4 = Regularly
- 9 = DK

B4. From the list below, which do you try to limit? Select all that apply. [ROTATE ITEMS, EXCEPT “NONE OF THE ABOVE, DON’T KNOW, AND PREFER NOT TO ANSWER”]

Yes

Fat
Carb or carbohydrate
Salt or sodium
Calories
Cholesterol
Sugar
None of the above
DK
Prefer not to answer

B5. From the list below, which do you try to have enough of? Select all that apply. [ROTATE ITEMS, EXCEPT “NONE OF THE ABOVE, DON’T KNOW, AND PREFER NOT TO ANSWER”]

Yes

Vitamin A
Vitamin C

- Calcium
- Iron
- Fiber
- None of the above
- DK
- Prefer not to answer

B6. Have you taken any of these dietary supplements in the past 12 months, that is, since (Month 201x)? Here are some examples of three types of dietary supplements. Please select an answer for each of the three types of dietary supplements.

A multi-vitamin or multi-mineral supplement, such as One-A-Day, Mega-Vitamin, Centrum A-to-Z

A specialized or single-ingredient vitamin or mineral supplement such as Vitamin C, Vitamin E, iron, or calcium? Please do not include vitamins or minerals added to foods or beverages, for example, Vitamin D in milk and Vitamin C in orange juice.

An herb, botanical, or other dietary supplement that is not a vitamin or a mineral. Examples include garlic pills, echinacea, ginkgo, ginseng (not as a food), glucosamine, MSM, saw palmetto, St. John's wort, amino acids, black cohosh, creatine, or fish oil or Omega-3 oil.

- 1 = Yes
- 0 = No
- 9 = DK

B7. Are these health problems of concern to you? Please select an answer for each of the health problems. [ROTATE HEALTH PROBLEMS]

- | | | | |
|-----|----|----|----------------------|
| Yes | No | DK | Prefer not to answer |
|-----|----|----|----------------------|

- Cancer
- Diabetes
- Heart disease
- Hypertension or high blood pressure
- High cholesterol
- Obesity or overweight
- Osteoporosis or bone problem
- Stroke

[INTERVIEWER ASKS THE FOLLOWING QUESTIONS AND RECORDS ANSWER]

- E1. A few minutes ago, you were asked how nutritious this product was and how much this product has in things like calories, fat, sugars, and vitamins. How did you feel about finding the information you needed to answer these questions, was it easy or hard? Can you say more?
- E2. [BRING BACK ONE OF A4 SCREEN] What information on the label, if anything, did you use to select your answer? [IF NOTHING, ASK “how did you make the selection, OR, why could you not decide between the two products?]
- E2. [FOR RESPONDENTS ASSIGNED TO TIME PRESSURE CONDITIONS ONLY] In some questions, we asked you to complete them within xx seconds. You gave a [RATING FROM A7a] on a 1-to-5 scale where 1 means “not hurried at all” and 5 means “extremely hurried.” Did you feel the time limit affect how you chose your answers? Why or why not? If yes, how did the time limit affect your choices?

These are all the questions I have today. Thank you for your participation.