

BRAND TEST SURVEY

Version A

Paperwork Reduction Act Statement: 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.

The public reporting burden for this information collection has been estimated to average of 20 minutes per response to complete the Survey (the time estimated to read, complete, and review in group discussion). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRStaff@fda.hhs.gov.

Unique ID _____

1. Which BRAND NAME do you like the best? (Circle one response)

A. [Brand Name 1]

B. [Brand Name 2]

C. [Brand Name 3]

D. [Brand Name 4]

2. For [Brand Name 1], which LOGO do you like the best? (Circle one response)

A. [Brand Name 1, Logo A]

B. [Brand Name 1, Logo B]

C. [Brand Name 1, Logo C]

3. For [Brand Name 2], which LOGO do you like the best? (Circle one response)

A. [Brand Name 2, Logo A]

B. [Brand Name 2, Logo B]

C. [Brand Name 2, Logo C]

4. For [Brand Name 3], which LOGO do you like the best? (Circle one response)

A. [Brand Name 3, Logo A]

B. [Brand Name 3, Logo B]

C. [Brand Name 3, Logo C]

5. For [Brand Name 4], which LOGO do you like the best? (Circle one response)

A. [Brand Name 4, Logo A]

B. [Brand Name 4, Logo B]

C. [Brand Name 4, Logo C]

6. Please choose your OVERALL favorite logo design. (Circle one response)

- A. [Brand Name 1, Logo A]
- B. [Brand Name 1, Logo B]
- C. [Brand Name 1, Logo C]
- D. [Brand Name 2, Logo A]
- E. [Brand Name 2, Logo B]
- F. [Brand Name 2, Logo C]
- G. [Brand Name 3, Logo A]
- H. [Brand Name 3, Logo B]
- I. [Brand Name 3, Logo C]
- J. [Brand Name 4, Logo A]
- K. [Brand Name 4, Logo B]
- L. [Brand Name 4, Logo C]