

Appendix A: Questionnaire

Public Disclosure Burden Statement

OMB No. XXXXXX

Expiration Date: XXXXXX

Public reporting burden for this collection of information is estimated to average 15 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/PRB Comments/HFS-24
5100 Paint Branch Parkway
College Park, MD 20740-3835.

[PROG: IF Start_task=1, GO TO QUESTIONS UNDER 'SINGLE PRODUCT TAST'; IF Start_task=2, GO TO QUESTIONS UNDER 'TWO-PRODUCT TAST'; ONCE BOTH TASKS HAVE BEEN COMPLETED, GO TO QUESTION D1.]

SINGLE-PRODUCT TASK [PROG: DO NOT SHOW]

[PROG: ADD STARTING TIME MARKER FOR TASK 1]

Please take a moment to look at this [PROG: INSERT "NEW" IF THIS IS THE SECOND TASK THE RESPONDENT SEES; THE WORD 'NEW' SHOULD BE ALL CAPS AND IN ORANGE FONT] **Nutrition Facts label.**

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.

[PROG: RECORD THE LENGTH OF TIME IT TAKES FOR A RESPONDENT TO ANSWER EACH SECTION.]

[PROG: DISPLAY IMAGE UNDER 'T1_IMAGE' ON ALL SCREENS FOR QUESTIONS A1 THROUGH A12; DISPLAY IMAGE ON THE LEFT SIDE OF THE SCREEN AND THE QUESTION ON THE RIGHT SIDE; FORMAT THE QUESTION SO THAT HORIZONTAL SCROLLING IS AS MINIMAL AS POSSIBLE

[PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'Chips' ABOVE THE IMAGE; IF PRODUCT=ENTREEEA OR ENTREEB, INSERT 'Frozen Meal' ABOVE THE IMAGE.]

A1. Assume you were shopping for [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'chips'; IF PRODUCT=ENTREEEA OR ENTREEB, INSERT 'a frozen meal'], how likely would you be to purchase [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEEA OR ENTREEB, INSERT 'this frozen meal']? Use a scale of 1 to 5, where 1 means "not at all likely" and 5 means "very likely."

[PROG: SHOW HORIZONTAL SCALE AND DEFINE 1 AS 'Not at all likely' AND 5 AS 'Very likely'; ALSO INCLUDE A 'DON'T KNOW' OPTION]

[PROG: MANDATORY]

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

A2. If you were going to eat [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'chips'; IF PRODUCT=ENTREEA OR ENTREEB, INSERT 'a frozen meal'], how healthy of a choice would [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEA OR ENTREEB, INSERT 'this frozen meal'] be? Use scale of 1 to 5 where 1 means "not at all healthy," and 5 means "very healthy."

Please select one

[PROG: SHOW HORIZONTAL SCALE AND DEFINE 1 AS 'Not at all likely' AND 5 AS 'Very likely'; ALSO INCLUDE A 'Don't know' OPTION]

[PROG: MANDATORY]

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

A3. On a scale of 1 to 5, where 1 means "None or very little" and 5 means "A lot, how much of each of the following would you say this product has?"

[PROG: GRID, SHOW THE OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP: ROTATE ITEMS IN GRID – SPLIT INTO MULTIPLE SCREENS AS NEEDED.]

[PROG: MANDATORY]

	None or Very little 1	2	3	4	A lot 5	Don't know
Calories						
Total Fat						
Sodium						
Saturated Fat						
Sugars						
Added Sugars						
Calcium						
Dietary Fiber						
Iron						

[CONTINUE TO SHOW SAME NUTRITION FACTS LABEL AS IN PREVIOUS SECTION]

[PROG: ROTATE C1-C3]

A4. How would you rate this product as a source of **Vitamin A**?

- Excellent
- Good
- Fair
- Poor
- Don't know

[PROG: NEW SCREEN, RECORD TIME SPENT IN SECONDS]

A5. How would you rate this product as a source of **Vitamin C**?

- Excellent
- Good
- Fair
- Poor
- Don't know

[PROG: NEW SCREEN, RECORD TIME SPENT IN SECONDS]

A6. How would you rate this product as a source of **Dietary Fiber**?

- Excellent
- Good
- Fair
- Poor
- Don't know

[PROG: NEW SCREEN, RECORD TIME SPENT IN SECONDS]

A7. Would you agree or disagree with the following statements about this product?

	Agree	Disagree	Neither agree nor disagree	Don't know
This product could be described as "low-fat"				
This product could be described as "low in sodium"				

[PROG: DISPLAY QUESTIONS A4-A11 IN RANDOM ORDER]

[NOTE: The questions that ask about the WHOLE CONTAINER will not be asked of respondents who view the 8 servings per container product.]

A8. How many calories are in the WHOLE CONTAINER of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEA OR ENTREEB, INSERT 'this frozen meal']?

[PROG: INSERT INPUT BOX; RANGE 0-999]

[PROG: MANDATORY]

Calories: _____
Don't know

A9. How many calories are in ONE SERVING of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEA OR ENTREEB, INSERT 'this frozen meal']?

[PROG: INSERT INPUT BOX; RANGE 0-999]

[PROG: MANDATORY]

Calories: _____
Don't know

A10. How many grams of total fat are in the WHOLE CONTAINER of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEA OR ENTREEB, INSERT 'this frozen meal']?

[PROG: INSERT INPUT BOX; RANGE 0-999]

[PROG: MANDATORY]

Grams total fat: _____
Don't know

A11. How many grams of total fat are in ONE SERVING of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEA OR ENTREEB, INSERT 'this frozen meal']?

[PROG: INSERT INPUT BOX; RANGE 0-999]

[PROG: MANDATORY]

Grams total fat: _____

Don't know

A12. How many grams of dietary fiber are in the WHOLE CONTAINER of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEEA OR ENTREEEB, INSERT 'this frozen meal']?

[PROG: INSERT INPUT BOX; RANGE 0-999]

[PROG: MANDATORY]

Grams dietary fiber: _____

Don't know

A13. How many grams of dietary fiber are in ONE SERVING of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEEA OR ENTREEEB, INSERT 'this frozen meal']?

[PROG: INSERT INPUT BOX; RANGE 0-999]

[PROG: MANDATORY]

Grams dietary fiber: _____

Don't know

A14. How many servings of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEEA OR ENTREEEB, INSERT 'this frozen meal'] would someone need to eat to get all of the Calcium that they need in a day?

[PROG: INSERT INPUT BOX; RANGE 0-999]

[PROG: MANDATORY]

Servings: _____

Don't know

A15. How many servings of [PROG: IF PRODUCT=CHIPSA OR CHIPSB, INSERT 'these chips'; IF PRODUCT=ENTREEEA OR ENTREEEB, INSERT 'this frozen meal'] would provide someone with the maximum amount of SODIUM they should eat in a day?

[PROG: INSERT INPUT BOX; RANGE 0-999; ALLOW ENTRIES WITH DECIMALS, SUCH AS 2.5]

[PROG: MANDATORY]

Servings: _____
Don't know

A16. For this set of questions, please tell us what you think about the Nutrition Facts label you see by using the scales provided to answer each question.

[PROG: GRID, SHOW THE OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: MANDATORY]

	Not at all 1	2	3	4	Very 5	Don't know
How easy is it to understand this information?						
How useful is this information to you personally?						
How believable is this information?						

[PROG: NEW SCREEN, RECORD TIME SPENT IN SECONDS]

[CONTINUE TO DISPLAY IMAGE]

How helpful is this information for doing the following things?

	Not at all helpful 1	2	3	4	Very helpful 5	Don't know
For comparing products?						
For planning a healthy diet?						
For determining the healthfulness of the food?						
For deciding how much of this food you should eat?						
For determining the number of calories PER SERVING in this food?						
For determining the number of calories for the ENTIRE CONTAINER?						

[PROG: ADD END TIME MARKER FOR TASK 1]

TWO-PRODUCT TASK [PROG: DON'T SHOW]

[PROG: ADD START TIME MARKER FOR TASK 2]

Please take a moment to look at these two [PROG: INSERT "NEW" IF THIS IS THE SECOND TASK; THE WORD 'NEW' SHOULD APPEAR IN ALL CAPS AND IN ORANGE FONT] **Nutrition Facts labels.**

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.

[PROG: DISPLAY IMAGE UNDER 'T2_L_IMAGE' ON THE LEFT SIDE AND IMAGE UNDER 'T2_R_IMAGE' ON THE RIGHT SIDE ON ALL SCREENS FOR QUESTIONS B1 THROUGH B4; DISPLAY IMAGES ON THE LEFT SIDE - ONE RIGHT NEXT TO THE OTHER - OF THE SCREEN AND THE QUESTION ON THE RIGHT SIDE; FORMAT THE QUESTION SO THAT HORIZONTAL SCROLLING IS AS MINIMAL AS POSSIBLE

[PROG: PROG: IF PRODUCT=CHIPSA OR CHIPSB ON THE LEFT, INSERT 'Chips on the left' ABOVE THE IMAGE; IF PRODUCT=ENTREEEA OR ENTREEEB ON THE LEFT, INSERT 'Frozen Meal on the left' ABOVE THE IMAGE]

[PROG: PROG: IF PRODUCT=CHIPSA OR CHIPSB ON THE RIGHT, INSERT 'Chips on the right' ABOVE THE IMAGE; IF PRODUCT=ENTREEEA OR ENTREEEB ON THE RIGHT, INSERT 'Frozen Meal on the right' ABOVE THE IMAGE]

[PROG: PLEASE MAKE 'Chips/Frozen Meal on the left/right' IN ORANGE FONT, BUT NOT IN ALL CAPS.]

B1. If you wanted to buy the healthier product, which of these two products would you select?

- _____ [Food - Left]
- _____ [Food - Right]
- _____ I see no difference
- _____ I don't know

[PROG: NEW SCREEN, RECORD TIME SPENT IN SECONDS]

B1a. [Skip if answer to B1 is “I see no difference” or “I don’t know”] Why did you select that product?

{Open-end response}

Don't know

B2. Based on what you can see on the labels, if you wanted to buy the [PROG: IF PRODUCT_LEFT=CHIPSA OR CHIPSB, INSERT 'chips'; IF PRODUCT_LEFT=ENTREEA OR ENTREEB, INSERT 'frozen meal'] with the fewest calories PER CONTAINER, which of these two products would you select?

- _____ [Food - Left]
- _____ [Food - Right]
- _____ I see no difference
- _____ I don't know

[PROG: MANDATORY]

B3. Based on what you can see on the labels, if you wanted to buy the [PROG: IF PRODUCT_LEFT=CHIPSA OR CHIPSB, INSERT 'chips'; IF PRODUCT_LEFT=ENTREEA OR ENTREEB, INSERT 'frozen meal'], with the fewest calories PER SERVING, which of these two products would you select?

[PROG: MANDATORY]

- _____ [Food - Left]
- _____ [Food - Right]
- _____ I see no difference
- _____ I don't know

B4. For each nutrient listed below, tell us which product you think is healthier based on that specific nutrient, and not thinking about anything else.

Please select an answer for each nutrient

[PROG: GRID, SHOW THE NUTRITION FACTORS ON THE LEFT SIDE AND THE FOOD OPTIONS ACROSS THE TOP]

[PROG: MANDATORY]

	Food on left is healthier	Food on right is healthier	Both foods are about the same	Don't know
Total Fat				
Sodium				
Sugars				
Added sugars				
Calcium				
Fiber				
Iron				

[PROG: ADD END TIME MARKER FOR TASK 2]

[PROG: EVERYONE WHO COMPLETED BOTH 'SINGLE AND TWO-PRODUCT TASK GETS THE FOLLOWING QUESTIONS]

AUXILIARY MEASURES [PROG: DON'T SHOW]

[PROG: ADD START TIME MARKER FOR D+E+F QUESTIONS]

The following questions are not based on the Nutrition Facts labels shown in the previous questions.

D1. During the past 30 days, about how often did you **BUY** these types of foods?

Please select one answer for each food

[PROG: GRID, SHOW THE FOOD OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: RANDOMIZE THE ORDER OF THE FOOD OPTIONS ON THE LEFT SIDE]

[PROG: MANDATORY]

	Not at all	Less than once a week	Once a week	More than once a week	Don't know
Chips					
Frozen Meal					

D2. During the past 30 days, about how often did you **EAT** these types of foods?

Please select one answer for each food

[PROG: GRID, SHOW THE FOOD OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: RANDOMIZE THE ORDER OF THE FOOD OPTIONS ON THE LEFT SIDE]

[PROG: MANDATORY]

	Not at all	Less than once a week	Once a week	2-3 times a week	Every day or almost every day	Don't know
Chips						
Frozen Meal						

D3. How familiar are you with the average nutritional qualities of...

[PROG: GRID, SHOW THE FOOD OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: RANDOMIZE THE ORDER OF THE FOOD OPTIONS ON THE LEFT SIDE]

[PROG: MANDATORY]

	Not at all familiar				Very familiar	Don't know
	1	2	3	4	5	
Chips						
Frozen Meal						

D4. How healthy or nutritious would you say each of these foods is in general compared to other types of foods you eat? On a scale of 1 to 5, where 1 means "not healthy" and 5 means "very healthy," how healthy are....

[PROG: GRID, SHOW THE FOOD OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: RANDOMIZE THE ORDER OF THE FOOD OPTIONS ON THE LEFT SIDE]

[PROG: MANDATORY]

	Not healthy 1	2	3	4	Very healthy 5	Don't know
Chips						
Frozen Meals						

D5. When shopping for CHIPS at the store, how important to you is each of the factors listed below? Use a scale of 1 to 5, where 1 means “Not at all important” and 5 means “Very important.”

[PROG: GRID, SHOW THE OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: MANDATORY]

	Not at all important 1	2	3	4	Very important 5	Do not buy chips	Don't know
Price							
Brand							
Healthiness							
Taste							

D6. When shopping for A FROZEN MEAL at the store, how important to you is each of the factors listed below? Use a scale of 1 to 5, where 1 means “Not at all important” and 5 means “Very important.”

[PROG: GRID, SHOW THE OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: MANDATORY]

	Not at all important 1	2	3	4	Very important 5	Do not buy frozen meals	Don't know
Price							
Brand							
Healthiness							
Taste							

Food Label Use [PROG: DON'T SHOW]

E1. When you buy a food product for the first time, how often do you read the Nutrition Facts label?

[PROG: IF 'NEVER', SKIP TO E3; OTHERWISE, CONTINUE.]

[PROG: MANDATORY]

- Often
- Sometimes
- Rarely
- Never
- Don't know

E2. In the last two weeks, has there been any instance where you changed your decision to buy or eat a food product because you read the Nutrition Facts label?

- Yes
- No
- Don't know

E5. How much do you disagree or agree with each of the following statements?

Please select one answer for each statement

	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree	No opinion
I am confident that I know how to choose healthy foods.						
The information on the food label is hard for me to understand.						
It takes too much time to read the food label.						
I'm not that interested in the nutrition information on the food label.						
When I use food labels, I make better food choices.						
The nutrition information on food labels is useful to me.						

[PROG: GRID, SHOW THE OPTIONS ON THE LEFT SIDE AND THE SCALE ACROSS THE TOP]

[PROG: MANDATORY]

Dietary Awareness, Knowledge, and Interests [PROG: DON'T SHOW]

F1. Would you say your health in general is:

[PROG: MANDATORY]

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Prefer not to answer

F2. Do you consider yourself to be overweight, underweight, or about the right weight?

[PROG: MANDATORY]

- Overweight
- Underweight
- About the right weight
- Don't know
- Prefer not to answer

F3. During the past 3 months, have you been trying to limit or cut down on these things in your diet?

[PROG: GRID, SHOW THE NUTRITION FACTS ON THE LEFT SIDE AND THE RESPONSE OPTIONS ACROSS THE TOP]

[PROG: MANDATORY]

	Yes	No	Prefer not to answer	Don't know
Fat				
Carbs or carbohydrates				
Sodium or salt				
Calories				
Cholesterol				

Sugar				
-------	--	--	--	--

F4. About how many calories do you think a person of your age, gender, and physical activity needs to consume in a day to maintain your weight?

[PROG: MANDATORY]

- Less than 500 calories
- 500-1000 calories
- 1001-1500 calories
- 1501-2000 calories
- 2001-2500 calories
- 2501-3000 calories
- More than 3000 calories
- Don't know

F5. In a typical week during the past 30 days, about how many days per week did you do moderate or vigorous physical activities such as brisk walking, jogging, biking, aerobics, or yard work for at least 30 minutes? [PROG: drop down, numeric values 00-07]

Please enter a number ranging from 0 to 7: ____ Days per week
____ Prefer not to answer

[PROG: ADD END TIME MARKER FOR D+E+F QUESTIONS]

Section H. Demographics. [PROG: DON'T SHOW]

[PROG: ADD START TIME MARKER FOR H QUESTIONS]

The next few questions may seem a bit personal, but we need this information because this survey is about nutrition and health.

H1. How tall are you without shoes?

Please enter a number in both "feet" and "inches" or select "prefer not to answer."

[PROG: INSERT INPUT BOX; RANGE 0-99]

[PROG: MANDATORY]

Feet ____ Inches ____
Don't know

Prefer not to answer

H2. How much do you weigh without shoes?

Please enter a number in pounds

[PROG: INSERT INPUT BOX; RANGE 50-800]

[PROG: MANDATORY]

Pounds _____

Don't know

Prefer not to answer

H2b. Have you ever been told by a doctor or other healthcare professional that you have any of the following health conditions? We don't need to know which condition, just whether you have ANY of them -- high blood pressure, diabetes, high cholesterol, heart disease, obesity, overweight, or cancer.

[PROG: MANDATORY]

Yes

No

Prefer not to answer

H3. What is your sex?

[PROG: MANDATORY]

Female

Male

Prefer not to answer

H4. What is the highest grade or level of school you have completed?

Please select one

[PROG: GRID, SHOW THE OPTIONS ON THE LEFT SIDE AND A RESPONSE OPTION ON THE TOP/RIGHT]

[PROG: THE TEXT 'NO DIPLOMA', 'DIPLOMA' AND 'GED' SHOULD APPEAR IN ALL CAPS, BUT IN THE SAME COLOR FONT AS THE REST OF THE TEXT]

[PROG: MANDATORY]

	Yes
Less than 9 th grade	
9 th to 12 th grade, NO DIPLOMA	
High school graduate – DIPLOMA or GED	
Some college or Associate degree	
Bachelor's degree	
Graduate or professional degree	
Prefer not to answer	

H5. What year were you born?

[PROG: INSERT INPUT BOX; RANGE 1906-1993]

[PROG: MANDATORY]

Prefer not to answer

H6. Are you of Hispanic or Latino origin?

Please select one.

[PROG: MANDATORY]

Yes
No
Prefer not to answer

H7. What race do you consider yourself to be?

Please select one or more

[PROG: MANDATORY]

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or other Pacific Islander
White
Other
Prefer not to answer

[PROG: ADD END TIME MARKER FOR H QUESTIONS]

FOR PRETESTS ONLY

P1. If you have any comments about this survey, please provide them in the space below.

[PROVIDE SPACE FOR OPEN-END RESPONSE]

_____ I have no comments

[PROG: NEW SCREEN, RECORD TIME SPENT IN SECONDS]

P2. Is there anything specific that you would suggest changing about this survey?

[PROVIDE SPACE FOR OPEN-END RESPONSE]

_____ I have no suggestions

[PROG: NEW SCREEN, RECORD TIME SPENT IN SECONDS]

You have reached the end of the survey. Thank you very much for your participation in this research.

Information about how to understand and use the Nutrition Facts label is available at <http://www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm20026097.htm>

[PROG: RECORD TIME SPENT IN SECONDS]