

Appendix F. Respondent Feedback Form for Pretest 2

Please tell us about your experience with the National Food Study. Your honest feedback is important to us and will help us improve the study for others.

1. How often did you complete the Meals and Snacks form? (Check one)

- 1 Everyday
- 2 More than once but not every day
- 3 Once before the end of the week
- 4 Once at the end of the week
- 5 Did not complete at all

On a scale from 1 to 5, where 1 is “very easy” and a 5 is “very difficult”, please tell us

2. How easy or difficult was it for you to get other household members to take part in the study? (Check one)

Very Easy	Easy	Neither easy nor difficult	Difficult	Very difficult	Not applicable
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

3. How easy or difficult was it to keep track of the foods you got? (Check one)

Very Easy	Easy	Neither easy nor difficult	Difficult	Very difficult	Not applicable
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

4. During the past week, did you (or other household members) change the way you got food because you were taking part in this study? (Check all that apply)

- 1 Ate out more often
- 2 Ate out less often
- 3 Did more food shopping
- 4 Did less food shopping
- 5 Bought a specific item(s) just to be able to scan it
- 6 Avoided specific items so you wouldn't have to scan them
- 7 Other changes – please specify: _____

8 No, did not change