APPENDIX C-1 –USDA SEGMENTATION SURVEY - ENGLISH

**USDA - CNPP**

|  |  |  |
| --- | --- | --- |
| **Audience** | **Source** | **Desired Total Completes** |
| General Population (English language)Oversample “healthy Americans” (low-income, healthy) | Online | 2,000400 |
| Hispanics (Spanish-dominant) | Online | 300 |

**INTRODUCTORY QUESTIONS**

**[After providing consent for the survey, participants respond to 14 introductory questions, presented in Attachment B-1/B-2 Online Survey Screener. Responses to Q10 through Q14 on the screener determine if participant will be included in the Spanish language or English language sample]**

**Thank you. Now I’d like to ask you some questions.**

1. When thinking about the various priorities you may have in your life, which of the following are most important to you? *(Select up to 3)*

**[RANDOMIZE]**

1. Faith/spirituality
2. Feeling good about my body
3. Having energy to do the things I enjoy
4. Exercising/physical fitness
5. Eating healthy foods
6. Avoiding foods that I know are not good for me
7. Close relationships with family and friends
8. Maintaining a healthy weight
9. Advancing my career
10. Advancing my education
11. Feeling financially secure
12. Preventing serious/chronic illness or injury in the long-term
13. Preventing illness or injury on a day-to-day basis
14. Reducing stress
15. None of these **[FIXED. EXCLUSIVE]**
16. How well do the following statements describe you?

*The purpose of this battery is to understand the degree to which “structure” in general is a part of their life.*

* 1. Describes me perfectly
	2. Does not describe me at all
	3. Don’t Know/Not sure

**[RANDOMIZE]**

* 1. I am someone that is highly organized
	2. I set goals for myself
	3. I often accomplish my goals
	4. I do not have a predictable routine
	5. I like to be spontaneous
	6. I tend to leave things until the last minute

**Knowledge and Attitudes around Food and Food Rules**

1. How would you rate your general feelings around food?

*This question will provide an initial read on the respondent’s relationship with food in general. We saw in the FGs that some people do not have any kind of emotional relationship with food.*

* 1. I love food! It’s a central part of my life.
	2. I care a lot about food, though it’s not a central part of my life.
	3. I’m ambivalent about food. Sometimes I care about it, other times I don’t.
	4. I mostly don’t care about food and mainly see it something my body needs.
	5. I don’t have strong feelings about food at all. It is only something my body needs for nourishment.
	6. Not sure/don’t know
1. How much interest do you take in the following activities during your day-to-day routine?

*This question will provide a deeper read on the respondent’s relationship with food; whether they find it exciting or just a fact of life.*

1. Very interested
2. Somewhat interested
3. Neutral
4. Not interested
5. Not at all interested
6. Don’t know/Not sure

**[RANDOMIZE]**

1. Shopping for food
2. Developing ideas for meals
3. Creating a set menu for meals
4. Cooking
5. Trying food you’ve never tried before
6. Eating out
7. For each statement, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement.

*This battery is designed to gauge attitudes and knowledge around healthy and unhealthy eating.*

* 1. Strongly agree
	2. Somewhat agree
	3. Neither agree nor disagree with that statement
	4. Somewhat disagree
	5. Strongly disagree
	6. Don’t know/Not sure

**[RANDOMIZE]**

* 1. I am confident in my ability to make healthy eating choices.
	2. I read nutrition labels on the foods I purchase, whenever available.
	3. Most people I know have healthy eating habits.
	4. The people closest to me have healthy eating habits.
	5. Most people important to me think I should make healthy eating decisions.
	6. Healthy food tends to be bland
	7. It is easy to prepare healthy meals.
	8. I know where to find/purchase healthy foods near me.
	9. Eating too much unhealthy food can cause health problems.
	10. Eating food you know is not good for you is fine as long as you have a balanced diet.
	11. Healthy food is expensive
	12. I prefer the taste of food that I know is not good for me.
1. For each statement, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement.

*This battery is designed to understand the degree to which respondents have structure or “food rules” in place around their eating habits.*

* 1. Strongly agree
	2. Somewhat agree
	3. Neither agree nor disagree with that statement
	4. Somewhat disagree
	5. Strongly disagree
	6. Don’t know/Not sure

**[RANDOMIZE]**

* 1. My eating habits tend to vary considerably
	2. I have a “cheat” day(s)
	3. I eat whatever I want, whenever I want
	4. As long as I exercise, I can eat whatever I want
	5. I reward myself with food
	6. I will balance something I know isn’t good for me on my plate with something that I know is.
	7. I believe in eating anything you want in moderation
	8. I pay attention to portion and serving sizes
	9. I plan out my meals in advance
	10. My meals are at the same times every day
	11. I eat a snack(s) at a specific time each day
	12. When I snack I eat whatever I’m craving
	13. I buy/plan my snack food in advance
	14. I tend to have the same few meals in rotation each week
	15. I eat whatever I know my kids/family will eat
	16. I often skip certain meals
	17. There are times during the week that I eat snacks when I’m not hungry
	18. There are times during meals that I will continue to eat, even after I feel full
	19. I try to eat balanced meals every day

**FOOD DECISION TRIGGERS**

*This section is designed to understand the both the tangible (heuristics) and intangible (emotions) triggers that shape decision making around both the foods that get purchased and the healthy and unhealthy foods that get consumed.*

**Now we are going to do something a little different. [SAME PAGE AS Q7]**

1. Think about the last time you went to the grocery store to purchase food items for yourself/household. Generally, how would you classify this shopping trip?
	1. Big shopping trip (e.g. a weekly or monthly trip to obtain staples and ingredients for multiple meals)
	2. A smaller trip to restock a few specific items (e.g. ran out of milk)
	3. A smaller trip to pick up specific ingredients for a meal or two
	4. Other (specify)
	5. I have not been to a grocery store in the past year **[Skip to Q13]**
2. How many of the items that you purchased had you planned to buy in advance of your trip to the store?
	1. All the items
	2. Most of the items
	3. Some of the items
	4. None of the items
	5. Don’t know/Not sure
3. How, if at all, did you plan for this shopping trip? *(Select all that apply)*
4. Checked to see which food items I was running low on
5. Thought about ingredients I need for specific meal(s)
6. Thought about ingredients I need for the week
7. Wrote down a list of items to be purchased
8. Checked store advertisements for promotions and/or clipped coupons
9. Used a store app
10. Used an app to make a shopping list
11. Someone gave me a list or made a specific request
12. I did not do any of the above before this shopping trip **[EXCLUSIVE]**
13. Which statement best describes what you bought during this trip?
14. I left the store only with the items I intended to buy
15. I left the store with fewer items than I intended to buy
16. I left the store with more items than I intended to buy

10a. **[If 10=3]:** What influenced you to purchase more items than you had intended? *(Select all that apply)*

* 1. I had a sudden craving for something
	2. I saw something that was on sale
	3. I saw an in-store promotion for the item
	4. I tried a sample of the item offered at the store
	5. I saw an item that is not usually available
	6. I was attracted by a new product/interesting packaging
	7. I remembered that I needed something
	8. The person I was shopping with wanted it/asked for it
	9. Other (specify)
1. How typical was this shopping trip in terms of the foods you purchased?
	1. Very typical
	2. Not at all typical
	3. Don’t know/Not sure
2. What words best describe the experience? **[CODE FOR OPEN END]**

\_\_Don’t know/Not sure

1. How frequently, if at all, do you or does your household purchase groceries using an online grocery service or app?
	1. I/we only shop online for groceries
	2. I/we usually buy groceries online but sometimes go to the grocery store as well
	3. Sometimes I’ll/we’ll shop online, other times I’ll/we’ll go to the grocery store
	4. I/we mostly go to the grocery store but occasionally will shop online
	5. I/we never shop online for groceries
	6. Don’t know/not sure
2. **[If Q13=1 or 2]:** Which statement best describes what you usually buy when shopping online?
3. I usually buy the items that I intended to buy, or that I usually buy
4. I usually buy fewer items than I intended to buy
5. I usually buy more items than I intended to buy
6. What words best describe your experience with shopping for groceries online? **[CODE FOR OPEN END]**

\_\_Don’t know/Not sure

**[PROGRAMMING NOTE: ROTATE Q16-23 with Q24-30]**

1. Now think about the last time you ate something you knew was not good for you or that you would describe as unhealthy. What did you eat? **[CODE FOR OPEN END]**

\_\_I do not eat foods that are unhealthy **[SKIP to Q24]**

1. When did you eat this?
	1. Today
	2. Yesterday
	3. This week
	4. Over a week ago
2. Did you eat this food as part of a meal (i.e. for breakfast, lunch, dinner) or as a snack?
	1. Snack or treat
	2. Meal
	3. Other (Specify):\_\_\_\_\_\_\_\_\_
3. Who were you with? (*Select all that apply*)
	1. I was alone
	2. I was with my roommate(s)
	3. I was with my spouse or significant other
	4. I was with my kids
	5. I was with my family
	6. I was with friends or co-workers
	7. Other (Specify:\_\_\_\_\_\_\_\_\_\_\_)
4. Where were you?
	1. Home
	2. At work
	3. At a restaurant
	4. Commuting/on-the-go (in the car, subway, etc)
	5. Other location (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
5. How typical was eating this food for you in terms of your usual eating habits?
	1. Very typical
	2. Not at all typical
	3. Don’t know/Not sure
6. What words best describe your experience around eating this food? **[CODE FOR OPEN END]**

\_\_Don’t know/Not sure

1. Below are some reasons people might give for eating a particular food or meal. Which of the following reasons influenced your decision around what to eat?
	1. Influenced my decision
	2. Did not influence my decision
	3. Don’t know/Not sure

**[RANDOMIZE]**

* 1. It was convenient
	2. It was easy
	3. It was tasty
	4. It filled me up
	5. It gave me energy
	6. It made me feel happy
	7. It was cheap
	8. It was comforting
	9. It was a reward/treat
	10. It is what I always eat
	11. It was what I was served/given
	12. It was what I *should* eat
	13. It was what my family/friends were eating
	14. It was the only thing available
	15. It was advertised
	16. It filled a craving
	17. It is beneficial for my body
	18. It is beneficial for my family
1. Now think about the last time you ate a healthy meal. What did you eat? **[CODE FOR OPEN END]**

\_\_I do not eat healthy meals **[SKIP to Q31]**

1. When did you eat this meal?
	1. Today
	2. Yesterday
	3. This week
	4. Over a week ago
2. Who were you with? (*Select all that apply*)
	1. I was alone
	2. I was with my roommate(s)
	3. I was with my spouse or significant other
	4. I was with my kids
	5. I was with my family
	6. I was with friends or co-workers
	7. Other (Specify:\_\_\_\_\_\_\_\_\_\_\_)
3. Where were you?
	1. Home
	2. At work
	3. At a restaurant
	4. Commuting/on-the-go (in the car, subway, etc)
	5. Other location (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. How typical is eating a “healthy” meal for you in terms of your usual eating habits?
5. Very typical
6. Not at all typical
7. Don’t Know/Not sure
8. What words best describe the experience around eating this meal? **[CODE FOR OPEN END]**

\_\_Don’t know/Not Sure

1. Below are some reasons people might give for eating a particularly food or meal. Which of the following reasons influenced your decision around what to eat?
	1. Influenced my decision
	2. Did not influence my decision
	3. Don’t know/Not sure

**[RANDOMIZE]**

1. It was convenient
2. It was easy
3. It was tasty
4. It filled me up
5. It gave me energy
6. It made me feel happy
7. It was cheap
8. It was comforting
9. It was a reward/treat
10. It is what I always eat
11. It was what I was served
12. It was what I *should* eat
13. It was what my family/friends were eating
14. It was the only thing available
15. It was advertised
16. It filled a craving
17. It is beneficial for my body
18. It is beneficial for my family

**PSYCHOGRAPHICS**

1. In your household, who is responsible for making choices regarding the food you/your household eats?
2. I am primarily responsible for making choices regarding the food I/my household eats
3. I share the responsibility equally for making choices regarding the food I/my household eats
4. Someone else is primarily responsible for making choices regarding the food I/my household eats
5. How would you characterize your eating habits, in general?
6. I always eat a healthy meal
7. I eat a healthy meal most of the time
8. I sometimes eat healthy meals but also eat foods that I know are not good for me
9. I usually eat an unhealthy meal
10. I always eat an unhealthy meal
11. I don’t know enough about nutrition to know if I eat healthy or not
12. Compared to this time last year, would you say that you are eating more, fewer, or about the same number of foods that you know are not good for you?
13. More
14. About the same
15. Fewer
16. I do not eat food that is unhealthy
17. Don’t know/Not sure
18. Think about your daily meals during a typical week. For each of the following meal times, please select whether your meals tend to be planned (you know well before the meal what you will be eating), improvised (you make decisions about what you will be eating shortly before or at meal time), or during the week some may be planned and others improvised. You can also say that you tend to skip this meal.

1 All meals are planned

2 Most meals are planned

3 Some meals are planned and some are improvised

4 Most meals are improvised

5 All meals are improvised

1. I tend to skip this meal
2. Don’t know/Not sure

During the Week:

1. Breakfast
2. Lunch
3. Dinner

During the Weekend:

1. Breakfast
2. Lunch
3. Dinner
4. In the past year have you…

*This is a measure of proactive health activities.*

1 Yes

2 No

3 Don’t Know/Not sure

#### RANDOMIZE

* 1. Talked to a health professional about what you eat and drink
	2. Talked to a nutritionist or dietitian about what you eat and drink
	3. Changed what you eat and drink to lose weight
	4. Changed what you eat and drink to gain weight
	5. Started a new fitness regimen
	6. Changed what you eat and/or drink to address a health concern other than weight
	7. Changed what you eat and/or drink to achieve a goal unrelated to weight management or a health concern
1. In the past five years, approximately how many different diets (such a dairy or gluten-free, Atkins, Paleo, SouthBeach, etc.) have you tried?
	1. One
	2. Two
	3. Three
	4. More than three
	5. None/I have never tried any different diets
	6. Don’t know/Not sure
2. Have you ever been advised by a physician to: (*Select all that apply)*
3. Reduce sodium intake
4. Lower cholesterol
5. Reduce sugar intake
6. Follow other specific dietary restrictions (Specify:\_\_\_\_\_\_\_\_\_\_)
7. None of the above
8. What are some of your immediate goals when it comes to health? *(Select your top three)*

**[RANDOMIZE]**

1. Lose or maintain a healthy weight
2. Gain weight or muscle mass
3. Feel better about myself
4. Quit smoking
5. Heart health
6. Boost immune system
7. Increased energy
8. Increased strength
9. Reduce stress
10. Get more sleep
11. Prevent aging
12. Prevent/control chronic disease
13. Other (Specify:\_\_\_\_\_\_\_\_\_\_\_)

**DEMOGRAPHICS**

**Thank you! These last few questions are for statistical purposes only.**

1. Which of the following best describes the area you live in?
2. Urban
3. Suburban
4. Rural
5. Can you please tell me your height and weight:

## Height in feet and inches:

\_\_\_\_\_ Feet \_\_\_\_\_Inches

## Weight in pounds:

\_\_\_\_\_ Pounds

**(Include option for Prefer not to answer)**

1. In general, how would you describe your overall health?
	1. Excellent
	2. Very good
	3. Fair
	4. Poor
	5. Don’t Know

**[Will set quota on “healthy,” Q41=1 or 2]**

1. Have you ever been diagnosed with any of the following chronic health conditions: *Select all that apply.*

**RANDOMIZE:**

1. Heart disease
2. High blood pressure
3. High cholesterol
4. Diabetes Type I
5. Diabetes Type II
6. Cancer
7. Digestive disease
8. Asthma
9. Chronic Obstructive Pulmonary Disease (COPD)
10. Other chronic condition (Specify:\_\_\_\_\_\_\_\_\_\_\_\_)
11. Have not been diagnosed with a chronic condition
12. Not sure
13. Please select the category that best represents your living situation:
14. Live in parent/guardian’s home
15. Live in dorm/group home
16. Live alone with roommates
17. Live alone without roommates
18. Live with spouse/significant other
19. Live with my children
20. Live with spouse/significant other and children
21. Other
22. Do you have any children 18 years of age or younger?
23. Yes
24. No
25. **[If Q44=1]:** Do you have any children that are?
26. Yes
27. No
28. Under age 3
29. Ages 4-11
30. Ages 12-18
31. What is the highest level of education you have completed?
32. Less than high school
33. High School
34. Some College
35. College degree
36. Graduate degree or above

**Thank you for your participation!**