

Select a language to take your survey in:

Seleccione un idioma para hacer la encuesta en:

%LANGUAGES%

Form Approved: OMB No. 0910-NEW

Expiration Date: xx/xx/201x

Paperwork Reduction Act Disclosure Statement

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:

FDA PRA Staff
Office of Operations
Food and Drug Administration
Three White Flint North, 10A63
11601 Landsdown Street
North Bethesda, MD 20852
PRAStaff@fda.hhs.gov

**Your information will be kept secure to the extent permitted by law.
EUREKAFACTS, LLC assures the privacy of your information following its
privacy policy.**

(End of Page 1)

T2. How often do you prepare dinners in your home, for yourself and/or for others?

- All or nearly all of the time
- Only some of the time
- Never
- Don't know/no opinion

(End of Page 2)

T3. In the past 30 days, about how often did you eat out at or bring home ready-to-eat foods from each of the following places? Please select an answer for each place.

	10 or more times in the past 30 days	5-9 times	1-4 times	Never	Don't know/no opinion
Relatives' or friends' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast food restaurants such as McDonald's, Taco Bell, KFC, El Pollo Loco, Green Burrito	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit down restaurants such as Applebee's, Chili's, Red Lobster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffet restaurants such Cici's, Golden Corral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery stores where you can buy hot or cold ready-to-eat food (Safeway, Kroger, Publix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A cafeteria at school or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-street vendors such as food trucks, carts, wagons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (for example, corner stores such as 7-Eleven, gas stations, quick marts and bakeries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 3)

T5. In the past 30 days, have you eaten each of the following foods or dishes, whether they were prepared by a restaurant or someone else? Please select an answer for each food.

	Ye s	N o	I don't eat this food at all/I am not familiar with this food	Don't know/no opinion
Mexican salsa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avocado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken dishes (e.g., arroz con pollo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes with ground beef (e.g., tacos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes with beef or other meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes with fish/seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 4)

**A5. In the past 12 months, have you eaten any of these foods raw or uncooked?
Please select an answer for each food.**

	Yes	No	Don't know/no opinion
chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alfalfa sprouts, bean sprouts, or other sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shellfish, such as clams, oysters, shrimp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fish such as ceviche or sushi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vegetables such as those in salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 5)

D9. In the past 6 months, about how often did you eat hamburgers?

- 4 or more times a month (once a week or more often)
- 2-3 times a month
- Once or less than once a month
- I don't eat hamburgers at all
- Don't know/no opinion

(End of Page 6)

This Page is Conditionally Shown if: (D9 < I don't eat hamburgers at all AND D9 ≥ 4 or more times a month (once a week or more often))

D9a. **How do you prefer your hamburgers cooked?**

- RARE OR MEDIUM RARE
- MEDIUM
- MEDIUM WELL
- WELL DONE
- Don't know/no opinion

(End of Page 7)

This Page is Conditionally Shown if: (D9 < I don't eat hamburgers at all AND D9 ≥ 4 or more times a month (once a week or more often))

D9c. **In the past 6 months, about how often did you cook hamburgers at home for yourself and/or for others?**

- 4 or more times a month (once a week or more often)
- 2-3 times a month
- Once or less than once a month
- I don't cook hamburgers at home for myself or for others
- Don't know/no opinion

(End of Page 8)

This Page is Conditionally Shown if: (D9c < I don't cook hamburgers at home for myself or for others AND D9 < I don't eat hamburgers at all)

D9d. **How do you tell when a hamburger is ready? Please select all that apply.**

- The color of the burger
- The color of the juice
- How firm or soft the burger feels
- The texture of the burger
- The temperature of the burger
- The time the burger has cooked
- Other (please specify) _____
- Don't know/no opinion

(End of Page 9)

A5a. In the past 12 months, have you eaten any queso fresco, queso blanco or any other soft cheeses?

- Yes
- No
- Don't know/no opinion

(End of Page 10)

This Page is Conditionally Shown if: (A5a = Yes)

A5y. **Where did you get the soft cheese? Please check all that apply.**

- Stores that sell ONLY Latin or Spanish foods
- Stores that sell Latin, Spanish, AND other foods
- Restaurants
- Farmers markets
- Made by myself, my family or friends
- Brought from abroad as gift from friends or family members
- Other (please specify) _____
- Don't know/no opinion

(End of Page 11)

A5b. **In the past 12 months, have you drunk any raw or unpasteurized milk?**

Yes

No

Don't know what raw or unpasteurized milk is

Don't know/no opinion

(End of Page 12)

This Page is Conditionally Shown if: (A5b = Yes)

A5z. **Where did you get the raw or unpasteurized milk? Please check all that apply.**

- Stores that sell ONLY Latin or Spanish foods
- Stores that sell Latin, Spanish, AND other foods
- Restaurants
- Farmers markets
- Made by myself, my family or friends
- Other (please specify) _____
- Don't know/no opinion

(End of Page 13)

This Page is Conditionally Shown if: (T2 = All or nearly all of the time OR T2 = Only some of the time)

T5a. In the past 30 days, have you prepared or cooked any of the following foods in your home for yourself and/or for others? Please select an answer for each food.

	Ye s	N o	I am not familiar with this food	Don't know/no opinion
Mexican Salsa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avocado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken dishes (e.g., arroz con pollo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes with ground beef (e.g., tacos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes with beef or other meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes with fish/seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 14)

This Page is Conditionally Shown if: (T2 = All or nearly all of the time OR T2 = Only some of the time)

D4. Before you begin preparing food, how often do you wash your hands with soap?

- All of the time
- Most of the time
- Some of the time, or
- Rarely
- Don't know/no opinion

(End of Page 15)

D6. In the past 30 days, have you prepared any meals at home where you began with any of the following products? Please select an answer for each food.

	Yes	No	Don't know/no opinion
Raw meat or chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw fish or shellfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 16)

This Page is Conditionally Shown if: (D6 (A) [Raw eggs] = Yes)

D11a. After you have cracked open raw or uncooked eggs, do you wash your hands before doing anything else?

- Yes
- No
- Don't know/no opinion

(End of Page 17)

This Page is Conditionally Shown if: (D6 (A) [Raw meat or chicken] = Yes)

D11b. After you have handled raw or uncooked meat or chicken, do you wash your hands before doing anything else?

- Yes
- No
- Don't know/no opinion

(End of Page 18)

This Page is Conditionally Shown if: (D6 (A) [Raw meat or chicken] = Yes)

D11c. If you need to cut raw meat (or raw chicken) and other foods (either raw or cooked) for the same meal, do you cut all foods

- on the same cutting board or surface
- on different cutting boards or surfaces
- Other (please specify) _____
- I don't cut raw meat (or raw chicken) and other foods (either raw or cooked) for the same meal
- Don't know/no opinion

(End of Page 19)

This Page is Conditionally Shown if: (D11c = on the same cutting board or surface)
D11ca. **After you have used a cutting board or other surface for cutting raw meat or raw chicken, which of the following do you do next?**

- use the cutting board or the surface as it is for cutting other foods for the same meal
- rinse or wipe the board or the surface before using it to cut other foods for the same meal
- wash the board or the surface with soap before using it to cut other foods for the same meal
- wash the board or the surface with bleach or disinfectant before using it to cut other foods for the same meal
- Other (please specify) _____
- Don't know/no opinion

(End of Page 20)

This Page is Conditionally Shown if: (D6 (A) [Raw meat or chicken] = Yes)

D11b. **Do you wash raw meat or raw chicken before cooking it?**

- Yes
- No
- Don't know/no opinion

(End of Page 21)

This Page is Conditionally Shown if: (D6 (A) [Raw fish or shellfish] = Yes)

D11d. If you need to cut raw fish (or raw shellfish) and other foods (either raw or cooked) for the same meal, do you cut all foods

- on the same cutting board or surface
- on different cutting boards or surfaces
- Other (please specify) _____
- I don't cut raw fish (or raw shellfish) and other foods (either raw or cooked) for the same meal
- Don't know/no opinion

(End of Page 22)

This Page is Conditionally Shown if: (D11d = on the same cutting board or surface)

D11e. After you have used a cutting board or other surface for cutting raw fish or raw shellfish, which of the following do you do next?

- use the cutting board or the surface as it is for cutting other foods for the same meal
- rinse or wipe the board or the surface before using it to cut other foods for the same meal
- wash the board or the surface with soap before using it to cut other foods for the same meal
- wash the board or the surface with bleach or disinfectant before using it to cut other foods for the same meal
- Other (please specify) _____
- Don't know/no opinion

(End of Page 23)

This Page is Conditionally Shown if: (T2 = All or nearly all of the time OR T2 = Only some of the time)

E1. If you cook a large pot of soup, stew, or other food with meat or chicken and want to save it for the next day or another time, do you put the food in a refrigerator?

- Yes
- No
- I don't cook these foods
- I don't use/have a refrigerator
- Don't know/no opinion

(End of Page 24)

This Page is Conditionally Shown if: (E1 = Yes)

E1a. When do you put soup, stew, or other food with meat or chicken that you want to save for the next day or another time in a refrigerator?

- Immediately after it is cooked
- After first cooling it at room temperature
- After first cooling it in cold water
- Other (please specify) _____
- Don't know/no opinion

(End of Page 25)

This Page is Conditionally Shown if: (T2 = All or nearly all of the time OR T2 = Only some of the time)

H0. In your home, do you have a food thermometer that can be used during cooking?

- Yes
- No
- I don't know what a food thermometer is
- Don't know/no opinion

(End of Page 26)

This Page is Conditionally Shown if: (H0 = Yes)

**H1. Do you use a food thermometer when cooking each of the following foods?
Please select an answer for each of them.**

	Ye s	N o	I don't cook this food	Don't know/no opinion
Hamburgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roasted meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baked egg dishes such as custard, pudding, quiche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 27)

S0. In the past 30 days, about how often did you use a microwave to prepare foods such as frozen pizzas, frozen pot pies, and frozen TV dinners?

- Daily
- Weekly
- Monthly
- Less than once a month
- I don't prepare these foods in the microwave
- I don't own or use a microwave
- Don't know/no opinion

(End of Page 28)

P1. If you want to find information on how to handle or cook food safely, the symptoms of people who got sick from eating unsafe food, or food recalls, where would you go? Select all that apply.

	Ye s	N o	Don't know/no opinion
Government websites or publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV or radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet such as Facebook, Twitter, WebMD, blogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors or other healthcare providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 29)

This Page is Conditionally Shown if: (P1 (A) [Yes] Count \geq 1)

P1A. Do you prefer the information about food safety to be in:

- English
- Spanish
- No preference
- Don't know/no opinion

(End of Page 30)

This Page is Conditionally Shown if: (P1 (A) [Yes] Count \geq 2)

Government websites or publications is Conditionally Shown if: (P1 (A) [Government websites or publications] = Yes)

TV or radio is Conditionally Shown if: (P1 (A) [TV or radio] = Yes)

Internet such as Facebook, Twitter, WebMD, blogs is Conditionally Shown if: (P1 (A) [Internet such as Facebook, Twitter, WebMD, blogs] = Yes)

Newspapers or magazines is Conditionally Shown if: (P1 (A) [Newspapers or magazines] = Yes)

Friends and family is Conditionally Shown if: (P1 (A) [Friends and family] = Yes)

Doctors or other healthcare providers is Conditionally Shown if: (P1 (A) [Doctors or other healthcare providers] = Yes)

P2. Which of the following sources of information do you trust **most** when you look for food safety information on how to handle or cook food safely, the symptoms of people who got sick from eating unsafe food, or food recalls? Please select only one answer.

- Government websites or publications
- TV or radio
- Internet such as Facebook, Twitter, WebMD, blogs
- Newspapers or magazines
- Friends and family
- Doctors or other healthcare providers

(End of Page 31)

P3. In general, how easy or difficult is it for you to find food safety information?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Don't know/no opinion

(End of Page 32)

This Page is Conditionally Shown if: (P3 = Somewhat difficult OR P3 = Very difficult)

P4. Which of these difficulties do you have? Please check all that apply.

Language difficulty such as little information is in Spanish or the information is too technical to understand

Not sure where to start

It is time consuming to find information

All of the above

Other (please specify) _____

Don't know/no opinion

(End of Page 33)

**F10A. How likely would you be to get sick if each of the following things happen?
Please select an answer for each of them.**

	1 - Not at all likely	2	3	4	5 - Very likely	Don't know/no opinion
If you forget to wash your hands before you begin cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If vegetables you will eat raw happen to touch raw meat or chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you eat meat or chicken that is not thoroughly cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 34)

M1. Would you seek medical attention from a doctor, another healthcare professional, or a hospital if any of the following symptoms happens to you? Please select an answer for each of them.

	Ye s	N o	Don't know/no opinion
Vomiting that lasts more than 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea (maybe watery or bloody) that lasts more than 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood in the stool that lasts more than 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever that lasts more than 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue that lasts more than 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach cramps that last more than 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(End of Page 35)

N3. In the past month, have you or has anyone in your household had any kind of sickness that you thought might have been caused by eating foods that had germs or were contaminated with germs?

- Yes
- No
- Don't know/no opinion

(End of Page 36)

This Page is Conditionally Shown if: (N3 = No OR N3 = Don't know/no opinion)

N4. How about in the past year? Have you or has anyone in your household had any kind of sickness that you thought might have been caused by eating foods that had germs or were contaminated with germs?

- Yes
- No
- Don't know/no opinion

(End of Page 37)

This Page is Conditionally Shown if: (N3 = Yes OR N4 = Yes)

N8. The last time you or someone else in your household became sick from eating foods that had germs or were contaminated with germs, was the illness reported to anyone on the following list? Select all that apply.

- A medical doctor
- A hospital or an emergency room
- A state, county, city, or other local health department
- The Food and Drug Administration (FDA)
- The Centers for Disease Control and Prevention (CDC)
- A public or private poison control center
- The store where I bought the food
- The manufacturer of the food
- Other (Please specify) _____
- Don't know/no opinion

(End of Page 38)

A2. How common do you think it is for people in the United States to get food poisoning because of the way food is prepared in their home?

- very common
- somewhat common
- not very common
- Don't know/no opinion

(End of Page 39)

A3. How common do you think it is for people in the United States to get food poisoning from restaurant food compared to food prepared at home?

- more common than from food prepared at home
- less common than food prepared at home
- about the same as food prepared at home
- Don't know/no opinion

(End of Page 40)

A4. Do you think contamination of food by micro-organisms, such as germs, is?

- A serious food safety problem
- Somewhat of a food safety problem
- Not a food safety problem at all
- Don't know/no opinion

(End of Page 41)

A4x. Sometimes people get sick because the food they eat is contaminated with germs. Whose actions do you think can be most effective in reducing people's risk of getting sick from these foods? Please select ONE answer only.

- Consumer
- Government
- Places or people who sell or prepare the food
- Companies or people who grow or manufacture the food
- Other (please specify) _____
- Don't know/no opinion

(End of Page 42)

B3. Have you heard about pesticide residues as problems in foods that can make people sick?

- Yes
- No
- I don't know what pesticide residues are
- Don't know/no opinion

(End of Page 43)

This Page is Conditionally Shown if: (B3 = Yes)

B4. How serious would you say that pesticide residues are a food safety problem?

1 - Not a serious problem at all

2

3

4

5 - A very serious problem

Don't know/no opinion

(End of Page 44)

B5. Have you heard of antibiotic residues as problems in foods that can make people sick?

- Yes
- No
- I don't know what antibiotic residues are
- Don't know/no opinion

(End of Page 45)

This Page is Conditionally Shown if: (B5 = Yes)

B6. How serious would you say that antibiotic residues are a food safety problem?

- 1 - Not a serious problem at all
- 2
- 3
- 4
- 5 - A very serious problem
- Don't know/no opinion

(End of Page 46)

K16. **Have you heard or read anything about mercury as a problem in some fish?**

Yes

No

I don't know what mercury is

Don't know/no opinion

(End of Page 47)

This Page is Conditionally Shown if: (K16 = Yes)

K18. Have you heard of any particular group of people who are advised to be especially careful not to eat too much fish that might have mercury?

- Yes
- No
- Don't know/no opinion

(End of Page 48)

This Page is Conditionally Shown if: (K18 = Yes)

K19. Which group or groups of people are advised to be especially careful not to eat too much fish that might have mercury? Please check all that apply.

- Pregnant women or women who plan to become pregnant
- Nursing mothers
- People who have immune system problems
- Others (please specify) _____
- Don't know/no opinion

(End of Page 49)

This Page is Conditionally Shown if: (RESPINFO (Survey Language) = "es-US")

C1. In general, what language(s) do you read and speak?

- Only Spanish
- Spanish better than English
- Both equally
- English better than Spanish
- Only English
- Don't know/no opinion

C2. What language(s) do you usually speak at home?

- Only Spanish
- Spanish better than English
- Both equally
- English better than Spanish
- Only English
- Don't know/no opinion

C3. In which language(s) do you usually think?

- Only Spanish
- Spanish better than English
- Both equally
- English better than Spanish
- Only English
- Don't know/no opinion

C4. What language(s) do you usually speak with your friends?

- Only Spanish
- Spanish better than English
- Both equally
- English better than Spanish
- Only English
- Don't know/no opinion

C6. Which of the following best describes your Hispanic/Latino heritage? Please select only one answer.

- Dominican or Dominican descent
- Central American or Central American descent
- Cuban or Cuban descent
- Mexican or Mexican descent
- Puerto Rican or Puerto Rican descent
- South American or South American descent
- More than one heritage
- Other (please specify) _____
- Prefer not to answer
- Don't know/no opinion

(End of Page 50)

Y1. Would you say your health in general is? Please select only one answer.

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer
- Don't know/no opinion

Y2. Have you been told by a doctor or other healthcare professional that you have any of these health problems? Check all that apply.

- cancer
- diabetes
- heart disease
- hypertension or high blood pressure
- high cholesterol
- obesity or overweight
- osteoporosis or bone problem
- stroke
- immune functions
- None of these
- Prefer not to answer
- Don't know/no opinion

Y3. Are you concerned about any of these health problems for yourself? Check all that apply.

- cancer
- diabetes
- heart disease
- hypertension or high blood pressure
- high cholesterol
- obesity or overweight
- osteoporosis or bone problem
- stroke
- immune functions
- None of these
- Prefer not to answer
- Don't know/no opinion

M1. Do you have any current food allergies or do you suspect you have any current food allergies?

- Yes
- No
- Don't know/no opinion

(End of Page 51)

This Page is Conditionally Shown if: (M1 = Yes)

M4. What foods or food ingredients are you allergic to? Please check all that apply.

- Milk
- Eggs
- Fish
- Shellfish such as shrimp, crab, lobster
- Tree nuts such as walnuts, almonds, pecans
- Peanuts
- Wheat
- Soybeans
- Other (please specify) _____
- Don't know/no opinion

(End of Page 52)

Thank you. These are all the questions we have for you today.
