FDA Quick Turnaround Survey
Introduction

Thank you for your willingness to complete the survey. Your contribution is important to us.

This survey asks about consumer awareness and perceptions of, and behaviors during, food and/or cosmetics related outbreaks and recalls and will help inform FDA communications during such events. The survey will take about 15 minutes to complete.

Taking part is voluntary and you do not have to answer any questions you do not want to. We respect your privacy. Your personal information will remain secure to the fullest extent allowable by law and will not be linked to your answers or used in any report.

There are no known risks for participation in this research study. All information you provide will be treated as secure. We take every precaution to protect your information and limit the small risk that others may gain access to your responses. In the rare case of a breach, steps will be taken to notify participants. There are no direct benefits to you for participating in this study. However, you will be helping with an important research study.

This study is being conducted by Westat, a survey research organization, on behalf of the U.S. Food and Drug Administration (FDA). If you have any questions about this research, including why it is being conducted or how the results will be used, 1-855-658-0334 or email FDAQTSurvey@westat.com. If you have questions about your role as a research participant, please contact the Westat Human Subjects Protections Office at 1-888-920-7631.

OMB No: 0910-0876 **Expiration Date:** 10/31/2025

Screener

Do you agree to participate in this survey?

○ Yes, I agree to participate in this survey. → Continue
○ No, I do not agree to participate in this survey. → Terminate

[Programmer: Add page break]

1. **What is your age?** [SCREENER] [AGE]
   _____ [Terminate if under 18]

   [Programmer: Add page break]

2. **In what country do you live?** [COUNTRY]

   - o United States of America → Continue
   - o Canada → Terminate
   - o Mexico → Terminate
   - o Other, please specify: _____ → Terminate

   [Programmer: Add page break]

F20. In what state do you currently live and sleep most of the time?

[Drop down menu of all 50 states and DC**]**

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3. **Are you comfortable reading in English?** [SCREENER] [READ_ENG]

   - o Yes → Continue
   - o No → Terminate

   [Programmer: Add page break]

F13. Are you: Mark all that apply

- O Female
- O Male
- O Transgender, non-binary, or another gender

[Programmer: Add page break]

F15. Are you Hispanic or Latino?

- ○ Yes
- ○ No

[Programmer: Add page break]

F16. What is your race? (Please select one or more)

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

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[TERMINATION TEXT]
Unfortunately, you do not qualify for this particular study. There are a number of reasons people do not qualify. Thank you for your willingness to participate in this survey.

[Programmer: Add page break]

[QUALIFICATION TEXT]
Congratulations, you qualify for the study! We appreciate your willingness to participate.