

Appendix A

OMB Control No: 0910-New

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Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-New. The time required to complete this information collection is estimated to average 5 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.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov.

**Quantitative Research on a Voluntary Symbol
Depicting the Nutrient Content Claim “Healthy” on Packaged Foods**

APPENDIX A

Cognitive Interview Screener for Experiment and Surveys

Hello, my name is [] and I work for _____, a local research firm. We’re doing research for the Food and Drug Administration about food and nutrition. If you are eligible and you agree to participate, we will provide you with \$75 as a token of appreciation to complete an in-person interview that should last about an hour. In order to find out if you are eligible to be interviewed, I’d like to get some background information.

1. Before I proceed, may I ask to which of the following age groups you belong?

- 17 years or younger _____ [THANK AND END]
- 18 to 35 years old _____
- 36 to 50 years old _____
- 51 to 65 years old _____
- 66 years or older _____

2. Do you work either full- or part-time in market research company, a food company, or a nutrition company?

- YES _____ [THANK AND END]
- NO _____

3. In an average week, about how many hours would you say you use the Internet?

- NONE _____ [THANK AND END]
- 1 HOUR OR MORE _____
- DON’T KNOW _____ [THANK AND END]

4. How much of your household’s food shopping do you do?

All of the food shopping _____

Most of it _____
About half of it _____
Only a little of it _____ [THANK AND END]
None of it _____ [THANK AND END]
Don't know _____ [THANK AND END]

5. [RECORD GENDER. IF NOT OBVIOUS, ASK; RECRUIT 4-5 OF EACH]

Are you male or female?

FEMALE _____

MALE _____

6. What is the highest level of education that you have completed? [CODE INTO ONE OF THE FOLLOWING CATEGORIES]

LESS THAN A HIGH SCHOOL DIPLOMA _____

HIGH SCHOOL GRADUATE OR GED _____

SOME COLLEGE, ASSOCIATES DEGREE _____

COLLEGE GRADUATE _____

ADVANCED DEGREE _____

[RECRUIT 2 WITH HIGH SCHOOL DIPLOMA OR LESS]

7. Are you of Hispanic or Latino origin?

YES _____

NO _____

8. What is your race? You may choose one or more categories as they apply.

WHITE _____

BLACK OR AFRICAN AMERICAN _____

ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____

AMERICAN INDIAN OR ALASKA NATIVE _____

PREFER NOT TO ANSWER _____

[RECRUIT 3-4 WHO ARE NOT WHITE]

9. What is your occupation?

INVITATION

[IF ELIGIBLE AND QUOTA REMAINS UNFILLED]

Thank you for answering all my questions. I'd like to invite you to participate in an in-person interview that will take about an hour to complete. We'll offer you, as a token of our appreciation, \$75 for your participation. Let me give you some available times and you tell me what would be best for you.

INTERVIEW DATE AND TIME:

The interview will be held at (location). I would like to send you directions. Where can I send them? Also, may I please have your phone number in case we need to get hold of you for any reason?

COLLECT RESPONDENT NAME, ADDRESS (AND EMAIL ADDRESS, IF APPLICABLE) AND PHONE

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

In case you need to contact me for any reason, you can reach me at 1-800-xxx-xxxx.

COGNITIVE INTERVIEW GUIDE FOR EXPERIMENT AND SURVEYS

Observation of respondent completing questionnaire:

1. Does respondent need assistance to answer questions?
2. Does respondent seem to struggle answering any parts? Appear confused, hesitant, etc.
3. Check body language; Engaged? Bored?

Following administration of questionnaire:

1. Please describe to me your experiences taking this survey. Describe it in any way you wish.

Probe if needed:

What do you think of the topic?

Is the topic anything you have thought about before?

Are there any questions that can be made clearer?

Were there questions that did not make sense?

Were there questions that seemed difficult to answer?

Did it seem too long?

Was any part boring?

Was any part too personal?

[FOR EXPERIMENT ONLY]

What is your opinion of the product labels you were asked to look at?

How were they similar to a real product you would see on the shelf at the store?

How were they different from a real product you would see on the shelf at the store?