

OMB Control No.: 0910-0847

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This study is being conducted on behalf of the U.S. Food and Drug Administration by UserWise, Inc. and San Jose State University.

## End of Session Questionnaire

Next, I would like to have you look at some health information and then answer a few questions about that information. It is expected that this should take approximately 4-10 minutes.

Please note that these questions have no impact on your eligibility or compensation and are for informational purposes, only.

\* Required

1. **Participant ID (the Moderator will enter this) \***

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### Nutritional Facts Survey

Please note that these questions have no impact on your eligibility for compensation and are for informational purposes, only.

**The image below shows information on the back of a container of a pint of ice cream. Using this image provided, please answer the following questions. You may use the calculator made available to you if needed for any of the questions.**

### Ice Cream Nutritional Facts:

| <b>Nutrition Facts</b>    |      |         |     |
|---------------------------|------|---------|-----|
| Serving Size              |      | ½ cup   |     |
| Servings per container    |      | 4       |     |
| Amount per serving        |      |         |     |
| Calories                  | 250  | Fat Cal | 120 |
|                           |      | %DV     |     |
| <b>Total Fat</b>          | 13g  |         | 20% |
| Sat Fat                   | 9g   |         | 40% |
| <b>Cholesterol</b>        | 28mg |         | 12% |
| <b>Sodium</b>             | 55mg |         | 2%  |
| <b>Total Carbohydrate</b> | 30g  |         | 12% |
| Dietary Fiber             | 2g   |         |     |
| Sugars                    | 23g  |         |     |
| <b>Protein</b>            | 4g   |         | 8%  |

\*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

2. **The image above shows information on the back of a container of a pint of ice cream. If you eat the entire container, how many calories will you eat? \***  
Please enter a numerical value (no commas or decimals)

3. **If you are allowed to eat 60 grams of carbohydrates as a snack, how many cups of ice cream could you have? \***

Please select the value in cups from the dropdown list

*Mark only one oval.*

- None
- 1/4 cup
- 1/2 cup
- 3/4 cup
- 1 cup
- 1 and 1/4 cups
- 1 and 1/2 cups
- 1 and 3/4 cups
- 2 cups
- 2 and 1/4 cups
- 2 and 1/2 cups
- 2 and 3/4 cups
- 3 cups
- 3 and 1/4 cups
- 3 and 1/2 cups
- 3 and 3/4 cups
- 4 cups

4. **Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? \***

Please enter a numerical value (no commas or decimals)

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5. **If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? \***

Please enter a numerical value (no commas or decimals, no percentage sign)

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6. **Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings. Is it safe for you to eat this ice cream? \***

*Mark only one oval.*

- Yes
- No
- Not sure

7. **(if you answered no to Question 5a) What allergy would make it unsafe to eat this ice cream? \***

*Mark only one oval.*

- Penicillin allergy  
 Peanut allergy  
 Latex glove allergy  
 Bee sting allergy

### **Additional Demographics**

Please note that these questions have no impact on your eligibility for compensation and are for informational purposes, only.

8. **What is your ethnicity? \***

Note: this is an excerpt from the 2020 census program.

*Mark only one oval.*

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or other Pacific Islander  
 White  
 I prefer not to disclose  
 Other: \_\_\_\_\_

9. **Is English your first language?**

*Mark only one oval.*

- Yes  
 No  
 Other: \_\_\_\_\_

10. **If English is not your first language, what language is?**

\_\_\_\_\_

11. **Which is your dominant hand? \***

*Mark only one oval.*

- Right  
 Left  
 Ambidextrous

12. **Do you normally wear glasses or contact lenses? \***

*Mark only one oval.*

- Yes, and I had them available for the study session(s)  
 Yes, and I did NOT have them available for the study session(s)  
 No

13. **Are you color blind? \***

*Mark only one oval.*

- Yes  
 No  
 Not sure

14. **How tired are you feeling today? \***

*Mark only one oval.*

- 1 - Not at all tired  
 2 - Slightly tired  
 3 - Moderately tired  
 4 - Very tired

15. **At the start of the study session today, what level of stress were you feeling? \***

*Mark only one oval.*

- 1 - Not at all stressed  
 2 - Slightly stressed  
 3 - Moderately stressed  
 4 - Very stressed  
 5 - Extremely stressed

**Note: These next questions are only applicable if you participated in two study sessions. If you only participated in one session, please proceed to "Next."**

16. **(if you participated in two study sessions) Has your level of stress changed from the start of the first session to the start of the second session?**

*Mark only one oval.*

- 1 - Much worse  
 2 - Somewhat worse  
 3 - Stayed the same  
 4 - Somewhat better  
 5 - Much better

17. **(if you participated in two study sessions) How tired were you feeling today, compared to how you felt during your first session?**

*Mark only one oval.*

- 1 - Much worse  
 2 - Somewhat worse  
 3 - Stayed the same  
 4 - Somewhat better  
 5 - Much better

18. **(if you participated in two study sessions with a one-hour break) What did you do, during your break?**

*Check all that apply.*

- Checked emails or texts  
 Played games on my phone  
 Read a book or magazine  
 Watched a show/movie  
 Worked on documents on a computer  
 Surfing the Web  
 Talked on the phone  
 Other: \_\_\_\_\_

### **Ease of Use Ratings (as time permits)**

Please rate the ease of each task performed from 1 - Very Difficult to 5 - Very Easy. If you did not perform the task described, please choose "I did not perform this task." Please rate these tasks, based on initial intuition, and do not think too hard about any task rating.

If you are out of time for your session, please submit the previous sections and let the Moderator know.

19. **Set the pump date/time/year**

*Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**20. Clean the vial septum with an alcohol pad***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**21. Open the reservoir packaging***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**22. Extend reservoir plunger rod***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**23. Attach transfer guard/reservoir to the vial***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**24. Press down on the plunger to pressurize the vial***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

25. **Flip the vial over and pull the plunger to fill the reservoir**

*Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

26. **Tap the reservoir to remove air bubbles and fill the reservoir to the desired volume**

*Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

27. **Disconnect the reservoir from the transfer guard**

*Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

28. **Disconnect the transfer guard from the vial and dispose of the transfer guard**

*Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

29. **Connect the reservoir to the infusion set**

*Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task



**30. Remove air bubbles from the reservoir***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**31. Disconnect the plunger from the reservoir***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**32. Insert the reservoir into the pump***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**33. Fill the infusion set tubing***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**34. Select the injection site***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**35. Wash hands***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**36. Clean the injection site with an alcohol pad***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**37. Place the infusion set into the insertion device***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**38. Remove the adhesive backing from the infusion set***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**39. Pull back handle on the insertion device to set the insertion device***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**40. Remove the needle guard from the infusion set***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**41. Insert infusion set, using the insertion device***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**42. Secure the adhesive to the skin***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**43. Remove needle from infusion set***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**44. Place guard on and dispose of needle hub***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**45. Fill the cannula***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**46. Program basal rates***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task

**47. Remove and dispose of the infusion set and reservoir***Mark only one oval.*

- 1 - Very Difficult  
 2 - Difficult  
 3 - Neutral  
 4 - Easy  
 5 - Very Easy  
 I did not perform this task