

Appendix D. FOP Experiment and Pretests 1 & 2 Screener

OMB No: 0910-New

Expiration Date: XX/XX/2023

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 3 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.

Food and Drug Administration
CFSAN/PRA Comments/HFS-24
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RECRUITING GOALS FOR EXPERIMENT

1. 50% of each cell shall be low literacy as determined by the screening questions below.
2. The contractor will ensure that the sample contains 15% of participants from rural areas with a balance of rural participants across each cell.
3. The contractor will ensure that the sample contains distributions to correspond to the U.S. population on demographics with a balance of demographics across each cell.
4. The participant must complete the questionnaire on a computer or tablet, i.e., not on a cell phone.

SCREENER

1. Do you have access to a computer, laptop, or a tablet that you can use to complete the study, for example, at home or at the public library?

- Yes
 No //not eligible //

2. How old are you?

//Eliminate anyone who's under 18 years old//

3. Are you: Mark all that apply

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

4. Are you Hispanic or Latino?

- No, not Hispanic or Latino
 Yes, Hispanic or Latino

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

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

6. Thinking about your primary residence, which one of the following would you consider the community setting that you live in to be:

- A. Urban
B. Suburban
C. Rural

7. What is the highest grade or level of school you have completed?
Please select one answer.

Value	Value Label
1	Less than high school degree
2	High school graduate or GED
3	1-3 years college/some college
4	College graduate - bachelor's degree
5	Postgraduate, master's degree, doctorate, law degree, other professional degree
-99	Refused

-----NUTRITION LITERACY -----

8. This question is fill-in-the-blank. Please select the option that best fits the blanks.

For a healthy diet, we are advised to eat five _____ **A** _____ of fruits and vegetables each _____ **B** _____.

A

- a. pieces [Assign a NUTRITION SCORE of 0]
- b. ounces [Assign a NUTRITION SCORE of 0]
- c. grams [Assign a NUTRITION SCORE of 0]
- d. servings [Assign a NUTRITION SCORE of 1]**

//New Screen//

B

- a. day [Assign a NUTRITION SCORE of 1]**
- b. morning [Assign a NUTRITION SCORE of 0]
- c. meal [Assign a NUTRITION SCORE of 0]
- d. week [Assign a NUTRITION SCORE of 0]

And here is another question:

9. The Nutrition Facts label is often found on the back of a food package. It is the table showing the amount of various nutrients in the food. If the Nutrition Facts label shows

that one serving of the food contains 25% of the Daily Value (or DV) of Sodium, based on the information, would you consider a serving of this product to have a low, medium, or high amount of Sodium?

- | | |
|------------|----------------------------------|
| Low | [Assign a NUTRITION SCORE of 0] |
| Medium | [Assign a NUTRITION SCORE of 0] |
| High | [Assign a NUTRITION SCORE of 1] |
| Don't know | [Assign a NUTRITION SCORE of 0] |

SUM OF SCORES FROM 12A + 12B + 13 = _____

If SUM = 0 OR 1, assign participant to low nutrition literacy.

If SUM = 2 OR 3, assign participant to high nutrition literacy.