

US Adult Acute Foodborne Illness Survey

1. Welcome

Thank you for your interest in this survey. This survey is about things you could do to reduce your chance of getting foodborne illness. It is being conducted by the U.S. Department of Agriculture in collaboration with Resources for the Future.

Please read all the information and answer the questions carefully. There are no right or wrong answers. Please respond as you would in real life. Background Information

Purpose of the survey

The purpose this survey is to help measure the benefit of programs that reduce foodborne illness risks.

USDA Burden 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 time to complete this survey is approximately 30 minutes.

Confidentiality of collected data

Your answers will be kept **confidential**.

We will not ask for your name or other personal identification information. To protect your privacy, we will assign your survey a random ID number that will not be linked to any information that would make it possible to identify you. Data will be password-protected, stored electronically on a secure server.

The information you provide will only be used for scientific research purposes. Only aggregate results will be reported. No individual responses will be identified in any reports.

Assurance of Confidentiality: The information you provide will be used for statistical purposes only. Your response will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws.

Voluntary participation

Participation in this survey is **voluntary**. You can end the survey at any time by closing your browser window. If you do not complete the survey, none of your answers will be used in the analysis of survey responses.

Contact information

If you have questions regarding this survey, please contact Sandy Hoffmann at ERSfbdWTPSurvey@usda.gov or (202) 694-5354.

2. Informed consent

By this informed consent, **you confirm that:**

- you are 18 years or older.
- you are able to provide this consent.
- you have read the information about the survey.
- you are taking part in this survey by your own free will.

Proceed to Survey?

- Yes - I have read the information above and wish to take the survey.
- No - I do not wish to take this survey.

3. Initial background questions

In order to customize this survey, we need to ask a few questions.

Remember that your answers to all questions in this survey are confidential.

What sex were you assigned at birth, on your original birth certificate?

Female

Male

In what year were you born? _____

4. Foodborne illness background

This survey is about foodborne illness. These are illnesses caused by eating food that is contaminated with bacteria, viruses, or parasites. Foodborne illness is fairly common, even in the United States. CDC estimates that each year 1 in 6 Americans get sick from a foodborne illness.

Most cases are mild. Common symptoms include: diarrhea (runny stools), stomach cramps, vomiting, nausea, and/or fever. Symptoms usually last only a few days, but they can last longer, and you might need bed rest.

But some foodborne illnesses are bad enough to require hospitalization.

Your recent experience with foodborne illness symptoms

In the past year have you had an illness like any of those described below?

Check all that apply:

Diarrhea, stomach upset, and/or vomiting that lasted

- less than 1 day.
- 1-3 days and required time off from work or school. A doctor visit was not needed.
- 1-3 days and required time off from work or school. A doctor visit was needed.
- more than a few days and required hospitalization.

5. You and symptoms of foodborne illness

Think about the worst stomach bug or foodborne illness you have experienced in the last 5 years. **Which of the following symptoms did you have? Check all that apply:**

- High temperature
- Lack of energy
- Aching muscles
- Headache
- Diarrhea (the runs)
- Vomiting (throwing up)
- Stomach cramps/pain
- Blood in my stool
- Feeling light-headed or weak
- Ended up in the hospital
- None of the above

6. Avoiding the Symptoms of Foodborne Illness

Many of us learned during the COVID pandemic that it is possible to get an infection and not experience any symptoms.

We're now going to ask you about choices you could make to avoid experiencing the symptoms of foodborne illness, even if you get infected by a foodborne bug. However, there will be a cost to preventing the symptoms.

We want you to focus solely on avoiding the pain and suffering associated with foodborne illness. For the purposes of this study, assume that if you suffer from long-term illness:

- your medical costs would be covered,
- you would not lose wages due to the illness (or earnings if you have your own business), and
- you would have help to handle any other responsibilities while you're sick.

Imagine two possible options:

- Option A: a period of illness with symptoms; or
- Option B: the same period of illness with no symptoms, but there is an added cost.

We want you to choose which option you would prefer to experience.

7. But first, remember your budget!

Please treat the following questions as if you were in a *real-life situation*, so that your answers are as accurate as possible.

Do not agree to pay an amount that you cannot afford or that there are more important ways to spend your money.

When making these choices, please keep in mind:

- your income and savings.
- that the payment would reduce your ability to buy other things you value.

8. Choice 1.

Imagine that you face a choice between two options:

Option A. You get a foodborne illness and experience the symptoms shown below. After the illness you will return to your current state of health.

Option B. You get a foodborne illness but avoid the symptoms. You stay at your current state of health for the whole period. But there is a cost to avoiding the symptoms as shown below.

If these were the only two options available to you, which would you choose?

Remember

- your medical costs would be covered.
- you would not lose wages due to the illness (or earnings if you have your own business).
- you would have help to handle any other responsibilities while you're sick.

Remember your budget! If you spend money to avoid the symptoms of foodborne illness, you won't have it for other things you may want or need.

	Option A. Get a foodborne illness with symptoms	Option B. Get a foodborne illness but avoid the symptoms.
Symptoms you experience	You develop a high temperature, aching muscles, and chills. You have little energy and no appetite. You develop diarrhea. You don't visit a doctor. The illness lasts 3 days, 1 spent in bed, after which you return to your pre-illness state of health.	You stay in your current state of health
Length of symptoms	3 days	0 days
Extra cost	\$0	\$30
Which one would you choose?	<input type="checkbox"/>	<input type="checkbox"/>

It's possible that these preventive expenditures could be more (less) expensive.

[If chosen]
Would you change your choice if
Option B cost:
\$10?

Yes/No

[If chosen]
Would you change your choice if
Option B cost:
\$40?

Yes/No

9. An alternative way to rate illness severity

We'd like you to make a few more choices, but we'll describe health outcomes using a system that's widely used to rate health and the severity of illness. This will let the results of this survey be used for more illnesses.

This system uses a simple form, shown below.

First, we'd like you to use the form below to rate your current health.

Before you do so, think about your current state of physical and emotional health.

Remember, your name will not be recorded with your responses. Your information will be kept confidential.

10. Illness Severity Rating Tool

For each of the 5 aspects of health below, please check the ONE box best describes how you are TODAY.

Mobility

- I have no problems walking.
- I have some problems walking.
- I am confined to bed.

Self-Care

- I have no problems with self-care.
- I have some problems with self-care.
- I am unable to wash or dress myself.

Usual Activities (e.g., work, study, housework, family, or leisure activities)

- I have no problems with performing my usual activities.
- I have some problems with performing my usual activities.
- I am unable to perform my usual activities.

Pain/Discomfort

- I have no pain or discomfort.
- I have moderate pain or discomfort.
- I have extreme pain or discomfort.

Anxiety/Depression

- I am not anxious or depressed.
- I am moderately anxious or depressed.
- I have extremely anxious or depressed.

11. More choices

Now we are going to ask you to make some more choices.

This time the foodborne illness symptoms will be described by their impact on the 5 aspects of health you just saw:

- Mobility
- Self-Care
- Usual Activities
- Pain/Discomfort
- Anxiety/Depression

In the questions that follow we would like you to make choices between two possible options:

Option A. You get a foodborne illness and experience the health outcomes shown below. After the illness you will return to your current state of health.

Option B. You get a foodborne illness but avoid any negative health outcomes. You stay at your current state of health for the whole period, but there is a cost to avoiding the symptoms as shown below.

12. Choice 2.

Now imagine that you face a choice between two new options:

Option A. You get a foodborne illness and experience the symptoms shown below. After the illness you will return to your current state of health.

Option B. You get a foodborne illness but avoid all symptoms. But there is a cost to avoiding the symptoms as shown below.

If these were the only two options available to you, which would you choose?

Remember your budget!

If you spend money to avoid the symptoms of foodborne illness, you won't have it for other things you may want or need.

What you would experience

	Option A. Get a foodborne illness and experience symptoms.	Option B. Get a foodborne illness, but don't experience symptoms.
	Mobility: I have some problems in walking about.	Mobility: your current level
	Self-Care: Unable to wash or dress.	Self-care: your current level
	Usual Activities: Some problems performing usual activities.	Usual activities: your current level
	Pain or Discomfort: Moderate pain or discomfort	Pain or discomfort: your current level
	Anxiety & Depression: I am not anxious or depressed	Anxiety & depression: your current level
Length of symptoms	3 days	0 days
Extra expenditure	\$0	\$25

Which one would you choose?

It's possible that these preventive expenditures could be more (less) expensive.

[If chosen]
Would you change your choice if
Option B cost:
\$10?

Yes/No

[If chosen]
Would you change your choice if
Option B cost:
\$40?

Yes/No

13. Questions about your survey experience

We would like to ask you about your thoughts as you made your choices.

How much do you agree or disagree with the following statements?

1. I responded to the survey as I would have done in real life.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

2. The survey provided me with enough information to make informed choices.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

3. I am confident about my choices.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

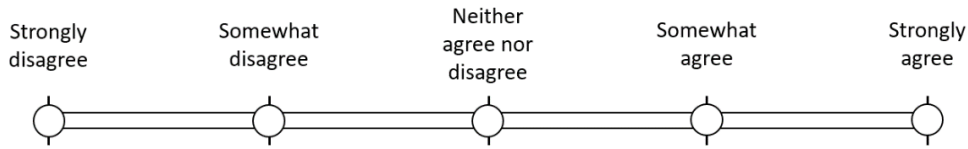
4. I would pay almost any amount to protect my health.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

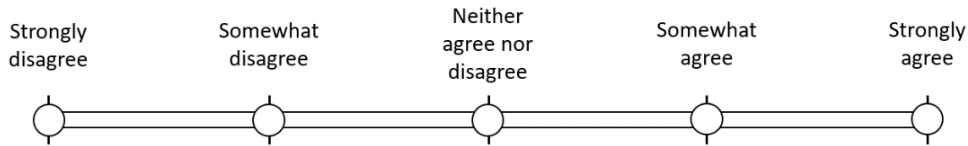
5. I made my choices as if my household would face the costs shown.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

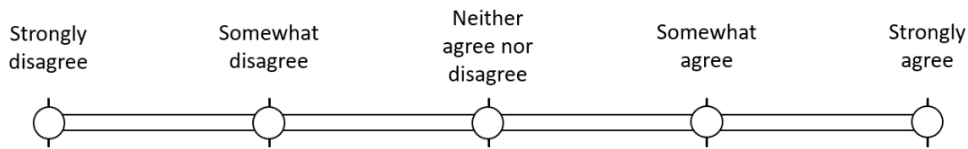
6. I made my choices knowing that if I agreed to pay, I would have less money to use for other things.



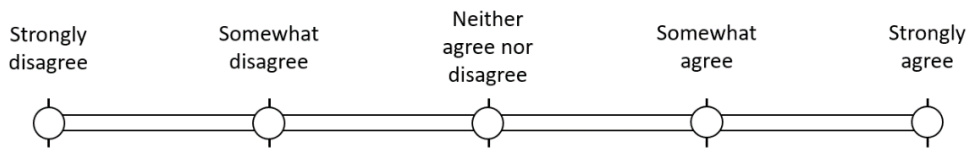
7. I had enough information to make these choices.



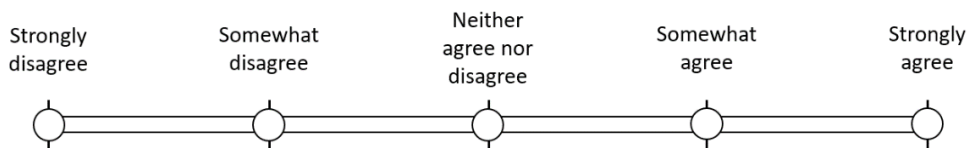
8. When I made my choice, I assumed my medical care costs would be covered.



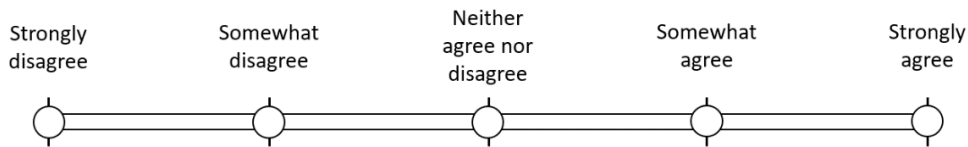
9. When I made my choice, I assumed I would not lose any wages or other income because I was sick.



10. When I made my choice, I assumed other people would help to handle other responsibilities I have while I was sick.

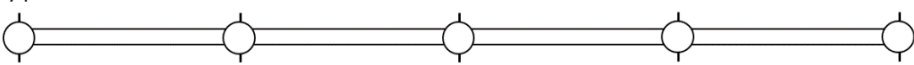


11. When making my choices I considered changes in other health issues not described in the survey.



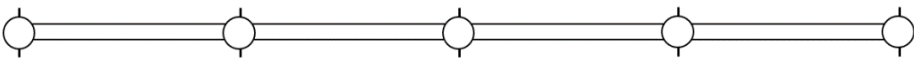
12. How would you describe your knowledge of the health impacts of foodborne illness before taking this survey?

Very poor Poor Fair Good Excellent



13. How would you describe your knowledge of the health impacts of foodborne illness after taking this survey?

Very poor Poor Fair Good Excellent



14. General health questions

Please remember that your answers to all questions will remain confidential.

1. In the past year do you believe you have had a foodborne illness?


- Yes
- No

2. To the best of your knowledge, have you ever had an infection that caused another health problem that lasted 6 months or more? These are sometimes called chronic impacts of an infection.

- Yes
- No

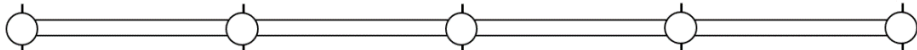
3. How would you describe your health in general?

Very poor Poor Fair Good Excellent



4. How would you describe your health compared to others of your age and gender?

Very poor Poor Fair Good Excellent



15. Other background questions (1)

The survey is almost finished, we have just a few more questions.

1. If you need some form of medical treatment, who will normally cover the cost?

- Private health insurance (e.g., through your employer) would cover all or most of the costs.
- A public health insurance program (e.g., Medicare or Medicaid) would cover all or most of the costs.
- Private and public health insurance together would cover all or most of the costs.
- I would have to cover most of the costs out of my own pocket.
- Other.

2. Select the type of area you live in (right click for more information):

- Urban
- Suburb
- Town
- Rural

[Right click: An urban area, or built-up area, is a human settlement with a high population density and infrastructure of built environment.]

[Right click: A suburban area is a mixed-use or residential area, existing either as part of a city or urban area or as a separate residential community within commuting distance of a city.]

[Right click: A town is a smaller population center that is not a suburb or a city]

[Right click: A rural area or countryside is a geographic area that is located outside towns and cities.]

3. What is your current employment status?

Select only one

- Employed full-time
- Employed part-time
- Self employed
- Unemployed – looking for a job
- Unemployed – not looking for a job
- Full-time parent, homemaker
- Retired
- Student

16. Other background questions (2)

4. Including yourself, how many people live in your household at present? Only count those who live permanently in your home and share common expenses.

- 1
- 2
- 3
- 4
- 5
- 6
- 7 or more

5. Do you have any children under the age of 18 living in your household?

- Yes
- No

If yes, are any of these children 5 or younger?

- Yes
- No

6. What is your marital status?

- Never married
- Married
- Separated
- Divorced
- Widowed

7. Which of the following is the highest level of education you have completed?

- Some high school
- High school graduate or GED
- Some college or technical training, but no degree or certification received
- Associate degree, or technical or occupational certification
- Bachelor's degree
- Graduate or professional degree

17. Other background questions (3)

8. What is your total annual household income (before tax)?

Your total household income includes your own income plus the incomes of all household members who live together with you. Right click for more information.

{tab: The total income includes income from jobs, pensions, social security, interest, dividends, capital gains claimed, profits from businesses, unemployment payments, and all other money you received.}

Select only one

- Less than \$15,000
- \$15,001- \$30,000
- \$30,001-\$50,000
- \$50,001 - \$70,000
- \$70,001 - \$100,000
- \$100,001 - \$140,000
- \$140,001 - \$200,000
- over \$200,000
- Prefer not to answer

9. Can you make ends meet on your household income?

- Very easily
- Easily
- Neither easy nor difficult
- With difficulty
- With great difficulty
- Prefer not to answer

10. Do you identify as Hispanic or Latino?

- Yes
- No

11. Are you: (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Another race (*Please specify:* _____)
- Prefer not to answer

Thank you for completing this survey.