

OMB Control Number: 0536-0073

Exp. Date: 04/30/2025

## **US Adult Food Poisoning Acute Outcomes Survey**

Thank you for taking this survey.

This survey is about the value you place on protecting yourself from health problems that can result from food poisoning and other infectious illnesses.

This study is being conducted by researchers at the U.S. Department of Agriculture (USDA).

Read the survey carefully. There are no right or wrong answers. Please respond as you would in real life.

Your answers and identity will be kept confidential.

Only summary results will be reported. No individual responses or personal identification information will be included in any reports.

The information you provide will only be used for scientific research purposes. It will not be used for any other purpose.

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.

**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 valid OMB control number for this information collection is 0536-0073, expiration date 04/30/2025. The time to complete this information collection is estimated to be 30 minutes.

**USDA 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.

Contact information: If you have questions regarding this survey, please contact Sandy Hoffmann at [ERSfbdWTPSurvey@usda.gov](mailto:ERSfbdWTPSurvey@usda.gov).

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.

This survey is about the impacts of infectious illnesses like food poisoning or the flu on your quality of life (including pain and suffering).

Please assume that any financial impacts from the infectious illness are taken care of. These impacts include the cost of treating the illnesses or loss of income because you're ill.

To start, please think about how you feel physically and emotionally today and respond to the following standard health assessment questionnaire.

We will use your responses to customize the survey for you.

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

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

### **Mobility**

- I have no problems walking about
- I have slight problems walking about
- I have moderate problems walking about
- I have severe problems walking about
- I am unable to walk about

### **Self-Care**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

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

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### **Pain/Discomfort**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

### **Anxiety/Depression**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

2. 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 or other major activities. No doctor visit was needed.
- 1-3 days and required time off from work or school or other major activities. A doctor visit was needed.
- more than a few days and required hospitalization.
- I have not had these symptoms over the past year

3. Think about the worst stomach bug or food poisoning 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 (poop)
- Feeling light-headed or weak
- None of the above



We're now going to ask you about choices you could make to avoid symptoms of infectious illnesses like food poisoning or flu.

Assume that if you get sick

- your medical costs will be covered.
- You won't lose wages or other earnings

We want you to focus **only** on avoiding loss of quality of life (including pain and suffering) from with these illnesses, not on financial loss.

You *will* have to pay if you want to prevent the symptoms. Insurance will not cover *this* cost.

Please treat the following choices as if you were in a *real-life situation*.

Do not agree to pay an amount that you cannot afford or agree to pay if 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.

Assume:

- that you would be responsible for any payment
- you can borrow money. Assume you would need to pay off the loan over **one** year.
- you are **not** able to fundraise (e.g. GoFundMe) to cover any costs or accept gifts to cover any costs.

We're going to ask you to make several choices.

Please think about each of these choices separately.

For each choice, assume you have not spent your resources on the prior choices

### 4.1-4.5. Imagine that you face two options:

**Option A.** You get an infectious illness and experience the symptoms shown below.

**Option B.** You get an infectious illness, but don't experience the symptoms. This is at a cost to you that insurance won't cover.

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**Remember:** your medical costs will be covered, and you won't lose wages.

Focus on loss of quality of life (including pain and suffering).

### Which option would you choose?

	Option A. Get a food poisoning	Option B. Avoid food poisoning
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.	You stay in your current state of health.
Length of symptoms	The illness lasts 3 days, 1 spent in bed, after which you return to your pre-illness state of health.	N/A
Extra cost	\$0	\$30
Which one would you choose?	<input type="checkbox"/>	<input type="checkbox"/>

[If A chosen]  
If option B costs \$10, would you  
still choose option A?

- Yes
- No

[If B chosen]  
If option B costs \$60, would you  
still choose option B?

- Yes
- No

We are now going to ask you to make more choices about protecting your health. We'll use descriptions from the health questionnaire you answered earlier to describe health outcomes.

**5.1-5.5. You face a new choice.**

**Option A.** You get an infectious illness and experience the symptoms shown below.

**Options B and C.** You get an infectious illness but experience milder or no symptoms. This is at a cost to you that insurance won't cover.

Treat this choice separately from all others. You have your full budget available.

**Remember:** your medical costs will be covered and you won't lose wages.

Focus on loss of quality of life (including pain and suffering).

**Which option would you choose?**

<p><b>You have:</b></p>	<p><b>Option A. no protection</b></p> <p>slight problems walking about</p> <p>slight problems washing or dressing yourself</p> <p>slight problems doing your usual activities</p> <p>moderate pain or discomfort</p> <p>slight anxiety or depression</p>	<p><b>Option B. partial protection</b></p> <p>slight problems walking about</p> <p>slight problems washing or dressing yourself</p> <p>slight problems doing your usual activities</p> <p>slight pain or discomfort</p> <p>no anxiety or depression</p>	<p><b>Option C. full protection</b></p> <p>current health</p> <p>[pipe in EQ5D levels from responses on EQ5D question at the beginning of the survey].</p>	
	<p><b>Illness lasts</b></p>	<p>3 days</p>	<p>2 days</p>	<p>0 days</p>
	<p><b>Cost</b></p>	<p>\$0</p>	<p>\$35</p>	<p>\$60</p>

**I would choose**



Earlier, we asked you to assess your current health using the form with 5 aspects of health.

Now we would like you to use that same form to rate the impact of the illnesses described below.

**6.1-2. Select how you think this illness would make you feel on the dimension of health shown below:**

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.

**Mobility: I have (am)**  no  slight  moderate  severe  unable **problems walking about (to walk about).**

**Self-Care: I have (am)**  no  slight  moderate  severe  unable **problems washing or dressing (to wash or dress) myself.**

**Usual Activities: I have (am)**  no  slight  moderate  severe  unable **problems doing (to do) my usual activities.**

**Pain/Discomfort: I have**  no  slight  moderate  severe  extreme **pain or discomfort.**

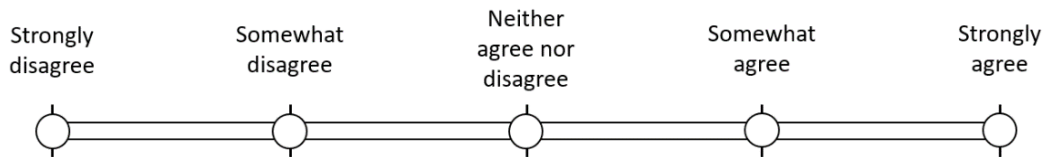
**Anxiety/Depression: I am**  not  slightly  moderately  severely  extremely **anxious or depressed.**

## Questions about your survey experience

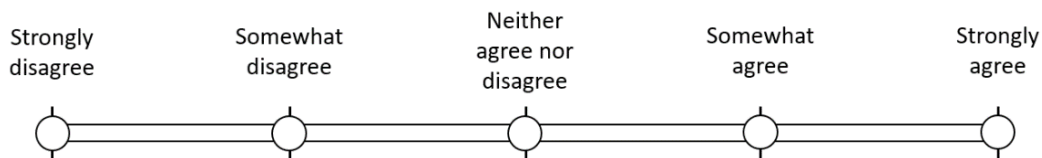
**We would like to ask you about your thoughts as you made your choices.**

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

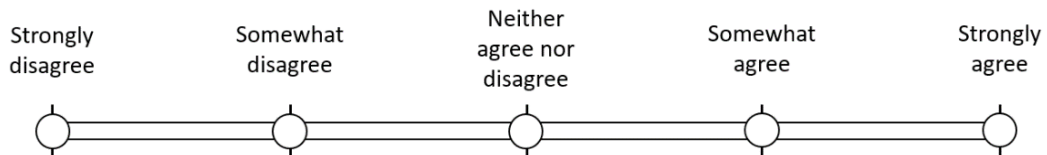
7.1. I responded to the survey as I would have done in real life.



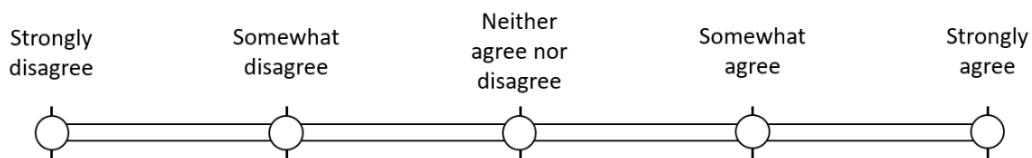
7. 2. The survey provided me with enough information to make informed choices.



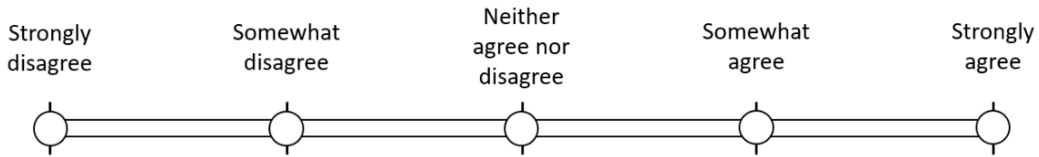
7. 3. I am confident about my choices.



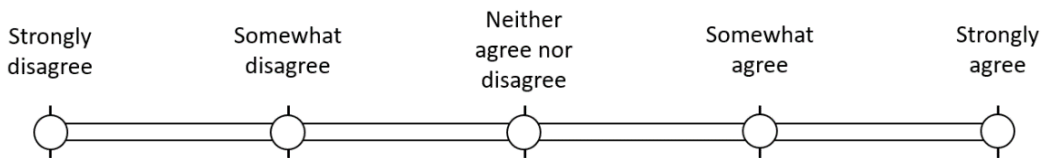
7.4. I would pay almost any amount to protect my health.



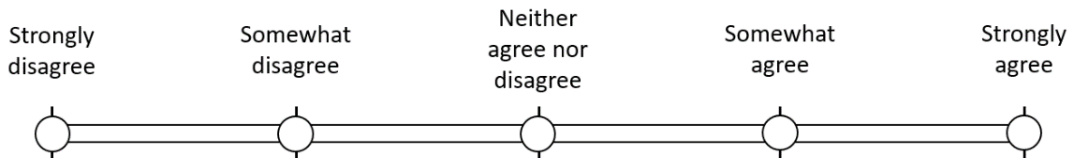
7. 5. When I made my choices, I thought I would have to pay to avoid the symptoms of these illnesses.



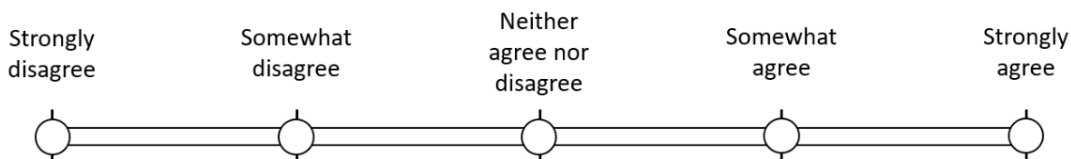
7. 6. I made my choices knowing that if I agreed to pay, I would have less money to use for other things.



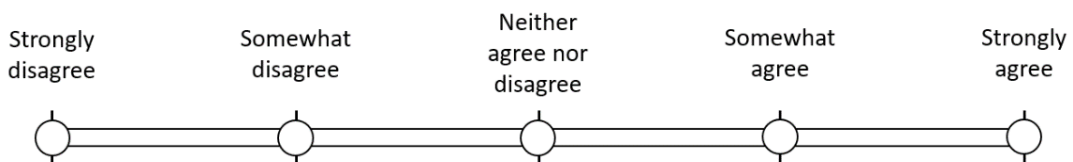
7. 7. When I made my choices, I assumed my medical care costs would be covered.



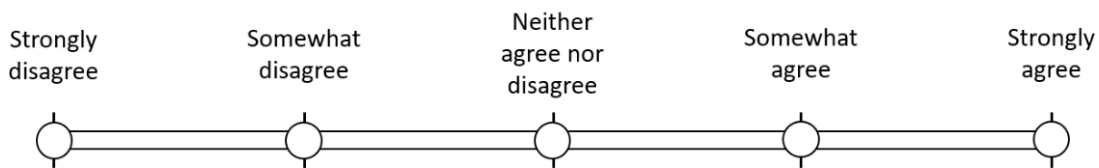
7. 8. When I made my choices, I assumed I would not lose any wages or other income because I was sick.



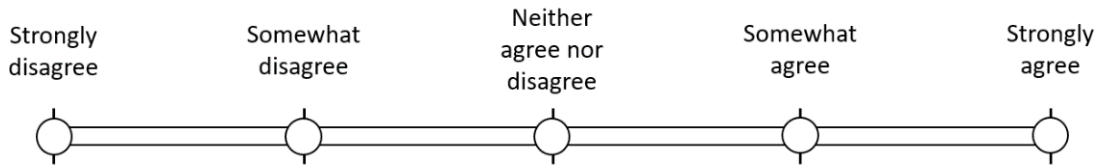
7. 9. When I made my choices, I assumed prior choices would not affect the funds I had available to pay for the choice I was making.



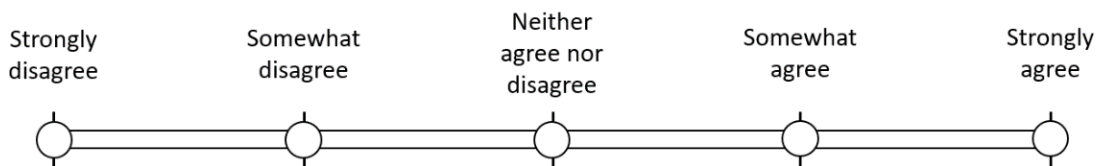
7.10. When I made my choices, I did not think about purchasing protection for anyone else in my household.



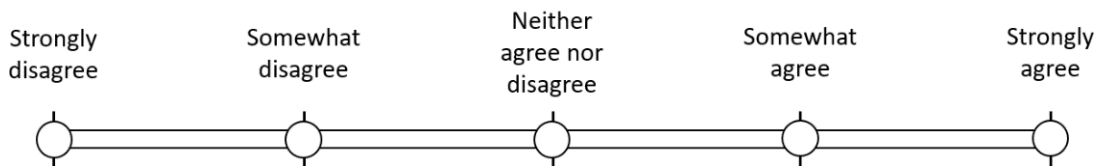
7.11. When making my choices I did not think about protecting myself from symptoms not described in the survey.



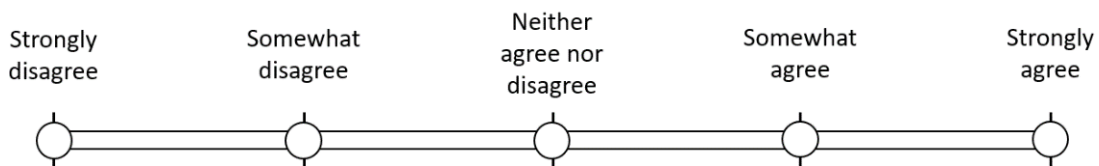
7.12. When making my choices I did NOT think about *how* the money I would pay would actually lead to eliminating my symptoms.



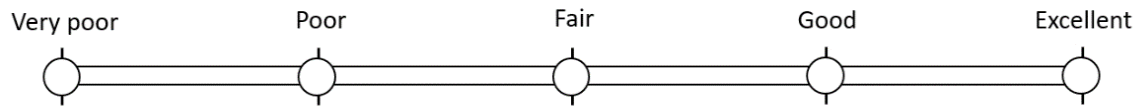
7.13. When making my choices, I considered the impact the illness might have on my usual activities outside of work (such as work around the house or recreation).



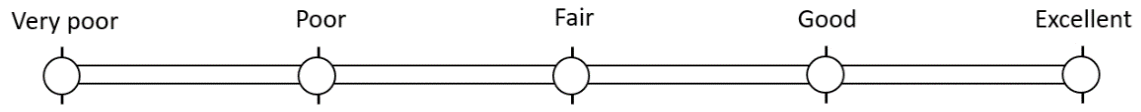
7.14. When making my choices, I did not think about the possibility of dying prematurely from the infectious illness.



7.15. How would you describe your knowledge of the health impacts of infectious illnesses like food poisoning or flu before taking this survey?



7. 16. How would you describe your knowledge of the health impacts of infectious illnesses like food poisoning flu after taking this survey?



## General health questions

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

8.1 Do you currently have an upset stomach or diarrhea?

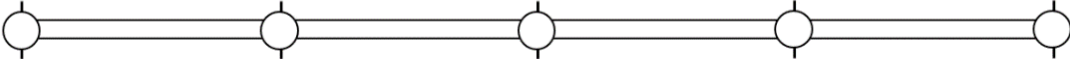
- Yes
- No

8.2 To the best of your knowledge, have you ever had an infection that caused another health problem that lasted 6 months or more?

- Yes
- No

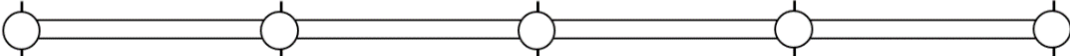
8.3 How would you describe your health in general?

Very poor                      Poor                      Fair                      Good                      Excellent



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

Very poor                      Poor                      Fair                      Good                      Excellent



## Other background questions (1)

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

9.1. If you need medical treatment, how would you 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.

9.2. How long does it take you to travel to see a doctor?

- less than 15 minutes
- 15-30 minutes
- 31-60 minutes
- over an hour

9.3. How long does it take you to travel to the nearest hospital?

- less than 15 minutes
- 15-30 minutes
- 31-60 minutes
- over an hour



## Other background questions (2)

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

- Yes
- No

9.4.1. IF yes, Are any of these children 5 or younger?

- Yes
- No

9.5. I can make ends meet:

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

**Thank you for completing this survey.**

**If you have any comments, please leave them in the box below.**