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## **2025 FSANS Nutrition Version**

## **DRAFT 8-5-2025**

## Section I

To start off, here are some questions about your diet.

1. Thinking about your eating habits, in general, how healthy is your overall diet?

dba700

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

2. How strongly do you disagree or agree with each of the following statements?

|  | | STRONGY DISAGREE | SOMEWHAT DISAGREE | NEITHER AGREE NOR DISAGREE | SOMEWHAT AGREE | STONGLY AGREE | DON’T KNOW |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. | dl\_1If I eat a healthy diet I can reduce my chance of getting heart disease. | 1 | 2 | 3 | 4 | 5 | 6 |
| b. | dl\_2If I eat a healthy diet I can reduce my chance of getting cancer. | 1 | 2 | 3 | 4 | 5 | 6 |
| c. | dl\_3I am confident that I know how to choose healthy foods. | 1 | 2 | 3 | 4 | 5 | 6 |
| d. | dl\_4Eating a healthy diet is important for my long-term health. | 1 | 2 | 3 | 4 | 5 | 6 |

2a. Look at the list of foods below. For each food mark if it is generally high in Salt/sodium, Saturated fat, or Added Sugars. You may mark one or more nutrient per food.

|  | Generally high in Salt/sodium | Generally high in Saturated fat | Generally high in Added sugar | Generally, not high in any of these nutrients |
| --- | --- | --- | --- | --- |
| a.  Deli meat | Q2\_a\_1 | Q2\_a\_2 | Q2\_a\_3 | Q2\_a\_4 |
| b.  Fish | Q2\_b\_1 | Q2\_b\_2 | Q2\_b\_3 | Q2\_b\_4 |
| c.  Beef | Q2\_c\_1 | Q2\_c\_2 | Q2\_c\_3 | Q2\_c\_4 |
| e.  Cheese | Q2\_e\_1 | Q2\_e\_2 | Q2\_e\_3 | Q2\_e\_4 |
| f.  Ice cream | Q2\_f\_1 | Q2\_f\_2 | Q2\_f\_3 | Q2\_f\_4 |
| h.  Fresh vegetables | Q2\_h\_1 | Q2\_h\_2 | Q2\_h\_3 | Q2\_h\_4 |
| i.  Fruit drink/fruit punch | Q2\_i\_1 | Q2\_i\_2 | Q2\_i\_3 | Q2\_i\_4 |
| l.  Canned soup | Q2\_l\_1 | Q2\_l\_2 | Q2\_l\_3 | Q2\_l\_4 |
| m.  Potato chips | Q2\_m\_1 | Q2\_m\_2 | Q2\_m\_3 | Q2\_m\_4 |

3. During the past 7 days, how many times did you eat "sweets" such as soda, cake, cookies, pastries, donuts, muffins, chocolate, candies or ice cream? Do not count diet soda or items made with sugar alternatives or sugar substitutes.

eatsweettimes

1 3 or more times **per day**

2 1 – 2 times **per day**

3 4 – 6 times in the **past 7 days**

4 1 – 3 times in the **past 7 days**

5 I did not eat sweets in the **past 7 days**

6 Don't know

3a. Just thinking about yourself, are you currently trying to reduce your added sugars intake?

reducesugar

1 Yes

2 No

3b. During the past 7 days, how many times did you consume foods or drinks sweetened with sugar alternatives or sugar substitutes? These include foods or drinks with things like, saccharin (Sweet 'N Low), aspartame (Equal), and sucralose (Splenda).

Q3b

1 3 or more times **per day**

2 1 – 2 times **per day**

3 4 – 6 times in the **past 7 days**

4 1 – 3 times in the **past 7 days**

5 I did not consume foods or drinks sweetened with sugar alternatives in the **past 7 days**

6 Don't know

4. Just thinking about yourself, are you currently trying to reduce your salt or sodium intake?

slt4

1 Yes

2 No **[Go to 7]**

SKIP-START SB\_115

{slt4} != 2

5. Why did you decide to reduce your salt or sodium intake? Select all that apply.

slt5\_healthp

A doctor or other health professional advised me to

slt5\_healthcon

To control a health condition

slt5\_ff

Talked with family members or friends

slt5\_news

Heard or saw something in the news about salt or sodium

slt5\_info

Looked up information on my own

slt5\_other

Other, please specify

slt\_specify[\_\_\_\_\_\_\_\_\_\_]

6. How are you reducing your salt or sodium intake? Select all that apply.

Q6\_1

Checking the Nutrition Facts label

Q6\_2

Checking restaurant nutrition information for sodium

Q6\_3

Not adding salt to food at the table.

Q6\_4

Using less salt while cooking or eating

Q6\_5

Buying or choosing products lower in sodium

Q6\_6

Avoiding or limiting foods high in sodium

Q6\_7

Eating more fresh foods

Q6\_8

Eating more at home

Q6\_9

Replacing salt with other herbs or seasonings

Q6\_10

Using substitute shakable salt

Q6\_11

Reducing use of condiments such as soy sauce, ketchup, relish, salad dressing

Q6\_12

Other, please specify

Q6\_specify[\_\_\_\_\_\_\_\_\_\_]

SKIP-END SB\_115

7. How confident are you that you know how much salt or sodium you should eat each day?

sodiumeatday

1 Not at all confident

2 Not very confident

3 Somewhat confident

4 Very confident

5 Extremely confident

8. How confident are you that you know how many calories you should eat each day?

calconeatday

1 Not at all confident

2 Not very confident

3 Somewhat confident

4 Very confident

5 Extremely confident

9. How confident are you that you know how many calories are in the foods you eat?

calconcalfoods

1 Not at all confident

2 Not very confident

3 Somewhat confident

4 Very confident

5 Extremely confident

## Section II

The next questions are about how you shop for food and look at packages and labels.

10. How much of your household's food shopping do you do?

shoppingfreq

1 All of the food shopping

2 Most of it

3 About half of it

4 Only a little of it

5 None of it

6 Don't know

11. About how often do you shop for your household groceries in the following ways?

|  | | 3 or more times per week | Once or twice a week | Less than once a week | Just tried it once or twice | Never | Don’t know |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. | Q11aShop for groceries in-person. | 1 | 2 | 3 | 4 | 5 | 6 |
| b. | Q11bShop for groceries online that you pick up. | 1 | 2 | 3 | 4 | 5 | 6 |
| c. | Q11cShop for groceries online that are delivered to you. (Do not include meal kits) | 1 | 2 | 3 | 4 | 5 | 6 |

[Programmer Note: If 11c (online delivery question) is NEVER or Don’t know, GO TO 13, ELSE GO TO 12]

SKIP-START SB\_187

{Q11c} != 5 and {Q11c} != 6

12. When having groceries delivered to you, did you ever notice any of the following: Select all that apply.

Q12a

Raw meat or seafood products that were leaking

Q12b

Food was not cold when it should have been

Q12c

Food packaging was tampered with or damaged

Q12d

Food was left sitting outside your home longer than expected

Q12e

Food was spoiled or moldy

Q12f

Food was past the sell by or use by date

Q12g

Produce was wilted

Q12h

Other problems. Please specify:

Q12\_specify[\_\_\_\_\_\_\_\_\_\_]Q12i

None of the above

SKIP-END SB\_187

## Sections of the Food Label

Please refer to the image of frozen mixed vegetables ...

13. When shopping for groceries in-person, how often do you look for the following information on food packages?

|  | | Never | Rarely | Sometimes | Most of the time | Always |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Q13aIngredient information | 1 | 2 | 3 | 4 | 5 |
| b. | Q13bAllergen information | 1 | 2 | 3 | 4 | 5 |
| c. | Q13cNutrition Facts label | 1 | 2 | 3 | 4 | 5 |
| d. | Q13dLabel statements on front of packages | 1 | 2 | 3 | 4 | 5 |
| e. | Q13eStorage information | 1 | 2 | 3 | 4 | 5 |
| f. | Q13fCooking or preparation instructions | 1 | 2 | 3 | 4 | 5 |

[If 13= never for any item then then skip 13b for that item]

13b. How hard or easy is it to find the information you are looking for?

|  | | VERY HARD TO FIND | SOMEWHAT HARD TO FIND | NEITHER HARD NOR EASY TO FIND | SOMEWHAT EASY TO FINE | VERY EASY TO FIND |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Q13aIngredient information | 1 | 2 | 3 | 4 | 5 |
| b. | Q13bAllergen information | 1 | 2 | 3 | 4 | 5 |
| c. | Q13cNutrition Facts label | 1 | 2 | 3 | 4 | 5 |
| d. | Q13dLabel statements on front of packages | 1 | 2 | 3 | 4 | 5 |
| e. | Q13eStorage information | 1 | 2 | 3 | 4 | 5 |
| f. | Q13fCooking or preparation instructions | 1 | 2 | 3 | 4 | 5 |

[If 11b and 11c =never then skip 14 and 15]

SKIP-START SB\_221

not({Q11b} = 5 and {Q11c} = 5)

14. When shopping for groceries online, how often do you look for the following information on food packages?

|  | | Never | Rarely | Sometimes | Most of the time | Always |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Q14aIngredient information | 1 | 2 | 3 | 4 | 5 |
| b. | Q14bAllergen information | 1 | 2 | 3 | 4 | 5 |
| c. | Q14cNutrition Facts label | 1 | 2 | 3 | 4 | 5 |
| d. | Q14dLabel statements on front of packages | 1 | 2 | 3 | 4 | 5 |
| e. | Q14eStorage information | 1 | 2 | 3 | 4 | 5 |
| f. | Q14fCooking or preparation instructions | 1 | 2 | 3 | 4 | 5 |

[If 14 =never for any item then skip 14b]

14b. How hard or easy is it to find the information you are looking for?

|  | | VERY HARD TO FIND | SOMEWHAT HARD TO FIND | NEITHER HARD NOR EASY TO FIND | SOMEWHAT EASY TO FINE | VERY EASY TO FIND |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Q13aIngredient information | 1 | 2 | 3 | 4 | 5 |
| b. | Q13bAllergen information | 1 | 2 | 3 | 4 | 5 |
| c. | Q13cNutrition Facts label | 1 | 2 | 3 | 4 | 5 |
| d. | Q13dLabel statements on front of packages | 1 | 2 | 3 | 4 | 5 |
| e. | Q13eStorage information | 1 | 2 | 3 | 4 | 5 |
| f. | Q13fCooking or preparation instructions | 1 | 2 | 3 | 4 | 5 |

SKIP-END SB\_221

16. Which of the following statements, if you saw it on the front of a food package, would make you more likely to purchase that product compared to a similar product without that statement? Select all that apply.

Claim16\_lowsugarb

Sugar free

Claim16\_noaddedsugarb

No added sugar

Claim16\_lowcalb

Low calorie

Claim16\_lowfatb

Low fat

Claim16\_lowsatfatb

Low saturated fat

Claim16\_lowsodiumb

Low salt or low sodium

Claim16\_noartingb

No artificial ingredients

Claim16\_noartcolorb

No artificial colors

Claim16\_nongmob

Non-GMO

Claim16\_noantib

Raised without antibiotics

Claim16\_glutenfreeb

Gluten-free

Claim16\_wholegrainb

Whole grain

Claim16\_highfiberb

High fiber

Claim16\_naturalb

Natural

Claim16\_organicb

Organic

Claim16\_healthyb

Healthy

Claim16\_sustainb

Sustainably produced (using farming or production methods that protect the environment and support long-term agricultural viability)

Claim16\_miniprocess

Minimally processed

Claim16\_noneb

None of these

TotalNoCB

[Programmer Note: For 17 online version, only show items selected in 16.]

SKIP-START SB\_274

{Claim16\_noneb} != 1 and {TotalNoCB} > 2

17. Which two of the statements that you selected in the previous question are most important to you? Select the two most important.

SKIP-START SB\_281

{Claim16\_lowsugarb} = 1

Claim17\_lowsugarb

Sugar free

SKIP-END SB\_281 SKIP-START SB\_284

{Claim16\_noaddedsugarb} = 1

Claim17\_noaddedsugarb

No added sugar

SKIP-END SB\_284 SKIP-START SB\_287

{Claim16\_lowcalb} = 1

Claim17\_lowcalb

Low calorie

SKIP-END SB\_287 SKIP-START SB\_290

{Claim16\_lowfatb} = 1

Claim17\_lowfatb

Low fat

SKIP-END SB\_290 SKIP-START SB\_293

{Claim16\_lowsatfatb} = 1

Claim17\_lowsatfatb

Low saturated fat

SKIP-END SB\_293 SKIP-START SB\_296

{Claim16\_lowsodiumb} = 1

Claim17\_lowsodiumb

Low salt or low sodium

SKIP-END SB\_296 SKIP-START SB\_299

{Claim16\_noartingb} = 1

Claim17\_noartingb

No artificial ingredients

SKIP-END SB\_299 SKIP-START SB\_302

{Claim16\_noartcolorb} = 1

Claim17\_noartcolorb

No artificial colors

SKIP-END SB\_302 SKIP-START SB\_305

{Claim16\_nongmob} = 1

Claim17\_nongmob

Non-GMO

SKIP-END SB\_305 SKIP-START SB\_308

{Claim16\_noantib} = 1

Claim17\_noantib

Raised without antibiotics

SKIP-END SB\_308 SKIP-START SB\_311

{Claim16\_glutenfreeb} = 1

Claim17\_glutenfreeb

Gluten-free

SKIP-END SB\_311 SKIP-START SB\_314

{Claim16\_wholegrainb} = 1

Claim17\_wholegrainb

Whole grain

SKIP-END SB\_314 SKIP-START SB\_317

{Claim16\_highfiberb} = 1

Claim17\_highfiberb

High fiber

SKIP-END SB\_317 SKIP-START SB\_320

{Claim16\_naturalb} = 1

Claim17\_naturalb

Natural

SKIP-END SB\_320 SKIP-START SB\_323

{Claim16\_organicb} = 1

Claim17\_organicb

Organic

SKIP-END SB\_323 SKIP-START SB\_326

{Claim16\_healthyb} = 1

Claim17\_healthyb

Healthy

SKIP-END SB\_326 SKIP-START SB\_329

{Claim16\_sustainb} = 1

Claim17\_sustainb

Sustainably raised

SKIP-END SB\_329 SKIP-START SB\_332

{Claim16\_miniprocess} = 1

Claim17\_miniprocess

Minimally processed

SKIP-END SB\_332

SKIP-END SB\_274

18. Do you ever look at the Nutrition Facts label on food packages?   
lookNF

1 Yes

2 No **[Go to 21]**

3 Don't know **[Go to 21]**

SKIP-START SB\_349

{lookNF} != 2 and {lookNF} != 3

19. When buying a food product for the first time, how often do you use the Nutrition Facts label?

dbq750

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

6 Never seen the label **[Go to 21]**

SKIP-START SB\_358

{dbq750} != 6

20. When you look at Nutrition Facts labels, either in the store, online, or at home, how often do you use the labels in the following ways? Select one for each row.

|  | | Never | Rarely | Sometimes | Most of the time | Always |
| --- | --- | --- | --- | --- | --- | --- |
| a. | NFL\_decidebrandTo help you decide which brand of a particular food item to buy. | 1 | 2 | 3 | 4 | 5 |
| b. | NFL\_decideamountTo figure out how much of the food product you or your family should eat. | 1 | 2 | 3 | 4 | 5 |
| c. | NFL\_compareTo compare different food items with each other. | 1 | 2 | 3 | 4 | 5 |
| d. | NFL\_checkTo see if something said in advertising or on the package is actually true. | 1 | 2 | 3 | 4 | 5 |
| e. | NFL\_nutritioncontentTo get a general idea of the nutritional content of the food. | 1 | 2 | 3 | 4 | 5 |
| f. | NFL\_nutrientsTo see how high or low the food is in things like calories, salt, vitamins, or saturated fat. | 1 | 2 | 3 | 4 | 5 |
| g. | NFL\_mealplanTo help you in meal planning. | 1 | 2 | 3 | 4 | 5 |
| h. | NFL\_ultprocessTo see if it is ultra-processed. | 1 | 2 | 3 | 4 | 5 |
| i. | NFL\_dailydietTo see how the food fits into your daily diet. | 1 | 2 | 3 | 4 | 5 |

SKIP-END SB\_358

SKIP-END SB\_349

21. What does serving size mean to you? Select all that apply.   
e71

The amount of a food that people should eat

e72

The amount of a food that people usually eat

e73

Something that makes it easier to compare foods

e74

Something else. Please specify:

e74\_specify[\_\_\_\_\_\_\_\_\_\_]e75

Don't know

22. How much do you disagree or agree with the following statements? Select one for each row.

|  | | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree | Don't Know |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. | NFL\_interestedI am interested in the Nutrition Facts label. | 1 | 2 | 3 | 4 | 5 | 6 |
| b. | NFL\_infoI have the ability to use the information on the Nutrition Facts label. | 1 | 2 | 3 | 4 | 5 | 6 |
| c. | NFL\_easyThe information on the Nutrition Facts label is easy to understand. | 1 | 2 | 3 | 4 | 5 | 6 |
| d. | NFL\_betterchoiceWhen I use the Nutrition Facts label, I make better choices. | 1 | 2 | 3 | 4 | 5 | 6 |
| e. | NFL\_believeThe information on the Nutrition Facts label is believable. | 1 | 2 | 3 | 4 | 5 | 6 |
| f. | NFL\_usefulThe information on the Nutrition Facts label is useful to me. | 1 | 2 | 3 | 4 | 5 | 6 |

23. Which of the following nutrients do you usually look for when looking at a Nutrition Facts label? Select all that apply.

NFL\_calories

Calories

NFL\_totalfat

Total fat

NFL\_satfat

Saturated fat

NFL\_trans

Trans fat

NFL\_choles

Cholesterol

NFL\_sodium

Sodium

NFL\_carbs

Total carbohydrate

NFL\_fiber

Dietary fiber

NFL\_totalsugar

Total sugars

NFL\_addedsugar

Added sugars

NFL\_protein

Protein

NFL\_vitamin

Vitamin D

NFL\_potas

Potassium

NFL\_calc

Calcium

NFL\_iron

Iron

NFL\_none

None of the above

24. When you look at the Nutrition Facts label, which of the following do you look at? Select all that apply.

NFL\_servingsize

Serving size

NFL\_numserve

Number of servings

NFL\_amtnutr

The amount of nutrients (such as grams or milligrams)

NFL\_dvamt

The percent Daily Value amounts (%DV)

Q24\_none

None of the above

25. The Nutrition Facts label (below) shows that the product contains 10% Daily Value for Saturated Fat in a serving of the product. What does the 10% Daily Value mean to you?

Dvmeaning

1 10% of the calories in one serving of the product come from   
Saturated Fat

2 One serving of the product contains 10% Saturated Fat  
by weight

3 One serving of the product contains 10% of the Saturated Fat   
that an average person should eat in an entire day

4 Don't know

26. The Nutrition Facts label (below) shows that one serving of the food contains 20% of the Daily Value (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?

Dvhighlow

1 Low

2 Medium

3 High

4 Don't know

## Section III

The next questions are about restaurant food.

27. How often do you get food and drink for yourself or others from each of the following places? Include breakfast, lunch, dinner, and snacks. Include eat-in, take-out, and delivery. Select one for each row.

|  | | Daily | Weekly | Monthly | Less Than Once a Month | Never |
| --- | --- | --- | --- | --- | --- | --- |
| a. | restfastfoodFast food restaurants such as McDonald’s, Taco Bell, or Subway | 1 | 2 | 3 | 4 | 5 |
| b. | restfastcasualFast casual restaurants such as Panera, Blaze Pizza, Qdoba, or Chipotle | 1 | 2 | 3 | 4 | 5 |
| c. | restcoffeeCoffee shops or bakeries such as Starbucks or Dunkin' Donuts | 1 | 2 | 3 | 4 | 5 |
| d. | restsitdownSit down, full service restaurants with waitstaff or servers such as Chili's, or Applebee's | 1 | 2 | 3 | 4 | 5 |

28. In general, when you order at chain restaurants, how often do you see calorie information listed on menus or menu boards? Select one for each row.

|  | | Always | Most of the Time | Sometimes | Rarely | Never | Do Not Order Food This Way |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. | Q28aWhen ordering in person at the restaurant | 1 | 2 | 3 | 4 | 5 | 6 |
| b. | Q28bWhen viewing the menu online using an app | 1 | 2 | 3 | 4 | 5 | 6 |
| c. | Q28cWhen viewing the menu online using a website | 1 | 2 | 3 | 4 | 5 | 6 |
| d. | Q28dWhen using a paper menu to order over the phone | 1 | 2 | 3 | 4 | 5 | 6 |

29. Do you ever use the calorie information on menus or menu boards to decide what to order?

restcal\_use

1 Yes

2 No **[Go to 31]**

SKIP-START SB\_506

{restcal\_use} != 2

30. How do you use the calorie information when deciding what to order? Select all that apply.

restcal\_lowcal

To help select lower calorie items

restcal\_highcal

To help select higher calorie items

restcal\_smallerp

Decide on a smaller portion size

restcal\_largerp

Decide on a larger portion size

restcal\_feweritem

Order fewer items

restcal\_moreitem

Order more items

restcal\_sharemeal

Share the meal with someone else

restcal\_savemeal

Save part of the meal for later

restcal\_other

Something else. Please specify

restcal\_specify[\_\_\_\_\_\_\_\_\_\_]

SKIP-END SB\_506

31. When having restaurant food delivered to you, did you ever notice any of the following: Select all that apply.

Q31a

Food was not hot when it should have been

Q31b

Food was not cold when it should have been

Q31c

The food packaging was NOT secure and sturdy

Q31d

Was left sitting outside your home longer than expected

Q31e

Food was spoiled or moldy

Q31f

Produce was wilted

Q31\_other

Other problems. Please specify:

Q31\_specify[\_\_\_\_\_\_\_\_\_\_]Q31\_none

I have never had restaurant food delivered

## Section IV

32. How often do you look at date labeling (e.g., “BEST if used by” or “USE by”) on the food and drink products that you buy?

Q32

1 Always

2 Most of the time

3 About half of the time

4 Occasionally

5 Never

6 It varies too much to say

7 None of the food or drinks I buy have date labels

8 Don't know

33. What do you think the phrase, "BEST if used by" means on food packages?

Q33

1 A. The date you need to use the food for safety for perishable foods

2 B. The date manufacturers suggest using the food for best taste or nutritional quality

3 Both A. and B.

4 Something else. Please specify

Please specifyQ33\_other[\_\_\_\_\_\_\_\_\_\_]

5 Don't know

34. What do you think the phrase, "USE by" means on food packages?

Q34

1 A. The date you need to use the food for safety for perishable foods

2 B. The date manufacturers suggest using the food for best taste or nutritional quality

3 Both A. and B.

4 Something else. Please specify

Please specifyQ34\_other[\_\_\_\_\_\_\_\_\_\_]

5 Don't know

35. Who do you think determines date labeling for packaged foods?

Q35

1 The food manufacturer

2 The State or Federal government

3 Something else. Please specify

Please specifyQ35\_other[\_\_\_\_\_\_\_\_\_\_]

4 Don't know

## Section VI

The next questions are for statistical purposes.

36. When eating food cooked at home, how often are you the one who cooks or prepares the food?

D2v2

1 All or nearly all of the time

2 Only some of the time

3 Never

37. Have you ever worked in any of the following industries? Select one for each row.

|  | | Yes | No |
| --- | --- | --- | --- |
| a. | work\_foodmanuFood manufacturing | 1 | 2 |
| b. | work\_farmFarming | 1 | 2 |
| c. | work\_foodserviceRestaurant or other food service | 1 | 2 |
| d. | work\_healthcareHealth care | 1 | 2 |
| e. | work\_publichealthPublic health | 1 | 2 |

38. Would you say your health in general is…

V11

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

6 Don't know

39. Thinking about yourself, about how many calories do you need to consume in a day to maintain your current weight?

cbq645

1 Less than 500 calories

2 500-1000 calories

3 1001-1500 calories

4 1501-2000 calories

5 2001-2500 calories

6 2501-3000 calories

7 More than 3000 calories

8 Don't know

40. Are you currently following any of these diets? Select all that apply.

Q40a

Low sodium diet

Q40b

Low fat diet

Q40c

Low carb diet

Q40d

Low calorie diet

Q40e

Low sugar diet

Q40f

None of the above

41. Are you currently on a GLP-1 drug such as Ozempic, Zepbound, Wegovy, or Mounjaro?

Q41

1 Yes

2 No

3 Don't know

42. Has a medical doctor or health care professional ever diagnosed you as having any of the following: hypertension or high blood pressure, diabetes, heart disease, respiratory diseases, kidney disease, autoimmune disorder, cancer, or another condition that could compromise your immune system?

Q42

1 Yes

2 No

3 Don't know

43. Have you ever been told by a doctor or other healthcare professional that you are overweight or obese?

Overweight

1 Yes

2 No

3 Don't know

44. How tall are you without shoes?

V9\_FT

[\_\_\_\_\_\_\_\_\_\_]

ft

V9\_IN

[\_\_\_\_\_\_\_\_\_\_]

inch

**OR**

V9\_M

[\_\_\_\_\_\_\_\_\_\_]

m

V9\_CM

[\_\_\_\_\_\_\_\_\_\_]

cm

V9\_DK

Don't know

45. How much do you weigh without clothes or shoes?

Enter weight in pounds V10\_LB

[\_\_\_\_\_\_\_\_\_\_]

lbs

**OR**

Enter weight in kilogramsV10\_KG

[\_\_\_\_\_\_\_\_\_\_]

kg

V10\_DK

Don't know

46. About how many days per week do you engage in moderate or vigorous physical activity (such as brisk walking, jogging, biking, aerobics, or yard work)?

Exercise

1 0 days per week

2 1 day per week

3 2 days per week

4 3 days per week

5 4 days per week

6 5 days per week

7 6 days per week

8 7 days per week

47. Do you have any current food allergies, or do you suspect you have a food allergy?

M1

1 Yes

2 No **[Go to 49]**

SKIP-START SB\_688

{M1} != 2

48. Has a medical doctor diagnosed your condition as a food allergy?

M7

1 Yes

2 No

SKIP-END SB\_688

49. How many total people, including yourself, currently live in your household at least 50% of the time?  
  
Please include unrelated individuals (such as roommates), and also include those now away traveling, away at school, or in a hospital.

Enter number: P3

[\_\_\_\_\_\_\_\_\_\_]

Total people

[Programmer NOTE: If the answer to 49 is 1, Go to 51]

SKIP-START SB\_704

{P3} > 1

49a. Including yourself, how many of the people are:

|  | Number of people |
| --- | --- |
| **Children 2 years and younger** | Q49a\_numppl[\_\_\_\_\_\_\_\_\_\_] |
| **Children 3 to 5 years old** | Q49b\_numppl[\_\_\_\_\_\_\_\_\_\_] |
| **Children 6 to 17 years old** | Q49c\_numppl[\_\_\_\_\_\_\_\_\_\_] |
| **Adults 18 to 59 years old** | Q49d\_numppl[\_\_\_\_\_\_\_\_\_\_] |
| **Adults 60 years or older** | Q49e\_numppl[\_\_\_\_\_\_\_\_\_\_] |

[Programmer Note: If there are no children (17 and younger) living in the household, Go to 51]

SKIP-START SB\_720

{Q49a\_numppl} > 0 or {Q49b\_numppl} > 0 or {Q49c\_numppl} > 0

50. Are you the parent or primary caregiver to any of the children under the age of 18 in your household?

primarycaregiver

1 Yes

2 No

50a. In the past 12 months, have you or anyone living in your household received benefits from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program?

WIC12m

1 Yes

2 No

3 Don't know

SKIP-END SB\_720

SKIP-END SB\_704

51. In the past 12 months, have you or anyone living in your household received Supplemental Nutrition Assistance Program (SNAP) or food stamp benefits?

SNAP12M

1 Yes

2 No

3 Don't know

52. Are you:

Q52\_gender

1 Female

2 Male

53. In what year were you born?

Enter year:P5[\_\_\_\_\_\_\_\_\_\_]

54. Do you...

hometype

1 Own your home,

2 Rent your home, or

3 Have some other arrangement?

55. What language or languages do you usually speak at home? Select all that apply.

P8a\_ENG

English

P8a\_SP

Spanish

P8a\_OTH

Other language(s)? Please specify

P8a\_specify[\_\_\_\_\_\_\_\_\_\_]

56. What is your race and/or ethnicity?   
*Select all that apply and enter additional details in the spaces below.*

P95

American Indian or Alaska Native

P95\_1

Other, please specify.

P95\_other[\_\_\_\_\_\_\_\_\_\_]

P93

Asian – *Provide details below.*

P93\_1

Chinese

P93\_2

Asian Indian

P93\_3

Filipino

P93\_4

Vietnamese

P93\_5

Korean

P93\_6

Japanese

P93\_7

Other, please specify.

P93\_other[\_\_\_\_\_\_\_\_\_\_]

P92

Black or African American – *Provide details below.*

P92\_1

African American

P92\_2

Jamaican

P92\_3

Haitian

P92\_4

Nigerian

P92\_5

Ethiopian

P92\_6

Somali

P92\_7

Other, please specify.

P92\_other[\_\_\_\_\_\_\_\_\_\_]

Q56\_hisp

Hispanic or Latino – *Provide details below.*

Q56\_hisp\_1

Mexican

Q56\_hisp\_2

Puerto Rican

Q56\_hisp\_3

Salvadoran

Q56\_hisp\_4

Cuban

Q56\_hisp\_5

Dominican

Q56\_hisp\_6

Guatemalan

Q56\_hisp\_7

Other, please specify.

Q56\_hisp\_other[\_\_\_\_\_\_\_\_\_\_]

Q56\_east

Middle Eastern or North African – *Provide details below.*

Q56\_east\_1

Lebanese

Q56\_east\_2

Iranian

Q56\_east\_3

Egyptian

Q56\_east\_4

Syrian

Q56\_east\_5

Iraqi

Q56\_east\_6

Israeli

Q56\_east\_7

Other, please specify.

Q56\_east\_other[\_\_\_\_\_\_\_\_\_\_]

P94

Native Hawaiian or Pacific Islander – *Provide details below.*

P94\_1

Native Hawaiian

P94\_2

Samoan

P94\_3

Chamorro

P94\_4

Tongan

P94\_5

Fijian

P94\_6

Marshallese

P94\_7

Other, please specify.

P94\_other[\_\_\_\_\_\_\_\_\_\_]

P91

White – *Provide details below.*

P91\_1

English

P91\_2

German

P91\_3

Irish

P91\_4

Italian

P91\_5

Polish

P91\_6

Scottish

P91\_7

Other, please specify.

P91\_other[\_\_\_\_\_\_\_\_\_\_]

57. What is the last grade or year of school that you have completed?

P10

1 Less than high school degree

2 High school graduate or GED

3 1 – 3 years college/some college

4 College graduate – Bachelors’ degree or equivalent

5 Postgraduate, master’s degree, doctorate, law degree, other professional degree

58. What was your total household income before taxes during the past 12 months?

Include ALL income sources for everyone living in your household:

• **Employment income:** Wages, salary, tips, bonuses, commissions • **Business income:** Self-employment earnings, partnerships, S-Corporation distributions • **Retirement income:** Traditional pensions, 401(k)/403(b)/457 withdrawals, IRA distributions • **Government benefits:** Social Security, unemployment benefits, disability payments • **Investment income:** Interest, dividends, capital gains, rental property income • **Other income:** Alimony, child support, gifts, or any other regular income

1 Less than $25,000

2 $25,000 to 34,999

3 $35,000 to $49,999

4 $50,000 to $74,999

5 $75,000 to $99,999

6 $100,000 to $149,999

7 $150,000 to $199,999

8 $200,000 or more

9 Don’t know

10 Prefer not to answer

**59. We appreciate your taking the time to participate in our study. Is there anything you’d like to add?**

Response:qcomm[\_\_\_\_\_\_\_\_\_\_]

## Thank you

**Thank you for completing our survey.**

Bottom of Form