

OMB No: 0910-0345

Expiration Date: xx/xx/2028

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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

		STRONGY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STONGLY AGREE	DON'T KNOW
b.	dl_2 If I eat a healthy diet I can reduce my chance of getting cancer.	1	2	3	4	5	6
c.	dl_3 I am confident that I know how to choose healthy foods.	1	2	3	4	5	6
d.	dl_4 Eating 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

	Generally high in Salt/sodium	Generally high in Saturated fat	Generally high in Added sugar	Generally, not high in any of these nutrients
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.	Q11a Shop for groceries in-person.	1	2	3	4	5	6
b.	Q11b Shop for groceries online that you pick up.	1	2	3	4	5	6
c.	Q11c Shop 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 m



ixed 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.	Q13a	1	2	3	4	5
b.	Q13b	1	2	3	4	5
c.	Q13c	1	2	3	4	5
d.	Q13d	1	2	3	4	5
e.	Q13e	1	2	3	4	5
f.	Q13f	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.	Q13a Ingredient information	1	2	3	4	5
b.	Q13b Allergen information	1	2	3	4	5
c.	Q13c Nutrition Facts label	1	2	3	4	5
d.	Q13d Label statements on front of packages	1	2	3	4	5
e.	Q13e Storage information	1	2	3	4	5
f.	Q13f Cooking 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.	Q14a Ingredient information	1	2	3	4	5
b.	Q14b Allergen information	1	2	3	4	5
c.	Q14c Nutrition Facts label	1	2	3	4	5
d.	Q14d Label statements on front of packages	1	2	3	4	5
e.	Q14e Storage information	1	2	3	4	5
f.	Q14f Cooking 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 FIND	VERY EASY TO FIND
a.	Q13a Ingredient information	1	2	3	4	5
b.	Q13b Allergen information	1	2	3	4	5
c.	Q13c Nutrition Facts label	1	2	3	4	5
d.	Q13d Label statements on front	1	2	3	4	5

		VERY HARD TO FIND	SOMEWHAT HARD TO FIND	NEITHER HARD NOR EASY TO FIND	SOMEWHAT EASY TO FINE	VERY EASY TO FIND
	of packages					
e.	Q13e Storage information	1	2	3	4	5
f.	Q13f Cooking 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_lowcarb

Sugar free

Claim16_noaddedcarb

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]**

Nutrition Facts	
2 servings per container	
Serving size	1 cup (255g)
Amount per serving	
Calories	220
% Daily Value*	
Total Fat 5g	7%
Saturated Fat 2g	10%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 460mg	20%
Total Carbohydrate 35g	12%
Dietary Fiber 6g	21%
Total Sugars 7g	
Includes 2g Added Sugars	4%
Protein 9g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 2mg	10%
Potassium 230mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

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_decidebrand To help you decide which brand of a particular food item to buy.	1	2	3	4	5
b.	NFL_decideamount To figure out how much of the food product you or your family should eat.	1	2	3	4	5
c.	NFL_compare To compare different food items with each other.	1	2	3	4	5
d.	NFL_check To see if something said in advertising or on the package is actually true.	1	2	3	4	5
e.	NFL_nutritioncontent To get a general idea of the nutritional content of the food.	1	2	3	4	5
f.	NFL_nutrients To see how high or low the food is in things like calories, salt, vitamins, or saturated fat.	1	2	3	4	5
g.	NFL_mealplan To help you in meal planning.	1	2	3	4	5
h.	NFL_ultprocess To see if it is ultra-processed.	1	2	3	4	5
i.	NFL_dailydiet To 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

Nutrition Facts	
2 servings per container	
Serving size	1 cup (255g)
Amount per serving	
Calories	220
% Daily Value*	
Total Fat 5g	7%
Saturated Fat 2g	10%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 460mg	20%
Total Carbohydrate 35g	12%
Dietary Fiber 6g	21%
Total Sugars 7g	
Includes 2g Added Sugars	4%
Protein 9g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 2mg	10%
Potassium 230mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

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_interested I am interested in the Nutrition Facts label.	1	2	3	4	5	6
b.	NFL_info I have the ability to use the information on the Nutrition Facts label.	1	2	3	4	5	6
c.	NFL_easy The information on the Nutrition Facts label is easy to understand.	1	2	3	4	5	6
d.	NFL_betterchoice When I use the Nutrition Facts label, I make better choices.	1	2	3	4	5	6
e.	NFL_believe The information on the Nutrition Facts label is believable.	1	2	3	4	5	6
f.	NFL_useful The information	1	2	3	4	5	6

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Don't Know
<input type="checkbox"/>	on the Nutrition Facts label is useful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Nutrition Facts	
2 servings per container	
Serving size	1 cup (255g)
<hr/>	
Amount per serving	
Calories	220
<hr/>	
	% Daily Value*
Total Fat 5g	7%
Saturated Fat 2g	10%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 460mg	20%
Total Carbohydrate 35g	12%
Dietary Fiber 6g	21%
Total Sugars 7g	
Includes 2g Added Sugars	4%
Protein 9g	
<hr/>	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 2mg	10%
Potassium 230mg	6%
<hr/>	
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

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

Nutrition Facts	
2 servings per container	
Serving size	1 cup (255g)
Amount per serving	
Calories	220
% Daily Value*	
Total Fat 5g	7%
Saturated Fat 2g	10%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 460mg	20%
Total Carbohydrate 35g	12%
Dietary Fiber 6g	21%
Total Sugars 7g	
Includes 2g Added Sugars	4%
Protein 9g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 2mg	10%
Potassium 230mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

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

Nutrition Facts	
2 servings per container	
Serving size	1 cup (255g)
<hr/>	
Amount per serving	
Calories	220
<hr/>	
	% Daily Value*
Total Fat 5g	7%
Saturated Fat 2g	10%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 460mg	20%
Total Carbohydrate 35g	12%
Dietary Fiber 6g	21%
Total Sugars 7g	
Includes 2g Added Sugars	4%
Protein 9g	
<hr/>	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 2mg	10%
Potassium 230mg	6%
<hr/>	
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

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

Nutrition Facts	
2 servings per container	
Serving size	1 cup (255g)
Amount per serving	
Calories	220
% Daily Value*	
Total Fat 5g	7%
Saturated Fat 2g	10%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 460mg	20%
Total Carbohydrate 35g	12%
Dietary Fiber 6g	21%
Total Sugars 7g	
Includes 2g Added Sugars	4%
Protein 9g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 2mg	10%
Potassium 230mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

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.

		Dail y	Weekl y	Monthl y	Less Than Once a Month	Neve r
a.	restfastfood Fast food restaurants such as McDonald's, Taco Bell, or Subway	1	2	3	4	5
b.	restfastcasual Fast casual restaurants such as Panera, Blaze Pizza, Qdoba, or Chipotle	1	2	3	4	5
c.	restcoffee Coffee shops or bakeries such as Starbucks or Dunkin' Donuts	1	2	3	4	5
d.	restsitdown Sit 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.	Q28a When ordering in person at the restaurant	1	2	3	4	5	6
b.	Q28b When viewing the menu online using an app	1	2	3	4	5	6
c.	Q28c When viewing the menu online using a website	1	2	3	4	5	6
d.	Q28d When 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 specify Q34_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 specify Q35_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.

		Ye s	N o
a.	work_foodmanuFood manufacturing	1	2
b.	work_farmFarming	1	2
c.	work_foodserviceRestaurant or other food service	1	2

		Ye s	N o
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 kilograms **V10_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_numppi[_____]
Children 3 to 5 years old	Q49b_numppi[_____]
Children 6 to 17 years old	Q49c_numppi[_____]
Adults 18 to 59 years old	Q49d_numppi[_____]
Adults 60 years or older	Q49e_numppi[_____]

[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.