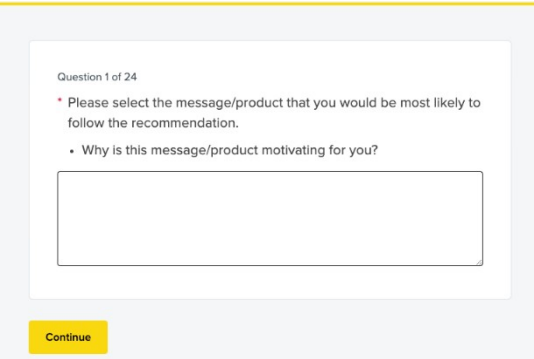
Rapid Survey

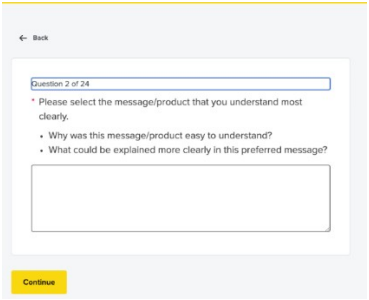
Form Approved
OMB No. 0920-1154
Exp. Date 3/31/26

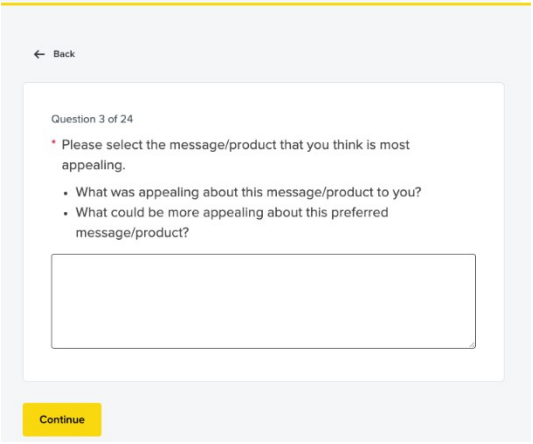
CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR CDC/ATSDR Information Collection
Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

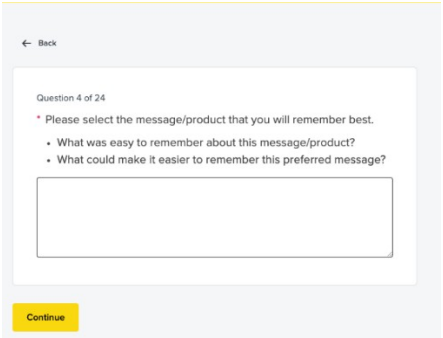
Good news. You are eligible to participate in this survey.

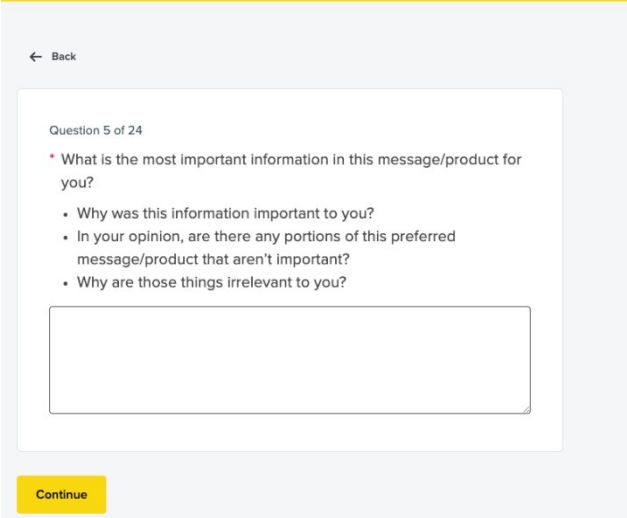
If you agree to participate, we will ask you to take part in an online survey. This survey has a few questions about food safety and will take about 10 minutes.

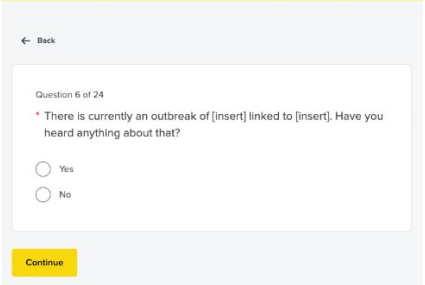


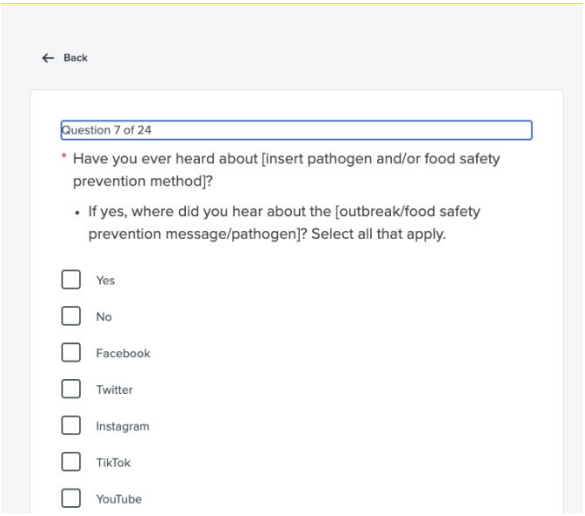


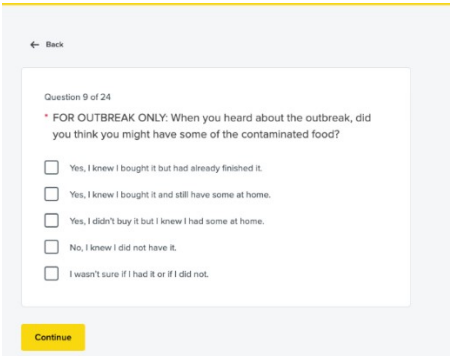


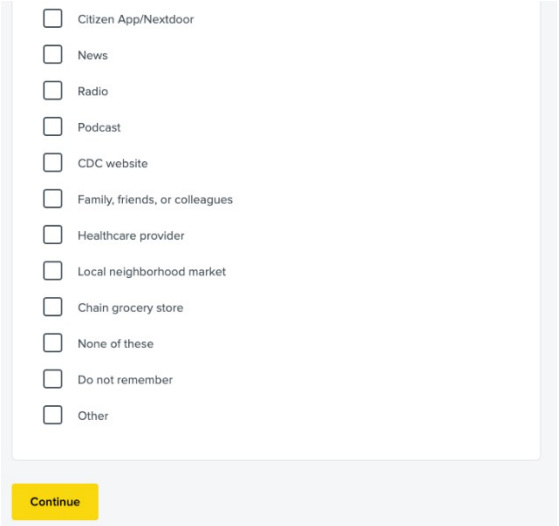












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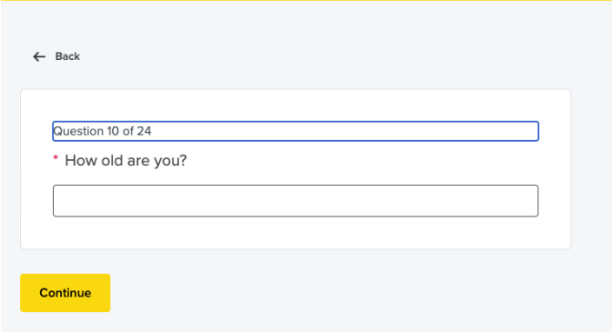
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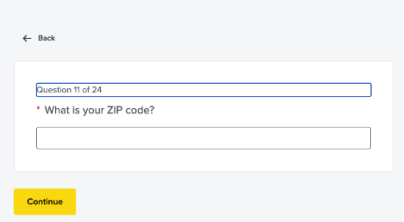
Question 10 of 24
* How old are you?
Continue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* What is your ZIP code?
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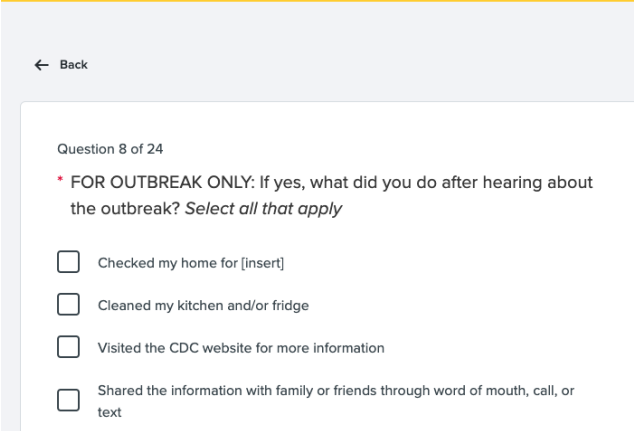
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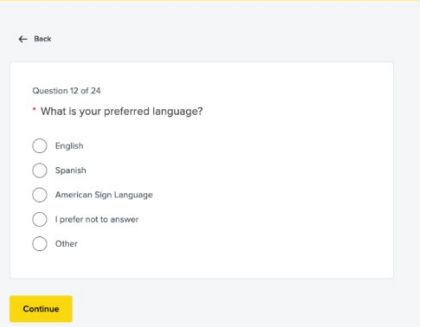
Question 8 of 24
* FOR OUTBREAK ONLY: If yes, what did you do after hearing about the outbreak? Select all that apply
Checked my home for [insert]
Cleaned my kitchen and/or fridge
Visited the CDC website for more information
Shared the information with family or friends through word of mouth, call, or text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* What is your preferred language?
English
Spanish
American Sign Language
I prefer not to answer
Other
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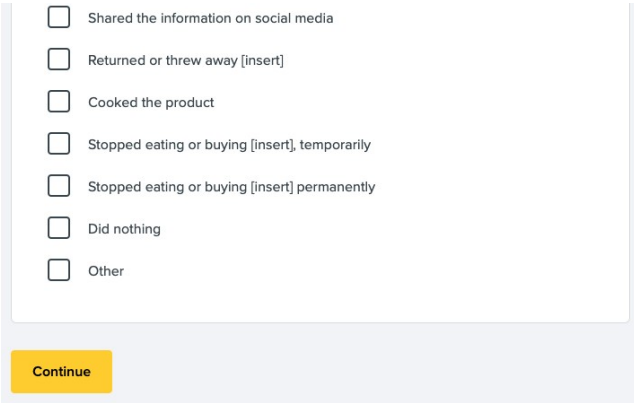
Shared the information on social media
Returned or threw away [insert]
Cooked the product
Stopped eating or buying [insert], temporarily
Stopped eating or buying [insert] permanently
Did nothing
Other
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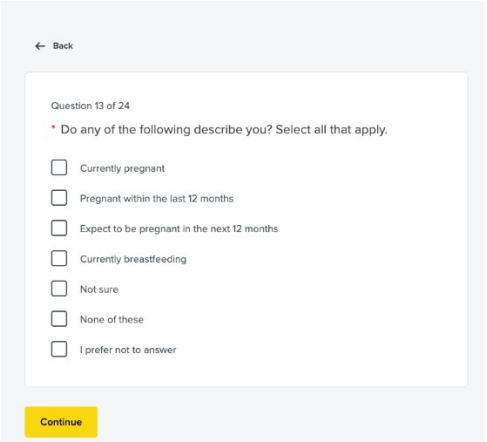
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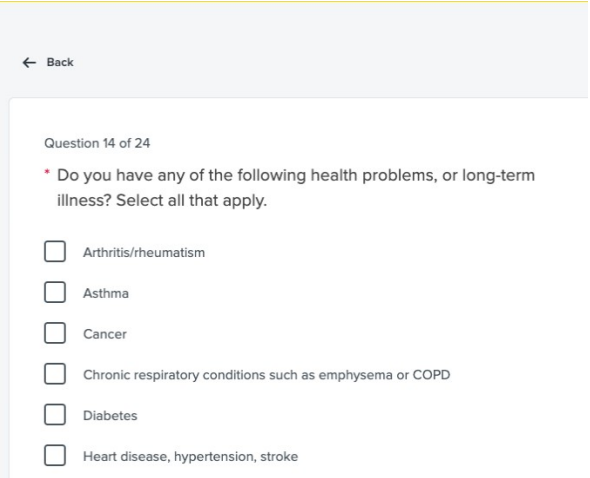
* Do any of the following describe you? Select all that apply.
Currently pregnant
Pregnant within the last 12 months
Expect to be pregnant in the next 12 months
Currently breastfeeding
Not sure
None of these
I prefer not to answer
Continue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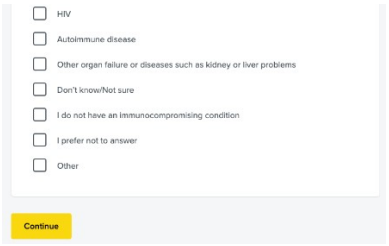
* Do you have any of the following health problems, or long-term illness? Select all that apply.
Arthritis/rheumatism
Asthma
Cancer
Chronic respiratory conditions such as emphysema or COPD
Diabetes
Heart disease, hypertension, stroke


HIV
Autoimmune disease
Other organ failure or diseases such as kidney or liver problems
Don't know/Not sure
I do not have an immunocompromising condition
I prefer not to answer
Other
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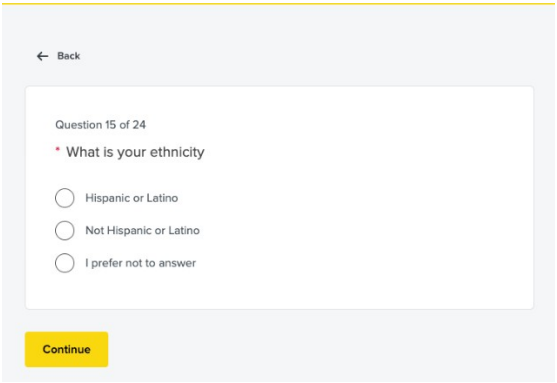
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* What is your ethnicity
Hispanic or Latino
Not Hispanic or Latino
I prefer not to answer
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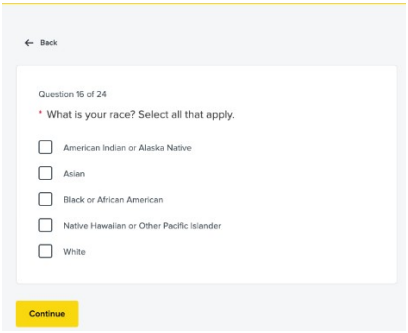
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* What is your race? Select all that apply.
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
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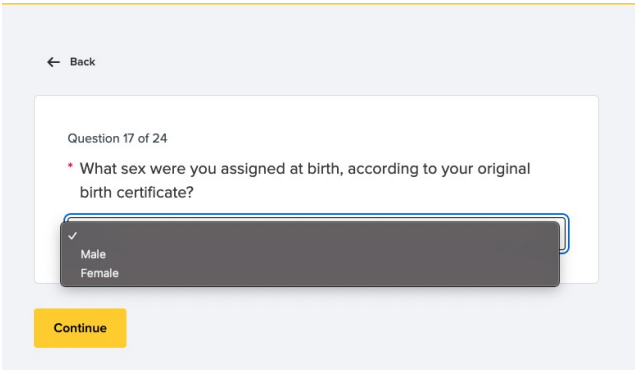
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Question 17 of 24
* What sex were you assigned at birth, according to your original birth certificate?
Male
Female
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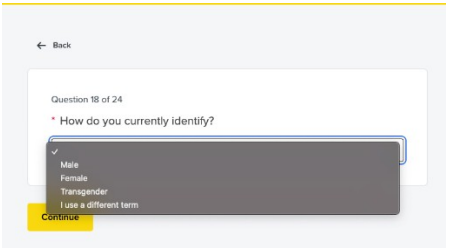
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* How do you currently identify?
Male
Female
Transgender
I use a different term
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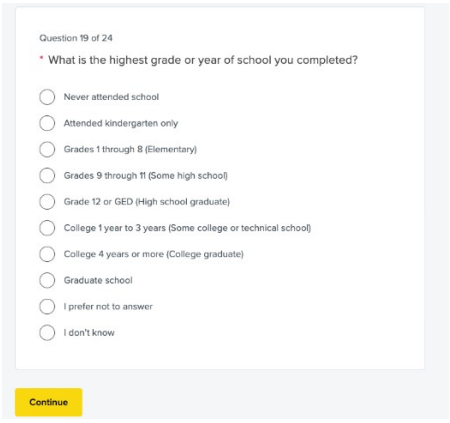
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* What is the highest grade or year of school you completed?
Never attended school
Attended kindergarten only
Grades 1 through 8 (Elementary)
Grades 9 through 11 (Some high school)
Grade 12 or GED (High school graduate)
College 1 year to 3 years (Some college or technical school)
College 4 years or more (College graduate)
Graduate school
I prefer not to answer
I don't know
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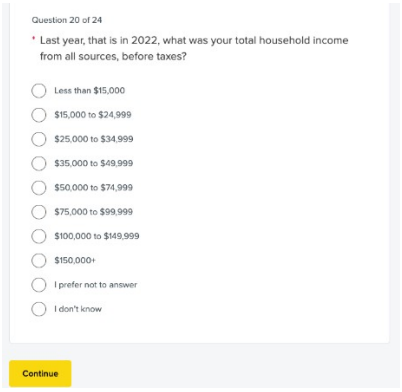
Question 20 of 24
* Last year, that is in 2022, what was your total household income from all sources, before taxes?
Less than $15,000
$15,000 to $24,999
$25,000 to $34,999
$35,000 to $49,999
$50,000 to $74,999
$75,000 to $99,999
$100,000 to $149,999
$150,000+
I prefer not to answer
I don't know
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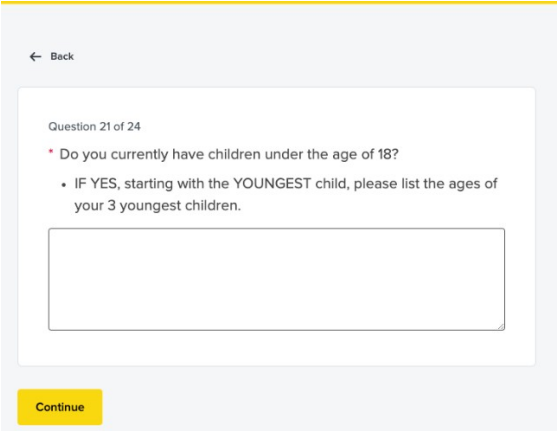

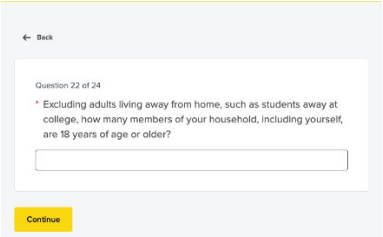

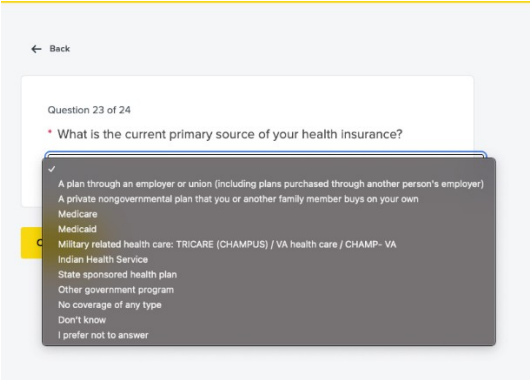

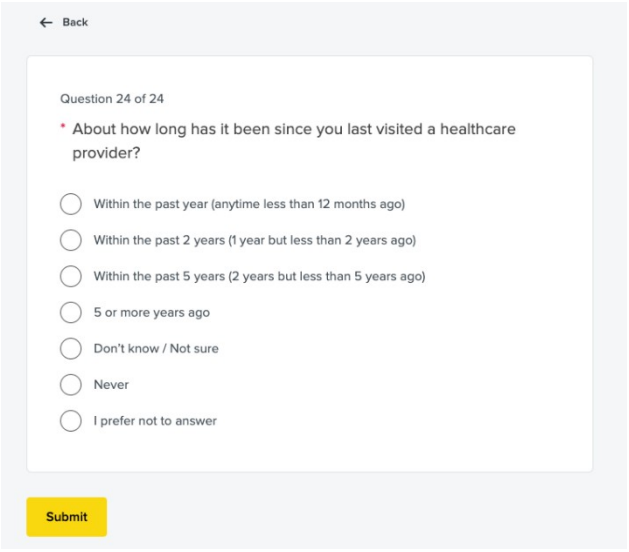

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