

**GenIC Clearance for CDC/ATSDR
Formative Research and Tool Development**

**Food Safety Communication Evaluation:
Assessing Food Safety Messages, Knowledge, and
Attitudes**

Attachment 11 - Rapid Survey

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Rapid Online Survey

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 -15 minutes.

Please read and electronically sign this in order to participate in the survey.

We're pleased you have accepted our invitation to participate. You will be responding to topics of interest to the Centers for Disease Control and Prevention (CDC). CDC engaged us to recruit for their survey. Since your opinions, observations, reactions, and other expressions are the reason for conducting this survey, we hope you will participate fully in the process. You do not have to respond to all survey questions. We will not sell, distribute, or otherwise release personally identifiable information we collect to CDC unless it is a necessary part of this project. By proceeding to the survey, you acknowledge that you understand, agree to, and consent to the above and that you waive and release any claim you may have against Banyan Communications and its clients, owners, agents, affiliates, employees and managers arising out of your voluntary participation in this survey.

Would you like to participate in the survey (by checking this box below you are electronically signing the statement above)?

- ☐ Yes (CONTINUE)
☐ No. Okay, thank you for your time today. (STOP HERE)

A/B Message Testing

Respondents would be presented with two different messages and/or concepts for comparative reaction

1. Please select the message/product that you would be most likely to follow the recommendation.
 - ☐ Why is this message/product motivating for you?
2. Please select the message/product that you understand most clearly.
 - ☐ Why was this message/product easy to understand?
 - ☐ What could be explained more clearly in this preferred message?
3. Please select the message/product that you think is most appealing.
 - ☐ What was appealing about this message/product to you?
 - ☐ What could be more appealing about this preferred message/product?
4. Please select the message/product that you will remember best.
 - ☐ What was easy to remember about this message/product?
 - ☐ What could make it easier to remember this preferred message?

5. What is the most important information in this message/product for you? [open-ended]
- o Why was this information important to you?
 - o In your opinion, are there any portions of this preferred message/product that aren't important?
 - o Why are those things irrelevant to you?

Awareness

6. IF OUTBREAK: There is currently an outbreak of [insert] linked to [insert]. Have you heard anything about that? Y/N
7. IF FOOD SAFETY MESSAGE TESTING: Have you ever heard about [insert pathogen and/or food safety prevention method]?
- o If yes, where did you hear about the [outbreak/food safety prevention message/pathogen]? *Select all that apply.*
 - Facebook
 - Twitter
 - Instagram
 - TikTok
 - YouTube
 - Citizen App/Nextdoor
 - News
 - Radio
 - Podcast
 - CDC website
 - Family, friends, or colleagues
 - Healthcare provider
 - Local neighborhood market
 - Chain grocery store
 - None of these
 - Do not remember
 - Other
8. FOR OUTBREAK ONLY: If yes, what did you do after hearing about the outbreak? *Select all that apply*
- o Checked my home for [insert]
 - o Cleaned my kitchen and/or fridge
 - o Visited the CDC website for more information
 - o Shared the information with family or friends through word of mouth, call, or text
 - o Shared the information on social media
 - o Returned or threw away [insert]
 - o Cooked the product
 - o Stopped eating or buying [insert], temporarily
 - o Stopped eating or buying [insert] permanently
 - o Did nothing
 - If selected: Can you explain why you did nothing?
 - o Other [open response]
9. FOR OUTBREAK ONLY: When you heard about the outbreak, did you think you might have some of the contaminated food?

- ☐ Yes, I knew I bought it but had already finished it.
- ☐ Yes, I knew I bought it and still have some at home.
- ☐ Yes, I didn't buy it but I knew I had some at home.
- ☐ No, I knew I did not have it.
- ☐ I wasn't sure if I had it or if I did not.

Demographics

10. Age: How old are you?

11. Location: What is your ZIP code?

12. Language: What is your preferred language?

- ☐ English
- ☐ Spanish
- ☐ American Sign Language
- ☐ Other
- ☐ I prefer not to answer

13. High risk for severe illness

- ☐ Pregnancy
 - 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
- ☐ Immunocompromised: 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
 - Other/not listed
 - Don't know/Not sure
 - I do not have an immunocompromising condition
 - I prefer not to answer

14. Race/Ethnicity

- ☐ What is your ethnicity
 - Hispanic or Latino

- Not Hispanic or Latino
- I prefer not to answer
- o 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

15. Gender Identity

- o What sex were you assigned at birth, according to your original birth certificate?
 - Male
 - Female
- o How do you currently identify?
 - Male
 - Female
 - Transgender
 - I use a different term
- o Just to confirm, you were assigned <FILL> at birth and now you describe yourself as <FILL>. Is that correct?
 - Yes
 - No <return to beginning of Gender Identity questions>

16. Education attainment

- o 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

17. Household

- o 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
- o Size
 - Do you currently have children under the age of 18?
 - o IF YES, starting with the YOUNGEST child, please list the ages of your 3 youngest children.
 - Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

18. Health insurance: What is the current primary source of your health insurance?

- o A plan through an employer or union (including plans purchased through another person's employer)
- o A private nongovernmental plan that you or another family member buys on your own
- o Medicare
- o Medicaid
- o Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA
- o Indian Health Service
- o State sponsored health plan
- o Other government program
- o No coverage of any type
- o Don't know
- o I prefer not to answer

19. Health care seeking: About how long has it been since you last visited a healthcare provider?

- o Within the past year (anytime less than 12 months ago)
- o Within the past 2 years (1 year but less than 2 years ago)
- o Within the past 5 years (2 years but less than 5 years ago)
- o 5 or more years ago
- o Don't know / Not sure
- o Never
- o I prefer not to answer

