

Rapid Survey

Form Approved

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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.

The image displays four sequential screenshots of a web-based survey titled "Rapid Survey". Each screenshot shows a question within a light gray frame, with a yellow "Continue" button at the bottom.

- Question 1 of 24:** Asks the respondent to select the message/product they are most likely to follow the recommendation for, and provides a text box for reasons why it is motivating.
- Question 2 of 24:** Asks the respondent to select the message/product they understand most clearly, and provides a text box for reasons why it is easy to understand or could be explained more clearly.
- Question 3 of 24:** Asks the respondent to select the message/product they think is most appealing, and provides a text box for reasons why it is appealing or could be more appealing.
- Question 4 of 24:** Asks the respondent to select the message/product they will remember best, and provides a text box for reasons why it was easy to remember or could make it easier to remember.

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Question 5 of 24

* What is the most important information in this message/product for you?

- Why was this information important to you?
- In your opinion, are there any portions of this preferred message/product that aren't important?
- Why are those things irrelevant to you?

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Question 6 of 24

* There is currently an outbreak of [insert] linked to [insert]. Have you heard anything about that?

☐ Yes

☐ No

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Question 7 of 24

* Have you ever heard about [insert pathogen and/or food safety prevention method]?

- If yes, where did you hear about the [outbreak/food safety prevention message/pathogen]? Select all that apply.

☐ Yes

☐ No

☐ Facebook

☐ Twitter

☐ Instagram

☐ TikTok

☐ YouTube

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Question 9 of 24

* 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.

Continue

☐ 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

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Question 10 of 24

* How old are you?

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Question 11 of 24

* What is your ZIP code?

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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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Question 12 of 24

* 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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Question 13 of 24

* 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

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Question 14 of 24

* 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

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Question 15 of 24

* What is your ethnicity

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ I prefer not to answer

Continue

☐ 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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Question 16 of 24

* 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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Question 17 of 24

* What sex were you assigned at birth, according to your original birth certificate?

☒ Male

☐ Female

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Question 18 of 24

* How do you currently identify?

☒ Male

☐ Female

☐ Transgender

☐ I use a different term

Continue

Question 19 of 24

* 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

Continue

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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Question 21 of 24

* Do you currently have children under the age of 18?

- IF YES, starting with the YOUNGEST child, please list the ages of your 3 youngest children.

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Question 22 of 24

* 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?

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Question 23 of 24

* What is the current primary source of your health insurance?

✓

A plan through an employer or union (including plans purchased through another person's employer)

A private nongovernmental plan that you or another family member buys on your own

Medicare

Medicaid

Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA

Indian Health Service

State sponsored health plan

Other government program

No coverage of any type

Don't know

I prefer not to answer

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Question 24 of 24

* About how long has it been since you last visited a healthcare provider?

☐ Within the past year (anytime less than 12 months ago)

☐ Within the past 2 years (1 year but less than 2 years ago)

☐ Within the past 5 years (2 years but less than 5 years ago)

☐ 5 or more years ago

☐ Don't know / Not sure

☐ Never

☐ I prefer not to answer

Submit

Restricted Use/Any User (No encryption)