

**Front-of-Package
Nutrition Labeling
Consumer Study
Questionnaire**

May 2024



International
Food Information
Council

The International Food Information Council recently completed a consumer study on Front-of-Package Nutrition Labeling in partnership with Greenwald Research. This consumer study was conducted online from October 4-27, 2023, among 3,000 Americans between the ages of 18 and 80 years.

SCREENER

- 1. **[TREND]** What is your age? ____ **[TERMINATE IF UNDER 18 or OVER 80]**

- 2. **[TREND]** What is your gender? **[ROTATE 1-2]**
 - Male 1
 - Female 2
 - Prefer not to say 3
 - Other **[SPECIFY]** 4

- 3. **[TREND]** What is the highest level of education you have completed?
 - Less than high school 1
 - Graduated high school 2
 - Some college (no degree) 3
 - Associate’s degree or technical or vocational school 4
 - Bachelor’s degree 5
 - Graduate/professional degree 6

- 4. **[TREND]** Which of the following best describe(s) your race or ethnicity? *Please select all that apply.* **[RANDOMIZE]**
 - White 1
 - Black or African American 2
 - American Indian or Alaska Native 3
 - Asian or Pacific Islander 4
 - Native Hawaiian 5
 - Hispanic/Latino/Spanish descent 6
 - Other **[SPECIFY]** 7

- 5. **[REVISED]** How much of your household’s grocery shopping do you do?
 - All of it (100%) 1
 - Most of it (More than 50%, less than 100%) 2
 - Grocery shopping is equally split/shared with others (About 50%) 3
 - Some of it (Less than 50%, but more than 0%) 4
 - None of it (0%) 5
 - Other arrangement 6

- 6. **[TREND]** Which of the following best describes the area in which you live? **[RANDOMIZE]**
 - Rural 1
 - Small town 2
 - Suburban 3
 - Urban 4

- 7. **[NEW]** To the best of your knowledge, do you have any form of colorblindness?
 - Yes 1
 - No 2

NUTRITION LITERACY (Q8/Q9 MEASURE USING FDA INSTRUMENT)

8. **[NEW—FDA NUTRITION LITERACY QUESTION]** This question is fill-in-the-blank. Please select the option that best fits the blanks.

For a healthy diet, we are advised to eat five A of fruits and vegetables each B .

A

- Pieces..... 1
- Ounces..... 2
- Grams 3
- Servings **[CORRECT – ADD 1 PT TO LITERACY SCORE]**..... 4

B

- Day **[CORRECT – ADD 1 PT TO LITERACY SCORE]**..... 1
- Morning 2
- Meal 3
- Week 4

9. **[NEW—FDA NUTRITION LITERACY QUESTION]** The Nutrition Facts label is often found on the back of a food package. It is the table showing the amount of various nutrients in the food. If the Nutrition Facts label shows that one serving of the food contains 25% of the Daily Value (or 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?

- Low 1
- Medium 2
- High **[CORRECT – ADD 1 PT TO LITERACY SCORE]**..... 3
- Don't know 4

**[LITERACY SCORE RANGE: 0-3. HIGH LITERACY=2-3; LOW LITERACY=0-1]
 [REMAINDER OF SURVEY: SHOW “PLEASE PROVIDE A RESPONSE” NOTIFICATION IF RESPONDENT SKIPS A QUESTION BUT LET THEM PROCEED AFTER THAT WITHOUT ANSWERING. CODE AS 99 FOR REFUSAL]**

Please look at the three nutrition labels below and follow the instructions as quickly as you can.

[INSERT GRAPHICS HORIZONTALLY OF 3 NUTITION LEVELS BASED ON SPLIT SAMPLING BELOW]

[INSERT A LINK BENEATH EACH SCHEME TITLED: “IF NEEDED, CLICK HERE FOR MORE NUTRITION DETAIL.” THE NUTRITION FACTS LABEL DISPLAYED WILL MATCH THE NUTRIENT PROFILE OF THE SCHEME ABOVE IT.]

10. **[NEW – FDA COMPARISON]** Which one of the three nutrition labels shows the healthiest overall nutrient profile?

11. **[NEW – FDA COMPARISON]** Which one of the three nutrition labels shows the least healthy overall nutrient profile?

12. **[NEW]** On average, how often do you eat **[INSERT BASED ON SPLIT SAMPLE: breakfast cereal/canned soup]**?

- Daily5
- A few times a week4
- Once a week3
- Once or twice a month2
- Less than once a month1
- Never0
- Don't know8

13. **[NEW] [IF NEVER/DON'T KNOW]** Does anyone in your household ever eat **[INSERT BASED ON SPLIT SAMPLE: breakfast cereal/canned soup]**?

- Yes.....1
- No.....2
- Don't know3

14. **[NEW]** When it comes to judging how healthy a **[INSERT BASED ON SPLIT SAMPLE: breakfast cereal/canned soup]** is, what do you think are the most important pieces of nutrition information **for you** to know about the product? *Please select all that apply.* **[RANDOMIZE]**

- Serving Size.....1
- Calories2
- Total Fat.....3
- Saturated Fat4
- Trans Fat.....5
- Cholesterol.....6
- Sodium7
- Total Carbohydrate8
- Dietary Fiber9
- Total Sugars10
- Added Sugars.....11
- Protein.....12

Vitamin D.....	13
Calcium.....	14
Iron.....	15
Potassium	16
Other [SPECIFY]	17
None of the above	18

15. **[NEW - FDA COMPARISON]** Please take a moment to look at this food product. On a scale from 1 to 6, where 1 is “strongly disagree” and 6 is “strongly agree,” how much do you disagree or agree with the following statements? **[RANDOMIZE] [SHOW SPLIT SAMPLE FOP SCHEME]**

		Strongly disagree	Somewhat disagree	Slightly disagree	Slightly agree	Somewhat agree	Strongly agree
a.	I can easily find nutrition information on this label.	1	2	3	4	5	6
b.	I can easily use information on this label to determine if this food can be part of a healthful dietary pattern.	1	2	3	4	5	6

16. **[NEW - FDA COMPARISON]** In your opinion, how healthy is this food product? **[ROTATE 1-6/6-1] [SHOW SPLIT SAMPLE FOP SCHEME]**

Very unhealthy	1
Moderately unhealthy.....	2
Slightly unhealthy.....	3
Slightly healthy.....	4
Moderately healthy.....	5
Very healthy	6

17. **[NEW - FDA COMPARISON]** What is your reaction to how the food package is communicating the healthfulness of the food? **[SHOW SPLIT SAMPLE FOP SCHEME]**

		Not Trustworthy					Trustworthy	Don't know
a.	Trustworthy	1	2	3	4	5	6	98

18. **[NEW]** Are you satisfied with the **amount** of information provided on the front of this package? **[ROTATE 2-3] [SHOW SPLIT SAMPLE FOP SCHEME]**

Yes, I am satisfied	1
No, there should be more info	2
No, there should be less info	3

19. **[NEW] [EVER BUYS PRODUCT]** Based solely on the information you see on this package, how likely would you be to purchase this **[INSERT BASED ON SPLIT SAMPLE: breakfast cereal/canned soup]**? **[ROTATE 1-6/6-1] [SHOW SPLIT SAMPLE FOP SCHEME]**
- Very unlikely..... 1
 Moderately unlikely 2
 Slightly unlikely 3
 Slightly likely 4
 Moderately likely 5
 Very likely 6
20. **[NEW]** Please rate the healthfulness of a product with this label on the front of its package **[ROTATE 1-6/6-1] [SHOW SPLIT SAMPLE FOP SCHEME]**
- Very unhealthy 1
 Moderately unhealthy..... 2
 Slightly unhealthy..... 3
 Slightly healthy..... 4
 Moderately healthy..... 5
 Very healthy 6
21. **[NEW] [SODIUM VERSION]** How concerned would you be about consuming a food or beverage with this label on the front of its package? **[ROTATE 1-5/5-1] [SHOW SPLIT SAMPLE FOP SCHEME]**
- Extremely concerned 5
 Very concerned 4
 Somewhat concerned 3
 Not too concerned 2
 Not at all concerned 1
22. **[NEW] [SATURATED FAT VERSION]** How concerned would you be about consuming a food or beverage with this label on the front of its package? **[ROTATE 1-5/5-1] [SHOW SPLIT SAMPLE FOP SCHEME]**
- Extremely concerned 5
 Very concerned 4
 Somewhat concerned 3
 Not too concerned 2
 Not at all concerned 1
23. **[NEW] [ADDED SUGARS VERSION]** How concerned would you be about consuming a food or beverage with this label on the front of its package? **[ROTATE 1-5/5-1] [SHOW SPLIT SAMPLE FOP SCHEME]**
- Extremely concerned 5
 Very concerned 4
 Somewhat concerned 3
 Not too concerned 2
 Not at all concerned 1

24. **[REVISED – FDA COMPARISON]** Compared to other people your age, would you say your health is...? **[ROTATE 1-5/5-1]**
- Excellent.....5
 Very good.....4
 Good3
 Fair.....2
 Poor.....1
 Don't know6
 Prefer not to answer7
25. **[TREND]** How knowledgeable are you about nutrition? **[ROTATE 1-5/5-1]**
- Extremely knowledgeable.....5
 Very knowledgeable4
 Somewhat knowledgeable.....3
 Not too knowledgeable.....2
 Not at all knowledgeable1
26. **[NEW – USDA HEI SCORE COMPARISON]** How would you rate the healthfulness of your overall diet on a scale of 0 to 100 (where 0 means “very poor” and 100 means “excellent”)?
 _____ **[DROP DOWN 0 TO 100]**
27. **[TREND]** In general, how carefully do you review the nutritional information on food and beverage products when shopping? **[ROTATE 1-5/5-1]**
- Extremely carefully.....5
 Very carefully4
 Somewhat carefully3
 Not too carefully2
 Not at all carefully1
28. **[NEW]** Have you ever been influenced to purchase or not purchase an item based on **front of package** nutritional labels or claims?
- Yes1
 No2
 Not sure.....3
29. **[NEW – FDA COMPARISON]** For each of the following statements, please indicate how strongly you disagree or agree? **[RANDOMIZE]**

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
a.	If I eat a healthy diet I can reduce my chance of getting heart disease	1	2	3	4	5	6

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
b.	If I eat a healthy diet I can reduce my chance of getting cancer	1	2	3	4	5	6
c.	I am confident that I know how to choose healthy foods	1	2	3	4	5	6
d.	Eating a healthy diet is important for my long-term health	1	2	3	4	5	6

30. **[NEW – FDA COMPARISON]** This is an example of a Nutrition Facts label. We are going to ask you a few questions about the Nutrition Facts label. **[SHOW IMAGE OF NUTRITION FACTS LABEL]**



How confident are you that you understand the Nutrition Facts label? **[ROTATE 1-5/5-1]**

- Extremely confident5
- Very confident.....4
- Somewhat confident3
- A little confident.....2
- Not at all confident.....1

31. **[NEW – FDA COMPARISON]** When buying a packaged food product **for the first time**, how often do you use the Nutrition Facts label? **[SHOW IMAGE OF NUTRITION FACTS LABEL]** **[ROTATE 1-5/5-1]**

- Always5
- Most of the time4
- Sometimes3
- Rarely4
- Never.....1
- I'm not aware of/have never seen the label.....6

32. **[NEW]** How often do you use the Nutrition Facts label when you are buying a food product you've purchased before? **[SHOW IMAGE OF NUTRITION FACTS LABEL]** **[ROTATE 1-5/5-1]**
- Always5
 Most of the time4
 Sometimes3
 Rarely4
 Never.....1
 I'm not aware of/have never seen the label.....6
33. **[NEW – FDA COMPARISON]** When you buy packaged foods for the first time, how often do you read the Nutrition Facts label to compare how healthy or nutritious different foods are? **[SHOW IMAGE OF NUTRITION FACTS LABEL]** **[ROTATE 1-5/5-1]**
- Always5
 Most of the time4
 Sometimes3
 Rarely4
 Never.....1
 I'm not aware of/have never seen the label.....6
34. **[NEW]** **[IF USES NF LABEL EVER (Q31, Q32, Q33)]** Below is an example of a Nutrition Facts label. In general, when you use a Nutrition Facts label when purchasing food, what pieces of information do you look at? You can click on the image below to select your answer(s). Please select all that apply. **[DISPLAY CLICKABLE VERSION OF NUTRITIONAL FACTS LABEL]**

Nutrition Facts	
9 servings per container	
Serving size	1 cup (40g)
Amount per serving	
Calories	160
<small>% Daily Value*</small>	
Total Fat 2g	3%
Saturated Fat 0.5g	4%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 340mg	15%
Total Carbohydrate 32g	12%
Dietary Fiber 1g	4%
Total Sugars 15g	
Includes 8g Added Sugars	15%
Protein 3g	
Vit. D 2mcg 10%	Calcium 130mg 10%
Iron 8mg 45%	Potas. 280mg 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.

I look at all of the information on the Nutrition Facts label (all of the above)..... 98

35. **[NEW]** **[IF CLICKS ANY INFORMATION FROM THE NUTRITION FACTS LABEL IN PREVIOUS QUESTION]** You indicated that you look at the following pieces of information when reviewing a Nutrition Facts label. Please rank the top 3 pieces of information for you in order of importance, with 1 being your top choice. **[RANDOMIZE]** **[PIPE CHOICES SELECTED]**
- Serving Size..... 1
 Calories2

Total Fat.....3
 Saturated Fat4
 Trans Fat.....5
 Cholesterol.....6
 Sodium7
 Total Carbohydrate8
 Dietary Fiber9
 Total Sugars 10
 Added Sugars..... 11
 Protein..... 12
 Vitamin D..... 13
 Calcium..... 14
 Iron..... 15
 Potassium 16

36. **[NEW] [IF USES NF LABEL EVER (Q31, Q32, Q33)]** Which of the following do you use/review the Nutrition Facts label for more often? **[RANDOMIZE]**

- To get more of certain nutrients in your diet (e.g., fiber, protein, calcium) 1
 To get less of certain nutrients in your diet (e.g., added sugars, saturated fat, sodium).....2
 I use Nutrition Facts equally for both purposes.....3
 I don't know4

37. **[REVISED]** How often do you consider the following nutritional labels or claims **on the front** of product packaging when deciding to purchase food and beverage products? **[RANDOMIZE]**
[ADD IMAGE EXAMPLES TO CELLS]

		Always	Most of the time	Sometimes	Rarely	Never
a.	Nutrition Facts highlights, which summarize key nutritional content per serving (e.g., calories, total sugars, sodium, saturated fat)	5	4	3	2	1
b.	Labels that indicate what percent of daily recommended nutrients/food groups the product provides or a specific amount of a nutrient of interest (e.g., “One serving contains 20% of your daily fiber needs”, “5 grams fiber per serving”)	5	4	3	2	1
c.	Ingredient-specific labels that identify ingredients that are included or excluded (e.g., “contains whole grains,” “no added sugars”)	5	4	3	2	1

		Always	Most of the time	Sometimes	Rarely	Never
d.	Nutrient-content claims (e.g., “Good source of calcium,” “low in fat,” “high in fiber”)	5	4	3	2	1

38. **[REVISED]** [IF ANY 4 OR 5 IN PREVIOUS Q] Which of the following nutritional labels or claims **on the front** of product packaging is **most helpful** when purchasing food and beverage products to buy **for yourself**? Please rank your top choice. **[RANDOMIZE]** **[ADD HYPERLINK TO SEE IMAGES FOR EACH]**

- a. Nutrition Facts highlights, which summarize key nutritional content per serving (e.g., calories, total sugars, sodium, saturated fat)..... 1
- b. Labels that indicate what percent of daily recommended nutrients/food groups the product provides or a specific amount of a nutrient of interest (e.g., “One serving contains 20% of your daily fiber needs”, “5 grams fiber per serving”) 2
- c. Ingredient-specific labels that identify ingredients that are included or excluded (e.g., “contains whole grains,” “no added sugars”) 3
- d. Nutrient-content claims (e.g., “Good source of calcium,” “low in fat,” “high in fiber”)..... 4
- e. None of the above **[KEEP LAST & CANNOT CHECK ANY OTHERS]**..... 9

39. **[TREND]** In general, when you come across these nutritional labels and claims **on the front** of food and beverage product packaging, how easy or difficult is it to understand what they are communicating? **[RANDOMIZE]** **[ADD HYPERLINK TO SEE IMAGES FOR EACH]**

		Very easy to understand	Somewhat easy to understand	Neutral	Somewhat difficult to understand	Very difficult to understand
a.	Nutrition Facts highlights, which summarize key nutritional content per serving (e.g., calories, total sugars, sodium, saturated fat)	5	4	3	2	1
b.	Labels that indicate what percent of daily recommended nutrients/food groups the product provides or a specific amount of a nutrient of interest (e.g., “One serving contains 20% of your daily fiber needs”, “5 grams fiber per serving”)	5	4	3	2	1
c.	Ingredient-specific labels that identify ingredients that are included or excluded	5	4	3	2	1

		Very easy to understand	Somewhat easy to understand	Neutral	Somewhat difficult to understand	Very difficult to understand
	(e.g., “contains whole grains,” “no added sugars”)					
d.	Nutrient-content claims (e.g., “Good source of calcium,” “low in fat,” “high in fiber”)	5	4	3	2	1

40. **[REVISED]** How much of an impact do the following have on your decision to buy foods and beverages in general? **[RANDOMIZE]**

		Significant impact	Moderate impact	Minor impact	No impact
a.	Nutritional labels and claims on the front of product packaging	4	3	2	1
b.	The Nutrition Facts label, typically on the back or side of product packaging	4	3	2	1

41. **[TREND]** **[IF CONSIDERS FOP LABELS (ANY Q37 = 3-5)]** How often do you pay attention to nutritional labels and claims **on the front of product packaging** when shopping for the following? **[RANDOMIZE]**

		Always	Often	Sometimes	Rarely	Never	N/A – Never Buy
a.	Meat, poultry, or seafood	5	4	3	2	1	6
b.	Dairy (e.g., milk, yogurt, cheese)	5	4	3	2	1	6
c.	Plant-based dairy alternatives (e.g., soy-, almond- and oat-based milk, cashew-based yogurt)	5	4	3	2	1	6
d.	Candy and chocolate	5	4	3	2	1	6
e.	Savory or salty snacks (e.g., crackers, pretzels, popcorn, potato or tortilla chips)	5	4	3	2	1	6
f.	Desserts and sweet snacks (e.g., ice cream, frozen yogurt, cakes, donuts, pastries, cookies)	5	4	3	2	1	6
g.	Grains (e.g., bread, rice, pasta)	5	4	3	2	1	6
h.	Sugar-sweetened beverages (e.g., soft drinks, fruit drinks, sweetened tea and coffee drinks, sport and energy drinks)	5	4	3	2	1	6
i.	Low-calorie-sweetened beverages (e.g., diet sodas, teas,	5	4	3	2	1	6

		Always	Often	Sometimes	Rarely	Never	N/A – Never Buy
	lower sugar sport and energy drinks)						
j.	100% fruit and vegetable juices	5	4	3	2	1	6
k.	Breakfast cereals	5	4	3	2	1	6
l.	Frozen meals	5	4	3	2	1	6
m.	Nutritional/granola/snack bars	5	4	3	2	1	6
n.	Canned soup	5	4	3	2	1	6
o.	[NEW] Sugar-free gum or mints	5	4	3	2	1	6

42. **[NEW]** Imagine you were at a grocery store shopping for smaller items that are in individually wrapped snack-sized packages.

If you could only pick **one** piece of nutrition information to appear on the front of its package, what would it be? *Please select only one.* **[RANDOMIZE]**

- Serving Size..... 1
- Calories..... 2
- Total Fat..... 3
- Saturated Fat 4
- Trans Fat..... 5
- Cholesterol..... 6
- Sodium 7
- Total Carbohydrate 8
- Dietary Fiber 9
- Total Sugars 10
- Added Sugars..... 11
- Protein..... 12
- Vitamin D..... 13
- Calcium..... 14
- Iron..... 15
- Potassium 16
- Other **[SPECIFY]** 17
- None of the above 18

43. **[NEW]** When thinking about your criteria for what makes a food healthy, which of the following do you consider to be important factors? *Select all that apply.* **[RANDOMIZE]**

Serving Size.....	1
Calories.....	2
Total Fat.....	3
Saturated Fat.....	4
Trans Fat.....	5
Cholesterol.....	6
Sodium.....	7
Total Carbohydrate.....	8
Dietary Fiber.....	9
Total Sugars.....	10
Added Sugars.....	11
Protein.....	12
Vitamin D.....	13
Calcium.....	14
Iron.....	15
Potassium.....	16
Other [SPECIFY]	17
None of the above.....	18

44. **[NEW]** **[SPLIT SAMPLE FOUR WAYS]** Below is an image of a bottled beverage. Imagine you came across this product in a grocery store. Based on the information you see on its packaging, how would you rate the healthfulness of this product on the following scale? **[ROTATE 1-6/6-1]**

Group 1: No FOP Scheme, No Healthy icon

Group 2: No FOP Scheme, Healthy icon

Group 3: FOP Scheme, Healthy icon

Group 4: FOP Scheme, No Healthy icon

Very unhealthy.....	1
Moderately unhealthy.....	2
Slightly unhealthy.....	3
Slightly healthy.....	4
Moderately healthy.....	5
Very healthy.....	6

45. **[TREND]** To what extent do you agree or disagree with the following? **[RANDOMIZE]**

		Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
a.	There is enough nutrition information found on the front of food and beverage product packaging	5	4	3	2	1
b.	It is hard to know which labels and claims on the front of food and beverage product packaging are most important	5	4	3	2	1
c.	[REVISED] You pay more attention to labels and claims on the front of food and beverage product packaging now than you did previously	5	4	3	2	1
f.	You often pay attention to labels and claims on the front of food and beverage product packaging because it helps you make healthier decisions	5	4	3	2	1
j.	[2018 TREND] You would be more likely to purchase a food that has a symbol or image on the package indicating that it is healthy	5	4	3	2	1

46. **[TREND]** What is your marital status?

- Single, never married..... 1
- Married 2
- Living with partner 3
- Divorced or separated 4
- Widowed 5
- Other **[SPECIFY]** 6
- Prefer not to say 7

47. **[NEW]** How many total people, including yourself, currently live in your household? **[PROVIDE DROPDOWN WITH OPTIONS BETWEEN 1 AND 14]**

_____ total people in household

48. **[NEW]** **[MORE THAN 1 IN HOUSEHOLD]** How many of the people in your household are children 17 years and younger? **[PROVIDE DROPDOWN WITH OPTIONS BETWEEN 1 AND 13]**

_____ children age 17 and younger in household

49. **[NEW] [MORE THAN 1 IN HOUSEHOLD]** Please indicate if you are ever responsible for purchasing groceries for anyone in the following age ranges? *Please select all that apply.*
- Newborn, infant or toddler age 2 or younger 1
 - Child age 3-17 2
 - Adult age 18+ 3
50. **[NEW]** How much does your household typically spend on groceries per week?
- Less than \$50 1
 - \$50-99 2
 - \$100-149 3
 - \$150-199 4
 - \$200 or more 5
 - Not sure 6
51. **[NEW]** How often do you purchase groceries?
- Daily 1
 - 2-6 times per week 2
 - Once a week 3
 - Once every two weeks 4
 - Once a month 5
 - Other **[SPECIFY]** 6
52. **[NEW]** From what type of store do you (and others in your household) **most often** shop for groceries **in-person?** **[RANDOMIZE]**
- Specialty grocery store (e.g., Whole Foods, Fresh Market, Sprout) 1
 - Large grocery store chain (e.g., Albertson’s, Safeway, Publix, Giant, Wegman’s) 2
 - Super Stores (e.g., Target, Walmart) 3
 - Wholesale store (e.g., Costco, Sam’s Club) 4
 - Small/local/corner/convenience store 5
 - Other **[SPECIFY]** 6
 - I don’t shop for groceries in-person 7
53. **[NEW]** How often do you feel rushed when you shop for groceries?
- Always 5
 - Most of the time 4
 - Sometimes 3
 - Rarely 4
 - Never 1
 - Don’t know 8
54. **[NEW]** Which of the following most closely matches the food items in your cart after completing a typical grocery store trip? **[ROTATE 1-5/5-1]**
- All fresh foods 1
 - Mostly fresh foods 2

Half fresh foods, half packaged foods (including boxed, canned, dried and frozen foods)	3
Mostly packaged foods (including boxed, canned, dried and frozen foods)	4
All packaged foods (including boxed, canned, dried and frozen foods)	5
Not sure.....	6

55. **[TREND]** What is your total annual household income?

Less than \$35,000	1
\$35,000 to less than \$50,000	2
\$50,000 to less than \$75,000	3
\$75,000 to less than \$100,000	4
\$100,000 to less than \$150,000	5
\$150,000 or more	6

56. **[NEW]** Does anyone in your household receive food assistance through any of the following government programs? **[RANDOMIZE 1-3]**

Supplemental Nutrition Assistance (SNAP) program.....	1
Women, Infants, and Children (WIC) program	2
Free or reduced-price National School Lunch program	3
Other program [SPECIFY]	4
Nobody in my household receives food assistance.....	5
Prefer not to say	6

57. **[TREND]** In which state do you currently live? **[DROP DOWN BOX OF STATES]**

58. **[NEW]** What language(s) do you speak at home? *Please select all that apply.*

English.....	1
Spanish	2
Other [SPECIFY]	3

59. **[NEW]** How much do you weigh?

Less than 100 pounds	1
100 to 149 pounds.....	2
150 to 199 pounds.....	3
200 to 249 pounds.....	4
250 to 299 pounds.....	5
300 to 349 pounds.....	6
350 to 399 pounds.....	7
400 pounds or more	8
Prefer not to answer [SKIP NEXT QUESTION]	9

60. **[NEW]** It will help greatly in the analysis of this survey if you tell us your precise weight. (Please give your best estimate if you do not know your exact weight.) **[PROVIDE DROPDOWN WITH THE SPECIFIC WEIGHTS IN THE SELECTED CATEGORY ABOVE, WITH AN OPTION TO GO BACK AND CHANGE THE CATEGORY.]**

_____ pounds
Prefer not to answer9

61. **[NEW]** How tall are you? _____ feet _____ inches **[PROVIDE DROP DOWN BOX FOR EACH (FEET AND INCHES)]**
Prefer not to answer9

62. **[REVISED]** Have you (or anyone in your household) ever been diagnosed with having any of following medical conditions? *Please select all that apply.* **[RANDOMIZE]**

Attention deficit hyperactivity disorder (ADHD).....	1
Cancer/cancer survivor	2
Diabetes	3
High cholesterol.....	4
Heart disease.....	5
High blood pressure	6
Overweight/obesity	7
Decreased muscle strength/impaired mobility	8
Osteoporosis	9
Stroke	10
Stress/Anxiety/Depression	11
Alzheimer’s disease or related forms of dementias.....	12
Gastrointestinal disorders	13
Food allergies (including diagnosed food intolerances/sensitivities)	14
Other [SPECIFY]	15
None of the above [KEEP LAST & CANNOT CHECK ANY OTHERS]	16