SRG Proprietary Shopper Insights Study
Fieldwork Partner: Decipher
June 2015
FINAL

Thanks for agreeing to complete this survey. Your opinions are very valuable to us.

You should find this survey very interesting as it contains a lot of questions about your lifestyle and food preferences. It should take you about 20 minutes to complete. Thanks for your help!

Please be completely honest as you answer the following questions. Your individual answers will be anonymous and strictly confidential, of course. Once you have answered all of the questions on a page, please click the "Next Page" button.

[DISABLE STOP AND RESUME FUNCTION AND BACK BUTTON. CAPTURE ALL SCREENING DATA.]

S1.   Who in your household is responsible for most of the food shopping?

SR	CHOOSE ONE	
A	Myself	CONTINUE
B	I share the responsibility with someone else	CONTINUE
C	Someone else	TERMINATE

S2.   What is your gender?

SR	
0	Male
1	Female

S3.   Please tell us your age? (LOOKING FOR EQUAL REPRESENTATION ACROSS AGE RANGE OF 18-65)

TYPE IN NUMBER	
	TERMINATE IF LESS THAN 18 OR OLDER THAN 65

Thanks for agreeing to complete this survey. You should find it very interesting as it contains questions related to your overall lifestyle and your food choices in particular. As always, all of your answers will be held strictly confidential. Thank you for your help!

1. Please tell us how much you agree or disagree with the following statements. (CHOOSE ONE PER ROW)

MR	RANDOMIZE	Strongly Agree	Agree Some what	Disagree Some what	Strongly Disagree
A	Stress keeps me from being the type of person I really want to be	-1	0	1	2
B	I work much more than I'd like	-1	0	1	2
D	It's hard for me to live healthy	-1	0	1	2
E	Most nights I don't get enough sleep	-1	0	1	2
F	I wish I had more willpower to make changes in my health	-1	0	1	2
H	I feel good about my lifestyle	2	1	0	-1
I	I think I am physically fit for my age	2	1	0	-1
J	My appearance is very important to me	2	1	0	-1
K	I have a very positive attitude about life	2	1	0	-1
M	I'm very satisfied with the healthfulness of my diet	2	1	0	-1
N	I do everything I should to take care of my health	2	1	0	-1
O	Friends and family criticize my health habits	-1	0	1	2
P	I often wish I had more energy	-1	0	1	2
Q	I am so busy, I often can't finish everything I need to in a day	-1	0	1	2
R	My health is not a top priority for me right now	-1	0	1	2
S	I know more about health and nutrition than most	2	1	0	-1
T	I find it difficult to make healthy food choices	-1	0	1	2

2. Which of the statements in each of the pairs below best describes you? (CHOOSE ONE PER ROW)

MR		CHOOSE ONE PER ROW		
	Points		Points	
A	5	My ideal life is within reach	-5	My ideal life is a lot different than life today
B	1	I'm energized by the things I have to do each day	-1	I'm exhausted by the things I have to do each day

3. And which of the following images best represents your day-to-day life right now? (CHOOSE ONE PER ROW)

MR		CHOOSE ONE PER ROW		
	Points		Points	
A	-1	Busy	1	Calm
B	1	Time for me	-1	No time for me
C	-1	Frustrating	1	Fulfilling

4. Which of the following best describes you? Are you actively trying to…

SR		SELECT ONE (POINTS BELOW)	POINTS
1	Lose weight	ASK Q5	0
2	Maintain your current weight	SKIP TO Q6	5
3	Prevent weight gain	SKIP TO Q6	3
4	Increase your weight	SKIP TO Q6	0
5	Not focused on my weight	SKIP TO Q6	0

5. How much weight are you trying to lose?

SR		POINTS
1	1-10 pounds	0
2	11-20 pounds	-2
3	21-30 pounds	-3
4	31-50 pounds	-5
5	More than 50 pounds	-10

6. About how often do you do exercise? (CHOOSE ONE)

SR		SELECT ONE (POINTS BELOW)
1	Rarely or never	-2
2	Occasionally, but less than once a month	-1
3	A few times each month	1
4	1 time per week	2
5	2-3 times per week	3
6	4 or more times per week	5

SCORING SYSTEM - ADD UP THE TOTAL POINTS ON Q1-6

SCORE OF 34 or Higher is Epitomizing Wellness
SCORE OF 17 to 33 is Aspiring to Wellness
SCORE OF 0 to 16 is Sacrificing Wellness
SCORE OF -1 to -16 is Scrambling for Wellness
SCORE -17 to -33 is Compromised Wellness
SCORE OF -34 or lower is Neglected Wellness

FREQUENCY OF ITEM CONSUMPTION

7.How often do you typically eat or drink each of the following foods or beverages.

MR		Every day	Several times a week	Several times a month	Once a month	Several times a year	Once a year or less	Never
	Frozen							
AA	Regular frozen microwaveable meals	365	156	72	12	5	1	0
AB	Diet frozen microwaveable meals	365	156	72	12	5	1	0
AC	Frozen vegetables and side dishes	365	156	72	12	5	1	0
AD	Frozen waffles	365	156	72	12	5	1	0
AE	Frozen fruit or frozen smoothie mixes	365	156	72	12	5	1	0
AF	Ice cream	365	156	72	12	5	1	0
AG	Frozen fish	365	156	72	12	5	1	0
AH	Frozen shrimp	365	156	72	12	5	1	0
AI	Frozen pizza	365	156	72	12	5	1	0
AJ	Frozen skillet meals/dinner kits	365	156	72	12	5	1	0
AK	Frozen appetizers	365	156	72	12	5	1	0
AL	Frozen snack rolls (like Pizza Rolls)	365	156	72	12	5	1	0
	Dairy							
AM	Packaged cheese	365	156	72	12	5	1	0
AN	Greek yogurt	365	156	72	12	5	1	0
AO	Traditional yogurt	365	156	72	12	5	1	0
AP	Orange juice	365	156	72	12	5	1	0
AQ	Margarine	365	156	72	12	5	1	0
AR	Sour cream based dips and spreads	365	156	72	12	5	1	0
AS	Butter	365	156	72	12	5	1	0
AT	Sour cream	365	156	72	12	5	1	0
AU	Refrigerated, flavored coffee creamers	365	156	72	12	5	1	0
AV	Cottage cheese	365	156	72	12	5	1	0
AW	Eggs or egg substitutes	365	156	72	12	5	1	0
AX	Dairy free Cheese	365	156	72	12	5	1	0
	Produce							
AY	Almonds	365	156	72	12	5	1	0
AZ	Pistachios	365	156	72	12	5	1	0
BA	Smoothie drinks (like Naked and Odwalla)	365	156	72	12	5	1	0
BB	Fresh fruit	365	156	72	12	5	1	0
BC	Fresh vegetables	365	156	72	12	5	1	0
BD	Packaged salad	365	156	72	12	5	1	0

BE	Refrigerated salad dressing	365	156	72	12	5	1	0
BF	Hummus	365	156	72	12	5	1	0
BG	Prepackaged guacamole	365	156	72	12	5	1	0
BH	Croutons/Salad toppings	365	156	72	12	5	1	0
BI	Veggie dips	365	156	72	12	5	1	0
BJ	Fresh-cut, ready to eat fruit (cups)	365	156	72	12	5	1	0
	Beverages							
BK	Milk	365	156	72	12	5	1	0
BL	Coconut Milk	365	156	72	12	5	1	0
BM	Almond Milk	365	156	72	12	5	1	0
BN	Soy Milk	365	156	72	12	5	1	0
BO	Bottled iced coffee or espresso drinks	365	156	72	12	5	1	0
BP	Sports drinks (like Gatorade)	365	156	72	12	5	1	0
BQ	Bottled water	365	156	72	12	5	1	0
BR	Full calorie soft drinks (soda)	365	156	72	12	5	1	0
BS	Diet soft drinks (soda)	365	156	72	12	5	1	0
BT	Bottled juice drinks	365	156	72	12	5	1	0
BU	Ready to drink tea	365	156	72	12	5	1	0
BV	Ground coffee	365	156	72	12	5	1	0
BW	Tea bags for hot tea	365	156	72	12	5	1	0
BX	Energy drinks	365	156	72	12	5	1	0
BY	Shelf stable fruit juices and fruit drinks	365	156	72	12	5	1	0
	Meat							
BZ	Hamburger	365	156	72	12	5	1	0
CA	Chicken	365	156	72	12	5	1	0
CB	Fresh fish	365	156	72	12	5	1	0
CC	Turkey (whole)	365	156	72	12	5	1	0
CD	Processed meat – packaged lunch meat, hot dogs, sausage, bacon	365	156	72	12	5	1	0
CE	Sandwich meat from the deli	365	156	72	12	5	1	0
CF	Rotisserie chicken or cooked meat from the deli	365	156	72	12	5	1	0
	Condiments							
CG	Ketchup	365	156	72	12	5	1	0
CH	Mustard	365	156	72	12	5	1	0
CI	Salsa	365	156	72	12	5	1	0
CJ	Pickles & Relish	365	156	72	12	5	1	0
CK	Barbeque sauce	365	156	72	12	5	1	0
CL	Olives	365	156	72	12	5	1	0
CM	Jams & Jellies	365	156	72	12	5	1	0
CN	Shelf stable salad dressings	365	156	72	12	5	1	0
CO	Canned soup	365	156	72	12	5	1	0
CP	Soup mixes	365	156	72	12	5	1	0
CQ	Marinades	365	156	72	12	5	1	0

CR	Tartar Sauce	365	156	72	12	5	1	0
CS	Gravy	365	156	72	12	5	1	0
CT	Peanut Butter	365	156	72	12	5	1	0
CU	Almond Butter	365	156	72	12	5	1	0
	Breakfast							
CV	Pancake syrup	365	156	72	12	5	1	0
CW	Cereal	365	156	72	12	5	1	0
CX	Oatmeal	365	156	72	12	5	1	0
CY	Pancake or waffle mixes	365	156	72	12	5	1	0
CZ	Granola	365	156	72	12	5	1	0
	Bakery							
DA	Bakery bread (loaves, breadsticks, rolls)	365	156	72	12	5	1	0
DB	Premade desserts (cookies, cakes)	365	156	72	12	5	1	0
DC	Bagels	365	156	72	12	5	1	0
DD	Doughnuts	365	156	72	12	5	1	0
	Center of Store							
DE	Cake mixes	365	156	72	12	5	1	0
DF	Cookies	365	156	72	12	5	1	0
DG	Crackers	365	156	72	12	5	1	0
DH	Popcorn (bagged, microwave, or seeds)	365	156	72	12	5	1	0
DI	Tortilla chips	365	156	72	12	5	1	0
DJ	Potato chips	365	156	72	12	5	1	0
DK	Corn chips (like Fritos)	365	156	72	12	5	1	0
DL	Pretzels	365	156	72	12	5	1	0
DM	Boxed Pasta Dinners	365	156	72	12	5	1	0
DN	Pasta	365	156	72	12	5	1	0
DO	Pasta Sauce	365	156	72	12	5	1	0
DP	Canned Fruit	365	156	72	12	5	1	0
DQ	Canned Vegetables	365	156	72	12	5	1	0
DR	Canned pasta	365	156	72	12	5	1	0
DS	Chia Seeds							
DT	Trail Mix	365	156	72	12	5	1	0
DU	Dried Fruit	365	156	72	12	5	1	0
DV	Energy or performance bars (like PowerBar)	365	156	72	12	5	1	0
DW	Lifestyle and wellness bars (like Kind, Clif, or Luna)	365	156	72	12	5	1	0
DX	Diet bars (like Special K or Atkins)	365	156	72	12	5	1	0
DY	Regular cereal or granola bars	365	156	72	12	5	1	0
	Confection	365	156	72	12	5	1	0
DZ	Caramel candy	365	156	72	12	5	1	0
EA	Chocolate candy	365	156	72	12	5	1	0
EB	Candy Bars	365	156	72	12	5	1	0
EC	Fruit Flavored Candy	365	156	72	12	5	1	0

	Sweeteners							
ED	Sugar	365	156	72	12	5	1	0
EF	Sugar alternatives (e.g. Sweet'n Low, Splenda etc)	365	156	72	12	5	1	0
EG	Honey	365	156	72	12	5	1	0
EH	Agave	365	156	72	12	5	1	0
	Supplements							
EI	Omega 3 or 6/Fish oil/DHA	365	156	72	12	5	1	0
EJ	Glucosamine	365	156	72	12	5	1	0
EK	Calcium/Minerals	365	156	72	12	5	1	0
EL	CoQ10	365	156	72	12	5	1	0
EM	Multivitamins	365	156	72	12	5	1	0
EN	Letter Vitamins – like Vitamin B, C, D, E	365	156	72	12	5	1	0
EO	Probiotics	365	156	72	12	5	1	0
EP	Echinacea	365	156	72	12	5	1	0
	Alcohol							
EQ	Domestic Beer	365	156	72	12	5	1	0
ER	Imported Beer	365	156	72	12	5	1	0
ES	Microbrew or Craft Beer	365	156	72	12	5	1	0
ET	Sparkling Wine	365	156	72	12	5	1	0
EU	Red Wine	365	156	72	12	5	1	0
EV	White Wine	365	156	72	12	5	1	0
EW	Scotch	365	156	72	12	5	1	0
EX	Gin	365	156	72	12	5	1	0
EY	Bourbon	365	156	72	12	5	1	0
EZ	Vodka	365	156	72	12	5	1	0
FA	Rum	365	156	72	12	5	1	0
FB	Tequila	365	156	72	12	5	1	0

8. How often do you buy food – whether it is groceries, meals, or snacks at each of the following types of stores …

MR		Two times a week or more	About once a week	About once every two weeks	About once a month	Less than monthly	Not in the past several months
A	A traditional grocery store – such as Kroger or Safeway	100	50	24	12	6	0
B	Target	100	50	24	12	6	0
C	Walmart	100	50	24	12	6	0
D	A natural food store like Whole Foods or Trader Joes	100	50	24	12	6	0
E	A club store like Costco or Sam's	100	50	24	12	6	0
F	A dollar store	100	50	24	12	6	0
G	A convenience store	100	50	24	12	6	0
H	A discount supercenter that is NOT Walmart or Target	100	50	24	12	6	0
I	A pharmacy such as Walgreens or CVS	100	50	24	12	6	0

9. People have told us about several different types of situations that they encounter at dinner time. We'd like to understand what your last few dinnertime situations have looked like. Please tell us which statement best describes the situation you experienced during the last four nights.

	RANDOMIZE	Last Night	Night before last	Two nights ago	Three nights ago
		SELECT ONE ANSWER FOR EACH COLUMN			
A	**Grab and go:** I had no time to stop, and had to eat while on the go or driving				
B	**Multi-tasking:** I ate dinner while working on the computer or doing an activity				
C	**Time to Savor:** I had plenty of time to relax and eat dinner				
D	**Beat the Clock:** I just needed to get dinner on the table quickly				
E	**Oasis:** I made time to recover and reward myself or my family for a busy week				
F	**I'm Beat:** After a tiring day I had very little energy to devote to making dinner				
G	**Nourish Me:** I made a decision to eat something that's better for me				
H	**Expand my Horizons:** I took the time to be adventurous and try something new				
I	**Change of Pace:** I decided to change things up a bit and have something I don't have often				
J	**Family or Friends Together:** Meal time was purposely planned just to have time to spend with people I care about				
K	**Some other situation**				
L	**No Dinner**				

10. For each of the occasions when you ate dinner over the past four days, did you eat at home, at a restaurant, or at someone else's house?

MR	POPULATE WITH THE FOUR SITUATIONS SELECTED IN Q9. IF RESPONDENT HAD TWO OR MORE OF ANY SITUATION, ENTER THAT SITUATION INTO THE RESPONSE COLUMN AS MANY TIMES AS THEY HAD THE SITUATION, UP TO 4	Ate at home	Ate at a restaurant	Ate at someone else's house
1		1	2	3
2		1	2	3
3		1	2	3
4		1	2	3

11. For the next few questions, please think for a moment about dinner last night. If you did not eat dinner last night, please think about the most recent dinner you ate. Let's start by understanding what type of mood you were in before you began preparing dinner? (ROTATE LIST, SELECT ALL THAT APPLY)

MR		CHECK ALL THAT APPLY	MR		CHECK ALL THAT APPLY
A	Accomplished	1	Q	Inspired	1
B	Bad Mood	1	R	Joyful	1
C	Bored	1	S	Mentally tired	1
D	Calm	1	T	Overwhelmed	1
E	Content	1	U	Peaceful	1
F	Cranky/Crabby	1	V	Positive	1
G	Depressed	1	W	Productive	1
H	Excited	1	X	Relaxed	1
I	Exhausted	1	Y	Rushed	1
J	Energetic	1	Z	Sad	1
K	Good Mood	1	AA	Sociable	1
L	Happy	1	BB	Stressed	1
M	Hurried	1	CC	Tense	1
N	In control	1	DD	Tired	1
O	Lonely	1	EE	Creative	1
P	Caring	1	FF	Adventurous	1

12. Please use the list below to select the item(s) that best describe what you ate for dinner last night or for your most recent dinner. (PROGRAMMER NOTE: RESPONDENT DOES NOT HAVE TO CHECK A COLUMN FOR EVERY ITEM.

MR	DINNER FOOD CHOICES	As dinner or a part of dinner	Did not have (For coding only)
	Meals Made at Home		
A	**Plated entrée** – a meal that could include a protein, a side dish (like a vegetable) and a starch (like potatoes or rice)	1	0
B	**Pasta** (does not include macaroni & cheese)	1	0
C	**Pizza** (not delivered)	1	0
D	**Salad**	1	0
E	**Sandwich** – lunchmeat, grilled cheese, BLTs, etc.	1	0
F	**From the grill** – burgers, hot dogs, brats or smoked sausage in a bun	1	0
G	**Traditional favorites** – meatloaf, roasts, etc.	1	0
H	**Kids favorites** – corn dogs, macaroni & cheese, chicken nuggets	1	0
I	**Casseroles**	1	0
J	**Soups, stews, chili or gumbo**	1	0
K	**Crockpot meal**	1	0
L	**Meatless Meal –** baked potatoes, vegetable sauté	1	0
M	**Breakfast foods** – eggs, cereal, waffles, etc.	1	0
N	**Frozen complete meal kit** – frozen or refrigerated bagged meals (e.g. Bertolli, P.F. Changs)	1	0
O	**Shelf stable meal starter kit** (e.g. Hamburger Helper)	1	0

P	**Refrigerated meal starter kit** (e.g. sliced pre-cooked chicken, other pre-cooked meats)	1	0
Q	**Heat and eat meal** – frozen entrees (e.g. Lean Cuisine, Stouffer's)	1	0
R	**Snack Food or Dessert Food as Dinner** – ate snacks or desserts instead of making dinner	1	0
S	**Sushi**	1	0
T	**Italian foods** – chicken parmesan, pesto	1	0
U	**Asian foods** – Chinese, Thai etc.	1	0
V	**Mexican food** – tacos, burritos, quesadilla, etc.	1	0
X	**Latin food (non-Mexican)** – Cuban, South American etc.	1	0
Y	**Indian food –** Chicken Tikka, Chana Masala, Saag Paneer etc.	1	0
Z	**Other** (please specify):_____	1	0
	Meals from Away from Home		
AA	**Fast Food** – food from any fast food restaurant	1	0
BB	**Carry Out or Delivery Pizza**	1	0
CC	**Ate Food from a Fast Casual Restaurant** - order food at a counter, no wait staff, no tips left such as Chipotle, Panera, etc.	1	0
DD	**Ate at a Casual Dining Restaurant** – order from the waiter or waitress such as Chili's or Applebee's	1	0
EE	**Ate at a local restaurant**	1	0
FF	**Ate at a fine dining restaurant**	1	0
GG	**Ate prepared food from the grocery store –** either at the grocery store or take away	1	0
HH	**Other** (please specify):_____	1	0

13. [ASK IF Q13A-Q13Z WAS SELECTED, OTHERWISE SKIP] How long did you spend preparing (cutting, chopping, seasoning) the food prior to cooking your dinner last night?

SR		SELECT ONE
1	Less than five minutes	1
2	6-15 minutes	2
3	16-30 minutes	3
4	31-45 minutes	4
5	46-60 minutes	5
6	Over one hour	6

14 [ASK IF Q13A-Q13Z WAS SELECTED, OTHERWISE SKIP] How long did you spend cooking the food you had for dinner last night?

SR		SELECT ONE
1	Less than five minutes	1
2	6-15 minutes	2
3	16-30 minutes	3
4	31-45 minutes	4
5	46-60 minutes	5
6	Over one hour	6
7	Put something in the crock pot in the morning	7

15. Which of the following cooking or kitchen appliances did you use to prepare dinner on this most recent occasion?

SR		SELECT ALL THAT APPLY
A	Stove top	1
B	Microwave	1
C	Oven/Broiler	1
D	Toaster Oven	1
E	Crock Pot	1
F	BBQ Grill	1
G	Blender	1
H	Food Processor	1

16. How many of these different types of people ate dinner with you on this most recent occasion?

SR		TYPE IN A NUMBER FOR EACH CATEGORY
A	Spouse/Significant other	(accept only 0 or 1)
B	Your children aged 13-18	
C	Your children aged 5-12	
D	Your children under age 5	
E	Other extended family	
F	Male friends	
G	Female friends	
H	Co-workers/Business Associates	
I	Other children, who don't live with you	
J	Other people not listed above	
K	Ate by myself	
L	**TOTAL PEOPLE**	**TALLY**

17. Overall how satisfied were you with the choices you made last night when you ate dinner?

Not at All Satisfied									Extremely Satisfied
1	2	3	4	5	6	7	8	9	10

18. Compared to other alternatives you could have had in this situation, how healthy were the choices you had for dinner?

SR		CHECK ONLY ONE
4	Much healthier than other options	4
3	A little healthier than other options	3
2	A little less healthy than other options	2
1	Much less healthy than other options	1

19. Compared to other alternatives you could have had in this situation, how TASTY were the choices you had for dinner?

SR		CHECK ONLY ONE
4	Much tastier than other options	4
3	A little tastier than other options	3
2	A little less tasty than other options	2
1	Much less tasty than other options	1

20. Compared to other alternatives you could have had for dinner, how satisfied were you with your choice in terms of SATISFYING YOUR HUNGER?

SR		CHECK ONLY ONE
4	Very satisfied	4
3	Somewhat satisfied	3
2	Somewhat dissatisfied	2
1	Very dissatisfied	1

21. Compared to other alternatives you could have had for dinner, how satisfied were you with your choice in terms of giving you a GOOD SOURCE OF ENERGY?

SR		CHECK ONLY ONE
4	Very satisfied	4
3	Somewhat satisfied	3
2	Somewhat dissatisfied	2
1	Very dissatisfied	1

22. How satisfied were you that your dinner was A WELL BALANCED MEAL?

SR		CHECK ONLY ONE
4	Very satisfied	4
3	Somewhat satisfied	3
2	Somewhat dissatisfied	2
1	Very dissatisfied	1

23. How satisfied were you that your dinner was COMFORTING?

SR		CHECK ONLY ONE
4	Very satisfied	4
3	Somewhat satisfied	3
2	Somewhat dissatisfied	2
1	Very dissatisfied	1

24. Which of the situations detailed below is the best overall description of the situation you experienced yesterday when deciding what to eat for dinner.

	RANDOMIZE	SELECT ONE
A	**Grab and go:** I had no time to stop, and had to eat while on the go or driving	1
B	**Multi-tasking:** I ate dinner while working on the computer or doing an activity	2
C	**Time to Savor:** I had plenty of time to relax and eat dinner	3
D	**Beat the Clock:** I just needed to get dinner on the table quickly	4
E	**Oasis:** I made time to recover and reward myself or my family for a busy week	5
F	**I'm Beat:** After a tiring day I had very little energy to devote to making dinner	6
G	**Nourish Me:** I made a decision to eat something that's better for me	7
H	**Expand my Horizons:** I took the time to be adventurous and try something new	8
I	**Change of Pace:** I decided to change things up a bit and have something I don't have often	9
J	**Family or Friends Together:** Meal time was purposely planned just to have time to spend with people I care about	10
K	Some other situation	11

25. In the past 24 hours have you eaten any snacks?

SR		SELECT ONE
1	Yes – INCLUDE SNACK BATTERY – Q26-Q29	1
0	No – SKIP TO **Q30**	0

26. Which of the following day-parts best describe the most recent snacking occasions you had?

MR		SELECT ALL THAT APPLY
A	Before breakfast	1
B	With breakfast	1
C	Between breakfast and lunch	1
D	With lunch	1
E	Between lunch and dinner	1
F	With dinner	1
G	After dinner	1
H	Late night	1

SELECT UP TO THREE SNACK OCCASIONS FOR INCLUSION IN Q27 AND Q28

27. Which of the following best describes the situation when you had a snack [INSERT DAYPART FROM Q25]? [REPEAT Q26 FOR Q26B AND Q26C IF NECESSARY]

RANDOMIZE	27A. SELECT ONE	27B. SELECT ONE	27C. SELECT ONE
Mindless Munching: Something to just munch on when the kids or I was just hanging out or watching TV	1	1	1
Tide Me Over: It was an hour to the next meal and the kids or I needed something to get us through	2	2	2
Family and Friends Together: Using snack time to spend time with others	3	3	3
Replenish Me: I needed to refuel after a physical or mental activity	4	4	4
Reward: I took the time to treat myself or my kids after a long day or an accomplishment	5	5	5
Comfort Me: Food that soothes, when someone in the family is feeling out of balance	6	6	6
Break Time: A time-out or break from the current activity	7	7	7
Pick Me Up: Someone (kids, spouse, self) was tired and dragging and needed a boost	8	8	8

28. Now, please tell us what type of snack you had [INSERT DAYPART FROM Q25] in the last 24 hours. Please use the list below to select the item(s) that best describe what you ate for that snack.

Q28 MR	Q29 MR	SHOW JUST THE BOLD HEADINGS FIRST, AND WHEN SELECTED, PROVIDE THE OPTIONS LISTED BELOW IT. REPEAT FOR Q27B AND Q27C IF APPLICABLE. DO NOT RANDOMIZE SNACK TYPES BELOW	Q28A. & Q29A. SELECT ALL THAT APPLY	Q28B. & Q29B. SELECT ALL THAT APPLY	Q28C & Q29C. SELECT ALL THAT APPLY
A		**Salty snacks**	1	1	1
	A1	Potato chips	1	1	1
	A2	Corn chips	1	1	1
	A3	Cheese puffs	1	1	1
	A4	Popcorn	1	1	1
	A5	Pretzels	1	1	1
	A6	Crackers	1	1	1
	A7	Tortilla Chips	1	1	1
	A8	Rice cakes/chips/crackers	1	1	1
B		**Sweet snacks**	1	1	1
	B1	Fruit flavored candy	1	1	1
	B2	Chocolate candy	1	1	1
	B3	Candy bars/Chocolate bars	1	1	1
	B4	Breath mints/Candy mints/Gum	1	1	1
	B5	Cookies	1	1	1
	B6	Ice cream, sherbet, sorbet	1	1	1
	B7	Pastries	1	1	1
	B8	Brownies or snack cakes	1	1	1
	B9	Pudding/gelatin	1	1	1
	B10	Pies	1	1	1
	B11	Cakes/cup cakes	1	1	1
C		**Dips**	1	1	1
	C1	Guacamole	1	1	1
	C2	Hummus	1	1	1
	C3	Salsa	1	1	1
	C4	Queso	1	1	1
	C5	Sour cream based dip	1	1	1
	C6	Ranch based dip	1	1	1
D		**Fruit and Vegetables**	1	1	1
	D1	Fruit	1	1	1
	D2	Fruit Strips/Snacks	1	1	1
	D3	Vegetables	1	1	1
E		**Nuts, Grains and Seeds**	1	1	1
	E1	Granola	1	1	1
	E2	Trail Mix	1	1	1
	E3	Almonds	1	1	1
	E4	Pistachios	1	1	1
	E5	Cashews	1	1	1
	E6	Peanuts	1	1	1
	E7	Walnuts	1	1	1
	E8	Mixed nuts	1	1	1
	E9	Sunflower seeds	1	1	1
	E10	Pumpkin seeds	1	1	1

	E11	Chia seeds	1	1	1
	E12	Some other type of nut, grain or seed	1	1	1
F		**Dairy**	1	1	1
	F1	Traditional yogurt	1	1	1
	F2	Greek yogurt	1	1	1
	F3	Cheese or cheese sticks	1	1	1
	F4	Pudding cups	1	1	1
	F5	Cottage cheese	1	1	1
	F6	Non-dairy yogurt	1	1	1
G		**Meat snack**	1	1	1
	G1	Jerky	1	1	1
	G2	Lunch meat	1	1	1
	G3	Hot dogs	1	1	1
	G4	Hamburgers	1	1	1
H		**Breakfast snack**	1	1	1
	H1	Donuts	1	1	1
	H2	Bagels	1	1	1
	H3	Muffin	1	1	1
	H4	Toaster Pastries	1	1	1
	H5	Cereal	1	1	1
I		**Heat and eat snacks (Frozen)**	1	1	1
	I1	Frozen appetizers	1	1	1
	I2	Frozen pizza	1	1	1
	I3	Frozen snacks	1	1	1
	I4	Pizza rolls	1	1	1
	I5	Taquitos	1	1	1
J		**Beverage Snack**	1	1	1
	J1	Homemade smoothie	1	1	1
	J2	Packaged Smoothie like Naked or Odwalla	1	1	1
	J3	Coffee/Espresso based	1	1	1
	J4	Orange Juice	1	1	1
	J5	Other fruit juice	1	1	1
	J6	Other vegetable juice	1	1	1
	J7	Fruit drinks	1	1	1
	J8	Milk based drinks	1	1	1
	J9	Enhanced protein beverage	1	1	1
	J10	Milk shake	1	1	1
	J11	Energy Drink	1	1	1
K		**Sandwich Type**	1	1	1
	K1	Sandwiches	1	1	1
	K2	Pockets	1	1	1
	K3	Wraps	1	1	1
	K4	Taco	1	1	1
	K5	Sub/Hoagie	1	1	1
L		**Bars**	1	1	1
	L1	Energy bars	1	1	1
	L2	Granola bars	1	1	1
	L3	Cereal bars	1	1	1
	L4	Diet bars	1	1	1
	L5	Treat bars	1	1	1
	L6	Nutrition Bars/Meal Replacement bars	1	1	1
M		**Some other snack**	1	1	1

LIFESTYLE/ATTITUDINAL:

30. Please tell us about yourself. How much to you agree or disagree with the following statements?

<u>MR</u>		Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
AA	Cooking is one of my strengths	4	3	2	1
AB	I don't buy much that isn't on sale	4	3	2	1
AC	Saving time in the kitchen drives many of my food choices	4	3	2	1
AD	I like to really indulge in food	4	3	2	1
AE	I go out of my way to buy products that are all natural	4	3	2	1
AF	I believe natural foods are both better for me and better for the environment	4	3	2	1
AG	I like to reward myself with something tasty	4	3	2	1
AH	I actively seek out information about nutrition and health	4	3	2	1
AI	I'm very satisfied with the healthfulness of my diet	4	3	2	1
AJ	I balance healthy foods with less healthy foods that I enjoy more	4	3	2	1
AK	I give up good taste for health benefits	4	3	2	1
AL	I give up convenience for health benefits	4	3	2	1
AM	I prefer to buy store brands	4	3	2	1
AN	I regularly eat organic foods	4	3	2	1
AO	I don't allow junk food in my home	4	3	2	1
AP	I enjoy trying different types of food	4	3	2	1
AQ	I prefer cooking with fresh food rather than canned or frozen	4	3	2	1
AR	I often seek out and use new recipes	4	3	2	1
AS	My family would say I'm a good cook	4	3	2	1
AT	I am willing to change stores in order to eat healthier	4	3	2	1
AU	I am willing to change stores in order to save more money on my groceries	4	3	2	1
AV	I like to spend time in a grocery store exploring what is new	4	3	2	1
AW	I plan meals in advance	4	3	2	1
AX	I buy brands that reflect my style	4	3	2	1
AY	I prefer to buy brands that support social causes	4	3	2	1
AZ	I follow the latest trends and fashions	4	3	2	1
BA	I buy brands I grew up with, the ones my mother used	4	3	2	1
BB	When it comes to food, I'm primarily a price shopper	4	3	2	1
BC	I buy based on quality, not price	4	3	2	1
BD	When I find a food product I like, I typically recommend it to people I know	4	3	2	1
BE	I think shopping is a great way to relax	4	3	2	1
BF	I strive to achieve a high social status	4	3	2	1

BG	I like to live a lifestyle to impress others	4	3	2	1
BH	Spending time with my family is a top priority	4	3	2	1
BI	I seek out variety in my everyday life	4	3	2	1
BJ	I like my life to be the same from week to week	4	3	2	1
BK	I am always looking for a thrill	4	3	2	1
BL	I consider myself sophisticated	4	3	2	1
BM	I eat for taste enjoyment more than for health purposes	4	3	2	1

Finally, we'd like to know more about you and your household!

D1. Do you or others in your household follow any of these dietary guidelines?

MR		SELECT ALL THAT APPLY
A	Gluten free	1
B	Dairy free	1
C	Nut free	1
D	Diabetic	1
E	Plant based diet	1
F	Vegan	1
G	Vegetarian	1
H	Low sodium	1
I	Low carb	1
J	Low calorie	1
K	Non-GMO	1
L	Antibiotic free	1
M	Hormone free	1
N	Allergen free	1
O	Locally sourced	1

D2. How many people live in your household?
[Range: 1-12]

TYPE IN NUMBER	
	SKIP TO D5 IF D2=1

D3. (SKIP TO D5 IF D2 = 1) Are you married or living with a partner? (CHOOSE ONE)

SR	CHOOSE ONE	
1	Yes, married or living with partner	SKIP TO D5 IF D2=2
0	No, not married and not living with partner	CONTINUE

D4. (ASK IF D2>2 OR IF D2>1 AND D3=0) How many children do you have living with you at least 6 months out of the year? **[Range: 1-12]**

TYPE IN NUMBER

D5. What is your educational background? (**CHOOSE ONE ANSWER**)

SR	
1	Some high school or less
2	Graduated high school
3	Trade or technical school
4	Some college or Associate degree
5	Graduated college/Bachelor's degree
6	Attended graduate school or received Advanced degree (Master's, Ph.D.)
7	Decline to answer

D6. What is your household's annual income before taxes? (**CHOOSE ONE ANSWER**)}

SR	
1	Less than $15,000
2	$15,000 but less than $25,000
3	$25,000 but less than $35,000
4	$35,000 but less than $50,000
5	$50,000 but less than $75,000
6	$75,000 but less than $100,000
7	$100,000 but less than $200,000
8	$200,000 but less than $300,000
9	$300,000 but less than $500,000
10	$500,000 or over
00	Decline to answer

D7. In order for us to ensure all groups are statistically represented, which ethnic background do you consider yourself to be a member of? (**SELECT ALL THAT APPLY**)

SR	
1	White /Anglo/Caucasian
2	Hispanic
3	Black/African American
4	Asian/Oriental
5	American Indian
6	Other (please specify) _____
7	Decline to answer

D8. Which of the following best describes your personal work situation? (CHOOSE ONE ANSWER)

SR	
1	Work full time
2	Work part time
3	Not currently employed, but looking for work
4	Not currently employed
5	Home maker/Stay at home parent
6	Retired
7	Decline to answer

D9.   Please tell us your current weight in pounds **[Range: 50-500]**

SR	
1	ENTER POUNDS

D10.   Please tell us your current height

MR	
A	ENTER FEET **[Range: 3-7]**
B	ENTER INCHES **[Range: 0-12]**

D11.   In which state do you live?

SR	
1	Drop down list of 50 states

(Once You Have Answered All of the Questions Above,
Please Click The "SUBMIT" Button Below.)

SUBMIT
Survey Completed!

Thanks for completing this survey. We greatly appreciate your time and value your opinions!