

# Eating Habits Survey

Welcome! We are conducting an experiment on eating habits and would like you to participate. If you are willing to give us your phone number to receive SMS messages, are over 18 years of age, live in the United States or Canada, and eat food, we'd love you to reply to this survey and help us out! This pilot survey will be 3 days long.

This project is part of our final project requirement for W241 - Field Experiments at the ISchool at the University of California, Berkeley. Our team is Diana Iftimie, Alex Zhou Thorp and Laura Chutny.

If you have any questions or concerns, please email [lchutny@berkeley.edu](mailto:lchutny@berkeley.edu).

\* Required

**1. Email address \***

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**2. What is your preferred name? (to personalize your greeting) \***

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**3. What is your age? \***

*Mark only one oval.*

- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60+

**4. What is your gender identification? \***

*Mark only one oval.*

- ☐ Female
- ☐ Male
- ☐ Non-binary/Other

**5. Do you live in an area that is: \***

*Mark only one oval.*

- ☐ Rural
- ☐ Suburban
- ☐ Urban

**6. What time zone are you in? \****Mark only one oval.*

- ☐ Pacific
- ☐ Mountain
- ☐ Central
- ☐ Eastern
- ☐ Other: \_\_\_\_\_

**7. What country do you live in? \****Mark only one oval.*

- ☐ Canada
- ☐ USA
- ☐ Anywhere else

**8. Topics that are important to you. Please give each topic a rating from 1 (least important) to 5 (most important). Use 3 if you don't really care one way or the other. \****Mark only one oval per row.*

	1	2	3	4	5
Foreign Affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment and Climate Change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and Longevity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal Rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Eating Habits

**9. Do you have any of the following food allergies/sensitivities [select any and all that apply]: \****Check all that apply.*

- ☐ Fish or Shellfish
- ☐ Nuts
- ☐ None
- ☐ Dairy
- ☐ Other
- ☐ Gluten
- ☐ Soy
- ☐ Egg

**10. Would you classify yourself as a: \****Mark only one oval.*

- ☐ Vegetarian      *After the last question in this section, skip to "Thank you for participating in our survey. Have a lovely day!."*
- ☐ Vegan      *After the last question in this section, skip to "Thank you for participating in our survey. Have a lovely day!."*
- ☐ Meat Eater
- ☐ Pescatarian      *After the last question in this section, skip to "Thank you for participating in our survey. Have a lovely day!."*
- ☐ None of these

**11. Do you follow any special diets (select the most similar or None) \****Mark only one oval.*

- ☐ Ketogenic (Dukan, Atkins, Generalized Keto)
- ☐ Other Low Carbohydrate Diets (The Zone, Paleo, others)
- ☐ Low Fat Diets
- ☐ Intermittent Fasting
- ☐ Franchises: Weight Watchers, Noom, SlimFast, Jenny Craig, South Beach, etc.
- ☐ No Special Diet
- ☐ Other: \_\_\_\_\_

**12. Are you the main meal planner for your household? \****Mark only one oval.*

- ☐ Yes, I am the main meal planner
- ☐ No, I do not meal plan for my household
- ☐ Shared responsibility for meal planning in my household
- ☐ Not relevant to me

## Eating Habits continued

Throughout this survey and future surveys, we will be asking about the number and type of meals and snacks you consume each day.

This survey defines meat as coming from a land-based animal (beef, pork, chicken, lamb, goat, etc) or products derived from animals (Chicken Stock, Bacon Bits, etc.). Please apply these definitions throughout.

Note that eggs and milk/cheese/yogurt do NOT count as meat.

13. How many times do you normally eat in a day? Meals and snacks both count. \*

*Mark only one oval.*

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11+

14. How many of those meals or snacks typically contain fruits and/or vegetables? \*

*Mark only one oval.*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11+

15. How many of those meals or snacks typically contain meat? (Meat from land animals only, including derived products like chicken stock or bacon bits) \*

*Mark only one oval.*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11+

16. How many of those meals or snacks typically contain fish or other seafood? \*

*Mark only one oval.*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11+

17. Of those eating occasions, how many typically contain grains (think carbohydrates, starches, bread, pasta, rice)? \*

Mark only one oval.

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11+

18. Please select the time by which you are usually done eating during the day. (In your local time zone). If earlier than 7 PM, please choose 7 PM. \*

Mark only one oval.

- ☐ 7 PM
- ☐ 8 PM
- ☐ 9 PM
- ☐ 10 PM or Later

19. Do you give us permission to send you SMS messages (only during the course of the experiment)? \*

Mark only one oval.

- ☐ Yes      Skip to question 19.
- ☐ No      Skip to "Thank you for participating in our survey. We're sorry you decided not to participate in the SMS portion of the study. Thank you for your time and have a lovely day!."

Skip to question 19.

**Thank you for participating in our survey. Have a lovely day!**

Skip to question 19.

**Thank you for participating in our survey. We're sorry you decided not to participate in the SMS portion of the study. Thank you for your time and have a lovely day!**

Stop filling out this form.

**Phone Number**

20. Please fill in your 10 digit US or Canadian phone number (xxx-xxx-xxxx) \*

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*Skip to question 20.*

**Thank you for your time! Please look for our first communication, which will be an SMS message that you will need to reply to, to ensure that you can get our messages. Have a lovely day!**

21. **FEEDBACK** - For the pilot study please let us know what you thought of this enrollment survey. Your input is appreciated!

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☐ Send me a copy of my responses.

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