QUESTIONNAIRE

Start of Block: Introduction

CONSENT Thank you for accepting our survey request. The information you provide will be used for research purposes. The following form contains an explanation of our study and your rights as a research participant.

RESEARCH PARTICIPANT CONSENT FORM

Key Information: Please take the time to review this information carefully. This is a research study. Your participation in this study is voluntary, which means you may choose not to participate at any time without penalty. If you decide to take part, please indicate so at the bottom of this form.

Purpose: Our goal for this research survey is to track consumer preferences, behaviors, and sentiments concerning the sustainability, quality, and price of food purchased and consumed in the last 30 days.

Procedures: This web-based survey will take about 15 minutes to complete. You will answer questions about topics like your food security, food expenditures, and food preferences. We also ask some basic demographic questions.

Risks of Participation: The risks associated with this study are minimal. They are not greater than those ordinarily encountered in daily life, and you may stop at any time. Importantly, this survey has a number of questions embedded in it as validity checks to ensure that you are not a robot and are fully reading and answering each question. A unique combination of answers to those questions may result in your survey being rejected.

Benefits: This study will help researchers track consumer demand for various food products, understand awareness of food-related issues, and anticipate the impact of current events or activities on the food system.

Costs: There are no anticipated costs to participate in this research.

Confidentiality: No one will have access to your name. At no point will a data file be constructed in which your name is linked with your responses. The data will be stored by the researchers with no intention to destroy the data. The data will only be released in summaries in which no individual's answers can be identified. The project's research records may be reviewed by departments at Purdue University responsible for regulatory and research oversight.

Participant Rights: Your participation in this study is voluntary. You may choose not to participate or, if you agree to participate, you may withdraw your participation at any time without penalty or loss of benefits to which you are otherwise entitled. However, you cannot withdraw the collected data, once the data is transferred to Purdue University's computers.

Contact Information: If you have questions or comments about this project, please contact the survey manager Caitlinn Hubbell at chubbell@purdue.edu or principal investigator Dr. Joseph Balagtas at (765) 494-4298 or balagtas@purdue.edu. To send an anonymous report, visit Purdue's

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Hotline at www.purdue.edu/hotline. If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email irb@purdue.edu, or write to: Human Research Protection Program - Purdue University Ernest C. Young Hall, Room 1032, 155 S. Grant St., West Lafayette, IN 47907-2114.

Documentation of Informed Consent: I have read and fully understand the consent form. By clicking below, I am indicating that I freely and voluntarily agree to participate in this study and acknowledge that I am at least 18 years of age. It is recommended that you print a copy of this consent page for your records before you begin.

o   Yes, I want to participate in this study. (1)

o   No, I do not want to participate in this study. (2)

End of Block: Introduction

Start of Block: Quotas

QUO1 What is your age?

o   17 years or younger (1)

o   18 - 24 years old (2)

o   25 - 34 years old (3)

o   35 - 44 years old (4)

o   45 - 54 years old (5)

o   55 - 64 years old (6)

o   65 - 74 years old (7)

o   75 years or older (8)

QUO2 Do you describe yourself as male, female, or transgender?

o   Male (1)

o   Female (2)

o   Transgender (3)

o   None of these (4)

QUO3 What is your race? (select all that apply)

White (1)

Black or African American (2)

American Indian or Alaska Native (3)

Asian Indian (4)

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Chinese (5)

Filipino (6)

Japanese (7)

Korean (8)

Vietnamese (9)

Other Asian (10)

Native Hawaiian (11)

Guamanian or Chamorro (12)

Samoan (13)

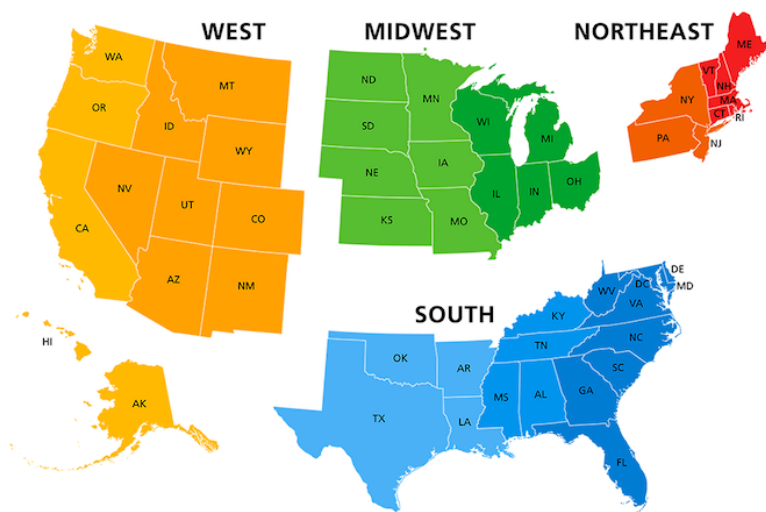Other Pacific Islander (14)

Some other race (15)

QUO4 Are you of Hispanic, Latino, or Spanish origin?

o   No, not of Hispanic, Latino, or Spanish origin (1)

o   Yes, Mexican, Mexican American, Chicano (2)

o   Yes, Puerto Rican (3)

o   Yes, Cuban (4)

o   Yes, another Hispanic, Latino, or Spanish origin (5)

QUO5 In 2025, what was your total household income before taxes?

o   Less than $15,000 (1)

o $15,000 - $24,999 (2)

o $25,000 - $34,999 (3)

o $35,000 - $49,999 (4)

o $50,000 - $74,999 (5)

o $75,000 - $99,999 (6)

o $100,000 - $149,999 (7)

o $150,000 - $199,999 (8)

o $200,000 or more (9)

QUO6 In which region do you live?

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UNITED STATES CENSUS REGIONS

o   Northeast (1)

o   Midwest (2)

o   South (3)

o   West (4)

o   Outside the U.S. (5)

End of Block: Quotas

Start of Block: Satisfaction

SAT1 Taking all things together, would you say you are…

o   Very happy (1)

o   Rather happy (2)

o   Not very happy (3)

o   Not at all happy (4)

SAT2 Now imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder would you say you personally feel you stand at this time?

o   10 (10)

o   9 (9)

o   8 (8)

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o   7 (7)

o   6 (6)

o   5 (5)

o   4 (4)

o   3 (3)

o   2 (2)

o   1 (1)

o   0 (0)

SAT3 Taking all things in your diet together, and thinking about the food you bought and ate in the LAST 30 DAYS, would you say you are...

o   Very happy (1)

o   Rather happy (2)

o   Not very happy (3)

o   Not at all happy (4)

SAT4 Now imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible diet for you and the bottom of the ladder represents the worst possible diet for you.

Thinking about the food you bought and ate over the LAST 30 DAYS, on which step of the ladder would you say you personally feel you stand at this time?

o   10 (10)

o   9 (9)

o   8 (8)

o   7 (7)

o   6 (6)

o   5 (5)

o   4 (4)

o   3 (3)

o   2 (2)

o   1 (1)

o   0 (0)

End of Block: Satisfaction

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Start of Block: Attention Check

TRA4 We appreciate your participation in this survey. Ensuring that we have quality data is important to us. Please select 3 to show that you are reading each question.

o   1 (1)

o   2 (2)

o   3 (3)

o   4 (4)

End of Block: Attention Check

Start of Block: Risk

RSK1 How do you evaluate yourself: Are you in general a more risk-taking person or do you try to avoid risks? Please respond on a scale of 0 (risk averse) to 10 (fully prepared to take risks).

o   Risk averse 0 (1)

o   1 (2)

o   2 (3)

o   3 (4)

o   4 (5)

o   5 (6)

o   6 (7)

o   7 (8)

o   8 (9)

o   9 (10)

o   Fully prepared to take risks 10 (11)

RSK2 One can evaluate different areas of risk in different ways. How do you evaluate your attitude towards risk in the following areas? Please respond on a scale of 0 (risk averse) to 10 (fully prepared to take risks).

Your health (1)

Food consumed at home (2)

Food consumed away from home (from restaurants, fast food places, etc.) (3)

o   Risk averse 0 (1)

o   1 (2)

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o   2 (3)

o   3 (4)

o   4 (5)

o   5 (6)

o   6 (7)

o   7 (8)

o   8 (9)

o   9 (10)

o   Fully prepared to take risks 10 (11)

RSK3 How do you see yourself: Are you rather impatient or very patient? Please respond on a scale of 0 (very impatient) to 10 (very patient).

o   Very impatient 0 (1)

o   1 (2)

o   2 (3)

o   3 (4)

o   4 (5)

o   5 (6)

o   6 (7)

o   7 (8)

o   8 (9)

o   9 (10)

o   Very patient 10 (11)

End of Block: Risk

Start of Block: Security

These next questions are about the food eaten in your household in the LAST 30 DAYS and whether you were able to afford the food you need.

SEC1 "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was this statement often, sometimes, or never true for your household in the LAST 30 DAYS?

o   Often true (1)

o   Sometimes true (2)

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o   Never true (3)

o   Don't know (4)

SEC2 "(I/we) couldn't afford to eat balanced meals." Was this statement often, sometimes, or never true for your household in the LAST 30 DAYS?

o   Often true (1)

o   Sometimes true (2)

o   Never true (3)

o   Don't know (4)

SEC3 In the LAST 30 DAYS did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

o   Yes (1)

o   No (2)

o   Don't know (3)

Display This Question:
     If SEC3 = 1

SEC4 In the LAST 30 DAYS, how many days did you or other adults in your household cut the size of your meals or skip meals because there wasn't enough money for food?

▼ 1 (1) … Don't know (31)

SEC5 In the LAST 30 DAYS, did you ever eat less than you felt you should because there wasn't enough money for food?

o   Yes (1)

o   No (2)

o   Don't know (3)

SEC6 In the LAST 30 DAYS, were you ever hungry but didn't eat because there wasn't enough money for food?

o   Yes (1)

o   No (2)

o   Don't know (3)

SEC7 In the LAST 30 DAYS, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that provides free food?

o   Yes (1)

o   No (2)

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SEC8 Do you or does anyone in your household CURRENTLY receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?

o   Yes (1)

o   No (2)

Display This Question:
        If SEC8 = 1

SEC9 How many months have you or anyone in your household been receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?

▼ 1 or less (1) … 24 or more (24)

Display This Question:
        If SEC8 = 2

SEC10 Have you or anyone in your household EVER received benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?

o   Yes (1)

o   No (2)

End of Block: Security

Display This Block:
        If SEC7 = 1

Start of Block: Spending

Now we are going to ask about expenses for food your household has purchased in the LAST 30 DAYS. Think carefully about where you have shopped and what you have eaten recently.

SPN1 How much of the shopping for food do you do for your household?

o   100% (1)

o   75% (2)

o   50% (3)

o   25% (4)

o   None (5)

SPN2 What has been your household's usual WEEKLY expense for food bought during grocery shopping?

▼ $0 (1) … $400 or more (81)

SPN3 Where did your household last purchase or pick up groceries?

o   Superstore (1)

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o   Grocery store (2)

o   Convenience store (3)

o   Farmers market (4)

o   Food bank or pantry (5)

o   Specialty or natural foods store (6)

o   Other (specify) (7) _____

o   Club store (e.g., Costco, Sam's Club) (8)

o   Discount or dollar store (e.g., Aldi, Dollar General, Dollar Tree) (9)

SPN4 Were your last groceries…

o   Selected and bought in-store (1)

o   Selected and bought online and delivered (2)

o   Selected and bought online and picked up (3)

o   Other (specify) (4) _____

Display This Question:
        If SPN4 != 2

SPN5 Which of the following best describes your household's last trip to purchase or pick up groceries?

o   Direct trip (from home to the store) (1)

o   Indirect trip (from the office, errands, or another location to the store) (2)

Display This Question:
        If SPN4 != 2

SPN6 How long did you or someone in your household travel to purchase or pick up your last groceries?

▼ 5 minutes or less (1) … 1 hour or more (12), Don't know (13)

Display This Question:
        If SPN4 != 2

SPN7 How did you or someone in your household get to the store?

o   Car (1)

o   Walk (2)

o   Bicycle (3)

o   Bus, subway, or other public transit (4)

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o   Taxi, Uber, or other paid driver (5)

SPN8 How long did you or someone in your household spend shopping for your last groceries? Note: Estimate time spent shopping online if your groceries were delivered.

▼ 5 minutes or less (1) … 1 hour or more (12), Don't know (13)

SPN9 In the LAST 30 DAYS, how many times did you or someone in your household go to the store to purchase or pick up groceries?

▼ 1 or less (1) … 10 or more (10), Don't know (11)

SPN10 What has been your household's usual WEEKLY expense for meals or snacks from restaurants, fast food places, cafeterias, carryout, or other such places?

▼ $0 (1) … $400 or more (81)

Display This Question:
    If SPN7 != 1

SPN11 What share of your spending on meals or snacks from restaurants, fast food places, cafeterias, etc. came from the following? Please divide 100 points between these options.

Restaurant (dine-in) : _____ (1)

Restaurant (take-away) : _____ (2)

Restaurant (delivery) : _____ (3)

Fast food (dine-in) : _____ (4)

Fast food (take-away/drive-through) : _____ (5)

Fast food (delivery) : _____ (6)

Cafeteria : _____ (7)

Other : _____ (8)

Total : _____

SPN12 In the LAST 7 DAYS, how many meals did you eat away from home that were purchased from restaurants, fast food places, cafeterias, carryout, or other such places?

▼ 0 (1) … 21 or more (22)

SPN13 How many days until you or someone in your household receives your next paycheck from a job, benefit from the government, or any other source of income?

▼ 0 (1) … Don't know (32)

SPN14 Will your household have to wait until your next payment to buy groceries again?

o   Yes (1)

o   No (2)

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SPN15 Will your household have to wait until your next payment to eat out at a restaurant again?

o   Yes (1)

o   No (2)

SPN16 Compared to last year at this time, are the prices you paid for food at the grocery store higher or lower?

▼ 10% lower or more (1) … 10% higher or more (21)

SPN17 Thinking ahead to next year at this time, do you expect the prices you pay for food at the grocery store to be higher or lower?

▼ 10% lower or more (1) … 10% higher or more (21)

End of Block: Spending

Start of Block: Behaviors

BEH1 Below are several statements about common shopping and eating habits. For each statement, please tell us how often that statement applied to you in the LAST 30 DAYS.

Chose organic foods over non-organic foods (1)

Chose local foods over non-local foods (2)

Chose cage-free eggs over conventional eggs (3)

Chose wild-caught fish over farm-raised fish (4)

Chose grass-fed beef over conventional beef (5)

Chose plant-based proteins over animal proteins (6)

Chose generic foods over brand foods (7)

Checked for GMO ingredients (8)

Checked for natural or clean labels (9)

Checked the nutrition label before buying new foods (10)

Checked where my food originated (11)

Checked how my food was produced (12)

Checked the use-by/sell-by date at the store (13)

Checked for food recalls (14)

Ate fruits or vegetables without washing them (15)

Ate rare or undercooked meat (16)

Ate raw dough or batter (17)

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Took steps to reduce food waste at home (18)

Threw away food past the use-by date (19)

Composted food scraps (20)

Recycled food packaging (21)

o   Never (1)

o   Rarely (2)

o   Sometimes (3)

o   Often (4)

o   Always (5)

o   Does not apply (6)

BEH2 Are you a vegetarian or a vegan?

o   Yes (1)

o   No (2)

BEH3 Is another member of your household vegetarian or vegan?

o   Yes (1)

o   No (2)

o   Does not apply (3)

BEH4 How often does your household eat home-cooked meals on a WEEKLY basis?

o   Less than 1 time (1)

o   1 - 3 times (2)

o   4 - 6 times (3)

o   7 or more times (4)

BEH5 Do you CURRENTLY grow your own food in a garden?

o   Yes, I am growing food in a home garden (1)

o   Yes, I am growing food in a community garden (2)

o   No, but I plan to start growing food in a garden this year (3)

o   No, and I do not plan to start growing food in a garden this year (4)

End of Block: Behaviors

Start of Block: Trends

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TND1 In the LAST 30 DAYS, have you been unable to find a specific food product at the stores where you usually shop?

o   Yes (specify) (1) _____

o   No (2)

TND2 In the LAST 30 DAYS, have you noticed any new food products on the shelves at the grocery store?

o   Yes (specify) (1) _____

o   No (2)

TND3 In the LAST 30 DAYS, have you removed from your diet or tried to limit your intake of a specific food, drink, nutrient, ingredient, or brand?

o   Yes (specify) (1) _____

o   No (2)

End of Block: Trends

Start of Block: Trust

TRU1_v2 How much do you trust information about healthy and sustainable food from the following sources? Please select up to 5 most trusted sources and 5 least trusted sources.

Most trusted (select 5 items)

__ Food and Drug Administration (1)

__ Department of Agriculture (2)

__ Dietary Guidelines for Americans (3)

__ American Medical Association (4)

__ American Farm Bureau Federation (5)

__ Center for Science in the Public Interest (6)

__ Nestlé (7)

__ Tyson Foods (8)

__ McDonald's (9)

__ Chipotle (10)

__ New York Times (11)

__ Fox News (12)

__ CNN (13)

__ NPR (14)

Least trusted (select 5 items)

__ Food and Drug Administration (1)

__ Department of Agriculture (2)

__ Dietary Guidelines for Americans (3)

__ American Medical Association (4)

__ American Farm Bureau Federation (5)

__ Center for Science in the Public Interest (6)

__ Nestlé (7)

__ Tyson Foods (8)

__ McDonald's (9)

__ Chipotle (10)

__ New York Times (11)

__ Fox News (12)

__ CNN (13)

__ NPR (14)

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__ Joe Rogan (15)

__ Harvard University (16)

__ Purdue University (17)

__ Primary care physician (18)

__ Friends (19)

__ Family (20)

End of Block: Trust

Start of Block: Beliefs

BLF1 To what extent do you agree or disagree with the following statements?

Genetically modified food is safe to eat (1)

Organic food is more nutritious than non-organic food (2)

Local food is better for the environment (3)

Grass-fed beef tastes better than grain-fed beef (4)

Food with deoxyribonucleic acid is unsafe to eat (5)

Eating less meat is better for the environment (6)

Gluten-free food is healthier for you (7)

Agriculture is a significant contributor to climate change (8)

Plant-based milk is healthier than dairy milk (9)

Climate change will impact food prices (10)

Please select 'strongly agree' to show you are paying attention (11)

o   Strongly disagree (1)

o   Somewhat disagree (2)

o   Neither agree nor disagree (3)

o   Somewhat agree (4)

o   Strongly agree (5)

End of Block: Beliefs

Start of Block: Diet Quality[1]

Thinking about the food you ate in the LAST 30 DAYS, please answer the following questions.

DQ1_v2 How often did you eat fresh fruits in the LAST 30 DAYS?

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Examples: Apples, bananas, pears, oranges, grapes, strawberries, blueberries, etc. Include fresh fruits and frozen fruits with no added sugar. Please do not include preserved or dried fruits or fruit juice in your estimates.

[One serving equals: 1 small apple or ½ large banana (approximately 1 cp, size of a small fist); 1 cup mandarin oranges, melon or raspberries; ¾ cup blueberries; 1 ½ cup whole strawberries]

o   Less than 1 serving per week

o   1-2 servings per week

o   3-4 servings per week

o   5-6 servings per week

o   1 serving per day

o   2-3 servings per day

o   4 or more servings per day

DQ2_v2 How often did you eat vegetables in the LAST 30 DAYS?

Examples: Tomatoes, peppers, cucumbers, broccoli, carrots, green beans, cabbage, spinach, arugula, and other leafy vegetables. Include raw or cooked non-starchy vegetables. Please do not include starchy vegetables (such as potatoes) and fried vegetables in your estimates.

[One serving equals: 1 cup raw vegetables (e.g., tomatoes, baby carrots celery, green peas); ½ cup cooked vegetables (such as broccoli and spinach); 1 cup arugula]

o   Less than 3 servings per week (1)

o   3-4 servings per week (2)

o   5-6 servings per week (3)

o   1 serving per day (4)

o   2-3 servings per day (5)

o   4 or more servings per day (6)

DQ3_v2 How often did you eat legumes, nuts, and seeds in the LAST 30 DAYS?

Examples: Legumes – cooked or canned beans, lentils, chickpeas or peas, miso, tofu, tempeh, hummus

Nuts – almonds, walnuts, hazelnuts, peanuts, etc.

Seeds – sesame, sunflower, pumpkin, flax seeds, etc.

[One serving equals: ½ cup of cooked or canned legumes; 1/3 cup hummus or bean dip; ½ cup tofu; ¼ cup tempeh; a small handful of nuts or seeds]

o   Less than 1 serving per week (1)

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o   1-2 servings per week (2)

o   3-4 servings per week (3)

o   5-6 servings per week (4)

o   1 serving per day (5)

o   2 or more servings per day (6)

DQ4_v2 How often did you eat fish or seafood in the LAST 30 DAYS?

Examples: Fresh water fish or sea water fish (e.g., salmon, sardines, trout, Atlantic, Pacific, mackerel, etc.) and seafood. Include canned fish/seafood in your estimates.

[One serving equals: 3 oz. of cooked or canned fish (about the size of a deck of cards); a palm-size piece of raw fish]

o   I did not eat it at all (1)

o   Less than 1 serving per week (2)

o   1 serving per week (3)

o   2 or more servings per week (4)

DQ5_v2 How often did you eat whole grains in the LAST 30 DAYS?

Examples: Whole grain bread, whole grain bread roll, muesli, unsweetened ready to eat cereal, cooked grits/porridge, brown rice, whole grain pasta, corn tortilla. Please do not include white bread, white roll or bagels, white rice or pasta, or wheat tortilla in your estimates.

[One serving equals: 1 slice of whole grain bread; ½ cup cooked cereal (oats, oatmeal, quinoa); ½ cup cooked brown rice or whole grain pasta; 1 small corn tortilla; ½ cup cooked grits; 1 cup ready-to-eat cereal flakes]

o   I did not eat it at all (1)

o   Less than 1 serving per week (2)

o   1-2 servings per week (3)

o   3-4 servings per week (4)

o   5-6 servings per week (5)

o   1 serving per day (6)

o   2 servings or more per day (7)

DQ6_v2 How often did you eat refined grains in the LAST 30 DAYS?

Examples: White bread; white roll, bagel or English muffin; white rice or pasta, wheat tortilla. Please do not include whole grains considered in the above question (such as whole grain bread or bread roll).

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[One serving equals: 1 slice white bread; ½ roll; ½ small white bagel or English muffin; ½ cup cooked white rice or pasta; 1 small wheat tortilla]

o   I did not eat it at all (1)

o   Less than 1 serving per week (2)

o   1-2 servings per week (3)

o   3-4 servings per week (4)

o   5-6 servings per week (5)

o   1 serving per day (6)

o   2 servings or more per day (7)

DQ7_v2 How often did you eat low-fat dairy in the LAST 30 DAYS?

Examples: Low-fat milk (1%) or fat-free (skim) milk or soy milk; yogurt with reduced fat content; low-fat cheese, mozzarella, cottage cheese.

[One serving equals: 1 cup low-fat or skim milk; ¾ cup (6oz.) low-fat yogurt; 1 pre-packaged slice low-fat cheese; 1 ½ oz. mozzarella]

o   I did not eat it at all (1)

o   Less than 1 serving per week (2)

o   1-2 servings per week (3)

o   3-4 servings per week (4)

o   5-6 servings per week (5)

o   1 serving per day (6)

o   2 servings or more per day (7)

DQ8_v2 How often did you eat high-fat dairy and saturated fats in the LAST 30 DAYS?

Examples: 2% milk or whole milk; butter; cream; cream cheese; cheese with not reduced-fat content; yogurt with 2% or higher milk fat; ice cream. Butter, coconut oil or shortening used for cooking. Please do not include low-fat dairy in the above question in your estimates.

[One serving equals: 1 cup 2% milk and whole milk; ¾ cup (6oz.) yogurt; 1 pre-packaged slice of cheese; 2oz. processed cheese; ½ cup ice cream; 1 teaspoon butter, shortening or coconut oil]

o   I did not eat it at all (1)

o   Less than 1 serving per week (2)

o   1-2 servings per week (3)

o   3-4 servings per week (4)

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o   5-6 servings per week (5)

o   1 serving per day (6)

o   2 servings or more per day (7)

DQ9_v2 How often did you eat sweets and sweet foods in the LAST 30 DAYS?

Examples: Commercial sweets, candies, cookies, cakes, pastries, sweet snacks.

[One serving equals: 1.5 oz. gummy candy (e.g., Haribo); 3 pieces hard candy (e.g., Werther's); 1 small piece of cake or pastry; 1 medium doughnut or sweet snack; 2-3 sweet biscuits or cookies (about 1 oz.)]

o   Less than 1 serving per week (1)

o   1-2 servings per week (2)

o   3-4 servings per week (3)

o   5-6 servings per week (4)

o   1 serving per day (5)

o   2 or more servings per day (6)

DQ10 In general, how healthy is your overall diet? Would you say it is...

o   Excellent (1)

o   Very good (2)

o   Good (3)

o   Fair (4)

o   Poor (5)

AH_DQ_temp14 Are you currently taking a GLP-1 drug? (e.g., Ozempic, Wegovy, etc.)

o   Yes (1)

o   No (2)

o   No, but I am considering taking one. (3)

o   Prefer not to say (4)

Skip to Next Block:
        If AH_DQ_temp14 = 4

Display This Question:
        If AH_DQ_temp14 = 2 or 3

AH_DQ_temp15 Have you taken a GLP-1 drug in the past? (e.g., Ozempic, Wegovy, etc.)

o   Yes (1)

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o   No (2)

Display AH_DQ_temp17:
If AH_DQ_temp14 = 1 or AH_DQ_temp15 = 1

AH_DQ_temp17 How long have you been taking or did you take a GLP-1 drug? (e.g., Ozempic, Wegovy, etc.)

o   Less than one month (1)

o   1-2 months (2)

o   3-6 months (3)

o   7-12 months (4)

o   Over a year (5)

End of Block: Diet Quality

Start of Block: Ad Hoc

AH_DQ_temp49 Do you have any New Year's resolutions for 2026 related to food or nutrition?

o   Yes (1)

o   No (2)

Display This Question:
If AH_DQ_temp49 = 1

AH_DQ_temp50 Please specify your food or nutrition-related New Year's resolutions in the space below.

_____

Display This Question:
If AH_DQ_temp49 = 1

AH_DQ_temp51 Thinking about any food or diet-related New Year's resolutions you have, which of the following best describes the primary motivation(s) behind your resolution(s)? Please select up to 3.

o   To improve my current health (1)

o   To improve my long-term health (2)

o   To support the health of a family member or others (3)

o   To lose weight or change appearance (4)

o   To build muscle (5)

o   To be more environmentally conscious (6)

o   To try something different (7)

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o   To satisfy my family or others (8)

o   To save more money (9)

o   Other (specify) _____ (10)

AH_DQ_temp52 If you were to make specific changes related to your eating habits and wellbeing in the new year, which of the following would you most prioritize and least prioritize? Please select the 3 most prioritized items and the 3 least prioritized items.

Most prioritize (select 3)	Least prioritize (select 3)
Learn new cooking skills	Learn new cooking skills
Try new foods and ingredients	Try new foods and ingredients
Eat more fruits and vegetables	Eat more fruits and vegetables
Eat fewer snack foods	Eat fewer snack foods
Eat fewer processed foods	Eat fewer processed foods
Eat less meat	Eat less meat
Eat less sugar	Eat less sugar
Eat less saturated fat	Eat less saturated fat
Drink less alcohol	Drink less alcohol
Drink less coffee	Drink less coffee
Reduce your food waste	Reduce your food waste
Grow your own food	Grow your own food
Eat out less	Eat out less
Think less about what you eat	Think less about what you eat
Exercise more	Exercise more
Get more sleep	Get more sleep

AH_DQ_temp53 In the new year, do you plan to change the foods you include in your overall diet? Please indicate if you plan to do each of the following.

I plan to follow the Dietary Guidelines diet (1)

I plan to follow a vegetarian diet (2)

I plan to follow a vegan diet (3)

I plan to follow a low-carb diet (4)

I plan to follow a low-sodium diet (5)

I plan to follow a low-fat diet (6)

I plan to follow a diet that includes fewer processed foods (7)

I plan to include only locally grown or produced food in my diet (8)

I plan to include sustainably grown or produced foods in my diet (9)

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I plan to include more foods that are from my cultural background (10)

I plan to follow a different diet that is not described here (11)

o　　Yes (1)

o　　No (2)

Display This Question:
　　If AH_DQ_TEMP53_11 = 1

AH_DQ_temp54 Please briefly specify the diet(s) you plan to follow in the new year.

_____

AH_DQ_temp55 In the new year, do you plan on changing the amount of food you eat from certain food groups? Please indicate any planned changes in your consumption of the following foods.

Fruits (1)

Vegetables (2)

Dairy foods (3)

Dairy replacement foods (e.g., soy milk, oat milk, almond milk-based, etc.) (4)

Beef (5)

Pork (6)

Poultry (7)

Fish (8)

Eggs (9)

Beans, lentils, tofu, plant-based proteins (10)

Grains (11)

Whole grains (12)

Salty snacks (e.g., chips, crackers, etc.) (13)

Desserts (e.g., cookies, ice cream, cake, etc.) (14)

Candy (15)

Condiments (16)

Other (specify)_____ (17)

o　　Eat less/fewer (1)

o　　Eat the same amount (2)

o　　Eat more (3)

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Display This Question for Each [FOOD]:
      If AH_DQ_temp55 = [1-17]

AH_DQ_temp56 Thinking about your planned changes in food consumption, do you expect to face any of the following obstacles when trying to eat **more** [FOOD].

Cost (1)

Availability of food items where I shop (2)

Lack of motivation (3)

Impulsive cravings (4)

Lack of support from family and friends (5)

Social pressure (6)

Lack of time to shop for the food(s) (7)

Convenience (8)

o   Yes (1)

o   No (2)

Display This Question for Each [FOOD]:
      If AH_DQ_temp55 = [1-17]

AH_DQ_temp57 Thinking about your planned changes in food consumption, do you expect to face any of the following obstacles when trying to eat **less/fewer** [FOOD].

Cost (1)

Availability of food items where I shop (2)

Lack of motivation (3)

Impulsive cravings (4)

Lack of support from family and friends (5)

Social pressure (6)

Lack of time to shop for the food(s) (7)

Convenience (8)

o   Yes (1)

o   No (2)

AH_DQ_temp58 In the new year, do you plan on changing the amount you drink of certain types of beverages? Please indicate any planned changes in your consumption of the following beverages.

Dairy (1)

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Dairy replacements (e.g., soy milk, oat milk, almond milk, etc.) (2)

Tea (3)

Coffee (4)

Alcohol (5)

Regular soft drinks (6)

Diet soft drinks (7)

Energy drinks (8)

Protein drinks (9)

Fruit juice (10)

Meal replacement drinks (11)

Water (12)

Flavored water beverages (13)

Other (specify) _____(14)

o   Drink less/fewer (1)

o   Drink the same amount (2)

o   Drink more (3)

Display This Question for Each [BEVERAGE]:
       If* AH_DQ_temp58 = *[1-14]

AH_DQ_temp59 Thinking about your planned changes in beverage consumption, do you expect to face any of the following obstacles when trying to drink **more** **[BEVERAGE]**.

Cost (1)

Availability of food items where I shop (2)

Lack of motivation (3)

Impulsive cravings (4)

Lack of support from family and friends (5)

Social pressure (6)

Lack of time to shop for the food(s) (7)

Convenience (8)

o   Yes (1)

o   No (2)

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Display This Question for Each [BEVERAGE]:
  If AH_DQ_temp59 = [1-14]

AH_DQ_temp60 Thinking about your planned changes in beverage consumption, do you expect to face any of the following obstacles when trying to drink **less/fewer** [BEVERAGE].

Cost (1)

Availability of food items where I shop (2)

Lack of motivation (3)

Impulsive cravings (4)

Lack of support from family and friends (5)

Social pressure (6)

Lack of time to shop for the food(s) (7)

Convenience (8)

o   Yes (1)

o   No (2)

AH_DQ_temp61 Do you have any of the following health conditions? Please select all that apply.

o   Cardiovascular or heart condition (1)

o   Diabetes (2)

o   Obesity (3)

o   Osteoporosis (4)

o   Cancer (5)

o   Chronic kidney disease (6)

o   Liver disease (7)

o   Digestion or stomach related condition (8)

o   Hypertension (9)

o   Prediabetes (10)

o   Food allergy (11)

o   Other (specify) _____(12)

o   I prefer not to answer (13)

o   I do not have any health conditions (14)

AH_DQ_temp62 Thinking about an overall diet to promote health, what percentage of foods out of 100% would you suggest should come from each of the food groups below? NOTE: You must

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allocate exactly 100 percentage points to proceed.

o   Vegetables (1)   _____

o   Protein (2)   _____

o   Grains (3)   _____

o   Fruits (4)   _____

o   Dairy (5)   _____

o   Other (6)   _____

AH_DQ_temp63 Thinking about an overall diet to promote health, what percentage of beverages out of 100% would you suggest should come from each of the beverages below? NOTE: You must allocate exactly 100 percentage points to proceed.

o   Low-fat dairy (1)   _____

o   Regular dairy (2)   _____

o   High-fat dairy (3)   _____

o   Water (4)   _____

o   Fruit juice (5)   _____

o   Regular soft drinks (6) _____

o   Diet soft drinks (7)   _____

o   Alcohol (8)   _____

o   Coffee (9)   _____

o   Other (10)   _____

AH_DQ_temp64 Are you aware the new U.S. Dietary Guidelines released in January 2026 by the U.S. Department of Agriculture (USDA)?

o   Yes (1)

o   No (2)

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AH_DQ_temp65 The new USDA food pyramid replaces USDA's MyPlate as a visual guide for Americans' diets. Based on the images shown, how do you think advice to Americans, about what to eat, has changed under the new USDA food pyramid compared to MyPlate? _____
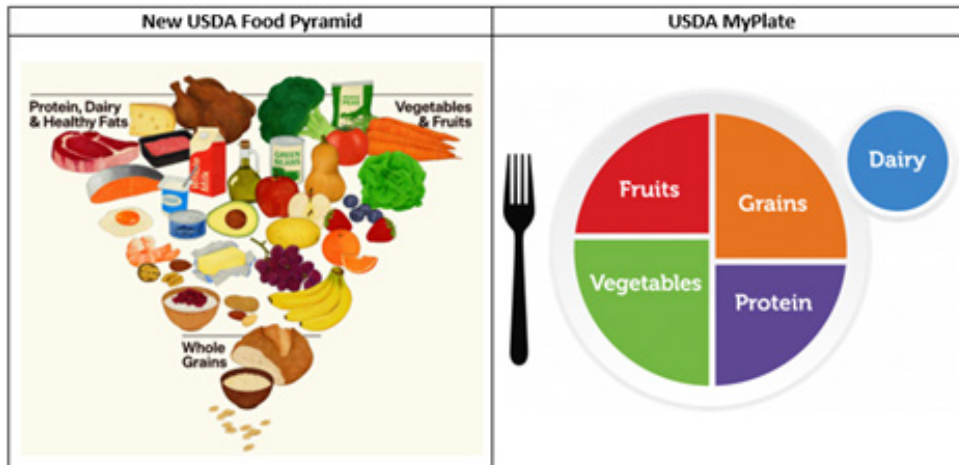
Start of Block: Demographics

This last section is going to ask additional questions about you and your household.

DEM1 What is your ZIP Code?

_____

DEM2 In what year were you born?

▼ 1920 (1) … 2007 (88)

DEM3 Where were you born?

o   In the United States (1)

o   Outside the United States (specify) (2) _____

DEM4 Do you speak a language other than English at home?

o   Yes (specify) (1) _____

o   No (2)

DEM5 What is your current marital status?

o   Now married (1)

o   Widowed (2)

o   Divorced (3)

o   Separated (4)

o   Never married (5)

DEM6 What is the highest level of education you have completed?

o   Less than high school (1)

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o   Some high school (2)

o   High school graduate or equivalent (for example: GED) (3)

o   Some college, but degree not received or is in progress (4)

o   2-year college degree (for example: AA, AS) (5)

o   4-year college degree (for example: BA, BS) (6)

o   Graduate degree (for example: MA, PhD, MD, JD) (7)

DEM7 Are you currently a student enrolled at a college or university?

o   Yes (1)

o   No (2)

DEM8 How many total people (including yourself) live in your household?

▼ 1 (1) ... 10 or more (10)

DEM9 How many people under 18 years old currently live in your household?

▼ 0 (0) ... 10 or more (10)

Display This Question:
       If DEM9 != 0

DEM10 In your household, are there...

       Children under 5 years old? (1)

       Children 5 through 11 years old? (2)

       Children 12 through 17 years old? (3)

DEM11 In the LAST WEEK, did you work for pay at a job (or business)?

o   Yes (1)

o   No (2)

DEM12 During the LAST 4 WEEKS, have you been actively looking for work?

o   Yes (1)

o   No (2)

DEM13 Are you retired (receive pension or retirement-income)?

o   No (1)

o   Yes, but still working and consider myself a worker (2)

o   Yes, still working but consider myself a retiree (3)

o   Yes, full-time retiree (4)

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DEM14 During the LAST 4 WEEKS, what was your household income?

o   Less than $2,000 (1)

o $2,000 - $2,999 (2)

o $3,000 - $3,999 (3)

o $4,000 - $4,999 (4)

o $5,000 - $5,999 (5)

o $6,000 - $6,999 (6)

o $7,000 - $7,999 (7)

o $8,000 - $8,999 (8)

o $9,000 - $9,999 (9)

o $10,000 or above (10)

DEM15 Do you currently farm or ranch for a living?

o   Yes (1)

o   No (2)

DEM16 Did your parents farm or ranch for a living?

o   Yes (1)

o   No (2)

DEM17 What is your religion, if any?

o   Protestant (1)

o   Roman Catholic (2)

o   Mormon (3)

o   Orthodox such as Greek or Russian Orthodox (4)

o   Jewish (5)

o   Muslim (6)

o   Buddhist (7)

o   Hindu (8)

o   Atheist (9)

o   Agnostic (10)

o   Something else (11)

o   Nothing in particular (12)

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DEM18 In general, would you describe your political views as...

o   Very liberal (1)

o   Liberal (2)

o   Moderate (3)

o   Conservative (4)

o   Very conservative (5)

DEM19 With which political party do you most identify?

o   Democratic (1)

o   Republican (2)

o   I am an independent (3)

o   Other (for example: Green, Libertarian) (4)

DEM20 What is your weight in pounds?

▼ 50 (1) ... 400 (351)

DEM21 What is the ideal weight in pounds that you would like to reach or keep?
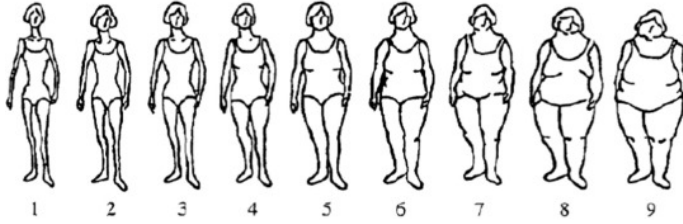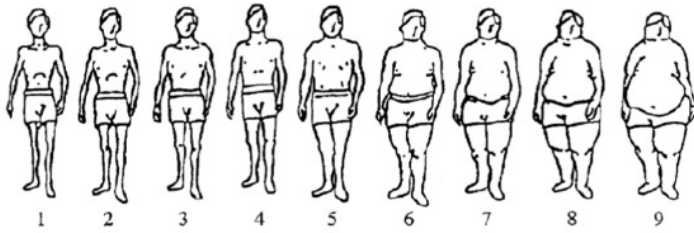
▼ 50 (1) ... 400 (351)

DEM22 What is your height in feet and inches?

▼ 4ft (1) ... 7ft (37)

DEM23 In general, would you say your health is...

o   Excellent (1)

o   Very good (2)

o   Good (3)

o   Fair (4)

o   Poor (5)

o   Don't know (6)

DEM24 Please choose the figure that reflects how you think you look.

o   1 (1)

o   2 (2)

o   3 (3)

o   4 (4)

o   5 (5)

o   6 (6)

o   7 (7)

o   8 (8)

o   9 (9)

End of Block: Demographics

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Endnotes

1   The "Diet Quality" question block is a monthly version of the 9-item screener created by researchers from Mayo Clinic for food intake and diet assessment.

Lara-Breitinger KM et al. Validation of a Brief Dietary Questionnaire for Use in Clinical Practice: Mini-EAT (Eating Assessment Tool). J Am Heart Assoc. 2023 Jan 3;12(1):e025064. doi: 10.1161/JAHA.121.025064. Epub 2022 Dec 30. PMID: 36583423; PMCID: PMC9973598.

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