

Intro and user target

You are being asked to be a volunteer in a research study. The purpose of this study is to understand how you select or avoid food for your or your care receiver's dietary restrictions. The study will take about 5 minutes to complete.

The risks involved are no greater than those involved in daily activities. Study records will be used for our internal research purpose only. If you voluntarily decide to share your email with us for future research, your information will be kept confidential. You will not receive any spam emails.

You will not benefit or be compensated for joining this study. Study records will be kept confidential to the extent required by law.

To make sure that this research is being carried out in the proper way, the Georgia Institute of Technology IRB may review study records. The Office of Human Research Protections may also look at study records.

If you are currently in the EU or an EEA country, you are not eligible to participate in this study.

If you have any questions about the study, you may contact Dr. Carrie Bruce at telephone 404-385-6916. If you have any questions about your rights as a research subject, you may contact Ms. Melanie Clark, Georgia Institute of Technology at (404) 894-6942.

- Your participation in this study is voluntary.
- You do not have to be in this study if you don't want to be.
- You have the right to change your mind and leave the study at any time without giving any reason and without penalty.
- You do not waive any of your legal rights by agreeing to be in the study.
- Your completion of this survey provides your consent to participation.

Thank you for participating.

Which statement best describes you? If both apply, select the more challenging role for you

I have dietary restrictions

I select food for another person with dietary restrictions (e.g. a family member)

None of the above

Restriction type

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Which statements describe you? (Check all that apply)

I have a food allergy

I have a food intolerance (e.g. lactose intolerance)

I am vegetarian or vegan

I have religious based dietary restrictions

I avoid certain food ingredients for health reasons

I have another dietary restriction not listed above. Please describe:

None of the above

How many years have you been practicing the dietary restrictions? (Number only)

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In each of the following contexts, how challenging is it to meet your restricted diet?

	Not challenging at all	Slightly challenging	Moderately challenging	Very challenging	Extremely challenging	No experience
Restaurant dine-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takeout or delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Packaged food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-cooked food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I find it stressful to determine what food meets my dietary restrictions.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

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Which information sources do you use to select food that meets your dietary restriction? (Check all that apply)

Food packaging

Restaurant staff

Search engine such as Google, Bing, Yahoo, etc.

Mobile apps or some specific websites

Doctors, nutritionists, and other medical professionals

Families and friends

Local or online communities with similar needs

Other sources. Please specify:

None of the above

App or website usage

What apps or websites relevant to the dietary restrictions have you used?

What features could be improved? (Optional)

What are your favorite features? (Optional)

Food packaging

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I find information on food packagings confusing.

Always

Most of the time

About half the time

Sometimes

Never

I need more information than is listed on the packaging to decide if a product meets my dietary restrictions.

Always

Most of the time

About half the time

Sometimes

Never

I have accidentally consumed a restricted ingredient based on either misleading or incorrect food packaging information.

Yes

No

Please briefly describe the incident: (Optional)

Information accuracy and education

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Only five questions left! Thank you once again.

I know the comprehensive list of food/ingredients that violate my dietary restrictions.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

I understand how my body would react to food allergens or food intolerance.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

People close to me (immediate family members, close friends) understand how my body would react if I were to break the restriction.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Limitation and Exploration

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Given my dietary restrictions, I am satisfied with the number of food choices I have.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

I try new foods despite having to determine if they meet my dietary restrictions.

Always

Most of the time

About half the time

Sometimes

Never

Ask for further contact - both

Are you interested in doing a user interview with us?

Yes

No

What's your email address?

Restriction type - caregiver

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Which statements describe your care receiver? (Check all that apply)

They have a food allergy

They have a food intolerance (e.g. lactose intolerance)

They are vegetarian or vegan

They have religious based dietary restrictions

They avoid certain food ingredients for health reasons.

 They have another dietary restriction not listed above. Please describe:

None of the above

How many years have you been taking care of their dietary restrictions? (Number only)

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In each of the following contexts, how challenging is it to meet their restricted diet?

	Not challenging at all	Slightly challenging	Moderately challenging	Very challenging	Extremely challenging	No experience
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Home-cooked food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I find it stressful to determine what food meets their dietary restrictions.

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Somewhat disagree

Strongly disagree

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Food packaging - caregiver

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Yes

No

Please briefly describe the incident: (Optional)

Information accuracy and education - caregiver

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Only five questions left! Thank you once again.

I know the comprehensive list of food/ingredients that violate their dietary restrictions.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

I understand how they would physically react to food allergens or food intolerance.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

People close to them (immediate family members, close friends) understand how they would physically react if they were to break the restriction.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Limitation and Exploration - caregiver

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