

**APPENDIX R**  
**RESPONDENT FEEDBACK FORM**

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## National Food Study

### Mathematica Policy Research – Respondent Feedback Form

Please tell us about your experience with the National Food Study. Your honest feedback is important to us and will help us improve the study for others.

**1. How often did you complete the Meals and Snacks form? (Check one)**

- 1 Everyday
- 2 More than once but not every day
- 3 Once before the end of the week
- 4 Once at the end of the week
- 5 Did not complete at all

On a scale from 1 to 5, where 1 is “very easy” and a 5 is “very difficult”, please tell us

**2. How easy or difficult was it for you to get other household members to take part in the study? (Check one)**

Very Easy	Easy	Neither easy nor difficult	Difficult	Very difficult	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**3. How easy or difficult was it to keep track of the foods you got? (Check one)**

Very Easy	Easy	Neither easy nor difficult	Difficult	Very difficult
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**4. During the past week, did you (or other household members) change the way you got food because you were taking part in this study? (Check all that apply)**

- 1 Ate out more often
- 2 Ate out less often
- 3 Did more food shopping
- 4 Did less food shopping
- 5 Bought a specific item(s) just to be able to scan it
- 6 Avoided specific items so you wouldn't have to scan them
- 7 Other changes – please specify: \_\_\_\_\_
- 8 No, did not change