

Perceptions and Understanding of Risk-Based Labelling information among Users and Potential Users of Infant Formula and Formulated Nutritional Foods

Methodology report

Prepared for: Health Canada

Supplier: Leger Marketing Inc.

Contract Number: CW2433565

Contract Value: \$ 99,713.29 (including HST)

Award Date: 2025-12-18

Delivery Date: 2026-03-30

Registration Number: POR 076-25

For more information on this report, please contact Health Canada at: hc.cpab.por-rop.dgcap.sc@hc-sc.gc.ca

Ce rapport est aussi disponible en français.



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This public opinion research report presents the methodology used for an online survey conducted by Leger Marketing Inc. on behalf of Health Canada. The survey was conducted with 4,511 Canadians aged 18 and over between February 4th and March 3rd, 2026.

Cette publication est aussi disponible en français sous le titre : Perceptions et compréhension de l'information sur les risques, présent sur l'étiquetage des préparations pour nourrissons et des aliments nutritifs formulés chez les utilisateurs et utilisatrices potentiels

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Health Canada, CPAB
200 Eglantine Driveway, Tunney's Pasture
Jeanne Mance Building, AL 1915C
Ottawa, Ontario K1A 0K9

Catalogue Number: H14-689/2026E-PDF

International Standard Book Number (ISBN): 978-0-662-44109-0

Related publications (registration number: POR 076-25):

Catalogue Number: H14-689/2026F-PDF (Final Report, French)

ISBN: 978-0-662-44139-7

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Executive Summary

Leger is pleased to present Health Canada with this public opinion research methodology report. This report was prepared by Léger Marketing Inc. who was contracted by Health Canada (contract number CW2433565, awarded December 18th, 2025, for a total value of \$99,713.29 including HST).

Background and Objectives

In response to global shortages of certain foods for special dietary use and infant formula since early 2022, Health Canada committed to modernizing the regulatory framework for these products. In fall 2023, fall 2024 and fall 2025, the department published three consultation papers on Health Canada's website, putting forward the proposed modernized framework and requirements for stakeholder feedback.

For several product categories captured under the modernization initiative, including infant formula and formulated nutritional foods (meal replacements and nutritional supplements), new labelling requirements are being proposed, including directions for use, preparation instructions, mandatory information, and cautionary statements. The required labelling information conveys important risk information and could result in adverse effects if not understood by the consumer.

The information gathered will be used to gauge consumer awareness, understanding of labelling, appraisal, and use health information. This will provide input to support policy decisions regarding the required label information to help ensure safe and appropriate use.

Research Objectives

The primary objective of this research is to determine understanding of labelling of infant formula and formulated nutritional foods (meal replacements and nutritional supplements) to support safe use of these products.

Specifically, the survey will be used to:

- Evaluate consumer comprehension of the information presented on labels, particularly in relation to identifying the appropriate users, understanding safe preparation and consumption.
- Identify potential gaps or misunderstandings in how consumers interpret labelling information (including risk perceptions).
- Assess differences in understanding across demographic groups (health literacy status).

Rationale and Intended Use of Research

Manner in which research supports government or departmental priorities:

As per Treasury Board requirements and the Cabinet Directive on Streamlining Regulations, Departments and Agencies are required to evaluate their regulatory programs to objectively assess the effectiveness of these programs in achieving expected results. This also aligns with the Red Tape Reduction initiative launched in 2025 which aims to modernize regulations to support:

- International alignment and reduction of trade barriers
- Risk-based regulating
- Streamlining regulations, simplifying rules and enhancing flexibility
- Enabling new products and technologies.

Evaluating the effectiveness of the infant formula and formulated nutritional foods (e.g., meal replacements and nutritional supplements) product labelling changes is thus a priority.

Manner in which research findings will benefit Canadians:

Information gathered will be used to assess how well consumers understand the information on labels, namely the directions for use, mandatory information, and cautionary statements. This will support the development of evidence-based regulations that promote the safe use of products.

Methodology

This public opinion research was conducted via online surveys, using Computer Aided Web Interviewing (CAWI) technology. The questionnaires were provided by Health Canada. The questionnaire was approved for use by Health Canada's Research Ethics Board and was built to include integrated voice over for all questions relating to the calculation of the health literacy score of respondents.

Fieldwork for the survey was carried out from February 4th to March 2nd, 2026. A pre-test of 55 interviews was completed before launching data collection to validate the programming of the questionnaire in both English and French. A total of 4,511 Canadians aged 18 or older with demographic characteristics reflective of the target population were surveyed. Quotas were set to ensure the sample is made up of around 60% of Canadians who have a limited or marginal health literacy and 40% of Canadians who have an adequate health literacy. This distribution was maintained both overall and within each of the two randomized subsamples.

In order to determine respondents' health literacy level and to select representative demographic samples of the Canadian population from consumers at risk of marginal/limited health literacy (60% of respondents) vs adequate health literacy (40% of respondents), they were pre-screened using the Newest Vital Sign health literacy screening tool (provided by Health Canada). This 6-question, multiple choice tool including an image of the label of an ice cream container, was integrated by Leger as a web-based tool with voice over so that participants can read and listen to each question and set of corresponding multiple-choice answers before making their answer selection.

An average of twenty-two minutes was required for respondents to complete the survey. The median completion time was fifteen minutes. The sample was drawn randomly from the Leo panel and the overall participation rate for the survey was 5%.

A complete methodological description is provided in the Appendices section of this document.

Notes on Interpretation of the Research Findings

This report was compiled by Leger based on the research conducted specifically for this project. This research is not probabilistic; the results cannot be inferred to the general population of Canada.

Since a sample drawn from an Internet panel is not probabilistic in nature, margins of sampling error cannot be calculated for this survey. Respondents for this survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population. The data have been weighted based on data from Statistics Canada's 2021 national census to reflect the demographic composition of the target population. To correct the distribution of health literacy, an additional weighting adjustment was applied, based on data from the [OECD Survey of Adult Skills 2023: Canada](#), in alignment with client requirements.

Political Neutrality Statement and Contact Information

Léger certifies that the final deliverables fully comply with the Government of Canada's political neutrality requirements outlined in the Policy on Communications and Federal Identity and the Directive on the Management of Communications.

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.



Signed:

Sébastien Poitras

Vice-President, Public Affairs and Communications, Léger

Appendix 1 – Quantitative Methodology

As a CRIC Member, Leger adheres to the most stringent guidelines for quantitative research. The survey was conducted in accordance with Government of Canada requirements for quantitative research, including the Standards of the Conduct of Government of Canada Public Opinion Research— Series A – Fieldwork and Data Tabulation for Online Surveys.

Respondents were assured of the voluntary, confidential and anonymous nature of this research. As with all research conducted by Leger, all information that could allow for the identification of participants was removed from the data, in accordance with the *Privacy Act*.

Sampling Procedure

Leger conducted a panel-based Internet survey with a sample of adult Canadians, using Computer Aided Web Interviewing (CAWI) technology. A total of 4,511 respondents participated in the survey. The exact distribution is presented in the following section. Participant selection was done randomly from Leo's online panel.

Leger owns and operates an Internet panel of more than 400,000 Canadians from coast to coast. An Internet panel is made up of Web users profiled on different sociodemographic variables. The majority of Leger's panel members (61%) have been recruited randomly over the phone over the past decade, making it highly similar to the actual Canadian population on many demographic characteristics.

As with all research conducted by Leger, the contact information was kept entirely confidential and all information that could allow for the identification of participants was removed from the data in accordance with Canada's *Privacy Act*.

Data Collection

Fieldwork for the survey was carried out from February 4th to March 2nd, 2026. A pre-test of 55 interviews was completed before launching data collection to validate the programming of the questionnaire in both English and French. A total of 4,511 Canadians with demographic characteristics reflective of the Canadian population were surveyed. Quotas were set to ensure the sample is made up of around 60% of Canadians who are at risk of limited/marginal health literacy and 40% of Canadians who are likely to have adequate health literacy. Since the adequate health literacy quota was reached first, 6,592 respondents were screened out with the NVS tool to reach the limited/marginal health literacy quota.

An average of twenty-two minutes was required for respondents to complete the survey. The median completion time was fifteen minutes. The sample was drawn randomly from the Leo panel and the overall participation rate for the survey was 5%.

Since a sample drawn from an Internet panel is not probabilistic in nature, the margin of error cannot be calculated for this survey. Respondents for this survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population. The data have been weighted to reflect the demographic composition of the target population based on data from Statistics Canada's 2021 national census. Because

the sample is based on those who initially self-selected for participation, no estimates of sampling error can be calculated.

During data collection, regional quotas were set, along with quotas to target a sufficient number of individuals with a limited/marginal health literacy (about 60% of the sample) and with adequate health literacy (40% of the sample). The tables below detail the distribution of respondents by region, gender, age, education level, mother tongue, presence of children in the household, and health literacy level.

Table 1: Distribution of respondents by region

	Number of respondents (unweighted)
Quebec	1,141
Ontario	1,647
Manitoba/Saskatchewan	309
Alberta	484
British Columbia and Territories	614
Atlantic	316

Table 2: Distribution of respondents by gender

	Number of respondents (unweighted)
Man	2,317
Woman	2,170
Self-described gender identity	17

Table 3: Distribution of respondents by age

	Number of respondents (unweighted)
18-34	1,059
35-54	1,483
55+	1,969

Table 4: Distribution of respondents by education level

	Number of respondents (unweighted)
High school or less	960
College	1,334
University	2,193

Table 5: Distribution of respondents by mother tongue

	Number of respondents (unweighted)
French	1,175
English	3,108
Other	378

Table 6: Distribution of respondents by presence of children in the household

	Number of respondents (unweighted)
Yes	1,536
No	2,975

Table 7: Distribution of respondents by the level of health literacy

	Number of respondents (unweighted)
Limited/marginal	2,700
Adequate	1,811

The natural fallout of additional audiences of interest was also closely followed during data collection to ensure sufficient base sizes for robust and meaningful analysis.

Table 8: Distribution of respondents by audience of interest

	Number of respondents (unweighted)
Parents (kids <17 years old)	1,536
Infant Caregivers (0-36 months)	525
Indigenous	237
Visible Minorities	1,157
Product Users - Infant/Toddler Formula	521
Product Users - Meal replacements	735
Product Users - Nutritional supplements	1,199

Participation Rate

The overall participation rate for this study is 5%. The low participation rate is largely driven by the high number of unanswered email invitations (n=215,283). Given the limited data collection timeline and associated deadlines, invitations had to be distributed broadly to secure the required number of completes within field. In addition, a large volume of invitations was necessary to meet the quota for respondents with limited or marginal health literacy, a subgroup that is more difficult to reach and therefore required expanded outreach.

The participation rate is calculated as the number of **in-scope responding units**, divided by the sum of **unresolved units**, **in-scope non-responding units**, and **in-scope responding units**. The detailed completion results are as follows:

Table 9: Participation rate calculation

Invalid cases	
Invitations mistakenly sent to people who did not qualify for the study	-
Incomplete or missing email addresses	-
Unresolved (U)	
Email invitations bounce back	88
Email invitations unanswered	215,283
In-scope non-responding units (IS)	
Non-response from eligible respondents	-
Respondent refusals	709
Language problem	-

Selected respondent not available (illness; leave of absence; vacation; other)	-
Early breakoffs	3,292
Responding units (R)	
Surveys disqualified – quota filled	402
Completed surveys disqualified for other reasons	6,618
Completed interviews	4,511
POTENTIALLY ELIGIBLE (U+IS+R)	230,903
Participation rate= R/(U + IS + R)	4.99%

Unweighted and Weighted Samples

Based on data from Statistics Canada’s 2021 national census, Leger weighted the results of this survey by region, gender, age, education level, mother tongue and presence of children in the household, in order to reflect the actual distribution of the Canadian adult population. As per client requirements, an additional weighting adjustment was applied based on data from the [OECD Survey of Adult Skills 2023: Canada](#) to correct the distribution of health literacy. This adjustment was implemented to mitigate potential coverage bias associated with online data collection, where reliance on written communication may disproportionately favour participation by individuals with higher literacy levels.

A basic comparison of the unweighted and weighted sample sizes was conducted to identify any potential non-response bias that could be introduced by lower participation rates among specific demographic subgroups (see tables below).

The table below presents the geographic distribution of respondents, before and after weighting. Weighting by region only brought slight adjustments to correct small imbalances.

Table 10: Weighted and Unweighted Sample Distribution by Province

	Weighted	Unweighted
Quebec	1,043	1,141
Ontario	1,748	1,647
Manitoba/Saskatchewan	290	309
Alberta	500	484
British Columbia and Territories	626	614
Atlantic	304	316

The following tables present the demographic distribution of respondents, according to gender and age. The weighting applied slightly decreased the weight of men and increased that of women.

Table 11: Weighted and Unweighted Sample Distribution by Gender

	Weighted	Unweighted
Man	2,161	2,317
Woman	2,312	2,170

Self-described gender identity	28	17
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Table 12: Weighted and Unweighted Sample Distribution by Age Group

	Weighted	Unweighted
18-34	1,202	1,059
35-54	1,450	1,483
55+	1,859	1,969

The following tables present the demographic distribution of respondents, according to education level and presence of children in the household. Regarding education level, the weighting increased the weight of those with a high school or college-level education and decreased the weight of those with a university-level education. Regarding the presence of children in the household, a higher proportion of respondents reporting that they lived with children was reached; therefore, the weighting reduced their weight in favour of those living in households without children.

Table 13: Weighted and Unweighted Sample Distribution by Education Level

	Weighted	Unweighted
High school	1,316	960
College	1,764	1,334
University	1,392	2,193

Table 14: Weighted and Unweighted Sample Distribution by Presence of Children in the Household

	Weighted	Unweighted
Yes	1,230	1,536
No	3,281	2,975

Finally, the weighting by health literacy level decreased the weight of respondents with limited or marginal health literacy and increased the weight of those with adequate health literacy.

This reflects an overrepresentation of respondents with limited or marginal health literacy in the unweighted sample, requiring stronger adjustments to align with population distribution.

Table 15: Weighted and Unweighted Sample Distribution by Health Literacy

	Weighted	Unweighted
Limited/Marginal	2,434	2,700
Adequate	2,076	1,811

Weighting factors

Certain subgroups tend to be underrepresented or overrepresented in a sample compared to the general population. The weighting of a sample makes it possible to correct for differences in the representation of the various subgroups of that sample compared to what is usually observed in the overall study population. Weighting factors are therefore the weight given to each respondent that corresponds to a subgroup of the sample.

The weighting applied corrected the original imbalance for data analysis purposes; no further manipulation was required.

Based on data from Statistics Canada's 2021 national census, Leger weighted the results of the sample of this survey by region, gender, age, education level, mother tongue and presence of children in the household, in order to reflect the actual distribution of the Canadian adult population. The weighting was applied to each sub-sample individually. As per client requirements, an additional weighting adjustment was applied based on data from the [OECD Survey of Adult Skills 2023: Canada](#) to correct the distribution of health literacy.

The following tables illustrate the proportion allocated to each target audience in the overall **sample**.

Table 16: Weight factors by region, gender and age

Label	Weight
British Columbia Male 18-34	1.867
British Columbia Male 35-44	1.119
British Columbia Male 45-54	1.040
British Columbia Male 55-64	1.157
British Columbia Male 65+	1.598
British Columbia Female 18-24	0.648
British Columbia Female 25-34	1.168
British Columbia Female 35-44	1.099
British Columbia Female 45-54	1.117
British Columbia Female 55-64	1.244
British Columbia Female 65+	1.831
Alberta Male 18-24	0.567
Alberta Male 25-34	1.007
Alberta Male 35-44	1.069
Alberta Male 45-54	0.915
Alberta Male 55-64	0.902
Alberta Male 65+	0.995
Alberta Female 18-24	0.569
Alberta Female 25-34	1.012
Alberta Female 35-44	1.095
Alberta Female 45-54	0.908
Alberta Female 55-64	0.917
Alberta Female 65+	1.127
Manitoba/Saskatchewan Male 18-34	0.931
Manitoba/Saskatchewan Male 35-44	0.548
Manitoba/Saskatchewan Male 45-54	0.481
Manitoba/Saskatchewan Male 55-64	0.533
Manitoba/Saskatchewan Male 65+	0.661
Manitoba/Saskatchewan Female 18-34	0.905
Manitoba/Saskatchewan Female 35-44	0.556
Manitoba/Saskatchewan Female 45-54	0.486
Manitoba/Saskatchewan Female 55-64	0.546
Manitoba/Saskatchewan Female 65+	0.779
Ontario Male 18-24	2.110

Ontario Male 25-34	3.322
Ontario Male 35-44	3.006
Ontario Male 45-54	2.989
Ontario Male 55-64	3.292
Ontario Male 65+	4.045
Ontario Female 18-24	1.975
Ontario Female 25-34	3.279
Ontario Female 35-44	3.195
Ontario Female 45-54	3.204
Ontario Female 55-64	3.478
Ontario Female 65+	4.854
Quebec Male 18-24	1.090
Quebec Male 25-34	1.803
Quebec Male 35-44	1.892
Quebec Male 45-54	1.761
Quebec Male 55-64	2.075
Quebec Male 65+	2.705
Quebec Female 18-24	1.043
Quebec Female 25-34	1.784
Quebec Female 35-44	1.897
Quebec Female 45-54	1.744
Quebec Female 55-64	2.113
Quebec Female 65+	3.210
Atlantic Male 18-34	0.791
Atlantic Male 35-44	0.466
Atlantic Male 45-54	0.519
Atlantic Male 55-64	0.633
Atlantic Male 65+	0.853
Atlantic Female 18-34	0.767
Atlantic Female 35-44	0.499
Atlantic Female 45-54	0.551
Atlantic Female 55-64	0.671
Atlantic Female 65+	0.989

Table 17: Weight factors by region

Label	Weight
British Columbia (Vancouver CMA)	7.383
British Columbia (Other)	6.503
Alberta (Calgary CMA)	3.862
Alberta (Edmonton CMA)	3.731
Alberta (Other)	3.492
Saskatchewan	2.929
Manitoba	3.496
Ontario (Toronto CMA)	16.944

Ontario (Other)	21.804
Québec (Montreal CMA)	11.582
Québec (Quebec CMA)	2.299
Québec (Other)	9.236
New-Brunswick	2.162
Nova-Scotia	2.712
Prince Edward Island	0.424
Newfoundland and Labrador	1.441

Table 18: Weight factors by education level and region

Label	Weight
College or less	69.149
University – Rest of Canada	24.318
University - Quebec	6.533

Table 19: Weight factors by mother tongue

Label	Weight
French – Rest of Canada	2.452
French – Quebec	17.300
English and other – Rest of Canada	74.431
English and other – Quebec	5.817

Table 20: Weight factors by presence of children in the household

Label	Weight
Yes	27.259
No	72.741

Table 21: Weight factors by level of health literacy

Label	Weight
Limited/Marginal	53.969
Adequate	46.031

Appendix 2 – Questionnaire

Consent to Participate

Researchers at Health Canada are doing a study on food labels on infant formula and formulated nutritional foods (e.g. meal replacements and nutritional supplements). You have been asked to take part in this study.

Why are we inviting you to participate in this project?

Health Canada wants to make several changes to the food labels. Your participation will help Health Canada to know if these changes make it easier to use these foods safely.

What will you be doing in this project?

- We are asking you to take part in an on-line questionnaire on your computer or tablet.
- You will be asked questions about your shopping habits and demographic questions such as age, gender, family size and province you live in.
- You will be asked to look at examples of food labels on infant formula and formulated nutritional foods.
- You will be asked to answer questions about the food label information.
- The questionnaire will take about 20 minutes to do.

Can I be in the project?

Yes, you can if....

- You have access to a computer or tablet with an internet connection.
- You can speak and read English or French.
- You are at least 18 years old.
- You can understand everything on this page.

What if I start the questionnaire and then want to stop? Can I do that?

- Yes. Once you start the questionnaire you can stop at any time. You won't have to explain why you want to stop.

- If you decide to stop, none of the information we have collected from you will be used in the analysis. Researchers will use some information such as your age, and gender, if you have provided it, to examine if there are any differences among participants who did not want to take part in the study. The remaining results of your questionnaire responses will be discarded.

Do I have to answer every question in the questionnaire?

- YES. However, you are free to stop answering the questionnaire at any point, but you will not receive any compensation points as per the Leger panel policy.

Will I be compensated for participating in the project?

- You will receive compensation points for completing this questionnaire from Leger Inc. as per the email you received with this link.
- If you do wish to withdraw from the questionnaire at any point in time, you will NOT receive any compensation points, as per the Leger panel policy.

What will we do with the results of the project?

- The results of this study will be used by Health Canada to evaluate the labelling on infant formula and formulated nutritional foods (i.e. meal replacements and nutritional supplements).
- A research report will be prepared by Leger Inc., and Health Canada will share this research report with all Canadians on the Library and Archives Canada website.
- Health Canada may also prepare a scientific report and publish it on their website and/or in a scientific journal. Your name will not be used in any of these documents.

Your Rights

- Your identifiable personal information will not be shared with Health Canada
- You might have questions about your rights as a person in this project. You might also want to confirm that this project has been approved and is safe for you to be in.

If you have any questions about this research, you can contact:

[CONTACT INFORMATION]

Privacy Notice

The personal information you provide to Health Canada is governed in accordance with the Privacy Act. We only collect the information we need to conduct the research project POR-25-10: Perceptions and Understanding of Risk-Based Labelling information among Users and Potential Users of Infant Formula and Formulated Nutritional Foods as per Section 4 of the Department of Health Act.

- **Purpose of collection:** We require your personal information to determine your eligibility and record your consent to participate in this research study that will inform the labelling of infant formula, meal replacements and nutritional supplements. If you request a copy of the research study, your contact information will be used to provide one to you.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.
- **Your rights under the Privacy Act:** In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

Survey Tool - Questionnaires

Question ID	Purpose	Variable Name	Question, Response Options [Code]	Survey Logic
PROV	Province/Region	Province	ADD PROV (STANDARD QUESTION)	
DQ4	Demographics Regional quota	Region of Canada	What are the 1st 3 characters of your postal code? ☐ --- ☐ Prefer not to answer	Auto code to provinces /region
DQ2	Demographics/age quota	Age [Must be > 18 years old to participate]	In what year were you born? XXXX OR [SHOW IF YEAR=REFUSAL] To which age category do you belong? ☐ 18–24 years of age ☐ 25–34 years of age ☐ 35–44 years of age ☐ 45–54 years of age ☐ 55–64 years of age ☐ 65–74 years of age ☐ 75+ years of age ☐ Prefer not to answer	Show year: YYYY OR Single response option;
DQ3	Demographics/gender quota	Gender	What is your gender ? <i>Gender refers to your current gender, which may be different from sex assigned at birth and may be different from what is indicated on legal documents.</i> ☐ Man ☐ Woman ☐ Self-describe: _____	Single response option;

			☐ Prefer not to answer	
DQ5	Demographics household	Household	Are there children under 18 years old living in your household? ☐ Yes (go to next Q) ☐ No (skip next question)	Single response option
DQ6	Demographics Children ages	Children Ages	How old are the children living in your household? (check all that apply) ☐ Under 6 months of age ☐ 6 to 12 months of age ☐ 1 year to 3 years of age ☐ Greater than 3 years to 14 years of age ☐ Over 14 years of age	Radial button Age ranges based on IF and FNS age guidance
DQ7	Demographics Education	Education	What is the last year of education that you have completed? ☐ Elementary (Grades 7 or less) ☐ Some High School, general or vocational (grade 8 and over) ☐ High School diploma or equivalent (completed) ☐ Registered Apprenticeship or other trades certificate or diploma ☐ College, CEGEP or other non-university certificate or diploma ☐ University certificate or diploma below bachelor's level ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate (PhD) ☐ I prefer not to answer	Single response option

DQ8	Demographics Language	Language	What is the language you first learned at home in your childhood and that you still understand? <i>Select all that apply</i> ☐ English ☐ French ☐ A language other than French or English : _____ ☐ Don't know ☐ I prefer not to answer	Multiple response option
ETHN	Ethnicity	Ethnicity	Which of the following best describes you? <i>Please select all that apply.</i> ☐ White ☐ Indigenous (First Nations, Métis, Inuk / Inuit) ☐ Latin American ☐ Middle Eastern / North African ☐ Black ☐ South Asian ☐ Southeast Asian ☐ West Asian / Central Asian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Self-describe : ☐ I prefer not to answer	

Some questions in this survey include images of food product packaging, showing the front and, in some cases, the back. When available, you can click “Click here to see the back of the package” to view the back of the package.

To enlarge an image, click on it to open a larger version, then click again to close it.

#	Purpose	Variable [Variable Name]	Question, Response Options [Code]	Survey Logic
SQ1-6	Screening for sampling purposes Overall sample and each subgroup must have a 60 % proportion of marginal/limited HL and 40% proportion of Adequate HL participants	Health Literacy (HL) Status (6 Q's)	This information is on the back of a 500 mL container of ice cream. 1. If you eat the entire container, how many calories will you eat? <i>Click image to enlarge.</i> <i>Click the play button for the voice over</i> a. 250 Calories b. 300 Calories c. 500 calories d. 1000 Calories e. I do not know 2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? <i>Click image to enlarge.</i> <i>Click the play button for the voice over</i> a. ½ cup (125 mL) b. 1 cup (250 mL) c. 2 cups (500 mL) d. 4 cups (1000 mL) e. I do not know 3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be eating each day? <i>Click image to enlarge.</i> <i>Click the play button for the voice over</i> a. 9 grams b. 15 grams c. 33 grams	Correct = 1 Incorrect = 0 Summary Score for binary coding: 4 or greater = Adequate HL <4 = Limited/marginal HL

			d. 42 grams e. I do not know 4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving of ice cream? <i>Click image to enlarge.</i> <i>Click the play button for the voice over</i> a. 5% b. 10% c. 20% d. 250% e. I do not know 5. Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves and bee stings. Is it safe for you to eat this ice cream? <i>Click image to enlarge.</i> <i>Click the play button for the voice over</i> a. Yes b. No c. I do not know 6. (Answer only if you responded “No” to question 5) Why not? <i>Click image to enlarge.</i> <i>Click the play button for the voice over</i> a. Contains egg b. Comes from bees c. Contains peanut or peanut oil	
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			d. Contains ingredients that may be harmful e. I do not know	
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#	Purpose	Variable [Variable Name]	Question, Response Options [Code]	Survey Logic
HS1	Shopping	Level of Shopping	Generally, who does the food shopping for your household? Please include both online and in store food shopping. ☐ I do all or most of the food shopping ☐ I share the responsibility with someone else ☐ Someone else in my household does it ☐ Someone else outside of my household (e.g., a relative or care-giver) does it ☐ Each person does their own food/grocery shopping ☐ None of the above	Single response option; Randomize order of responses except 'None of the above'
HS2	Shopping Type	Type of Shopping – Grocery Stores	Q. How often, if at all, do you buy food at grocery stores or supermarkets? ☐ Every day ☐ Most days ☐ 2-3 times a week ☐ About once a week ☐ 2-3 times a month ☐ About once a month ☐ Less than once a month ☐ Never	Single response option
HS3	Shopping Type	Type of Shopping - Online	Q. How often, if at all, do you buy food online from grocery stores or supermarkets? ☐ Every day ☐ Most days ☐ 2-3 times a week ☐ About once a week ☐ 2-3 times a month ☐ About once a month	Single response option

			☐ Less than once a month ☐ Never	
HS4	Shopping Type	Type of Shopping – Convenience Stores	Q. How often, if at all, do you buy food at convenience stores? ☐ Every day ☐ Most days ☐ 2-3 times a week ☐ About once a week ☐ 2-3 times a month ☐ About once a month ☐ Less than once a month ☐ Never	Single response option

Food Label Use Questions

#	Purpose	Variable [Variable Name]	Question, Response Options [Code]	Survey Logic
FLQ1	Level of Interest in food and nutrition	Food Interest	How interested are you in food and nutrition? Would you say that you are: ☐ Very interested ☐ Interested ☐ Not very interested ☐ Not interested at all	Single response option
FLQ2	Attention to food labels	Label Awareness	When shopping for foods, how often do you pay attention to the labels on foods and beverages? ☐ Always ☐ Often ☐ Sometimes ☐ Rarely	Single response option

			☐ Never	
FLQ3	Use of food label information	Label Use	What information on food labels do you pay most attention to? Pick up to 3 answers from the given ones ☐ Claims ☐ Food Picture ☐ Brand Name ☐ Nutrition information ☐ List of ingredients ☐ Best before date ☐ Allergen information ☐ Other: _____	Multiple response options up to 3; Randomise order of responses except "Other"

Group A - Infant Formula Questionnaire (1/2 participants n = 2250)

In this next section of the questionnaire we are going to ask you some questions about food labels on infant formulas.

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
IFQ1	Awareness and understanding of front of pack (FOP) label infant formula (IF) preparation requirements Minimize risk of feeding a liquid concentrate without adding water	Powdered IF Liquid Concentrate IF Ready-to-feed (RTF) IF (Artemil product line Q1-7) Testing if the addition of pictogram with text on label improves awareness and understanding	Add water Add water Do not add water	Participants will be randomly assigned to Group 1 or Group 2 for Q1-Q8 Group 1 Text only Group 2 Text + Pictograms Participants view ONLY THE FOP label of all 3 products at same time Randomize order each participant sees the variants on screen	You are shopping for an infant formula. Which infant formula needs to be mixed with water before feeding? Check all that apply. <i>Click image to enlarge.</i> ☐ Powdered IF (CORRECT) ☐ Concentrate 1 (CORRECT) ☐ RTF 1 ☐ All of them ☐ None of them ☐ I don't know	Radial button beside each product +Include an IDK option Randomize order each participant sees answer options on screen
IFQ2	Awareness and understanding of back of pack (BOP) IF detailed	Square box of Liquid Concentrate IF	Preparation instructions	Group 1 Text only Group 2 Text + Pictograms	You have been asked to prepare a bottle of infant formula using this product. What is the first thing you should do when preparing this infant formula?	Randomize order each participant sees answer

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
	preparation instructions				<i>Click image to enlarge.</i> ☐ Wash your hands (CORRECT) ☐ Add boiled drinking water to the feeding bottle ☐ Add formula to the feeding bottle ☐ Boil drinking water ☐ Sterilize the bottles ☐ I don't know ☐ Order doesn't matter	options on screen Single response option
IFQ3a/b	Awareness and understanding of BOP preparation instructions KEY RISK - STERILIZE	Square box of LC (Concentrate IF)	Preparation instructions	Group1 Text Group 2 Text + Pictogram	A. Do formula bottles and nipples need to be sterilized before mixing infant formula in them? <i>Click image to enlarge.</i> ☐ No (SKIP B) ☐ Yes (CORRECT - ASK B) ☐ I don't know B. IF YES, how should you sterilize bottles and nipples? <i>Click image to enlarge.</i> ☐ Place in boiling water for 2 minutes (CORRECT) ☐ Wash by hand in hot, soapy water	Single response option Randomize order each participant sees the answer options Single response option

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
					☐ Wash them in the dishwasher ☐ Rinse them with tap water ☐ I don't know	
IFQ4	Numeracy - importance of IF Preparation KEY IMPORTANCE – FOLLOWING PREPARATION INSTRUCTIONS	Powdered IF	Using correct proportions of formula and water question – with text	Group 1 Text Group 2 Text + Pictograms	You have been asked to prepare a bottle of infant formula using this product. How many scoops of this product do you need to add to 120 mL (1/2 cup) of water? <i>Click image to enlarge.</i> ☐ 1 scoop ☐ ½ scoop ☐ 2 scoops (CORRECT) ☐ 3 scoops ☐ I don't know	Single response option
IFQ5	Perceived importance of IF Preparation KEY IMPORTANCE – FOLLOWING PREPARATION INSTRUCTIONS	Powdered IF	"Do not change the amount of formula or water or add other food unless your healthcare professional tells you to."	Group 1 text Group 2 text + Pictograms	You are preparing infant formula and see the following preparation instructions on the label: "Do not change the amount of formula or water or add other food unless your healthcare professional tells you to." How important is it to follow these instructions? <i>Click image to enlarge.</i>	Single response option

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
					☐ 1 – Not at all important ☐ 2 – Slightly important ☐ 3 – Somewhat important ☐ 4 – Moderately important ☐ 5 – Important ☐ 6 – Very important ☐ 7 – Extremely important	
IFQ6	Awareness and understanding of BOP preparation instructions KEY RISKS – FEEDING USE	Powdered IF	Preparation instructions	Group 1 Text Group 2 Text + Pictograms	You have just prepared a bottle of this infant formula. When do you need to use the prepared formula by? (check all that apply) <i>Click image to enlarge.</i> ☐ Right away (CORRECT) ☐ If it's in the fridge it can be used within 24 hours (CORRECT) ☐ If it's in the fridge it can be used for the next few days (FALSE) ☐ Within the next 2 hours after a feed has started (CORRECT) ☐ I don't know	Randomize order each participant sees the answer options

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
IFQ7	Awareness and understanding of BOP preparation instructions KEY RISKS – STORAGE	Powdered IF	Follow up to Question Q6	Group 1 Text Group 2 Text + Pictograms	When do you need to use the opened container of infant formula by (select one)? <i>Click image to enlarge.</i> ☐ Within 24 hours ☐ If the container is covered and stored in the fridge it can be used within the week ☐ Within the week ☐ If the container is covered and stored at room temperature it can be safely used within 1 month (CORRECT) ☐ I don't know	Follow Up to previous Q Single response option Randomize order each participant sees the answer options
IFQ8	Cautions for Use Understanding of Statement	Liquid Concentrate (Nuramil)	Specific formula statements	“This product should only be used on the advice of your health care professional”	You are shopping for an infant formula, and you notice a label statement on the back of package that says: “This product should only be used on the advice of your health care professional.” What does this instruction mean to you? <i>(Select one)</i> <i>Click image to enlarge.</i> ☐ You should only choose infant formula based on what your health care professional tells you.	Single response option Randomize order each participant sees the

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
					☐ You can use the product if you feel it might help your infant. ☐ The product is safe for general use, but healthcare professionals prefer to be consulted. ☐ The instruction is just a suggestion and doesn't need to be followed strictly. ☐ The product may not be the right choice for all infants and should only be used after talking to your health care professional (CORRECT)	answer options
IFQ9	Follow-up Q Cautions for Use – Risk perceptions	Liquid Concentrate (Nuramil) same product as previous Q		"This product should only be used on the advice of your health care professional"	You are shopping for an infant formula, and you notice a label statement on the back of package that says: "This product should only be used on the advice of your health care professional." How important do you think it is to follow this instruction exactly as stated? <i>Click image to enlarge.</i> 1 – Not at all important 2 – Slightly important 3 – Somewhat important	Single response option

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
					4 – Moderately important 5 – Important 6 – Very important 7 – Extremely important	
IFQ10	CAUTIONS for Use Risk perceptions	Liquid Concentrate (Nuramil) same product as previous Q	Caution box on BOP	“To prevent serious burns to the infant’s mouth, never use a microwave to warm formula.”	You are shopping for an infant formula and you notice a label statement on the back of package that says: “To prevent serious burns to the infant’s mouth, never use a microwave to warm formula.” How important is it to follow this instruction exactly as stated? (1 = Not at all important, 7 = Extremely important) Click image to enlarge. 1 – Not at all important 2 – Slightly important 3 – Somewhat important 4 – Moderately important	Single response option

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
					5 – Important 6 – Very important 7 – Extremely important7 – Extremely important	
IFQ11	CAUTIONS for Use Risk perceptions	Liquid Concentrate (Nuramil) same product as previous Q	Caution box on BOP	“Always test the temperature of the formula before feeding by putting a drop on the inside of your wrist. It should feel warm or cool.”	You are shopping for an infant formula, and you notice this label statement on the back of the package: “Always test the temperature of the formula before feeding by putting a drop on the inside of your wrist. It should feel warm or cool.” How important is it to follow this instruction exactly as stated? <i>(1 = Not at all important, 7 = Extremely important)</i> <i>Click image to enlarge.</i> 1 – Not at all important 2 – Slightly important 3 – Somewhat important 4 – Moderately important	Single response option

IF Q#	Purpose	Product Variants	TEST Information	Participant Programming **60/40 split of health literacy status for each group**	Task	Survey Logic
					5 – Important 6 – Very important 7 – Extremely important	

END of Group A Questionnaire

Next Step for Group A: Complete Product Differentiation Section

Group B - Formulated Nutritional Foods Questionnaire (1/2 participants, n=2250)

In this next section of the questionnaire we are going to ask you some questions about food labels on formulated nutritional foods.

FNFQ#	Purpose	Product Type	Test information	Participant Programming **60/40 split of health literacy status for each group**	Task/Question	Survey Logic
FNFQ1	Visual attention to age statement (principal display panel, PDP vs back of package, BOP) Awareness, understanding and appraisal and use of age statement – assessed by correct selection of age-appropriate product	Formulated nutritional shake Variants: - Nutritional supplement, NS 1-3 yrs - NS 4 -13 yrs - NS 14 yrs and older	“For ages [specify age range].”	Age guidance on PDP vs age guidance on BOP – randomized Group 1 PDP age guidance Group 2 BOP age guidance	You’re shopping for a snack to help improve a 12-year old’s energy and nutrient intake. Which product would you choose? (Assume they all cost the same) (Check all that apply) <i>Click image to enlarge.</i> ☐ “Formulated nutritional shake” [1-3 yrs old]” ☐ “Formulated nutritional shake” [4 -13 yrs]” (CORRECT) ☐ “Formulated nutritional shake [14 yrs and older]” ☐ Any of them ☐ None of the above ☐ I don’t know	Multiple response option Randomize order each participant sees the answer options
FNFQ2	Follow up to Q1	Formulated nutritional shake	“For ages [specify age range].”	Age guidance on PDP vs age guidance on BOP – randomized	Click on the label information you used to make your choice. Click all that apply. <i>Click image to enlarge.</i>	Follow up Q Randomize order each participant sees the

FNFQ#	Purpose	Product Type	Test information	Participant Programming **60/40 split of health literacy status for each group**	Task/Question	Survey Logic
				Group 1 PDP age guidance Group 2 BOP age guidance	☐ Product name ☐ Picture of food ☐ Nutrition facts table ☐ List of ingredients ☐ Claim on front of pack ☐ Age guidance ☐ Other _____	answer options Radial button
FNFQ3	Awareness & understanding, appraisal and use of age statement (Test understanding of toddler food not appropriate for infants under 1 year of age)	Formulated nutritional shake NS 1-3 yrs NS 4 -13 yrs NS 14 yrs and older	Age guidance: “For ages [specify age range].”	Age guidance on PDP vs age guidance on BOP – randomized Group 1 PDP age guidance Group 2 BOP age guidance	Which of these formulated nutritional beverages would be appropriate for infants under 1 year of age? Click all that apply. <i>Click image to enlarge.</i> ☐ NS 1-3 years of age ☐ NS 4-13 years of age ☐ NS 14 yrs and older ☐ None are appropriate for infants under 1 year of age (CORRECT) ☐ All are appropriate for infants under 1 year of age ☐ I don't know	Randomize order each participant sees the answer options
FNFQ4	Awareness & understanding of the statement that NS are not appropriate as a sole source of nutrition and	Formulated nutritional	BOP “Do not rely on this drink		Alex is a 22-year-old who has a busy schedule and often skips meals. While shopping at a local pharmacy, Alex notices a carton	Multiple response options

FNFQ#	Purpose	Product Type	Test information	Participant Programming **60/40 split of health literacy status for each group**	Task/Question	Survey Logic
	not more than 2 servings a day	shake 14 yrs and older	as your only source of nutrition. Do not drink more than 2 servings per day."		of nutritional shakes that are labelled : "Do not rely on this drink as your only source of nutrition. Do not drink more than 2 servings per day." What does this mean to you? <i>Check all that apply</i> <i>Click image to enlarge.</i> ☐ You can drink this as your only food in a day. ☐ You can drink one bottle to replace 1 full meal in a day ☐ You can drink one bottle a day in addition to your diet (CORRECT) ☐ You can drink more than 2 bottles a day in addition to your diet. ☐ You can drink up to 2 bottles a day in addition to your diet. (CORRECT) ☐ I don't know	Randomize order each participant sees the answer options

FNFQ#	Purpose	Product Type	Test information	Participant Programming **60/40 split of health literacy status for each group**	Task/Question	Survey Logic
FNFQ5	Awareness, understanding, appraisal of age guidance with servings information Visual attention - Test: age guidance on PDP vs on BOP with sole source + max servings statement	Formulated nutritional shake	"Do not rely on this drink as your only source of nutrition. Do not drink more than 2 servings per day."	Group 1- age guidance on PDP Group 2 - age guidance on BOP NS 1-3 yrs max 2 servings/day	Q. What's the maximum number of servings of this nutritional shake a 6-month-old infant can have in a day? <i>Click image to enlarge.</i> ☐ None – this product is not for infants (CORRECT) ☐ 1 serving ☐ 2 servings ☐ 3 servings ☐ There is not a maximum number of daily servings ☐ I don't know	Single response option Keep list in order
FNFQ6	Visual attention to age guidance on PDP vs on BOP with understanding, appraisal and use of sole source + max servings statement Can they associate age guidance with servings	Formulated nutritional shake	"Do not rely on this [food or drink] as your only source of nutrition. Do not [eat/drink] more than 2	Group 1- age guidance on PDP Group 2 - age guidance on BOP NS 1-3 yrs max 2 servings/day	Q. What's the maximum number of servings of this nutritional shake a 1-year-old child can have in a day? <i>Click image to enlarge.</i> ☐ None – this product is not for children ☐ 1 serving ☐ 2 servings (CORRECT)	Single response option Randomize order each participant sees the

FNFQ#	Purpose	Product Type	Test information	Participant Programming **60/40 split of health literacy status for each group**	Task/Question	Survey Logic
FNFQ8	Understanding of both FNF statements (on BOP), to confirm if one is better understood Follow up for previous Q	Same as Q8		Show one FNF Group 1 - see Statement A: <i>"This drink can add energy and nutrients when a diet does not provide enough to meet nutritional needs."</i> Group 2 - see Statement B: <i>"This drink can add energy and nutrients when a diet does not provide enough."</i>	Q. You want to use this drink. You read this on the back of package label: INSERT STATEMENT Who do you think this drink is most useful for? Click all that apply. TRUE or FALSE <i>Click image to enlarge.</i> ☐ Seniors who need more energy and nutrients. (TRUE) ☐ Everyone, regardless of their diet. (FALSE) ☐ Athletes with high energy and nutrient needs who have trouble eating enough (TRUE). ☐ People who want to lose weight quickly. (FALSE) ☐ I don't know	Randomize order each participant sees the answer options

FNFQ#	Purpose	Product Type	Test information	Participant Programming **60/40 split of health literacy status for each group**	Task/Question	Survey Logic
FNFQ9	Understanding of both FNF statements (on BOP), to confirm if one is better understood Follow up for previous Q	Same as Q8		Group 1 - see Statement A: <i>"This drink can add energy and nutrients when a diet does not provide enough to meet nutritional needs."</i> Group 2 - see Statement B: <i>"This drink can add energy and nutrients when a diet does not provide enough."</i>	Q. How confident are you that you understood what the following statement on the back of package means? <i>Click image to enlarge.</i> ☐ 1 – Not confident ☐ 2 – Slightly confident ☐ 3 – Moderately confident ☐ 4 – Confident ☐ 5 – Very confident	Single response option

Formulated Nutritional Foods (Meal Replacement) Questions

FMRQ#	Purpose	Product Type	Test information	Participant Programming **60/40 split of health literacy status for each group**	Task/Question	Survey Logic
FMRQ1	Understanding and risk perception (replacement for all daily meals may lead to nutrient inadequacy or excessive intake of certain nutrients)	Formulated meal replacement SHAKE Intended for 14 yrs and older (statement on BOP)	“This [food or drink] is not meant to replace all your meals.”	Show one formulated meal replacement on screen (FOP and BOP) Highlight statement in a box to pull out and show on screen next to the product label	Q. You want to use this drink product for some of your meals. You read this on the back of package label: “This drink is not meant to replace all your meals.” What do you think could happen if you use this product to replace ALL your meals? Click all that apply <i>Click image to enlarge.</i> ☐ You might not get enough of some nutrients (CORRECT) ☐ You might get too much of some nutrients (CORRECT) ☐ It would be perfectly safe; it would help meet all your nutritional needs (FALSE) ☐ I don’t know ☐ Other: _____ Please do not include any personal information in the free text fields of your response.	Radial response button Click all that apply Randomize order each participant sees the answer options

FMRQ2	Awareness & understanding of labeling for weight loss products as PART OF A LOWER CALORIE DIET	Formulated meal replacement for weight loss bar Intended for 18 years and older (statement on BOP)	Label condition: “This [food or drink] helps with weight loss only when used as part of a lower calorie diet.” on PDP	Show Formulated meal replacement for 18 years and older	Q. You are looking for a formulated meal replacement for an adult who wants to lose weight and you notice a label statement on the front of package that says: INSERT STATEMENT How should they use this product? <i>Click image to enlarge.</i> ☐ As part of their lower calorie diet (CORRECT) ☐ To replace all their meals ☐ To replace a meal in their regular diet ☐ In addition to their regular diet ☐ I don't know (SKIP NEXT QUESTION)	Single response option Single response option Randomize order each participant sees the answer options
FMRQ3	Follow up to Q2	Same product Q2	“ This food helps with weight loss only when used as part of a lower calorie diet.” is on PDP		[ASK IF FMRQ2≠DK] Q. Click on the label information you used to make your decision. Click on all that apply. <i>Click image to enlarge.</i> ☐ Brand name	Radial button Randomize order each participant sees the answer options

					☐ Picture of food ☐ Nutrition Facts table ☐ List of ingredients ☐ Nutrition claims ☐ Age guidance ☐ The statement indicating how the food helps with weight loss ☐ Other: _____ ☐ I didn't use any label information	
FMRQ4	Understanding and risk perception of BOP info to ask HCP about how to use the product	Same product Q2	"Ask your healthcare professional how to use this [food or drink]." On BOP		Q. You are looking for a formulated meal replacement for an adult who wants to lose weight and you notice a label statement on the back of package that says: "Ask your healthcare professional how to use this food." How important is it to speak with a healthcare professional before using this meal replacement product?	Single response option

					<i>Click image to enlarge.</i> ☐ Not at all important ☐ Very unimportant ☐ Somewhat unimportant ☐ Neither important nor unimportant ☐ Somewhat important ☐ Very important ☐ Extremely important	
FMRQ5	Awareness, understanding and appraisal of label info about weight loss products are only for 18 yrs and older	Formulated meal replacement for weight loss SHAKE Intended for 18 years and older (statement on BOP)	Age guidance “For ages 18 and older” on BOP	Formulated meal replacement Shake	Q. Who is this product for (Choose one): <i>Click image to enlarge.</i> ☐ Anyone who is looking for a snack (FALSE) ☐ Adults who want a formulated meal replacement to help with weight loss (CORRECT) ☐ Teenagers who want a formulated meal replacement to help with weight loss (FALSE) ☐ Anyone who wants a formulated meal replacement to help with weight loss (FALSE) ☐ Anyone who is looking for a formulated meal replacement (FALSE) ☐ I don't know	Single response option Randomize order each participant sees the answer options

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END of Group B Questionnaire

Next Step: Complete Product Differentiation Section

Product Differentiation Section (all respondents to complete)

In this next section of the questionnaire, you will be asked to answer some questions about infant formulas and formulated nutritional foods.

Q#	Purpose	Product Variants	TEST Information	Programming ** 60/40 split of health literacy status for each of the 4 groups**	Task (Correct answer)	Survey Logic
PDQ1	Consumer capacity to differentiate between different infant feeding products within a brand line based on age guidance for use	IF 0-12 months IF 6-12 months FNF 1-3 yr old Liquid RTF ready to use (6 pack) Shake NS	Image and color scheme	- Group 1 – IF and FNF have same images + same color schemes - Group 2 – IF and FNF have different images + same color schemes - Group 3 – IF and FNF have different images + different color schemes - Group 4 – IF and FNF have same images + different color schemes	You are shopping for a formula to feed a 4-month-old infant. What product would you choose? <i>Click image to enlarge.</i> ☐ IF (0-12 months) (CORRECT) ☐ IF (6-12 months) ☐ FNF (1-3 yrs) ☐ Any of them could be fed to a 4-month-old infant ☐ I don't know	Single response option
PDQ2	Label information used to differentiate between different infant feeding products within a brand	Same as PDQ1			[ASK IF PDQ1≠DK] Q. Click on the label information you used. Click on all that apply. <i>Click image to enlarge.</i>	Follow up to PDQ1

Q#	Purpose	Product Variants	TEST Information	Programming ** 60/40 split of health literacy status for each of the 4 groups**	Task (Correct answer)	Survey Logic
	line based on age guidance for use				☐ Brand name ☐ Picture on front of label ☐ Colour/design of the label ☐ Nutrition information panel ☐ Nutrition Facts table ☐ List of ingredients ☐ Nutrition claims ☐ Age guidance ☐ Other: _____	

Demographics Section (all respondents to complete)

Q#	Purpose	Variable [Variable Name]	Question, Response Options [Code]	Survey Logic
DQ1	Demographics/ Product Usage	Previous history of purchase or use	In the past 6 months have you ever purchased or used any of the following food products? (check all that apply): ☐ Infant formula/follow up formula (powder or liquid forms) ☐ Toddler formula/toddler milk (powder or liquid forms) ☐ Nutritional supplements for children (shakes, bars or powdered mixes) ☐ Nutritional supplements for adults (shakes, bars or powdered mixes) ☐ Meal replacements (shakes, bars or powdered mixes)	Radial button

			☐ Meal replacements for weight loss (shakes, bars or powdered mixes) ☐ None of the above	
DQ8	Demographics Household income	Household Income	Which of the following best describes your total household income last year, before taxes, from all sources for all household members? ☐ \$19,999 or less ☐ Between \$20,000 and \$39,999 ☐ Between \$40,000 and \$59,999 ☐ Between \$60,000 and \$79,999 ☐ Between \$80,000 and \$99,999 ☐ Between \$100,000 and \$124,999 ☐ Between \$125,000 and \$149,999 ☐ \$150,000 or more ☐ I prefer not to answer	Single response option

END OF SURVEY

Appendix 3 – Visuals

The following visuals are mock-ups created for the purposes of this research. An example of each set with a description of the variations outlined in the questionnaire are provided below.

Health Literacy

Nutrition Facts	
Serving Size 1/2 cup (125 mL)	
Servings Per Container 4	
Calories 250	% Daily Value*
Fat 13 g	17 %
Saturated 9 g	45 %
+ Trans 0 g	
Carbohydrate 30 g	
Fibre 0 g	0 %
Sugars 23 g	23 %
Protein 4 g	
Cholesterol 30 mg	
Sodium 55 mg	2 %
Potassium 150 mg	3 %
Calcium 175 mg	13 %
Iron 0.5 mg	3 %
Vitamin A 100 µg	11 %
* 5% or less is a little , 15% or more is a lot	

Ingredients: Cream • Skim milk • Sugars (liquid sugar, brown sugar, sugar) • Water • Egg yolks • Milk fat • Peanut oil • Butter • Salt • Carrageenan • Vanilla extract.
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Infant Formula (Artemil)

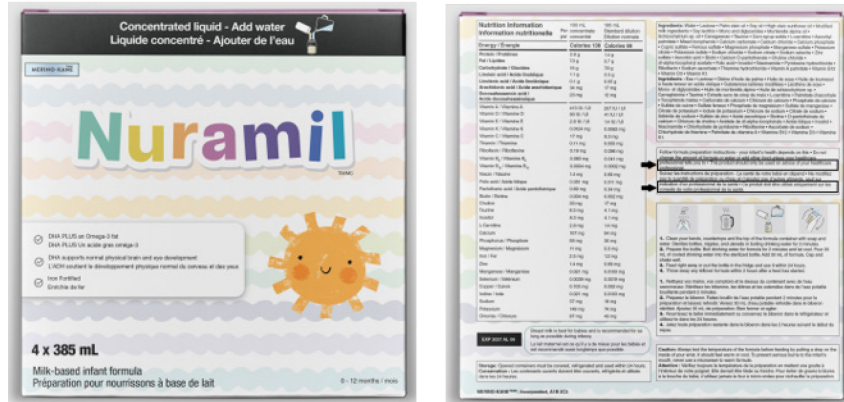


Variations:

- Product A – Powdered Infant Formula
- Product B – Liquid Concentrate Infant Formula
- Product C – Ready-to-feed Infant Formula

Treatment:

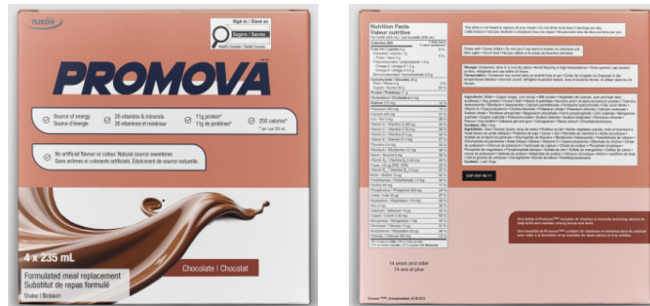
- Group 1 Text only
- Group 2 Text + Pictograms



- Product A – Little Fuel for ages 1 to 3 years
- Product B – Goodies for ages 4 to 13 years
- Product C – Solis for ages 14 years and older

- Group 1 – Age description on back of package / varied back of package statements as shown in questionnaire
- Group 2 – Age description on principal display panel / varied back of package statements as shown in questionnaire

Formulated Meal Replacement - Shake (Promova)

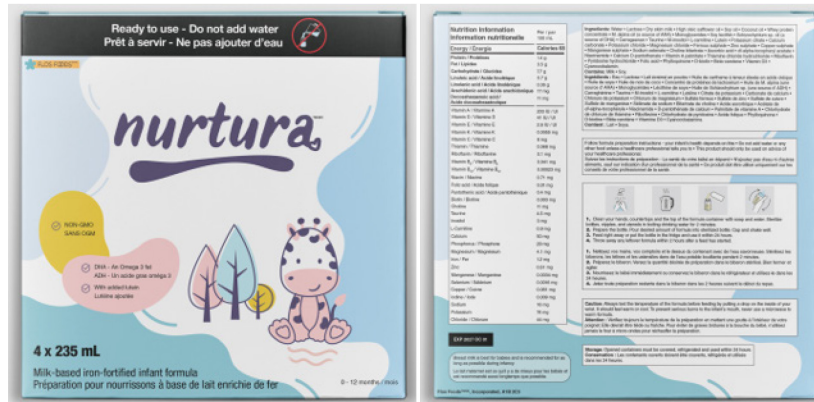


Formulated Meal Replacement for Weight Loss – Bar (Little Bite)



Formulated Meal Replacement for Weight Loss - Powder (Slimora)





Variations:

- Product A – Age Group 0 - 12 months
- Product B – Age Group 6 - 12 months
- Product C – Age Group 1 - 3 years

Treatment:

- Group 1 – IF and FNF have same images + same color schemes
- Group 2 – IF and FNF have different images + same color schemes
- Group 3 – IF and FNF have different images + different color schemes
- Group 4 – IF and FNF have same images + different color schemes