

**Appendix E. Invitation Email for Study 1 (Eye-tracking Study)**

**Experimental Studies of Nutrition Symbols on Food Packages  
Study 1  
(DRAFT, November 2009)**

**EYE-TRACKING INVITATION EMAIL**

*Form Approved: OMB No. 0910-XXXX*

*Expirate Date \_\_\_\_/\_\_/\_\_\_\_*

*Dear [first name],*

EyeTracking, Inc. is currently recruiting participants for a new paid research study regarding some food products, and we need your opinions. This eyetracking appointment will take place [study dates]. Each session will last up to an hour and you will be compensated \$40 for your time. If you live in or near San Diego and are interested in participating...

1. Please go to <http://www.eyetracking.com/study> (“study” TBD)
2. Click on the orange "Click here to sign up now" link.
3. Enter your username and password to access the screener
4. Then just answer a few questions to see if you qualify.

If you qualify, you will be given a chance to sign up. If not, we will continue to keep you posted on other studies.

NOTE: All information you provide will remain strictly confidential.

Thanks!

The EyeTracking, Inc. Research Team

1. What is your gender? [RECRUIT A MIX ACROSS THE STUDY]

Male

Female

2. In which age group do you fall? [RECRUIT A MIX ACROSS THE STUDY]

Under 18 [THANK AND TERMINATE]

18-34

35-54

55-64

65 or older

Prefer not to answer [THANK AND TERMINATE]

3. What is your highest level of education? [RECRUIT A MIX ACROSS THE STUDY]

0 - 11 years or grades

12 years, high school graduate, or GED

1 - 3 years of college or associate degree

4 years of college or college graduate

Postgraduate, masters, doctorate, law degree, MD

Prefer not to answer [THANK AND TERMINATE]

4. Are you of Hispanic or Latino origin?

Yes

No

Prefer not to answer

5. What is your race? You may choose one or more categories as they apply. [RECRUIT A MIX ACROSS THE STUDY]

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other

6. Do you wear corrective lenses? [CHECK ALL THAT APPLY]

No, I do not wear glasses or contacts

Yes, I wear regular glasses

Yes, I wear bifocals [THANK AND TERMINATE]

Yes, I wear soft contact lenses

Yes, I wear hard contact lenses [THANK AND TERMINATE]

Prefer not to answer

[IF ELIGIBLE]

Congratulations, you have qualified for this study.

Please select a time you would like to come in.

**1. Select Day**

Date TBD

**2. Select Time**

Select a day

to view the  
times for that  
day.

If none of these times are acceptable click [HERE](#) to be added to the waiting list.

## PUBLIC Disclosure Burden Statement

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