

Supplemental File: Online format of ABA-BSW survey to participants

Survey Introduction | Opening page

Greetings!

Hello. Thank you for taking time to participate in this study. Brandscapes Worldwide, is a global, independent Market Research company that abides by the ESOMAR code of conduct. We carry out surveys among users of different products and services. We are conducting research on non-alcoholic beverages. Please spare 20 minutes to answer a few questions.

- Your participation in this study is completely voluntary. If you feel uncomfortable answering any questions, you can withdraw from the survey at any point.
- Your responses will be strictly confidential and data from this research will be reported only in the aggregate.

PLEASE START THE SURVEY NOW BY CLICKING ON THE CONTINUE BUTTON BELOW.

Continue >

SECTION 1 : Screening and demographics

Screen er and Demographics/1

Before we start the survey, we would like to know if you or any other member in your household or any close friend works in any of the following organizations.

Please select as many as apply.

Advertising Agency	Market Research Agency	Journalism	Company manufacturing any type of beverage/s
Company distributing any type of beverage/s	Banks	Government Organization	Other

Are you....?
Please select one only.

Female

Male

Decline to Answer

Please enter your age in years since your last birthday
Please type a number into the box(es) below

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Presently, are you...?
Please select one only.

Single

Married/ In a Live-in Relationship

Widowed/ Divorced/ Separated

Decline to Answer

How many people typically live in your household including yourself?
Please select one only.

1

2

3

4

5

6 or more

Which of the following best describes your current employment status or Primary employment status?
Please select one only.

Employed full-time

Employed part-time

Not employed

Student

Retired

Homemaker

Decline to Answer

All participants between the age of 13- 64 yrs were allowed to take the survey except those except those that worked at an advertising or market research agency or beverage company. The age, sex, marital status, employment status and number of members in household was captured for all participants.

Screeners and Demographics/2

Please select your state of current residence?
Please select one only.

Alabama	Alaska	Arizona
Arkansas	California	Colorado
Connecticut	Delaware	District of Columbia
Florida	Georgia	Hawaii
Idaho	Illinois	Indiana
Iowa	Kansas	Kentucky
Louisiana	Maine	Maryland
Massachusetts	Michigan	Minnesota
Mississippi	Missouri	Montana
Nebraska	Nevada	New Hampshire
New Jersey	New Mexico	New York
North Carolina	North Dakota	Ohio
Oklahoma	Oregon	Pennsylvania
Rhode Island	South Carolina	South Dakota
Tennessee	Texas	Utah
Vermont	Virginia	Washington
West Virginia	Wisconsin	Wyoming

Continue >

You live in **Alabama**. Does the area you live in fall under Urban or Rural limits?
Please select one only.

Urban

Rural

Don't Know

Continue >

Please think about the average annual income of all the members of your household from all sources (salary,wages, pensions, scholarships) In which of these groups would you place your household?
Please select one only.

Less than \$24,000

\$24,000 - \$50,000

\$51,000 - \$90,000

More than \$90,000

Decline to Answer

Continue >

Please select the ethnicity/ race you belong to?
Please select one only.

Non-Hispanic white

Non-Hispanic black

Hispanic

Asian

Other/Mixed

Don't Know

Decline to Answer














Continue >

We also recorded state of current residence, region (urban, rural), household income, ethnicity, weight, and height across participants.

SECTION 2 : 24-hour beverage recall

Incidence, frequency, and time of consumption of beverages in 24 hrs.

Thinking back to the past 24 hours, did you drink one or more drinks of?
PLEASE SELECT ALL BEVERAGES YOU CONSUMED IN THE LAST 24 HOURS

 Carbonated Soft drink	 Tap Water	 Packaged Sparkling Water	 Packaged Still Water
 Still Juices and Fruit Flavored Drinks	 Tea	 Coffee	 Sports Drinks
 Energy Drinks	 Plain Milk consumed as a beverage	 Dairy Based Drinks (eg. Flavored milk, chocolate drinks, yogurt)	 Plant Based Drinks (eg. Thai, Almond Breeze, Pacific Foods)
 Nutritional Beverages		None of the above	

Continue >

How often did you consume **Carbonated Soft drink** in the last 24 HOURS.
(Think back about the last 24hours from the current time indicated in the clock on your right)

Please select one only.

2:07:22 AM

Once

Twice

Three Times

Four Times

Five Times

More than five Times

Thinking about the **Carbonated Soft drink** you had please select the time of consumption for each of these occasions.

Please select one only.

1st Drink

Early morning between about 6am and 8am

Mid to late morning between about 8am and 11am

Mid-day between about 11am and 2pm

In the afternoon between about 2pm and 5pm













Early evening between about 5pm and 8pm

Nighttime between 8pm yesterday and 6am this morning

All participants had to record all beverages consumed in the past 24 hours, their frequency of consumption and the time of consumption for each consumption occasion. Participants were allowed to select from 13 different beverage types.

Beverage brand and type (caff. /decaff. and regular/diet) and place

Please select the brand of beverage of **Carbonated Soft drink**, for your **1st drink Early morning between about 6am and 8am.**
Please select one only.

 Coca-Cola	 Pepsi-Cola	 Dr Pepper	 Sprite
 Mountain Dew	 Fanta	 Canada Dry	 7-Up
 Sierra Mist	 Barqs	 A&W	 Mug
<div>Others (Pls specify) <input type="text"/></div>			

Please select the type of beverage of **"Coca-Cola"** which you had.
Please select one only.

Caffeinated	
Regular	<input type="radio"/>
Diet	<input checked="" type="radio"/>
Decaffeinated	
Regular	<input type="radio"/>
Diet	<input type="radio"/>

Please select **where** you consumed it?
Please select one only.

☐ At Home

☐ Away from Home (consumed on the go, at work, in a restaurant/cafe)

The survey asked the participants to indicate the brand of the beverage and, if relevant, whether the brand they consumed was caffeinated or decaffeinated. The place of consumption at home / away from home was also recorded.

SECTION 2a. Container type, size, and volume for ready-to-drink beverages.

Pack type and size



What was the container from which you drank **Carbonated Soft drink** for your **1st drink Early morning between about 6am and 8am** e.g.,drinking from a glass?

Please select one only.

Can

Bottle (Glass, Plastic, Aluminium)

Fountain Cup

Jug

Cup/Glass

Any other (pls specify)

The pack type and pack size for each occasion of beverage consumption was recorded. This was repeated for each consumption occasion by beverage.



How big was the container that you drank the beverage from?

Please select the size in millilitres / litres / ounce.

Up to 4 oz(125ml)

More than 4 oz (125ml) to 8 oz (236ml)

More than 8 oz (236ml) to 12 oz (355ml)

More than 12 oz (355 ml) to 16 oz (472ml)

More than 16 oz (472ml) to 20 oz (600ml)

More than 20 oz (600ml) to 24 oz (700ml)

More than 24 oz (700ml) to 32 oz (960ml)


More than 32 oz (960 ml) to 40 oz (1.2l)

More than 40 oz(1.2l) to 50 oz (1.5l)


Any other (pls specify volume with units in ml/oz)

Volume consumed


How much did you drink from the beverage container?
Please select from the options below




Less than 1/4th of the container




Between 1/4th and 1/2 of the container



Between 1/2 and 3/4 th of the container



Between 3 quarters and the full container



Full container

The participants had to record the proportion of beverage consumed within each CO

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SECTION 2b. Container type, size, and volume for freshly-prepared beverages.

Type of Beverage (packaged vs freshly prepared) & preparation

Was the Coffee you had for your 1st drink..?
Please select one only.

Packaged

Freshly Prepared

You mentioned that you had **Coffee** for **1st drink Mid to late morning between about 8am and 11am.**
From the list below select the format which was used for beverage preparation for each occasion of consumption.
Please select one only.

Prepared from grounds/beans

Prepared from PODS

Any other(Pls specify)

In case of beverages such as coffee, tea and juice, which can be consumed in both packaged and freshly prepared formats, a question was asked to determine the format. In case of freshly prepared the following question were asked. In case of packaged similar route followed as mentioned in Section 2a.

Type of coffee, quantity used to prepare

You mentioned that you had **Coffee** for your **1st drink Mid to late morning between about 8am and 11am.**
Select the type of beverage you had from the list below?
Please select one only.

Cappuccino

Latte

Black Coffee /Regular Coffee/Americano

Frappe

Espresso

Macchiato

Any other (Pls specify)

In preparing your **Coffee**, how much did you use?
Please select one only.

Number of spoons

2

Don't know

Any other (Pls specify)

Please select the type of spoon.
Please select one only.

Tablespoon

Teaspoon

Type of coffee consumed, number of spoons to prepare it, and the number of people who consumed were all captured in case of freshly prepared drinks such as coffee.

You indicated that you had freshly prepared **Coffee** at home. Please tell me how many people consumed the drink on that occasion?
Please select one only.

I alone had it

2-3 people

More than 3 persons

I am not aware

Container type, size, quantity consumed and volume

You mentioned that you had Freshly prepared **Coffee** for **1st drink Mid to late morning between about 8am and 11am**, what container did you drink from?

Please select one only.

Disposable cup
(styrofoam/plastic/paper)

Mug/Cup/Glass

Glass Bottle

Plastic Bottle

Any other

How big was the container that you drank from? Please select the size of the container you had your drink from. **The images are an indication of the volume of container and not the type of container.**

Please select the size of the container from list.


Small (4oz)


Short (8oz)


Tall (12oz)



Grand (16oz)



Venti (20oz)


Any other


How much did you drink from the beverage container?


Please select from the options below


Less than 1/4th of the container


Between 1/4th and 1/2 of the container


Between 1/2 and 3/4 th of the container


Between 3 quarters and the full container


Full container

SECTION 3: 12-month beverage consumption frequency questionnaire

Past year beverage consumption

Which of these other beverage types have you consumed during the past year?

Please select ALL that apply.

- ☐ Carbonated Soft Drinks caffeinated (Cola, Non Cola, Root beer)
- ☐ Carbonated Soft Drinks decaffeinated/caffeine free (Cola, Non Cola, Root beer)
- ☐ Diet Carbonated Soft Drinks decaffeinated/caffeine free (Cola, Non Cola, Root beer)
- ☐ Packaged Sparkling Water
(Plain Sparkling Water, Enhanced Fortified Water (eg. Glaceau), Flavored Water - regular sweetened, Flavored Water - diet sweetened with low or no calorie sweetener)
- ☐ Packaged Still Water
(Plain Bottled Water, Enhanced Fortified Water (eg. Glaceau), Flavored Water - regular sweetened, Flavored Water - diet sweetened with low or no calorie sweetener)
- ☐ Plant Water
- ☐ Still Juices and Fruit Flavored Drinks (100% juice (single juice or vegetable), 100% juice blend, fruit flavored drinks, dairy based smoothie)
- ☐ Tea- Packaged Caffeinated (Sweetened Regular, Sweetened Diet, Unsweetened)
- ☐ Tea- Packaged Decaffeinated (Sweetened Regular, Sweetened Diet, Unsweetened)
- ☐ Prepared Tea (as available in restaurants)
- ☐ Tea- Freshly Prepared Caffeinated (Brewed, made from powder, diet made from powder)
- ☐ Tea- Freshly Prepared Decaffeinated/caffeine free/herbal (Brewed, made from powder, diet made from powder)
- ☐ Coffee- Packaged Caffeinated (Without dairy, brewed)
- ☐ Coffee- Packaged Decaffeinated (Brewed)
- ☐ Coffee- Freshly Prepared Caffeinated (Instant powder, Brewed)
- ☐ Coffee- Freshly Prepared Decaffeinated (Instant powder, Brewed)
- ☐ Plain milk consumed as a beverage
- ☐ Dairy Based Drinks (Chocolate drinks, Packaged, Flavored milk, Packaged, Coffee drinks, Packaged (with Dairy), Yogurt Drinks, Smoothie)
- ☐ Sports Drinks (Regular, Diet)
- ☐ Energy Drinks (Regular, Diet)
- ☐ Nutritional Beverages (Beverage, Powder)
- ☐ Plant Based Drinks (eg. Thai, Almond Breeze, Pacific Foods)
- ☐ None of the above

A list of all beverage types and subtypes was shown to the participant, and they were asked to select beverages consumed in the past year.

On average, in the past year, how frequently do you drink these beverages?

Please select one answer per row.

	More than once a day	Once a day	4-6 times a week	2-3 times a week	Once a week	Once in 15 days	Once a month	Less than once a month	Once a year	Never had
Carbonated Soft Drinks caffeinated										
Cola	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non Cola	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Root Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet Carbonated Soft Drinks caffeinated										
Cola	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Non Cola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Root Beer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carbonated Soft Drinks decaffeinated/caffeine free										
Cola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non Cola	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Root Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Closing Page

Thanks for completing the survey. This page is shown for testing only. Please close the window to exit.