

### Food Questionnaire

#### Tomato Sauce

1. Please tick the appropriate box, regarding your age group:

0-10	11-20	21-30	31-40	41-50	51-60	61-70

2. Which brand of tomato sauce do you most commonly use?

.....

3. Which food types do you most use tomato sauce with?

.....

4. Do you have any other uses for tomato sauce, not food related? If yes, state:

.....

5. Do you have any recipes which include tomato sauce? If yes, state:

.....

6. When you buy your tomato sauce, which ingredient do you look out for, or what requirements must it have?

.....

7. Have you ever made homemade tomato sauce?

.....

8. On a scale of 1-10 rate how healthy you think tomato sauce is? (10 being the highest)

.....

9. Please tick the appropriate box, regarding your household and consumption:

1 Member	2 Members	3 Members	4 Members	5 + Members

0-1 Bottle/Month	2-3 Bottles/Month	4-5 Bottles/Month	6-7 Bottles/Month	8+ Bottles/Month

10. Are you allergic to tomato sauce? State your reaction.

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