	Food Label questionnaire-Chocolates								
(please tick appropriate block)									
What is	What is your age?								
What is	s your gen	der?						Male	Female
1.	Which or	ne of the followir	ng chocolates	do you pret	er to buy?	·			
	Kit Kat	Snickers bar	Mars bar	Lunch bar	Tex 1	Nestlé Aero	Other (s	pecify):	
2.	Is your ch	noice of purchase	e only influenc	ced by the t	aste of the	e chocolate?		Yes	No
3.	3. Does price play a role? Yes No							No	
4.	4. Do you look at the list of ingredients?  Yes No							No	
5.	5. Do you understand what all the ingredients are?  Yes No							No	
6.	6. If yes to Q5, do you have an allergy?  Yes No							No	
7.	If yes to 0	Q6, what are you	allergic to?						
	Nuts	Dairy	Whea	t G	luten	Other (s	pecify):		
8. 9.		list of ingredient		our choice c	of brand?				
		than once a day	Once a day	Several ti	mes a wee	ek Once a w	reek Occ	casionally	
					32 2 3.00		300		

After a meal As a snack

		100	u Label q	ucstioiiii	an c-c	Chocolates			
leas	se tick ap <sub>l</sub>	propriate bloc	k)						
hat i	s your age	?							
hat i	s your gen	der?						Male	Fe
1.	Which or	ne of the followi	ng chocolate	s do you pre	fer to bu	y?			
	Kit Kat	Snickers bar	Mars bar	Lunch bar	Tex	Nestlé Aero	Other (spe	ecify):	
2.	Is your ch	noice of purchas	e only influe	nced by the t	aste of t	he chocolate?		Yes	١
3.	Does pric	e play a role?						Yes	1
4.	Do you look at the list of ingredients?					Yes	ı		
5.	Do you understand what all the ingredients are?						Yes	1	
6.	If yes to Q5, do you have an allergy?						Yes	1	
7.	If yes to 0	Q6, what are yo	u allergic to?						
7.	If yes to (	Q6, what are yo	u allergic to?	at G	luten	Other (s	pecify):		

- 8. Does the list of ingredients influence your choice of brand?
- 9. How often do you eat chocolate?

More than once a day	Once a day	Several times a week	Once a week	Occasionally

10. When do you eat chocolate?

After a meal	As a snack



10. When do you eat chocolate?

