

## Food Label questionnaire-Chocolates

(please tick appropriate block)

What is your age?

What is your gender?

Male	Female
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1. Which one of the following chocolates do you prefer to buy?

Kit Kat	Snickers bar	Mars bar	Lunch bar	Tex	Nestlé Aero	Other (specify):

2. Is your choice of purchase only influenced by the taste of the chocolate?

Yes	No
-----	----

3. Does price play a role?

Yes	No
-----	----

4. Do you look at the list of ingredients?

Yes	No
-----	----

5. Do you understand what all the ingredients are?

Yes	No
-----	----

6. If yes to Q5, do you have an allergy?

Yes	No
-----	----

7. If yes to Q6, what are you allergic to?

Nuts	Dairy	Wheat	Gluten	Other (specify):

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

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