

Cooking sauces survey

Please complete the following questionnaire as thoroughly as possible

Gender: ☐ Male ☐ Female

Age ☐ 13 -20 ☐ 30-40
☐ 20-30 ☐ 50+



1. How often do you use cooking sauces?

☐ Every day ☐ Weekly
☐ Every 2nd or 3rd day ☐ Monthly

2. Which brand of cooking sauce do you usually buy?

3. Is there a specific flavour of cooking sauce you prefer?

4. What alternative cooking sauce would you buy if your 1st choice was not available?

5. Do you prefer to buy cooking sauces or make them yourself?

☐ Buy
☐ Make them myself

6. Do you choose cooking sauces based on...?

☐ Taste
☐ Nutritional values
☐ Price

7. Do you think that cooking sauces may affect your health negatively?

☐ Yes ☐ Not sure
☐ No

8. Do you think that cooking sauces are priced reasonably?

☐ Underpriced
☐ Reasonably
☐ Overpriced

9. Would you prefer added preservatives to extend the shelf life of cooking sauces?

☐ Yes ☐ No

10. What ingredients, if any, would you like to add or remove from the cooking sauces you use?

☐ None

11. Do you check for allergens on cooking sauce labels?

☐ Yes ☐ No

Thank you for your participation in this survey.



Cooking sauces survey

Please complete the following questionnaire as thoroughly as possible

Gender: ☐ Male ☐ Female

Age ☐ 13 -20 ☐ 30-40
☐ 20-30 ☐ 50+



1. How often do you use cooking sauces?

☐ Every day ☐ Weekly
☐ Every 2nd or 3rd day ☐ Monthly

2. Which brand of cooking sauce do you usually buy?

3. Is there a specific flavour of cooking sauce you prefer?

4. What alternative cooking sauce would you buy if your 1st choice was not available?

5. Do you prefer to buy cooking sauces or make them yourself?

☐ Buy
☐ Make them myself

6. Do you choose cooking sauces based on...?

☐ Taste
☐ Nutritional values
☐ Price

7. Do you think that cooking sauces may affect your health negatively?

☐ Yes ☐ Not sure
☐ No

8. Do you think that cooking sauces are priced reasonably?

☐ Underpriced
☐ Reasonably
☐ Overpriced

9. Would you prefer added preservatives to extend the shelf life of cooking sauces?

☐ Yes ☐ No

10. What ingredients, if any, would you like to add or remove from the cooking sauces you use?

☐ None

11. Do you check for allergens on cooking sauce labels?

☐ Yes ☐ No

Thank you for your participation in this survey.

