## Milk and Yogurt Survey

Age:	Gende	r:	Male		Female	
1. Do you look at the ingredients Yes No	when you bu	y milk or	yogurt?			
2. If no, why not?	_					
I can't read it		It doesn	't matte	r to me		
It never occurs to me		Other:_				-
3. Which brand of yogurt do you	prefer?					
Nutriday		Fruits of	f the For	est		
Danone		Parmala	nt		П	
Cape Fruit	Ħ	Fair Cap	e		Ħ	
Bliss	Ħ	Dairy Be			Ħ	
I don't eat yogurt	Ħ	Other			Ħ	
r don't cat yogart			pecify:			
4. Which brand of milk do you pro	efer?					
Clover		Douglas	dale			
PnP no name		Spar				
Woolworth's brand name	Ц					
Other		Please s	pecify:_			
5. Do you use Full cream milk, lov	w fat milk, or f	fat free m	nilk?			
Full cream		Low fat				
Fat free	Ħ	2011 101			ш	
6. How often do you use milk and	d/or yogurt?					
Once a week		2-4 time	es a weel	K		
5-7 times a week		8-15 tim	nes a we	ek		
More than 15 times a week						
7. What flavour yogurt do you pro	efer?					
Strawberry		Litchi				
Mixed berry	Ħ	Strawbe	erries and	d cream	, <u> </u>	
Blue berry	Ħ	Mango			Ħ	
Cape fruit	Ħ	Peach			Ħ	
Choc chip	Ħ	Greek st	tvle		Ħ	
Vanilla		Other:	•			
0. Davis visitaria and allegation						
<ol><li>Do you experience an allergic r Yes</li></ol>	reaction to mi	No No	urt?			
	t for?	NO				
9. What do you use milk or yogur	LIOIS	CI.:				
Eat or drink it	H	Cooking			Ш	
Both						
10. What influences your choice in	brand?					
Price .		Flavour				
Size	Ħ	Nutritio	nal value	2		Ħ
Ingredients	Ī					H
-	_	_				ш
11. Do you know that there are ba	cteria in yogu					
Yes	$\sqcup$	No			Ш	



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Age:	Gende	er: Male	Fem	ale 📙
1. Do you look at the ingredie Yes No	ents when you b	uy milk or yoghu	rt?	
2. If no, why not?				
I can't read it	Ш	It doesn't matt	er to me	
It never occurs to me		Other:		
3. Which brand of yogurt do y	ou prefer?			
Nutriday	П	Fruits of the Fo	rest	
Danone	П	Parmalat		П
Cape Fruit		Fair Cape		
Bliss		Dairy Belle		
I don't eat yogurt	П	Other		П
, 3	_	Please specify:		_
4. Which brand of milk do you	prefer?	,		
Clover		Douglasdale		П
PnP no name	H	Spar		H
Woolworth's brand name	H	-		
Other		Please specify:		
5. Do you use Full cream milk,	low fat milk or	fat free milk?		
Full cream		Low fat		
Fat free	H	LOWIAL		
ratifiee	ш			
6. How often do you use milk	and/or yogurt?			
Once a week		2-4 times a we	ek	
5-7 times a week		8-15 times a w	eek	Ī
More than 15 times a week				_
7. What flavour yogurt do you	prefer?			
Strawberry		Litchi		
Mixed berry	Ħ	Strawberries a	nd cream	ī
Blue berry	Ħ	Mango		f
Cape fruit	Ħ	Peach		ī
Choc chip	Ħ	Greek style		ī .
Vanilla		Other:		<u> </u>
8. Do you experience an allerg	ic reaction to m	ilk or vogurt?		
Yes		No		
163	Ш	NO		
9. What do you use milk or yo	gurt for?		_	
Eat or drink it		Cooking		
Both				
10. What influences your choice	e in brand?			
Price		Flavour		
Size		Nutritional val	ue	Ħ
Ingredients		Other		ă
44. Da l a that th	baakaata ta			_
11. Do you know that there are	pacteria in yog			
Yes		No	$\sqcup$	
LID codeb				



Thank you for your participation in this survey.