

## Milk and Yogurt Survey

Age: \_\_\_\_\_

Gender:

Male ☐

Female ☐

1. Do you look at the ingredients when you buy milk or yogurt?

Yes ☐

No ☐

2. If no, why not?

I can't read it ☐

It doesn't matter to me ☐

It never occurs to me ☐

Other: \_\_\_\_\_

3. Which brand of yogurt do you prefer?

Nutriday ☐

Fruits of the Forest ☐

Danone ☐

Parmalat ☐

Cape Fruit ☐

Fair Cape ☐

Bliss ☐

Dairy Belle ☐

I don't eat yogurt ☐

Other ☐

Please specify: \_\_\_\_\_

4. Which brand of milk do you prefer?

Clover ☐

Douglasdale ☐

PnP no name ☐

Spar ☐

Woolworth's brand name ☐

Other ☐

Please specify: \_\_\_\_\_

5. Do you use Full cream milk, low fat milk, or fat free milk?

Full cream ☐

Low fat ☐

Fat free ☐

6. How often do you use milk and/or yogurt?

Once a week ☐

2-4 times a week ☐

5-7 times a week ☐

8-15 times a week ☐

More than 15 times a week ☐

7. What flavour yogurt do you prefer?

Strawberry ☐

Litchi ☐

Mixed berry ☐

Strawberries and cream ☐

Blue berry ☐

Mango ☐

Cape fruit ☐

Peach ☐

Choc chip ☐

Greek style ☐

Vanilla ☐

Other: \_\_\_\_\_

8. Do you experience an allergic reaction to milk or yogurt?

Yes ☐

No ☐

9. What do you use milk or yogurt for?

Eat or drink it ☐

Cooking ☐

Both ☐

10. What influences your choice in brand?

Price ☐

Flavour ☐

Size ☐

Nutritional value ☐

Ingredients ☐

Other \_\_\_\_\_ ☐

11. Do you know that there are bacteria in yogurt?

Yes ☐

No ☐



Thank you for your participation in this survey.

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