ANNEXURES
ANNEXURE 1
QUESTIONNAIRE

SUBJECT PROFILE
* Required

1. Email address
2. Name
3. Address
4. Gender *
   • Male
   • Female
5. Education (Highest Degree achieved) *
   • Graduate
   • Post Graduate
   • B Tech
   • M Tech
   • Medical
   • Post Doctorate
   • MBA
   • Hotel Management
   • Other:
6. Are you currently working/employed?
   • Yes
   • No
7. Age *
   • Less than 18
   • 18-24
   • 25-34
   • 35-44
   • 45-54
   • 55-64
   • More than 65
8. Marital Status *
Check all that apply.
   • Single
• Married
• Divorced
• Widowed
• Living in with a partner
• Other:

9. Do you have any children? *
Mark only one oval.
• Yes
• No

10. If Yes, Number of children
Mark only one oval per row.
1 2 3 > 3
• Boy
• Girl

11. Your average annual salary is *
Mark only one oval.
• Less than 10 lakhs
• 10-20 lakhs
• 20-40 lakhs
• 40-50 lakhs
• 50-60 lakhs
• 60-70 lakhs
• above 70 lakhs

HEALTH STATUS

12. Do you suffer from any ill health issue or condition? *
• Yes
• No

13. If Yes, please select known disorders
• Check all that apply.
• Obesity
• Diabetes
• Hypertension
• Cardio Vascular Disorder
• Other
14. Does anyone in your immediate family suffer from any ill health issue or condition? *
   - Yes
   - No

15. If Yes, please select from the list below
Check all that apply.
   - Obesity
   - Diabetes
   - Hypertension
   - Cardio Vascular Disorder
   - All of the Above
   - Other

CONSUMER CHOICES

16. What Health product/products did you buy in the last 1 week? *

17. Why did you buy this particular product? *
Check all that apply.
   - Health Benefits it claims
   - Nutritional Composition
   - A friend recommended
   - Doctor's/ Nutritionist Recommendation
   - I like the flavor
   - No specific reason
   - All of the above
   - Other

18. How often do you look at a nutritional label? *
Mark only one oval.
   - Always
   - Sometime
   - Rarely
   - Never
19. Did you look at the nutritional label before buying this product?
   - Yes
   - No

20. If yes, what information do you look for? *

SECTION A: FOOD LABELS ON EVERYDAY FOOD PRODUCTS

21. Prioritise in ascending order the following information according to their importance when you read the label *
   (1 for least important)
   Mark only one oval per row.
   (1 Least Important 2 3 4 5 Most Important)
   - Name of the food
   - Name of the Country of origin
   - Best before date
   - Cooking Instructions
   - Serving Size information
   - Brand Name
   - Health Claims (e.g. “low fat” or “heart healthy”)
   - Nutritional Information
   - Allergen Information
   - Ingredient Information (e.g. Ingredient list, quantity)
   - Whether ingredients are Organic
   - Ethical Information (e.g. Fair-trade products)

SECTION B: USE OF NUTRITIONAL LABEL INFORMATION ON FOOD PRODUCTS

22. Thinking about the amount of information on the nutritional label, do you think there is:
   Mark only one oval.
   - Far too much information
   - Too much information
   - Enough Information
   - Not enough information
   - Don’t know
23. Do you think nutrition information on food label is: *
Mark only one oval.

- Very easy to understand
- Neither easy nor difficult to understand
- Quite Difficult to understand
- Don’t know

SECTION C: UNDERSTANDING OF FOOD LABEL
INFORMATION ON FOOD PRODUCTS

<table>
<thead>
<tr>
<th>PRODUCT 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPICAL COMPOSITION</td>
</tr>
<tr>
<td>Energy</td>
</tr>
<tr>
<td>Protein</td>
</tr>
<tr>
<td>Carbohydrates of which free sugars</td>
</tr>
<tr>
<td>57.0 gm</td>
</tr>
<tr>
<td>50 gm</td>
</tr>
<tr>
<td>Fat of which saturated fat</td>
</tr>
<tr>
<td>30 gm</td>
</tr>
<tr>
<td>15 gm</td>
</tr>
<tr>
<td>Fibre</td>
</tr>
<tr>
<td>Sodium</td>
</tr>
</tbody>
</table>

This product weighs 250 gm
Each serving weighs 50 gm

24. Looking at Product 1, how many grams of fat are there in half this pack? *
Mark only one oval.

- 15
- 14.9
- 23.15
- 37.50
- Don’t know
25. Looking at Product 1, how many servings are there in this product? *
Mark only one oval.
- 3
- 5
- 1
- 2
- Don't Know

26. Do you think you should eat more or less of these foods? *
Mark only one oval per row.
- More
- Less
- Not Sure
- Sugary Foods
- Meats
- Starchy Foods
- Fatty Foods
- High Fiber Foods
- Fruit
- Salty Foods

27. Which nutrient category does MUFA/PUFA fall in? *
Mark only one oval.
- Fat
- Carbohydrates
- Protein
- Mineral
- Don't Know

28. Do you think ghee is high or low in saturated fats? *
Tick one per box
Mark only one oval.
- High
- Low
- Not Sure

FOOD CHOICES
(Please answer based on what is asked and not based on whether you like or dislike the food)
29. Which would be the best choice for a low fat, high fibre snack? *
Mark only one oval.

- Low fat strawberry yogurt
- Raisins
- Natural Sugar Muesli Bar
- Whole meal Crackers and cheddar cheese
- Not Sure

30. For sweet filler which one will be healthier option? *
Mark only one oval.

- Honey on toast
- Cereal snack bar
- Plain digestive biscuits
- Banana with plain Yogurt
- Not Sure

HEALTH PROBLEMS OR DISEASES

31. Are you aware of any major health problems or diseases that are related to how much sugar people eat? *
Mark only one oval.

- Yes
- No
- Not Sure

32. If yes, what diseases or health problems do you think are related to a high intake of sugar?

33. Are you aware of any major health problems or diseases that are related to how much salt people eat? *
Mark only one oval.

- Yes
- No
- Not Sure

34. If yes, what diseases or health problems do you think are related to a high intake of salt?

35. Are you aware of any major health problems or diseases that are related to how much fat people
eat? *
Mark only one oval.
- Yes
- No
- Not Sure

36. If yes, what diseases or health problems do you think are related to a high intake of fat?

36. Do you think eating fibre helps in preventing certain type of cancers? *
(answer each one)
Mark only one oval.
- Yes
- No
- Not Sure

37. Do you think eating less sugar helps in preventing cancer? *
(answer each one)
Mark only one oval.
- Yes
- No
- Not Sure
ANNEXURE 2

EYE TRACKING QUESTIONNAIRE:

1. Age:
2. Gender:
3. Profession:
4. Educational Qualification:
5. Why did you choose product A compared to others?
6. What is the product?
7. Did you look at the main nutritional information table?
   • YES
   • NO
8. What information were you trying to seek?
9. What information is most critical for you: (Tick the appropriate option)
   • Calorie Content
   • Protein Content
   • Fat Content
   • Carbohydrate Content
   • Other (state)
10. Do you find Front / Top of pack Labels easier to interpret compared to the conventional back of pack main nutrition label?
    • Yes
    • No
    • Don’t Know
11. Is a nutrition label easy for you to understand?
    • Yes
    • No
    • Don’t Know
12. Suggestions to label if any:
Annexure 3

EYE MOVEMENT TRACKING CONSENT FORM

When you screen some food product for deciding whether to buy or not, we would like to know what are the information you collect from the food label. We will put a reading glass like tracker on your eyes to record the sequence and type of information collected from the food labels. These trackers are like ordinary reading glasses and therefore no extra discomfort will be felt.

Consent:
I _____________________ have been informed about the test that the researcher wants to perform on me. I am aware that I need to wear an eye tracker on my eyes. I will be given an unknown product with food label. I will read the label with the tracker on my eyes. I have been shown the tracker, which is used like reading glasses, so I will not feel any extra discomfort. I give my consent to take part in the study.

Sign
Date
Sign of researcher
Annexure 4

Participant Consent Form

This research is being conducted by Varuna Rao of Tata Institute of Social Sciences.

**Purpose:** This study investigates Role of Food Label and other Factors affecting the Buying Pattern of health foods by Indian Health Food Consumer.

**Procedure:** You will complete a questionnaire about your demographic details, nutrition label understanding and nutrition awareness.

Participation in this study is completely voluntary, and if there are any questions you do not want to answer, you are free to leave them blank.

**Risks and benefits:** There are no known risks or discomforts associated with this study. The results obtained may eventually aid in formulating better labelling norms.

**Voluntary participation:** Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. The alternative to participate in this study is to not participate. What this means is that you can decide to not participate. You are free to withdraw from the study at any time, at no penalty.

**Confidentiality:** All identifying information obtained from this study will be kept strictly confidential, except as may be required by law.

**Consent:** I have read and understood the above information, have had any questions answered satisfactorily, and I willingly consent to participate in this study. I understand that if I should have any questions about my rights as a research subject, I can contact the Principle Investigator, Varuna Rao by email (varunakandpal@gmail.com), or by phone 997-259-6694. I have received a copy of this consent form.

Your name

Signature