

## **APPENDIX C**

- 1. AUSTRALIAN QUESTIONNAIRE**
- 2. AUSTRALIAN INFORMATION LETTER**
- 3. AUSTRALIAN CONSENT FORM**

2003

# Benchmark Food Allergen Labelling Survey

*for*



# Welcome to the FSANZ Benchmark Food Allergen Labelling Survey 2003

Food Standards Australia New Zealand (FSANZ) has asked NFO Donovan Research to conduct a survey on its behalf into issues relating to food labelling for people with allergies to certain foods or ingredients. You have been selected for inclusion in the survey because either you or someone else in your family has a food allergy.

The survey is mainly about how helpful you find the labelling information that is provided on packaged food and drink products for making suitable food choices. It is not a test of your product knowledge but of how well the food labelling works.

Your responses are very important as they will help FSANZ further improve food labelling standards in Australia and New Zealand.

## WHO SHOULD COMPLETE THE SURVEY?

The main grocery buyer for the household should complete the survey.

## WHAT IF I NEED HELP?

Friends or family members can help you complete the form, or you can ring this Free Call number: **1800 688 122** (Australia).

## WHO SHOULD I TALK TO FOR MORE INFORMATION ABOUT THE SURVEY?

You can contact Shareen Lata at FSANZ by phone on (02) 6271 2219 or email [shareen.lata@foodstandards.gov.au](mailto:shareen.lata@foodstandards.gov.au).

## WHERE CAN I MAKE A COMPLAINT IF I AM NOT HAPPY ABOUT THE SURVEY?

You may call the Australian Department of Health and Ageing Ethics Committee Secretariat on (02) 6271 4324. Please quote project number 5/2002.

## ARE MY ANSWERS CONFIDENTIAL?

This survey has been designed in line with the privacy laws of Australia and New Zealand. The completed questionnaires will remain anonymous. Any information you provide to us will be used for research purposes only.

**Note: you may have received this questionnaire from several different sources. If you have, we ask that you complete only one questionnaire.**

Please read all the questions carefully and follow the instructions after each question. The instructions are in bold.



Where you see this symbol, there is very important information on whether or not you need to answer certain questions. Please read the information and follow the instructions.

**Your contribution to this survey is valuable. Please answer the questions and send back your completed form to us in the reply paid envelope by 17 April, 2003. You do not need a postage stamp.**

**IF YOU HAVE RECEIVED THIS QUESTIONNAIRE AND ARE NOT THE MAIN GROCERY BUYER, PLEASE GIVE THIS QUESTIONNAIRE TO THE PERSON(S) WHO MAINLY OR JOINTLY DOES THE FOOD SHOPPING FOR YOUR HOUSEHOLD.**

**SECTION A**  
Background


OFFICE USE  
WAVE 1(1)  
Country 1-(2)  
QNA\_(3-6)  
(8-11)

**Q1 Please tick any of the following statements that are true. YOU MAY NEED TO TICK MORE THAN ONE BOX.**

- I am the main grocery buyer ..... <sub>1</sub>
- I am jointly responsible for grocery purchases ..... <sub>2</sub>
- I have a serious food allergy ..... <sub>3</sub>
- I am the person to whom the envelope was addressed ..... <sub>4</sub>

**Q2 How many people in total in your household have a serious food allergy \*? (12-13)**

WRITE IN NUMBER OF PEOPLE.



**\*By serious food allergy we mean a reaction that involves one or more of the following symptoms due to exposure to a particular food or food ingredient (allergens):**

- difficulty breathing or throat swelling,
- swelling or itching of lips or tongue,
- hives, skin rashes or eczema,
- stomach cramps, vomiting or diarrhoea, or
- faintness or collapse

**IF ONLY ONE PERSON IN YOUR HOUSEHOLD HAS A SERIOUS FOOD ALLERGY OF THE TYPE DESCRIBED, PLEASE GO TO Q5.**

**Q3 If there is more than one person with a food allergy in your household, please indicate all the food allergies for all members of the household. (14-37)**

**PLEASE TICK AS MANY BOXES AS APPLY OR WRITE IN THE SPACE PROVIDED.**

- |  |   |
|--|---|
| Peanut (groundnuts) ..... <input type="checkbox"/> <sub>01</sub> | Tree nuts (eg cashews, walnuts)..... <input type="checkbox"/> <sub>06</sub>       |
| Milk ..... <input type="checkbox"/> <sub>02</sub>                | Fish ..... <input type="checkbox"/> <sub>07</sub>                                 |
| Soy ..... <input type="checkbox"/> <sub>03</sub>                 | Shellfish..... <input type="checkbox"/> <sub>08</sub>                             |
| Wheat..... <input type="checkbox"/> <sub>04</sub>                | Sulphites (food additives 220-225, 228) .. <input type="checkbox"/> <sub>09</sub> |
| Egg..... <input type="checkbox"/> <sub>05</sub>                  | Sesame Seeds ..... <input type="checkbox"/> <sub>10</sub>                         |
| Other (PLEASE WRITE IN) _____                                    | _____   |

**Q4 What food allergy/allergies, if any, could result in a potentially life threatening reaction to any person in your household with a food allergy?**

**PLEASE TICK AS MANY BOXES AS APPLY OR WRITE IN THE SPACE PROVIDED.**

(38-61)

- |  |   |
|--|---|
| Peanut (groundnuts) ..... <input type="checkbox"/> <sub>01</sub> | Tree nuts (eg cashews, walnuts)..... <input type="checkbox"/> <sub>06</sub>       |
| Milk ..... <input type="checkbox"/> <sub>02</sub>                | Fish ..... <input type="checkbox"/> <sub>07</sub>                                 |
| Soy ..... <input type="checkbox"/> <sub>03</sub>                 | Shellfish..... <input type="checkbox"/> <sub>08</sub>                             |
| Wheat..... <input type="checkbox"/> <sub>04</sub>                | Sulphites (food additives 220-225, 228) .. <input type="checkbox"/> <sub>09</sub> |
| Egg..... <input type="checkbox"/> <sub>05</sub>                  | Sesame Seeds ..... <input type="checkbox"/> <sub>10</sub>                         |
| Other (PLEASE WRITE IN) _____                                    | _____   |



**WE WOULD NOW LIKE YOU TO THINK ABOUT THE PERSON IN YOUR HOUSEHOLD WHO HAS THE MOST SERIOUS ALLERGY TO A SPECIFIC FOOD(S) OR FOOD INGREDIENT(S) AS YOU COMPLETE THESE QUESTIONS.**

**Q5 The person with the most serious food allergy is ... PLEASE TICK ONE BOX ONLY.** (62)

**IF MORE THAN ONE PERSON IN HOUSEHOLD HAS A SERIOUS FOOD ALLERGY, PLEASE SELECT ONE PERSON ONLY WHEN ANSWERING Q6 TO Q14.**

- Me .....  <sub>1</sub>
- My partner .....  <sub>2</sub>
- My child (for example biological-, foster-, step-, etc) .....  <sub>3</sub>
- My parent (for example mum, dad, step-, foster-, etc) .....  <sub>4</sub>
- My grandchild (for example biological-, foster-, step-, etc) ....  <sub>5</sub>
- Other (PLEASE WRITE IN) \_\_\_\_\_

**Q6 What is the sex of the person with the most serious food allergy? PLEASE TICK ONE BOX ONLY.**

- Male .....  <sub>1</sub>
- ..... (63)
- Female.....  <sub>2</sub>

**Q7 What is the age of the person with the most serious food allergy? PLEASE TICK ONE BOX ONLY.**

- Under age 3 years .....  <sub>1</sub>
- 3-5 years .....  <sub>2</sub>
- ..... (64)
- 6-12 years.....  <sub>3</sub>
- 13-17 years .....  <sub>4</sub>
- 18 – 24 years.....  <sub>5</sub>
- 25 years or more .....  <sub>6</sub>

**Q8 What sort(s) of food allergy does the person with the most serious food allergy have? PLEASE TICK ALL THAT APPLY.**


OFFICE USE  
RPT (1-6)  
CARD 2 (7)

- Peanuts (groundnuts) .....  <sub>01</sub>
- Milk .....  <sub>02</sub>
- Soy .....  <sub>03</sub>
- Wheat.....  <sub>04</sub>
- Egg (eg raw or cooked egg white or yolk).....  <sub>05</sub>
- Tree nuts (eg cashews, walnuts) .....  <sub>06</sub>
- Fish .....  <sub>07</sub>
- Shellfish .....  <sub>08</sub>
- Sulphites (food additives 220-225, 228).....  <sub>09</sub>
- Sesame seeds .....  <sub>10</sub>

Other (PLEASE WRITE IN) \_\_\_\_\_ (8-31)

**Q9 How was the food allergy first identified for the person with the most serious food allergy? PLEASE TICK ALL THAT APPLY.**

- Had a reaction .....  <sub>1</sub>
- ..... (32-37)
- From parent (s) .....  <sub>2</sub>
- From an alternative health practitioner (eg Naturopath) .....  <sub>3</sub>
- Worked it out for self .....  <sub>4</sub>
- Other (PLEASE WRITE IN) \_\_\_\_\_

Don't know / can't recall..... 

**Q10** Approximately how long ago was the food allergy first identified for the person with the most serious food allergy?  
**PLEASE TICK ONE BOX ONLY.**

- Less than 6 months ago ..... <sub>1</sub>  
..... (38)
- More than 6 months but less than a year ago ..... <sub>2</sub>
- More than a year but less than two years ago..... <sub>3</sub>
- More than two years ago ..... <sub>4</sub>
- Can't remember ..... <sub>9</sub>

**Q11a** Has a formal medical diagnosis been made for the person with the most serious food allergy at any time?  
**PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO THE NEXT QUESTION.**

- Yes..... <sub>1</sub> → **GO TO Q11b** (39)
- No..... <sub>2</sub> → **GO TO Q12**

**Q11b** Who made the formal diagnosis for the person with the most serious food allergy?  
**PLEASE TICK ALL BOXES THAT APPLY.**

- A GP / doctor / medical practitioner ..... <sub>1</sub>  
..... (40-43)
- A doctor specialising in allergies ..... <sub>2</sub>
- A dietitian ..... <sub>3</sub>
- An alternative health practitioner (eg Naturopath) ..... <sub>4</sub>
- Other (PLEASE WRITE IN) \_\_\_\_\_  
\_\_\_\_\_
- Don't know / can't recall..... <sub>9</sub>

**Q11c** How was the formal diagnosis made for that person?  
**PLEASE TICK ALL BOXES THAT APPLY.**

- Skin prick test ..... <sub>1</sub>  
..... (44-47)
- RAST (Blood test)..... <sub>2</sub>
- Elimination diet..... <sub>3</sub>
- Other (PLEASE WRITE IN) \_\_\_\_\_  
\_\_\_\_\_
- Don't know / can't recall..... <sub>9</sub>

**EVERYONE ANSWER**

**Q12** Has the person with the most serious food allergy become less allergic since the formal diagnosis?  
**PLEASE TICK ANY BOXES THAT APPLY.**

- Reactions are less severe to all food items ..... <sub>1</sub>  
..... (48-53)
- Reactions are less severe to some food items ..... <sub>2</sub>
- Reactions are less frequent to all food items..... <sub>3</sub>
- Reactions are less frequent to some food items ..... <sub>4</sub>
- Is no longer allergic at all ..... <sub>5</sub>
- No, is still allergic..... <sub>6</sub>
- Don't know / haven't tried or tested..... <sub>9</sub>

**Q13a** Has the person with the most serious food allergy had a severe allergic reaction since the allergy was identified?  
**PLEASE TICK ONE BOX AND FOLLOW DIRECTION TO THE NEXT QUESTION.**

(54)

- Yes.....  <sub>1</sub> → **GO TO Q13b**
- No.....  <sub>2</sub> → **GO TO Q14**
- Don't know / can't recall.....  <sub>9</sub> → **GO TO Q14**



**Q13b If yes, can you please describe the circumstances in which this happened?  
PLEASE WRITE IN.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(55-62)

**SECTION B**  
Managing the allergy

**Q14 Which of the following words tell you that the ingredients that the person with the most serious food allergy needs to avoid, may be present in the food product?  
PLEASE TICK ALL THE BOXES THAT APPLY.**

(63-80)

Whey..... <input type="checkbox"/> <sub>01</sub>	Casein..... <input type="checkbox"/> <sub>10</sub>	Thickener..... <input type="checkbox"/> <sub>19</sub>
Tofu..... <input type="checkbox"/> <sub>02</sub>	Albumin..... <input type="checkbox"/> <sub>11</sub>	Textured vegetable protein..... <input type="checkbox"/> <sub>20</sub>
Couscous..... <input type="checkbox"/> <sub>03</sub>	Lactose..... <input type="checkbox"/> <sub>12</sub>	Tempeh..... <input type="checkbox"/> <sub>21</sub>
Ovalbumin..... <input type="checkbox"/> <sub>04</sub>	Lecithin..... <input type="checkbox"/> <sub>13</sub>	Starch..... <input type="checkbox"/> <sub>22</sub>
Tamari..... <input type="checkbox"/> <sub>05</sub>	Cornflour..... <input type="checkbox"/> <sub>14</sub>	Butterfat..... <input type="checkbox"/> <sub>23</sub>
Maltodextrin..... <input type="checkbox"/> <sub>06</sub>	Semolina..... <input type="checkbox"/> <sub>15</sub>	Anchovies..... <input type="checkbox"/> <sub>24</sub>
Praline..... <input type="checkbox"/> <sub>07</sub>	Tahini..... <input type="checkbox"/> <sub>16</sub>	Surimi..... <input type="checkbox"/> <sub>25</sub>
Baker's flour..... <input type="checkbox"/> <sub>08</sub>	Icing sugar mix..... <input type="checkbox"/> <sub>17</sub>	Marzipan..... <input type="checkbox"/> <sub>26</sub>
Vegetable oil..... <input type="checkbox"/> <sub>09</sub>	Lactalbumin..... <input type="checkbox"/> <sub>18</sub>	Polenta..... <input type="checkbox"/> <sub>27</sub>
Other (PLEASE WRITE IN) _____	_____	_____



**WE'D NOW LIKE YOU TO CONSIDER YOUR WHOLE HOUSEHOLD IN ANSWERING THE REMAINING QUESTIONS.**

**Q15 Considering all the members of your household who have food allergies, as far as you know, how would each person(s) in your household with food allergy/allergies approach eating foods with the following ingredient(s)?**

OFFICE USE

RPT (1-6)

CARD 4 (7)

**PLEASE TICK ONE BOX FOR EACH OF THE PROBLEM INGREDIENTS FOR YOUR HOUSEHOLD.**

	They try, but can't avoid it completely	They never eat it knowingly	They never eat it at all	Don't know	
Peanuts (groundnuts) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(8)
Milk .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(9)
Soy .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(10)
Wheat .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(11)
Egg .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(12)
Tree nuts (eg cashews, walnuts) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(13)
Fish .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(14)
Shellfish .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(15)
Sulphites (food additives 220-225, 228) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(16)
Sesame seeds .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>	(17)

Other (PLEASE WRITE IN)

\_\_\_\_\_ <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>9</sub> (18)

\_\_\_\_\_ <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>9</sub> (19)

**Q16 As the person who mainly buys the groceries, how often do you do the following things to help manage the food allergy/allergies of all the persons in your household?**

**PLEASE TICK ONE BOX FOR EACH STATEMENT.**

	Always	Often	Occasionally	Never	Don't know	
Buy unprocessed foods where possible.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>9</sub> .....	(20)
Buy foods in sealed packages where possible .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>9</sub> .....	(21)
Read food labels carefully.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>9</sub> .....	(22)
Contact the food manufacturer about what's in a food .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>9</sub> .....	(23)
Buy loose or bulk foods.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>9</sub> .....	(24)
Check food lists provided by allergy support group(s).....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>9</sub> .....	(25)
Buy same brand of product (s) known from past experience to be allergy free .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>9</sub> .....	(26)

**Q17a Are there any broad product categories (eg dairy foods, bread, etc) for which you particularly need to read labels because the majority of them are likely to cause problems for the person(s) with the allergy/allergies?**

OFFICE USE

**PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO THE NEXT APPLICABLE QUESTION.**

27=Ø  
(28)

Yes, I have to check some product categories..... <sub>1</sub> → **GO TO Q17b**

No, I have to check all product categories .....

Don't know / can't recall / not applicable..... <sub>9</sub> → **GO TO Q18**

**Q17b If yes, please tick which of the following broad product categories you check for that reason.**

**TICK ALL BOXES THAT APPLY.**

(29-78)

Dairy products .....	<input type="checkbox"/> <sub>01</sub>	Canned foods .....	<input type="checkbox"/> <sub>14</sub>	Breakfast cereals .....	<input type="checkbox"/> <sub>26</sub>
Vegetable oils .....	<input type="checkbox"/> <sub>02</sub>	Breads .....	<input type="checkbox"/> <sub>15</sub>	Pasta .....	<input type="checkbox"/> <sub>27</sub>
Margarines .....	<input type="checkbox"/> <sub>03</sub>	Mayonnaises .....	<input type="checkbox"/> <sub>16</sub>	Noodles.....	<input type="checkbox"/> <sub>28</sub>
Butter / dairy spreads .....	<input type="checkbox"/> <sub>04</sub>	Frozen foods .....	<input type="checkbox"/> <sub>17</sub>	Rice .....	<input type="checkbox"/> <sub>29</sub>
Cordials .....	<input type="checkbox"/> <sub>05</sub>	Spreads .....	<input type="checkbox"/> <sub>18</sub>	Sweet biscuits.....	<input type="checkbox"/> <sub>30</sub>
Soft drinks .....	<input type="checkbox"/> <sub>06</sub>	Fruit juices.....	<input type="checkbox"/> <sub>19</sub>	Confectionery.....	<input type="checkbox"/> <sub>31</sub>
Savoury biscuits/crackers ...	<input type="checkbox"/> <sub>07</sub>	Savoury snack foods .....	<input type="checkbox"/> <sub>20</sub>	Infant formula.....	<input type="checkbox"/> <sub>32</sub>
Baby foods .....	<input type="checkbox"/> <sub>08</sub>	Soups .....	<input type="checkbox"/> <sub>21</sub>	Pre-prepared meals.....	<input type="checkbox"/> <sub>33</sub>
Smoked / cured meats .....	<input type="checkbox"/> <sub>09</sub>	Cakes/ muffins/ pastries ..	<input type="checkbox"/> <sub>22</sub>	Chocolates .....	<input type="checkbox"/> <sub>34</sub>
Sauces (eg chilli, BBQ, Worcestershire).....	<input type="checkbox"/> <sub>10</sub>	Muesli .....	<input type="checkbox"/> <sub>23</sub>	Cook / simmer / pasta sauces .....	<input type="checkbox"/> <sub>35</sub>

Sausages .....	<input type="checkbox"/> <sub>11</sub>	Fish and fish products.....	<input type="checkbox"/> <sub>24</sub>	Eggs and egg products .....	<input type="checkbox"/> <sub>36</sub>
Alcoholic drinks .....	<input type="checkbox"/> <sub>12</sub>	Ice cream .....	<input type="checkbox"/> <sub>25</sub>	Desserts.....	<input type="checkbox"/> <sub>37</sub>
Dried fruit .....	<input type="checkbox"/> <sub>13</sub>	Other(PLEASE WRITE IN)			
_____		_____		_____	
_____		_____		_____	

**SECTION C**  
Knowledge and information

OFFICE USE  
RPT (1-6)  
CARD 3 (7)



**WE'D LIKE YOU TO NOW THINK ABOUT WHEN A SERIOUS FOOD ALLERGY FIRST BECAME AN ISSUE IN YOUR HOUSEHOLD.**

**Q18** When a serious food allergy first became an issue in your household, where did you get the relevant information about what food(s) and food ingredient(s) needed to be avoided? PLEASE TICK ALL BOXES THAT APPLY.

From a GP / doctor / medical practitioner.....	<input type="checkbox"/> <sub>01</sub>	(8-27)
From a doctor specialising in allergies .....	<input type="checkbox"/> <sub>02</sub>	
From a dietitian .....	<input type="checkbox"/> <sub>03</sub>	
From parent(s) .....	<input type="checkbox"/> <sub>04</sub>	
From an allergy support group .....	<input type="checkbox"/> <sub>05</sub>	
From an alternative health practitioner (ie like a naturopath, iridologist, etc) .....	<input type="checkbox"/> <sub>06</sub>	
From book(s).....	<input type="checkbox"/> <sub>07</sub>	
From the web / Internet.....	<input type="checkbox"/> <sub>08</sub>	
From a friend / acquaintance .....	<input type="checkbox"/> <sub>09</sub>	
Other (PLEASE WRITE IN) _____		
_____		
_____		
_____		
Don't know / can't recall.....	<input type="checkbox"/> <sub>99</sub>	

**Q19a** When a serious food allergy was first identified, was it easy or difficult to get the information you needed to help you avoid the foods of concern?

PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO NEXT APPLICABLE QUESTION. (28)

It was <u>easy</u> to find out what foods needed to be avoided .....	<input type="checkbox"/> <sub>1</sub>	→ GO TO Q19b
It was <u>difficult</u> to find out what foods needed to be avoided .....	<input type="checkbox"/> <sub>2</sub>	→ GO TO Q19b
Don't know / can't recall .....	<input type="checkbox"/> <sub>9</sub>	→ GO TO Q20a

**Q19b** What made it easy / difficult? PLEASE WRITE IN.

\_\_\_\_\_ (29-36)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Q20a** Were you shown at any time how to identify the ingredient(s) of concern, using food labels?

**PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO NEXT APPLICABLE QUESTION.** (37)

- Yes.....  <sub>1</sub> → **GO TO Q20b**  
No.....  <sub>2</sub> → **GO TO Q21**  
Don't know / can't recall.....  <sub>9</sub> → **GO TO Q21**

**Q20b** If you were shown how to identify the ingredient(s) of concern when using food labels, who provided this assistance?

**PLEASE TICK ALL BOXES THAT APPLY.**

- My GP / doctor / medical practitioner .....  <sub>01</sub> (38-50)  
A doctor specialising in allergies .....  <sub>02</sub>  
A dietitian .....  <sub>03</sub>  
An alternative health practitioner.....  <sub>04</sub>  
An allergy support group .....  <sub>05</sub>  
A friend/acquaintance .....  <sub>06</sub>  
Parent(s) .....  <sub>07</sub>  
Other (PLEASE WRITE IN) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Don't know / can't recall.....  <sub>99</sub>

**Q21a** Have you joined any group that provides information about food allergies?

**PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO NEXT APPLICABLE QUESTION.** (78)

- Yes.....  <sub>1</sub> → **GO TO Q21b**  
No.....  <sub>2</sub> → **GO TO Q22**  
Don't know / can't recall.....  <sub>9</sub> → **GO TO Q22**

**Q21b** What is the name of the group you joined?

**PLEASE WRITE IN.**

\_\_\_\_\_ (79-84)  
\_\_\_\_\_

**SECTION D**  
**Food labels**

**Q22** Here are a number of things people have said about selecting food products. Please tell me how strongly you agree or disagree with each statement.  
**PLEASE TICK ONE BOX FOR EACH STATEMENT.**

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree		Don't know	
I've always been able to find any information I need on a food or drink label .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)
When I read the labels on food products, I just focus on one or two key things, such as the levels of fat or if there are preservatives .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9)
Generally speaking, it's easy to understand and use the information on food labels .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10)
I find some information on food labels really useful or important .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11)
It's hard to tell which parts of the label are advertising and which are standard information manufacturers have to put on .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12)
I don't have enough time to read food labels when I'm shopping, even if I wanted to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13)
I'm very interested in food label information .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(14)

**Q23** When buying packaged foods in general, how often do you look at the food labels?  
**PLEASE TICK ONE BOX ONLY.** (15)

Only when I buy a product <u>for the first time</u> .....	<input type="checkbox"/>	
<u>Only occasionally</u> when I buy a product .....	<input type="checkbox"/>	
<u>Most of the times</u> I buy a product .....	<input type="checkbox"/>	
<u>Every time</u> I buy a product .....	<input type="checkbox"/>	
Can't say / Don't know .....	<input type="checkbox"/>	

**Q24** How much do you feel you can trust the information that is given on food labels? Please give an overall assessment.  
**PLEASE TICK ONE BOX ONLY.**

I completely trust what the labels say .....	<input type="checkbox"/>	
I'm pretty sure I can trust what the labels say .....	<input type="checkbox"/>	
I'm not at all sure whether to trust the labels or not .....	<input type="checkbox"/>	
Can't say / Don't know .....	<input type="checkbox"/>	

**Q25 In general, when reading food labels because of concerns about allergens, how often are you unsure about food items or particular ingredients?**  
**PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO THE NEXT QUESTION.** (17)

Always unsure ..... 1 → **GO TO Q26**  
Often unsure ..... 2 → **GO TO Q26**  
Sometimes unsure ..... 3 → **GO TO Q26**  
Never unsure ..... 4 → **GO TO Q27a**  
Don't know ..... 9 → **GO TO Q27a**

**Q26 If you are unsure about what is written in the ingredient list, which of the following do you do?**  
**PLEASE TICK ALL BOXES THAT APPLY.**

Avoid using / eating the food ..... 01 (18-27)  
Ring the manufacturer and ask ..... 02  
Ring your dietitian or doctor ..... 03  
Ring a support group ..... 04  
Ring a friend ..... 06  
Try a small amount / give a small amount to the person with the allergy ..... 07  
Eat the food anyway / give the food to the person with the allergy ..... 08  
Don't know ..... 99  
Other (PLEASE WRITE IN) \_\_\_\_\_  
\_\_\_\_\_

**Q27a Consider the statement 'may contain traces of ...' which might appear on a product label. If you had an allergy to the particular ingredient mentioned, how useful is this statement to you?**  
**PLEASE TICK ONE BOX ONLY.**

Not very useful because it doesn't say whether the ingredient I am allergic to is definitely in the product or not ..... 1 (28)  
Quite useful because it reminds me I may be eating a product containing the ingredient I am allergic to ..... 2  
Very useful because I am told that there is a chance that the ingredient I am allergic to is present ..... 3  
Not sure / don't know ..... 9

**Q27b What would you do if a label on a product said it may contain traces of ... [the ingredient you are allergic to]?**  
**PLEASE TICK ONE BOX ONLY.**

Always avoid ..... 1 (29)  
Sometimes / usually avoid ..... 2  
Always use ..... 3  
Not sure / don't know ..... 9

---

**Q28a** Now consider the statement 'made in the same premises as products containing ...'? If you had an allergy to the particular ingredient mentioned, how useful is this statement to you?

**PLEASE TICK ONE BOX ONLY.**

- Not very useful because it doesn't say whether the ingredient I am allergic to is definitely in the product or not ..... <sub>1</sub> (30)
- Quite useful because it reminds me I may be eating a product containing the ingredient I am allergic to ..... <sub>2</sub>
- Very useful because I am told that there is a chance that the ingredient I am allergic to is present ..... <sub>3</sub>
- Not sure / don't know ..... <sub>9</sub>

---

**Q28b** What would you do if a label on a product said it was 'made in the same premises as products containing ... [the ingredient you are allergic to]'?

**PLEASE TICK ONE BOX ONLY.**

- Always avoid ..... <sub>1</sub> (31)
- Sometimes / usually avoid..... <sub>2</sub>
- Always use..... <sub>3</sub>
- Not sure / don't know ..... <sub>9</sub>

---

**Q29a** Now consider the statement 'made on the same equipment as products containing ...'? If you had an allergy to the particular ingredient mentioned, how useful is this statement to you? **PLEASE TICK ONE BOX ONLY.**

- Not very useful because it doesn't say whether the ingredient I am allergic to is definitely in the product or not ..... <sub>1</sub> (32)
- Quite useful because it reminds me I may be eating a product containing the ingredient I am allergic to ..... <sub>2</sub>
- Very useful because I am told that there is a chance that the ingredient I am allergic to is present ..... <sub>3</sub>
- Not sure / don't know ..... <sub>9</sub>

---

**Q29b** What would you do if a label on a product said it was 'made on the same equipment as products containing ... [the ingredient you are allergic to]'?

**PLEASE TICK ONE BOX ONLY.**

- Always avoid ..... <sub>1</sub> (33)
- Sometimes / usually avoid..... <sub>2</sub>
- Always use..... <sub>3</sub>
- Not sure / don't know ..... <sub>9</sub>
-



**THIS QUESTION IS MAINLY ABOUT HOW HELPFUL THE LABELLING INFORMATION PROVIDED ON PACKAGED FOOD AND DRINK PRODUCTS IS FOR IDENTIFYING FOODS THAT ARE SUITABLE FOR THE PEOPLE IN YOUR HOUSEHOLD WITH ALLERGIES. IT IS NOT A TEST OF YOUR PRODUCT KNOWLEDGE BUT OF HOW WELL THE LABELLING WORKS.**

**Q30 For this question we would like you to examine each of the labels in turn and do two things:**

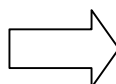


**Circle any ingredients that you think might be unsuitable for any person(s) in your household with an allergy. Even if you don't circle any ingredient, please answer part 2.**



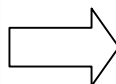
**Indicate your assessment of the product.**

**LABEL 1: BREAD** (34-41)  
**INGREDIENTS**  
 UNBLEACHED BAKER'S FLOUR, YEAST, SALT, VEGETABLE OILS, SOYA FLOUR, EMULSIFIERS (481, 472e), PRESERVATIVE (282), VITAMIN (THIAMIN), WATER ADDED. NO ARTIFICIAL FLAVOURS.



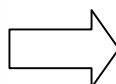
(42)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know ..... <sub>9</sub>

**LABEL 2: RYE BREAD** (43-50)  
**INGREDIENTS**  
 UNBLEACHED BAKER'S FLOUR, YEAST, RYE MEAL, RYE FLOUR, VEGETABLE OILS, SALT, GLUTEN, VINEGAR, SOYA FLOUR, SEMOLINA, EMULSIFIERS (471, 481), VITAMIN (THIAMIN), WATER ADDED.



(51)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know ..... <sub>9</sub>

**LABEL 3: CHEESE** (52-59)  
**INGREDIENTS**  
 Soy extract, vegetable oils, casein, sea salt, mineral salt (339), food acid, flavour, colour (annatto, tumeric), water added.



(60)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know ..... <sub>9</sub>





**Circle any ingredients that you think might be unsuitable for any person(s) in your household with an allergy. Even if you don't circle any ingredient, please answer part 2.**



**Indicate your assessment of the product.**

**LABEL 4: MAYONNAISE** (61-68)  
**INGREDIENTS**  
 SUGAR, VINEGAR, VEGETABLE OIL, THICKENER (1422), SALT, EGG, MUSTARD, VEGETABLE GUM (415), MILK SOLIDS NON-FAT, COLOURS (101, 160A), ANTIOXIDANT (320), WATER ADDED.



(69)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

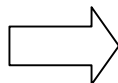
**LABEL 5: SPREAD** (70-77)  
**INGREDIENTS**  
 SUGAR, VEGETABLE OILS, HAZELNUTS, SKIM MILK POWDER, LOW FAT COCOA, EMULSIFIER, WATER ADDED.



(78)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

OFFICE USE  
 RPT (1-6)  
 CARD\_6\_(7)

**LABEL 6: SOY MILK** (8-15)  
**INGREDIENTS**  
 WATER, SOY PROTEIN ISOLATE, SUNFLOWER OIL, MALTODEXTRIN, SUGAR, MINERAL SALTS (339, 340, 509, 529), FOOD ACIDS (332, 338), VITAMINS (VITAMINS A, B2, B12).



(16)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

**LABEL 7: MARGARINE** (17-24)  
**INGREDIENTS**  
 Sunflower oil, vegetable oils, water, salt, milk solids, emulsifiers (471), natural food acid, preservative (202), natural colours, vitamins (a, d), flavour.



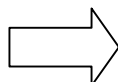
(25)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

**LABEL 8: DRINK** (26-33)  
**INGREDIENTS**  
 SUGAR, MALTODEXTRIN, COCOA, WHEY POWDER, BARLEY AND MALT EXTRACT, MINERALS (CALCIUM PHOSPHATE, IRON PYROPHOSPHATE), VITAMINS (A, B1, B2, D3, NIACIN). ALL NATURAL INGREDIENTS, NO ARTIFICIAL COLOURS OR FLAVOURS.



(34)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

**LABEL 9: MARZIPAN** (35-43)  
**INGREDIENTS**  
 Sugar, almonds, glucose syrup, glucose.



(44)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

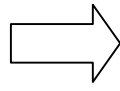


**Circle any ingredients that you think might be unsuitable for any person(s) in your household with an allergy. Even if you don't circle any ingredient, please answer part 2.**



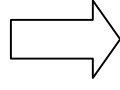
**Indicate your assessment of the product.**

**LABEL 10: SAUCE** (45-52)  
**INGREDIENTS**  
 VINEGAR, MOLASSES, SUGAR, SALT, ANCHOVIES, TAMARINDS, SHALLOTS, GARLIC, SPICES, FLAVOURINGS, WATER ADDED.



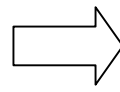
(53)  
 I would avoid this product..... <sub>1</sub>  
 This product is suitable..... <sub>2</sub>  
 Don't know ..... <sub>9</sub>

**LABEL 11: SAUCE** (54-61)  
**INGREDIENTS**  
 WATER, SUGAR, REHYDRATED VEGETABLES, PEANUT BUTTER, RECONSTITUTED LEMON JUICE, DESSICATED COCONUT, HYDROLYSED VEGETABLE PROTEIN, FOOD ACID (260), SALT, SPICES, SOY SAUCE, EMULSIFIER, VEGETABLE GUMS.



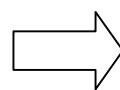
(62)  
 I would avoid this product..... <sub>1</sub>  
 This product is suitable..... <sub>2</sub>  
 Don't know ..... <sub>9</sub>

**LABEL 12: MUESLI BAR** (63-70)  
**INGREDIENTS**  
 Oats, glucose syrup, sugar, fruit, vegetable oil, puffed cereal, rolled wheat, humectant, roasted almonds, honey, desiccated coconut, skim milk powder, natural emulsifier, flavour, food acid, natural colour. May contain traces of peanuts and other nuts.



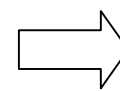
(71)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

**LABEL 13: CONFECTIONERY** (72-79)  
**INGREDIENTS**  
 SUGAR, FULL CREAM MILK POWDER, COCOA BUTTER, COCOA MASS, EMULSIFIERS (322, 476), FLAVOURING. MAY CONTAIN TRACES OF NUTS, EGG OR SEED.



(80)  
 I would avoid this product ..... <sub>1</sub>  
 This product is suitable ..... <sub>2</sub>  
 Don't know..... <sub>9</sub>

**LABEL 14: PIE / PASTIE** (8-15)  
**INGREDIENTS**  
 Wheat flour, water, chicken, vegetables (corn, peas, carrot), reconstituted onion, shortening, food acid (330), flavour, antioxidant (306), colour (160a), thickener (1422), textured soy protein, salt, garlic, flavours, hydrolysed vegetable protein, rice flour, mineral salts (341, 451), sugar, chilli, ginger, raising agent (500), herbs, preservative (281), spices, vegetable powders, yeast extract, emulsifier (481), maltodextrin, dextrose, flavour enhancer (635), acid (330), vegetable gums (415, 412), colour (160b).



(16)  
 I would avoid this product..... <sub>1</sub>  
 This product is suitable..... <sub>2</sub>  
 Don't know ..... <sub>9</sub>

OFFICE USE  
 RPT (1-6)  
 CARD 7 (7)

**SECTION E**  
Labelling issues

**Q31a While trying to identify foods that are suitable for the person(s) with the allergy, are there any other labelling issues that have caused you concern?**

**PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO NEXT APPLICABLE QUESTION.** (17)

Yes .....  **1** → **GO TO Q31b**  
 No .....  **2** → **GO TO Q32**

**Q31b If yes, what problems do you encounter when trying to identify foods that are suitable for the person(s) with an allergy?**

**PLEASE WRITE IN.**

(18-27)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Q32 Here are a number of problems that people have said they have encountered when selecting different food products. Please indicate how often, if at all, this has happened to you.**

**PLEASE TICK ONE BOX FOR EACH STATEMENT.**

	Often happens	Sometimes happens	Seldom happens	Never happens	Don't know	
I have seen the very ingredient I need to avoid, in the actual product, even though it is not listed as an ingredient on the label.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>	(28)
A packaged product I have been using safely for ages suddenly has a statement saying it contains the ingredient(s) I need to avoid .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>	(29)
The package I brought home contains something completely different to what the product label said .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>	(30)
Different sized packages of the same product have different ingredients listed on them .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>	(31)
A label on an outside package of a product varies from an individual package label inside .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>	(32)
A reaction occurred from a product that didn't appear to have the problem ingredient(s) listed on the label.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>	(33)
Some products have different names on their label for the ingredient(s) I need to avoid.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>	(34)

Sometimes the listed ingredients 'spices' and 'natural flavours' include the ingredient(s) I need to avoid..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>9</sub> (35)

**Q33a In general, have you noticed any changes to the way allergens (foods or ingredients that cause allergies) are listed on food labels in the past twelve months?**  
**PLEASE TICK ONE BOX ONLY AND FOLLOW DIRECTION TO NEXT APPLICABLE QUESTION.** (36)

- Yes ..... <sub>1</sub> → **GO TO Q33b**
- No ..... <sub>2</sub> → **GO TO Q34**
- Don't know..... <sub>9</sub> → **GO TO Q34**

**Q33b If yes, what sorts of things have you noticed?**  
**PLEASE WRITE IN.**

..... (37-46)

.....

.....

.....

**Q33c If yes, do the things you have mentioned make it any easier for you to identify products that do not contain the ingredient(s) of concern?**  
**PLEASE TICK ONE BOX ONLY.** (47)

- Yes, suitable products are now easier to identify ..... <sub>1</sub> → **GO TO Q33d**
- No, the changes I have noted have made no difference to how easy it is to identify suitable products ..... <sub>2</sub> → **GO TO Q34**
- No, the changes noted have made it harder to identify suitable products ..... <sub>3</sub> → **GO TO Q33d**
- Don't know ..... <sub>9</sub> → **GO TO Q34**

**Q33d Why was it easier / harder?**  
**PLEASE WRITE IN.**

..... (48-57)

.....

.....

.....

**Q34 Are there any other things you'd like to see on food labels? Do you have any suggestions about how food labels can be improved to make it easier for you to both find products that contain the problem ingredient or locate products that do not contain that ingredient?**  
**PLEASE WRITE IN.**

..... (58-67)

.....

.....

.....

IF THERE IS NOT ENOUGH SPACE, YOU MAY CONTINUE ON THE INSIDE FRONT COVER.

**SECTION F**  
Demographics – main grocery buyer

In order for us to obtain a comprehensive profile of the people surveyed it is important for us to collect some additional information about your household. It would therefore be of great benefit to this survey if you would answer the following additional questions. If you are the person with the serious food allergy, you may have answered a few of the questions previously, however please complete them again. Thank you for your assistance.

**Q35 Which of these age groups are you in?  
PLEASE TICK ONE BOX ONLY.**

- 15-19 years ..... <sub>1</sub> (68)
- 20-24 years ..... <sub>2</sub>
- 25-34 years ..... <sub>3</sub>
- 35-44 years ..... <sub>4</sub>
- 45-54 years ..... <sub>5</sub>
- 55-64 years ..... <sub>6</sub>
- 65-74 years ..... <sub>7</sub>
- 75 years or over ..... <sub>8</sub>

**Q36 What is the highest education level that you have achieved?  
PLEASE TICK ONE BOX ONLY.**

- Never attended school ..... <sub>1</sub> (69)
- Primary school only ..... <sub>2</sub>
- Secondary school up to Year 10 ..... <sub>3</sub>
- Secondary school up to Year 11 or 12 ..... <sub>4</sub>
- Trade qualifications ..... <sub>5</sub>
- Certificate (non-trade) / diploma ..... <sub>6</sub>
- Bachelor degree ..... <sub>7</sub>
- Higher qualifications ..... <sub>8</sub>

**Q37 Which of these statements best describes your annual total household income (before tax)?  
PLEASE TICK ONE BOX ONLY.**

- Less than \$25,000 ..... <sub>1</sub> (70)
- \$25,000 to \$39,999 ..... <sub>2</sub>
- \$40,000 to \$74,999 ..... <sub>3</sub>
- \$75,000 to \$100,000 ..... <sub>4</sub>
- More than \$100,000 ..... <sub>5</sub>

**Q38a Please read each of the following descriptions carefully and tick the box which best describes your household. If none fit your household, tick the bottom box and describe your household to us.  
PLEASE TICK ONE BOX ONLY.**

- Single person, living alone..... <sub>1</sub> (71)
- Single person, living with one or more children..... <sub>2</sub>
- Couple living without children ..... <sub>3</sub>
- Couple living with one or more children ..... <sub>4</sub>
- Group home of unrelated adults ..... <sub>5</sub>
- Other (PLEASE TICK AND DESCRIBE YOUR HOUSEHOLD).... <sub>7</sub>

**Q38b If you have children living with you, what are their ages?  
PLEASE TICK ALL THAT APPLY.**

- Less than 3 years..... <sub>1</sub> (72)
- 3-7 years..... <sub>2</sub>
- 8-11 years ..... <sub>3</sub>
- 12-15 years ..... <sub>4</sub>
- 16-17 years ..... <sub>5</sub>
- 18 years and over ..... <sub>6</sub>

**Q39 Are you of Aboriginal or Torres Strait Islander origin?  
FOR PERSONS OF BOTH ABORIGINAL AND TORRES STRAIT ISLANDER ORIGIN, PLEASE MARK BOTH 'YES' BOXES.**

- No ..... <sub>1</sub> (73)
- Yes, Aboriginal..... <sub>2</sub>
- Yes, Torres Strait Islander..... <sub>3</sub>

**Q40 Which language do you mainly speak at home?**

- English ..... <sub>01</sub> (74-76)
- Other (PLEASE WRITE IN) .....

**Q41 Please indicate your location.  
PLEASE TICK ONE BOX ONLY.**

(77-78)

- ACT..... <sub>01</sub> New South Wales ..... <sub>02</sub> Northern Territory ..... <sub>03</sub>
- South Australia ..... <sub>04</sub> Tasmania ..... <sub>05</sub> Queensland ..... <sub>06</sub>
- Victoria ..... <sub>07</sub> Western Australia ..... <sub>08</sub>

**Q42 Which of these statements best describes where you live.  
PLEASE TICK ONE BOX ONLY.**

- A city ..... <sub>1</sub> (79)
- A large regional centre..... <sub>2</sub>
- A small town, rural or remote area ..... <sub>3</sub>

**Q43 Finally, please tick whether you are male or female.  
PLEASE TICK ONE BOX ONLY.**

- Male..... <sub>1</sub> (80)
- Female ..... <sub>2</sub>

**Thank you very much for your help**



**Please send back your completed form in the reply paid envelope enclosed (it doesn't need a stamp) to return to NFO Donovan Research by 17 April, 2003**

OFFICE USE

(81)

I.....1

P.....2

S.....3

**SURVEY INFORMATION**  
**PLEASE RETAIN FOR YOUR RECORDS**

Dear Sir / Madam

I am writing to invite you to participate in a survey about the labelling of foods that contain potential allergens, such as peanuts, milk, eggs and fish products. The survey will provide important information about how food labels are used by those who have allergic reactions to foods or ingredients in food products.

***The Survey***

The allergen labelling survey will be conducted in all the Australian States and Territories, and in New Zealand, on behalf of Food Standards Australia New Zealand (FSANZ) by NFO Donovan Research Pty Ltd. We intend to gain a better insight into your understanding of the allergen labelling requirements for food products. The information that you may provide us in this survey will assist us to maintain a high standard of public safety in Australia and New Zealand.

The results of this survey will be published in late 2003 and will be available for download from the FSANZ website. The information that you may provide will remain anonymous and will be treated with strict confidence by NFO Donovan Research. At no stage will you be identified or the information linked to you.

***Role of FSANZ***

FSANZ (formerly Australia New Zealand Food Authority) is responsible for protecting the health and safety of the people in Australia and New Zealand through the development of food standards for both countries, and through related functions. We are a bi-national independent statutory authority that develops food standards for composition, labelling and contaminants, including microbiological limits, that apply to all foods produced or imported for sale in Australia and New Zealand.

***Method of Contacting You***

This letter has been sent to you directly by the health professional or organisation that selected you to be included in the survey. This is because either you or someone in your household has been diagnosed as being allergic to certain foods or food ingredients. Your contact details have not been revealed to NFO Donovan Research or to FSANZ.

If you have contacted NFO Donovan Research directly to participate in this survey, your contact details were destroyed as soon as this questionnaire pack was sent to you.

**If you are not the main grocery buyer, please pass the questionnaire pack on to the person who does most of the food shopping in your household.**



### ***Questionnaire Pack***

Aside from this information letter, in this package you should also have received a questionnaire, a reply paid envelope and two copies of a consent form. **If you are completing the survey as the main grocery buyer and are less than 18 years of age, the consent form needs to be signed by your parent or guardian.**

**Please return the signed consent form with your completed questionnaire. The other copy is for your records.**

**If you are over 18 years of age, you do not need to complete the consent form.**

### ***Assistance with the Questionnaire***

Should you have any questions about the survey or are unsure how to complete the questionnaire, please call NFO Donovan Research on **1800 688 122** within Australia. You will not be charged for this phone call unless you call from a mobile phone. Your family members and/or friends can help you complete the questionnaire.

### ***Further Information***

You can find information about this survey on the FSANZ website:

<http://www.foodstandards.gov.au>.

You may also contact FSANZ directly should you require any further information regarding this survey. Our contact details are: Ms Shareen Lata (Evaluation Project Officer), phone +61 2 6271 2219 or e-mail [shareen.lata@foodstandards.gov.au](mailto:shareen.lata@foodstandards.gov.au).

### ***Your rights***

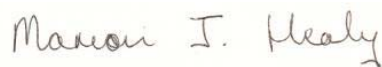
If you have any queries or concerns regarding your rights as a participant in this survey, you may wish to contact the Commonwealth Department of Health and Ageing Ethics Committee secretariat by phone on +61 2 6271 4324 or by post MDP 66, GPO Box 9848, Canberra ACT 2601, Australia. Please quote Project Number 5/2002.

### ***Voluntary Participation***

Please note that you are not obliged to participate in this survey. However, FSANZ will greatly appreciate any information you may provide us, as it will help us further improve food standards in Australia and New Zealand.

I thank you for your contribution in this valuable survey.

Yours sincerely



Dr Marion Healy  
Chief Scientist

## CONSENT FORM

### *ALLERGEN LABELLING SURVEY*

*(Only to be completed if the main grocery buyer in the household, who is completing the questionnaire is under 18 years of age)*

I.....  
hereby consent to my child participate in the above named survey.

- 1) I have been given clear information (written) about this survey and have been given time to consider whether my child should take part.
- 2) I have also been provided with contact details for NFO Donovan Research should I require assistance with the questionnaire.
- 3) I understand that I (or my child) may not directly benefit by taking part in this survey.
- 4) I agree that the information I provide in this survey will be published and I (or my child) will not be identified. The information I provide will be confidential and anonymous.
- 5) I understand that my (or my child's) participation in this survey is voluntary (by choice). I (or my child) can refuse participation in the survey without any consequences to my family or me.
- 6) I understand that there will be no payments made either to me (or my child) for taking part in this survey.
- 7) I have been able to ask NFO Donovan Research questions and all questions have been answered satisfactorily.
- 8) I am aware that I can contact Food Standards Australia New Zealand (contact details on the information letter) should I require any further information about this survey or a copy of the published report.
- 9) I am aware that I can also make a complaint regarding this survey. This information is provided in the information letter.
- 10) I am aware that I should retain one of the copies of the Consent Form and the Information Letter.

Signed.....  
(Parent/Guardian)

Date.....

**PLEASE RETURN TO  
NFO DONOVAN RESEARCH**

**CONSENT FORM**

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- 19) I am aware that I can also make a complaint regarding this survey. This information is provided in the information letter.
- 20) I am aware that I should retain one of the copies of the Consent Form and the Information Letter.

Signed..... Date..... (Parent/Guardian)

**PLEASE RETAIN FOR  
YOUR RECORDS**