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Questionnaire

Subject code:

Investigator:

Date/time:.....

1) Packaging

Researcher says: 'I will ask some questions about food packaging'.

1.1) What kind of material do you prefer for packaging (maximum 1 answer)?

- Metal (1)
- Glass (2)
- Plastic (3)
- Cardboard (4)
- Other (5). Please specify

1.2) Do you have any difficulties to open food packaging called "easy-to-open"?

- | Yes | Probably yes | Probably no | No | Does not apply |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (1) | (2) | (3) | (4) | (0) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



1.3) Do you have any difficulties to open caps/lids (mineral water, jar of jam, etc.)?

- | Yes | Probably yes | Probably no | No | Does not apply |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (1) | (2) | (3) | (4) | (0) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



1.4) Do you have any difficulties to open this type of bottle (milk / syrup / oil bottles, etc.)?

Yes	Probably yes	Probably no	No	Does not apply
(1)	(2)	(3)	(4)	(0)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1.5) Do you have any difficulties to open this type of cans (pull-ring)?

Yes	Probably yes	Probably no	No	Does not apply
(1)	(2)	(3)	(4)	(0)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1.6) Do you have any difficulties to open this type of cans (tin-can like/ need a tin opener)?

Yes	Probably yes	Probably no	No	Does not apply
(1)	(2)	(3)	(4)	(0)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1.7) Do you use some tools to open caps/lids?

Yes	Probably yes	Probably no	No	Does not apply
(1)	(2)	(3)	(4)	(0)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2) Meal preparation (This section is only relevant for subjects living at home who are still cooking or re-heating)

Researcher says: 'Let us talk about meal preparation'

2.1) Which devices do you have at home to re-heat foods? (Exclusively to re-heat, not to cook) - (Several possibilities allowed)

- Heating plates (electric, induction) (1)
- Gas cookers (2)
- Microwave oven (3)
- Oven (4)
- Steamer (5)
- Grill (6)
- Other (0)

2.2) Do you have difficulties to re-heat you food?

Yes (1)	Probably yes (2)	Probably no (3)	No (4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Difficulties experience during the eating process

And now, we will explore some pains that you could experience during eating.

3.1) Do you have any difficulties cutting with your knife foods such as meat (steak) etc.? If all of the time (1 or 2), go to 10.6 and 10.7

Yes (1) Probably yes (2) Probably no (3) No (4)

3.2) Do you have any difficulties to cutting foods such as pie or iced bun etc.?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.3) Do you have any difficulties cutting foods, such as boiled potatoes etc.?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.4) Do you have any difficulties cutting with your hand “solid foods”, such as chocolate bar, bread, toasted bread, etc.?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.5) Do you have any difficulties to crunch “solid foods”, such as fresh apple, chocolate bar, toasted bread, etc.?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.6) Do you have any difficulties to peel fresh fruits or vegetables such as banana, green beans?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.7) Do you have any difficulties to peel fresh fruits or vegetables such as apple, potato, cucumber?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.8) During meals, do you have any difficulties to chew/masticate?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.8.1) If Yes (1 or 2), which product is the worst for you among F&V?

- Fibrous vegetables as celery or pineapple (1)
- Hard fruit as apples (2)
- Products with seeds as blackberry or grape (3)
- Other (4) Please specify:

3.9) During meals, do you have any difficulties to swallow?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.9.1) If Yes (1 or 2), which product is the worst for you?

- Dry vegetables as potato (1)
- Fibrous vegetables as celery or pineapple (2)
- Hard fruit as apples (3)
- Products with seeds as blackberry or grape (4)
- Other (5) Please specify:

3.10) During meals, do you have any difficulties to catch food with your fork?

Yes (1) Probably yes (2) Probably no (3) No (4)

3.11) Have you got...? (Only one possibility)

- Complete set of teeth including bridges & implants (1)
- Combination of natural set of teeth and false teeth (2)
- Total false teeth (denture) (3)
- Partial natural set of teeth (+ nothing) (4)
- Partial false teeth (partial denture) (5)
- Absence of teeth and false teeth (6)

