

QUESTIONNAIRE

This questionnaire is a part of the Project 'Improving Sustainability, Competitiveness and Quality of Milk in the Romanian-Republic of Serbia Cross-Border Region' MIS CODE 1233.

We are conducting a study on the milk and milk derived products consumers' behavior. Do you have the time to fill in a short questionnaire? Thank you very much for your availability!

1. Do you consume milk and milk derived products?

Yes No

If your answer is no, please move to questions 9-14.

2. Which dairy products you are consuming (multiple answers allowed)

Raw fresh milk <input type="checkbox"/>	Yogurts <input type="checkbox"/>
Pasteurized milk <input type="checkbox"/>	Sour cream <input type="checkbox"/>
UHT milk <input type="checkbox"/>	Butter <input type="checkbox"/>
Refrigerated milk <input type="checkbox"/>	Cheeses <input type="checkbox"/>
Frozen milk <input type="checkbox"/>	Other <input type="checkbox"/>

3. Which type of milk do you prefer (multiple answers allowed)?

Cow milk <input type="checkbox"/>	Buffalo milk <input type="checkbox"/>
Sheep milk <input type="checkbox"/>	Goat milk <input type="checkbox"/>

4. How often do you consume milk?

daily weekly twice per week monthly

5. How often do you consume milk derived products?

daily weekly twice per week monthly

6. Which are the reasons for consuming milk and milk products (multiple answers allowed)?

- It is a main product in my diet
- It is a healthier product than other animal derived foods (e.g. meat, eggs)
- It was recommended by my doctor as treatment

7. Which are the main selection criteria when purchasing milk/milk products (multiple answers allowed)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Freshness | <input type="checkbox"/> General aspect | <input type="checkbox"/> Expiring date |
| <input type="checkbox"/> Smell | <input type="checkbox"/> Taste characteristics | <input type="checkbox"/> Origin |
| <input type="checkbox"/> Quality/price ratio | <input type="checkbox"/> Price | <input type="checkbox"/> Nutritive value |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Others (state them): | |

8. Where do you buy your milk and dairy products?

- Commercial centers Private producers
 Groceries stores Other sources (please say which):

Information regarding the person's filling out the questionnaire

9. Sex

- Male Female

10. Age category:

- 10-15 years 16-23 years 24-28 years 29-35 years
 36-45 years 45-55 years 56-64 years over 65 years

11. Which is your level of education?

- elementary school secondary studies (high school) university degree

12. Do you have open access to media and information (TV, internet, etc.)

- yes no

13. The place you live in:

- Urban Rural

14. Your average monthly income is?

- No income 150-250 EUR 251-500 EUR
 501-999 EUR over 1000 EUR

15. Which is your current occupation/position?

- Under studies (student) Unemployed Pension/retired
 Working contract Farmer Other:

Optional

Name, surname: _____

Village/city: _____

E-mail address: _____

Phone number _____

Thank you for your time and collaboration, and we assure you that all the information given in this questionnaire will be strictly confidential.

Contact person: Djordje Janku, e-mail: _____ office phone: _____

Veterinary Institute Zrenjanin