

# Investigating the potential impact of changing health messages on alcohol products

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## AUTHOR DETAILS

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This report was funded by Alcohol Concern Cymru. Alcohol Concern and Alcohol Research UK merged in April 2017 to form a major independent national charity, working to reduce the harms caused by alcohol.

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[www.alcoholresearchuk.org](http://www.alcoholresearchuk.org) and [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

*Opinions and recommendations expressed in this report are those of the authors.*

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## EXECUTIVE SUMMARY

The University of South Wales was commissioned to undertake research using eye tracker technology and interviews to investigate what alcohol shoppers actually look at on alcoholic products' labelling, packaging and on-shelf presentation.

An observational design using mobile eye tracker equipment was employed. Twenty-five participants completed a brief questionnaire related to their consumption of alcohol and then undertook an alcohol shopping-related task whilst wearing mobile eye tracker glasses (with in-built digital voice recorders for 'thinking out loud' data). Participants were asked to verbalise their thought processes as they made their choices. Participants were subsequently asked to complete a brief survey related to the information that they use when purchasing alcohol.

Price and brand (including factors such as country of origin and the look of a product on the shelf) are the key factors that shoppers use in deciding on which alcoholic beverages to purchase.

Despite the majority of participants being in favour of health messages on bottles and cans, they don't actually attend to them in any great detail. Shoppers often don't look at the areas of a product where health information is most usually presented. Even when they do, it is usually only very briefly.

It is possible that shoppers do not look at current on-product health information as they are already very familiar with the information these messages contain, however, further research would be necessary to evaluate whether 'novel' on product messages would receive attention.

There may be some merit in designing more prominent on-shelf health-related signage, however, further research is also required in this respect.

## INTRODUCTION

There is good evidence that changes to alcohol labels, for example through the inclusion of a health message, can improve consumer awareness of the risks relating to excessive consumption (Stockwell, 2006). However, the evidence that this then leads to actual changes in drinking behaviour and reductions in alcohol harm is weak (Public Health England, 2016, and Kersbergen & Field, 2017).

Nevertheless, insofar as labels do have the potential to influence behaviour, the key elements include the label design (which influences whether the content of labels are actually noticed), and how well the information and messages on labels are targeted at their intended audience (Agostinelli & Grube, 2002). Research also indicates that the likelihood of behavioural change may be enhanced by the addition of on-shelf labelling, reinforcing a particular health message, at the point-of-sale (Welsh Government, unpublished).

The Welsh Government may have devolved powers to impose mandatory requirements on the labelling of alcoholic beverages. A literature review (unpublished) was undertaken in the summer of 2016 by the Welsh Government examining the use of labelling content as a public health intervention for alcohol. Following this, Alcohol Concern Cymru commissioned the University of South Wales to undertake research to explore some of the key findings from the Welsh Government's literature review in more detail, with a view to furthering the evidence base in this area. This was carried out using innovative eye tracker technology and interviews to investigate what alcohol shoppers actually look at on alcoholic products' labelling, packaging and on-shelf presentation.

The aim of this study was to investigate whether and how drinks labels could be improved to better meet the needs of consumers by considering what parts of alcohol labels and on-shelf signage shoppers pay attention to in a real world, off-trade setting.

## RESEARCH METHODOLOGY

### Design

An observational design using mobile eye tracker equipment was employed. Participants first completed a brief questionnaire related to their consumption of alcohol. Participants then undertook an alcohol shopping-related task whilst wearing mobile eye tracker glasses (with built-in digital voice recorders for 'thinking out loud' data). Retailers were approached in the first instance and asked if they would be prepared to host the study in their alcohol off-sales department. The request was taken to Board level by one national retailer, but was ultimately refused. Thus, a mock supermarket aisle was constructed using empty drinks bottles that were refilled with coloured dye and re-sealed, to create a realistic shopping experience.

Participants were asked to verbalise their thought processes as they made their choices. Participants were subsequently asked to complete a brief survey related to the information that they use when purchasing alcohol.

### Sample

Participants were volunteers recruited through internal marketing aimed at staff and students at the University of South Wales. The inclusion criteria were being over the age of 18 and a consumer of alcohol. The final sample of participants consisted of 14 women and 11 men, with the mean age of the sample being 37.96 years old (23-63, SD = 11.90). The average weekly spend on alcohol was £15.50. The mean AUDIT score was 8.24 (SD 4.42). Using cut off scores of six or more for women and eight or more for men, 64% of the sample were identified as drinking at above current recommended guidelines, and thus would potentially be individuals who could benefit from effective alcohol health messages.

### Materials

**A mock Supermarket Alcohol Aisle** was created using empty drinks bottles filled with coloured water and empty boxes filled with weighted bottles and cans. The aisle consisted of three sections: Section one contained red wine, white wine and rose wine. Section two contained cider, and beer (lager and ale) and Section three contained spirits, sparkling wines, beer and cider. All boxes were presented on the bottom shelves. Pricing information was designed to be similar to supermarket on-shelf signage including offers (3 for £5 on beers and cider) and "Under 25?" signs. On-shelf health information had three levels of risk messages: Low (standard information on units found in supermarkets); medium (information on calories) and high (risk of serious consequences). Medium and High Health Information Signs were created by the research team in collaboration with a small focus group of four individuals who agreed on whether signs were conveying a medium or high-risk health message compared to the existing low risk signs. Signs were rotated in terms of shelf positions and level of risk in a pre-arranged order across the three

Alcohol Aisle sections. See Appendix 1.

Image 1: Mock Supermarket Alcohol Aisle used in the study



**Tobii Pro Lab** is a platform for the recording and analysis of eye gaze data. Participants wore Tobii Pro Glasses 2 which are lightweight, unobtrusive glasses that precisely track an individual's gaze while simultaneously recording verbal responses. The glasses are specifically designed to be used in 'real world' settings such as shopping tasks.

**Demographic questionnaire** including Age; Gender; Approximate weekly spend on alcohol and drinking frequency and quantity (AUDIT - Babor et al, 1993). See Appendix 2.



**A questionnaire of open-ended questions related to purchasing alcohol** was given at the end of the study to explore the following questions (see Appendix 3):

- *What is usually the most important factor for you when you purchase alcohol?*
- *When you are buying alcohol how much attention do you pay to the information on the actual bottle/can of alcohol?*
- *What information is usually displayed on alcohol bottles/cans?*
- *What information did you notice on the alcohol products you have just selected?*
- *What information if any did you notice on the shelf signs?*
- *Did any of this information influence your decisions in what to buy.*
- *If so, what information influenced you and in what way?*
- *Do you think alcohol products should have health related warning labels?*
- *If so, what sort of health-related information should be on alcohol products?*

## Procedure

Participants were initially given a brief outline of the study including an information sheet (See Appendix 4) and time to read it and an explanation that the task involved wearing the glasses to record the process both visually and orally. Participants were then given a consent form to sign (See Appendix 5). After a brief task to calibrate the Tobii Pro 2 glasses to the individual, participants were positioned in front of the alcohol aisle and given the following instruction:

*"We would like you to imagine that you are in a supermarket or off-licence buying a selection of alcoholic drinks for a weekend party that you are holding for 10-15 friends and/or family members. Please choose a range of beers, wines and spirits, not necessarily your usual brand, but with what you would normally spend, and put them in the shopping basket provided. If there are not enough of each type on the shelves, you can simply state that you would want extra numbers of those bottles.*

*"We'd like you to take your time over your purchases, in the same way you would in a real shop. If possible, we would also like you to '**think out loud**' when you are browsing the shelves and considering which drinks to buy, as there is a recording device on the spectacles.*

*"When you have finished shopping, we have a brief questionnaire that we would like you to complete."*

Participants then had the opportunity to clarify any points before the shopping task commenced.

The first five participants undertook the shopping task with only the existing 'low health



message' signs visible on the shelves. The subsequent 20 participants undertook the shopping task with all three levels of health warning signs visible on the shelves.

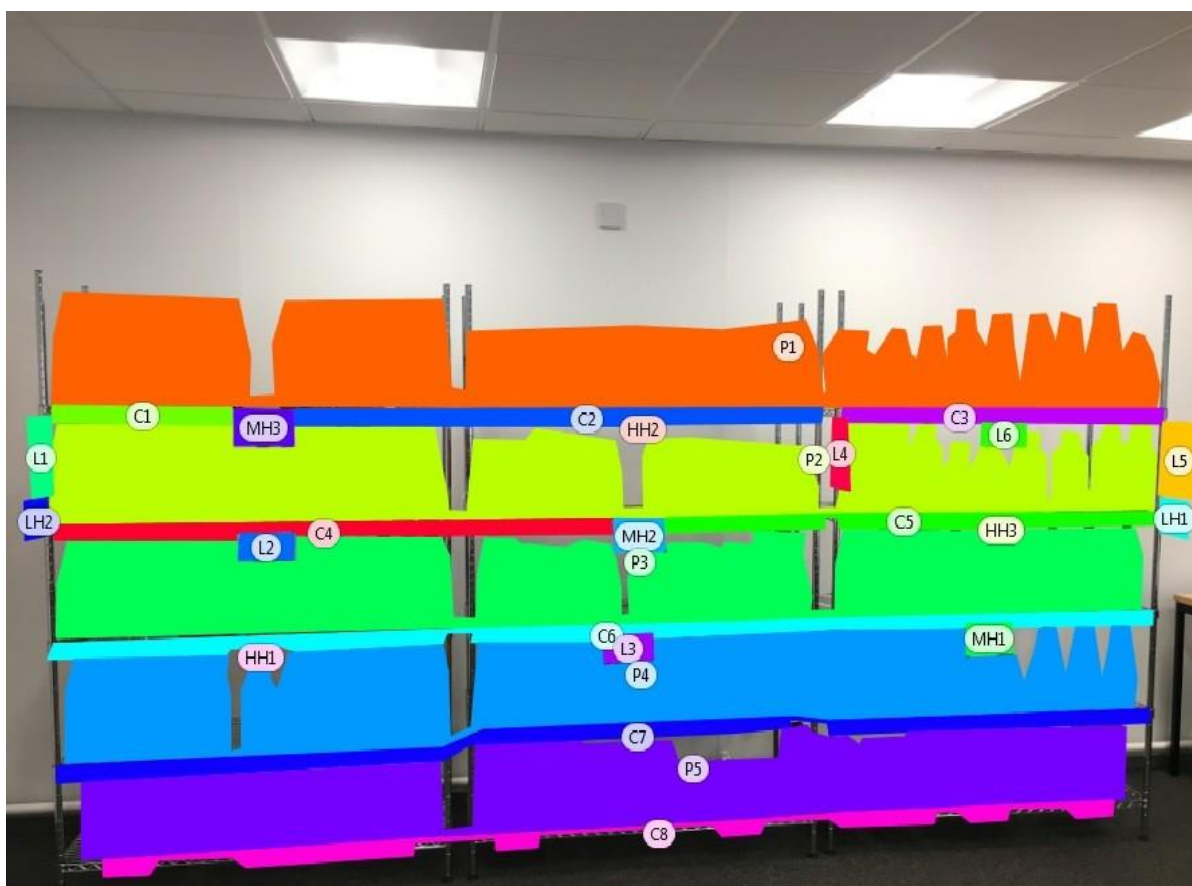
## Data analysis

Recordings from the shopping task were coded for Points of Interest. These were:

### 1) On-shelf Information:

Price; Products on shelf; Under 25 sign; Low Health Signs (Unit Information); Medium Health Signs (Calorie Information); High Health Sign (Risk of serious consequences).

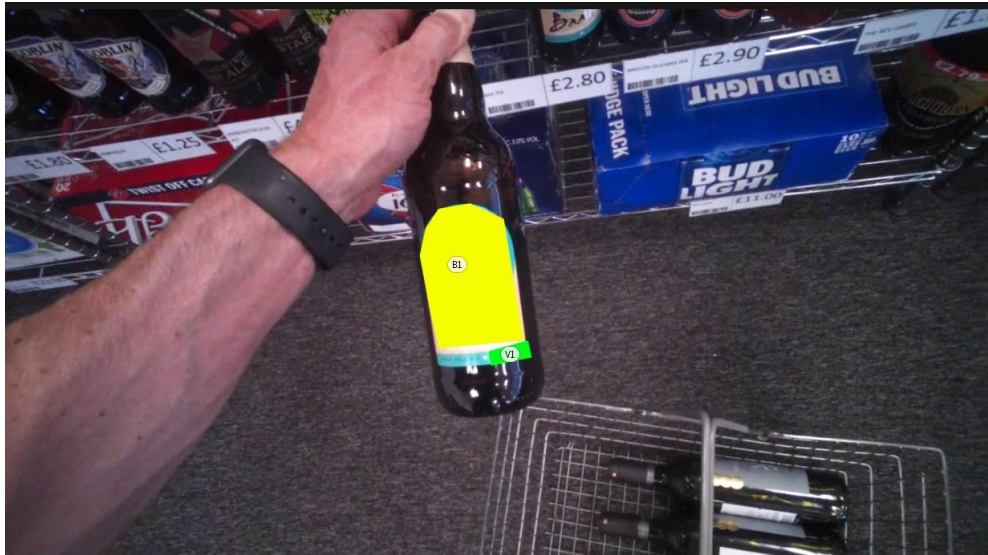
Image 2: Example of Points of Interest Coding (On-Shelf)



## 2) On-product Information:

Brand / Logo; Percentage Volume; Measure; Description of Product; Ingredients; Units and Health/Drinkaware Information; Sell by date (boxes only)

Image 3: Example of Points of Interest Coding (On Product)



The 'Think out loud' data was thematically analysed by listening to the audio recordings while simultaneously watching the accompanying video footage to identify common themes regarding why particular choices were being made.

The Questionnaire of open-ended questions related to purchasing alcohol was analysed using a content analysis. Responses were coded and grouped for each question. These are summarised below, under the relevant question.

## RESULTS

### Time spent attending to Points of Interest

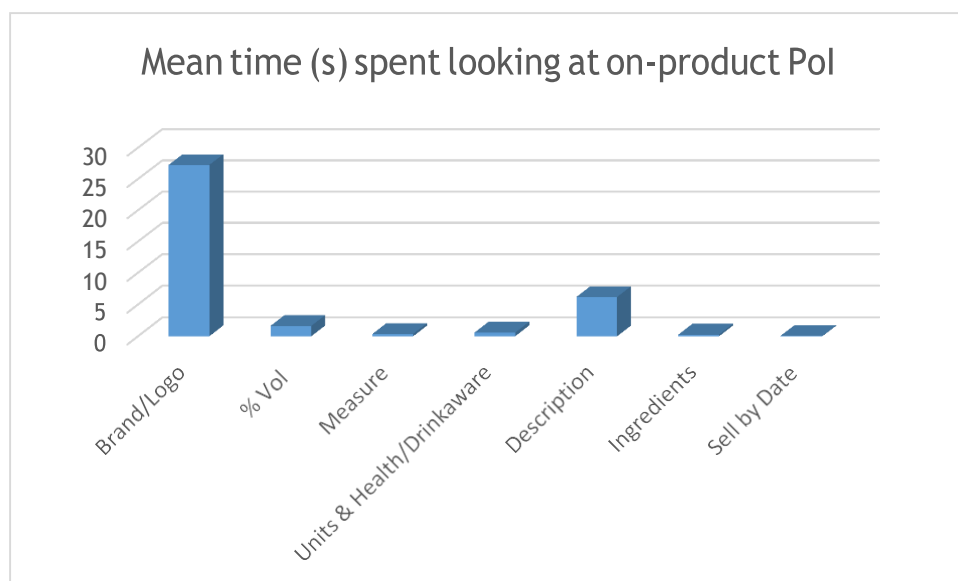
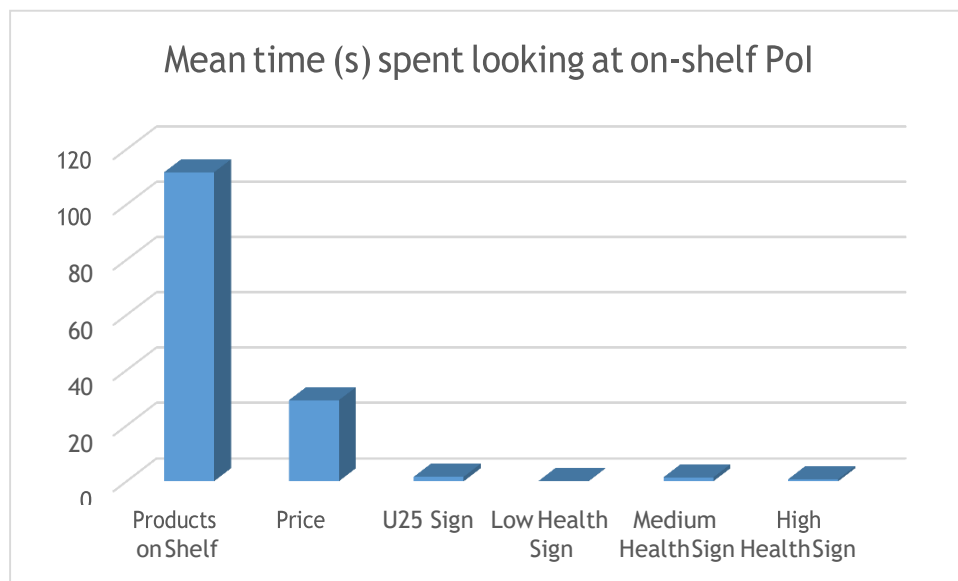


Table 1: Number of Participants Who did look at Pol and mean (sd) gaze time in seconds.

Point of Interest		Number of Ps who looked at Pol	Mean (sd) gaze time (s) at Pol
On Shelf	Products on Shelf	25/25	111.66 (56.06)
	Price	25/25	29.12 (26.35)
	U25 Sign	25/25	1.61 (1.79)
	Low Health Sign	5/25	0.14 (0.39)
	Medium Health Sign	19/20	1.41 (1.75)
	High Health Sign	13/20	0.77 (1.39)
On Product	Brand/Logo	24/25	27.24 (24.79)
	% Volume	18/25	1.63 (2.40)
	Measure	9/25	0.37 (0.65)
	Units & Health/Drinkaware	4/25	0.57 (1.36)
	Description	16/25	6.18 (10.13)
	Ingredients	1/25	0.25 (1.27)
	Sell by date (boxes only)	3/25	0.05 (0.17)

In addition to the above points of interest, a review of the video footage revealed that 12 of the 25 participants did not look at the labels on the back of any of the products when making their choices.

The quantitative data suggests that Brand (including looking at products on the shelf) and Price were the most looked at pieces of information. Little or no time was spent looking at health-related information. The intention was to look for key differences between participants who were only exposed to the familiar 'low health message signs' to participants who were exposed to additional medium and high health message signs. It would appear that the novelty of the new medium and high signs did lead participants to be more likely to gaze at them, however, the gaze time was so brief that meaningful comparisons cannot be made. In essence, the quantitative data suggests that participants paid almost no attention to on-shelf health messages. Similarly, all of the participants did gaze at the 'Under 25' legal sign, but only for an average of 1.61 seconds. As this information is not health-related, it won't be considered further other than to consider that these signs are usually larger and more prominent in a typical off-trade set up which may explain why they were looked at, if only briefly.

Percentage volume was the most looked at on-product health-related information, but only for an average of 1.63 seconds. Only four of the 25 participants looked at Unit and Health/Drinkaware information located on the back label of the products, and this was only for an average of 0.57 of a second.

## Analysis of 'Think out loud' audio data

A thematic analysis of the audio data indicated that, consistent with the eye gaze data, the most frequent reasons given for choosing particular products were **Brand and Cost**.

*"My friends quite like Whiskey so I might get a bottle of Whiskey...some Jack Daniels maybe."*

*"I'd pick up the case of Budweiser because everybody tends to drink Budweiser...and then I'd probably look at the offers."*

*"I'd probably get some cheapish wine...something like Blossom Hill."*

Participants appeared to be applying particular heuristics to choosing wine that was not as apparent (although not entirely absent) in choosing other types of drinks. A number of participants made reference to **percentage volume of alcohol** as a factor in their decision making. It's not possible to clearly establish if this is a consumer or a health choice. A number of participants briefly checked this information (usually on the back) to make sure that the wine was not too strong:

*"I like wines that are not too strong."*

However, other participants checked the percentage volume of alcohol as they specifically wanted a stronger wine:

*"I go on percentage wine and then on how much it costs, because I wouldn't want something too cheap...it's high percentage and quite cheap."*

This quote alludes to another factor that participants mentioned when choosing wine, namely price. Where reference to price was made, participants tended to refer to **choosing medium priced wines**:

*"Buy the second cheapest wine on the menu so you don't look too mean" "£4 bottle looks a bit cheap...Too expensive...let's hit middle of the road."*

**Country of origin** was also important to a number of participants with labels briefly checked to confirm this:

*"I'm trying to find a French wine" "Sounds quite New Zealandy."*

Another theme that was apparent across some participants was the notion of **gender-specific drinks**. Some participants articulated that they were choosing particular drinks based on the gender of the attendees at their proposed event:

*"Not everyone likes the branded beers...for the older males I'd get a different one."*

*"Definitely wine for the women."*

*"Beer for the men."*

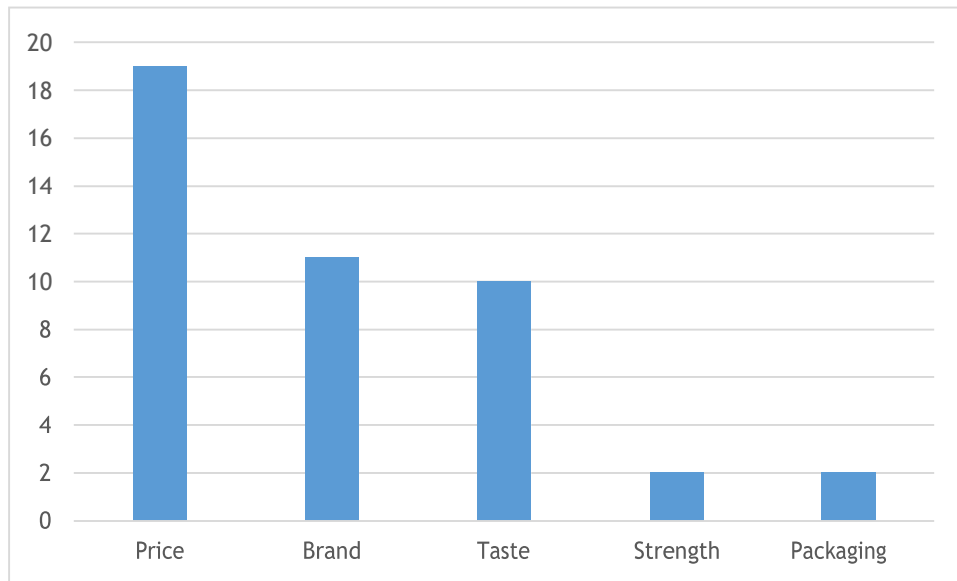
With the exception of percentage volume of alcohol, **no verbal references were made by any of the participants to health information** (e.g. Drinkaware) on any of the bottles. Similarly, **no verbal reference was made to either the low or high on-shelf health signs**. **Only one verbal reference made to the medium on-shelf health sign** while the participant was looking at the "Alcohol Contributes to Weight Gain" message:

*"Yeah, 'cos people thought that alcohol was healthy. Not really going to change anything".*

### Analysis of alcohol purchasing questionnaire data

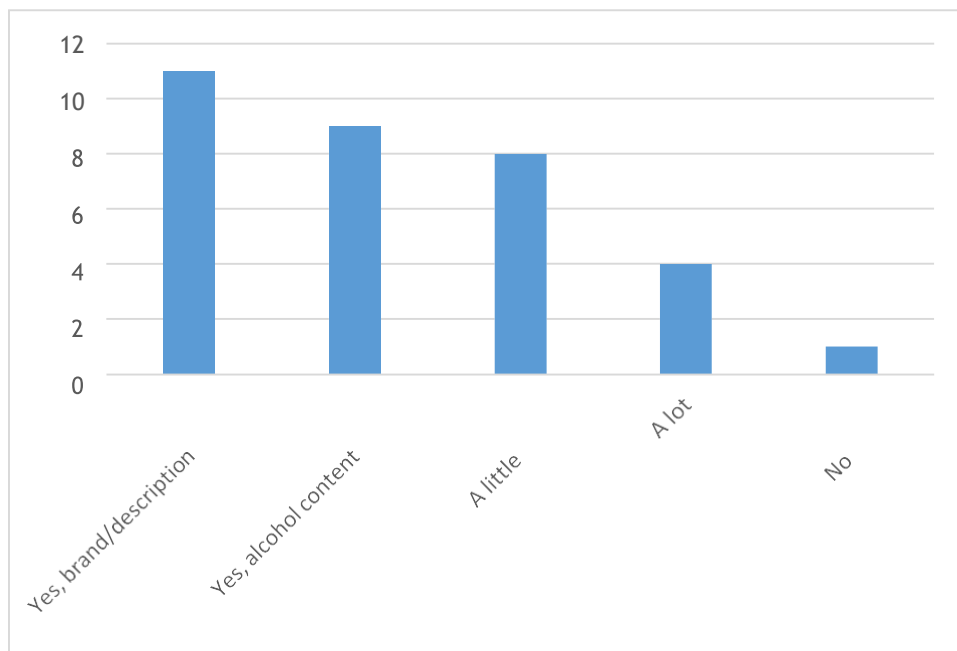
On finishing the shopping task, participants were asked to complete a brief open-ended questionnaire comprising of seven questions relating to their usual alcohol purchasing habits and how they selected their purchases in the current study. A further two questions related to views on health labels on alcohol products.

1. *What is usually the most important factor for you when you purchase alcohol?*



As can be seen from the figures, the overwhelming influence on actual alcohol purchases is the price of products, with product brand and taste also seemingly important. These findings are consistent with gaze and 'think out loud' data.

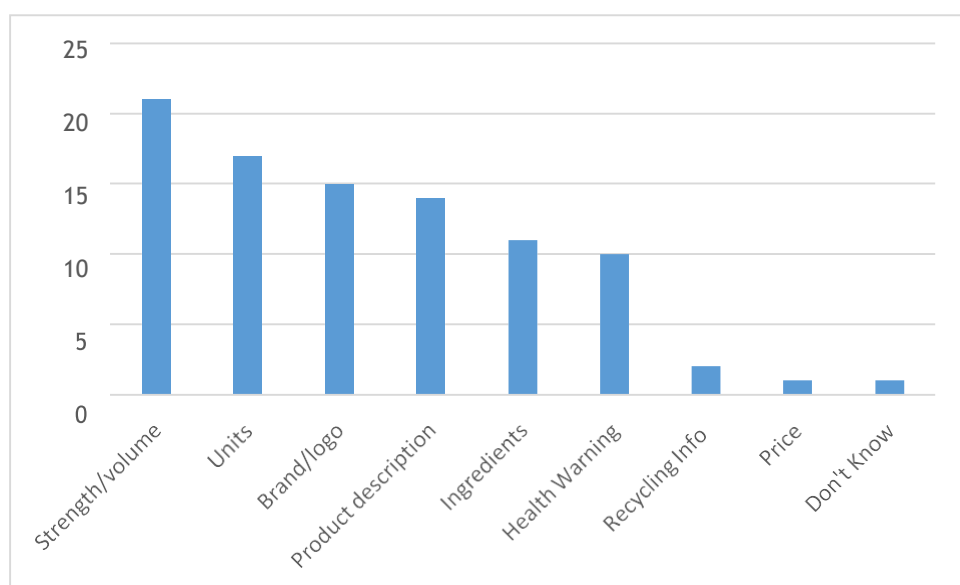
2. *When you are buying alcohol, how much attention do you pay to the information on the actual bottle or can?*





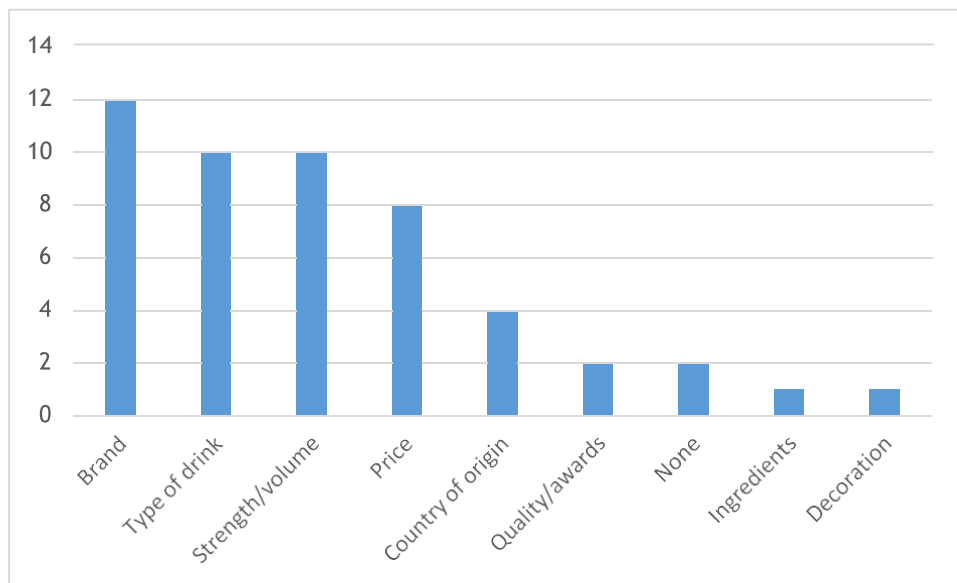
The majority of respondents reported that they pay at least some attention to product labels and packaging, although from the additional details provided by participants, it is apparent that the product information being attended to is that relating to the brand and type of alcohol (product description). People also pay attention to the alcohol content and percentage proof details on the products. These findings are also consistent with the gaze and 'think out loud' data.

3. *What information is usually displayed on alcohol bottles/cans?*



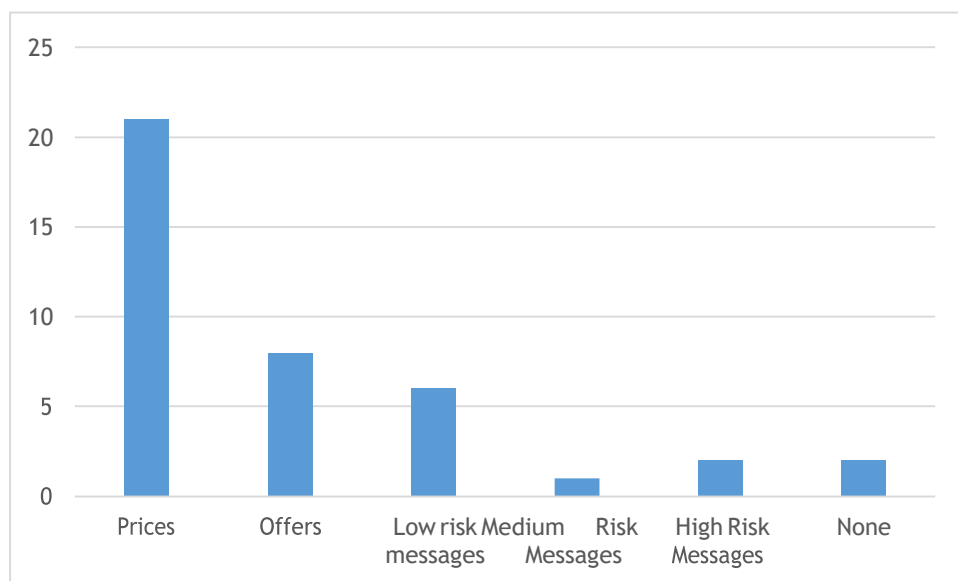
A wide range of responses were recorded in relation to this question, with most actual product information identified by at least one participant. The most commonly listed were strength/alcohol volume and number of units. For the most part, the other 'health messages' were listed by very few participants.

4. *What information did you notice on the products you just selected?*



In the simulated shopping task, it is highly likely that an individual's usual brand was not represented, which would possibly result in increased attention being paid to the products available. Consistent with the gaze and 'think out loud' data, the three most frequently listed information that participants had noticed was brand, type of drink and alcohol strength of the product.

5. *What information, if any, did you notice on the shelf signs?*



There is an interesting pattern in what participants recalled noticing on the shelf signs. The majority list prices and nothing else in response to this. There was some recall of the health risk messages, more of the low risk messages, but this could reflect the study design, where additional participants were exposed to the low risk messages, and in themselves these were existing shelf signage. Only two participants recalled the medium and two the high-risk information, despite the novelty nature of these.

6. *Did any of this information influence your decisions in what to buy. If so, what information influenced you and in what way?*

Eight respondents reported that the shelf information signs that they had noticed had no influence on their subsequent alcohol purchases. Fifteen people reported that they were influenced by the shelf signage, and these were only the ones relating to prices and offers.

7. *Do you think alcohol products should have health related warning labels?*

Sixteen participants believed that alcohol products should have health warning labels on them; five said that they should not; and four were unsure. Some of those who disagreed with warning labels added explanations such as there is already awareness of risks in relation to alcohol, and that it must be individual choice with regard to drinking behaviour. *"It's an individual's decision, so no"*, and *"there already are some, so no"*.

*If so, what sort of health-related information should be on alcohol products?*

The participants who did think that alcohol products should have health warnings had a wide range of views on what sort of health-related information would be helpful and/or effective. Some participants felt they should focus on short term risks such as accidents and violence; rather more wanted the focus to be on long term risks and effects on pregnancy particularly, liver function, addiction and mental illness. Many cited parallels with smoking, and tobacco control as a potential model. *"Should go down the smoking route with graphic images"* whilst another view was that they should be *"not as extreme as smoking, no images, because you're going to drink regardless"*.

Some participants focused on the legitimacy of the message which must be *"scientifically accurate; recommendation of unit information"*, and *"how much a unit is"*. Others suggested that the style of the messages is important; they should be *"consistent and noticeable, transferable to bottles, [like] traffic light labels"*. They should be *"visual"*, *"more visual than they are"*. Additional comments related to harm reduction messages, which could be *"moderating information e.g. eating before drinking"*, and *"information to enhance decision making in relation drinking behaviour"*.

## CONCLUSIONS

- Price and brand (including factors such as country of origin and the look of a product on the shelf) are the key factors that shoppers use in deciding on which alcoholic beverages to purchase.
- Percentage alcohol volume is the most commonly utilised health-related information used in making choices. However, it is not clear that shoppers are using this information to make a health-related choice rather than a consumer-preference choice.
- Health messages aren't attended to in any great detail by shoppers, and shoppers often don't look at the areas of a product where health information is most usually presented. Even when they do, it is usually only very briefly.
- Price and offers are the only on-shelf information that shoppers are currently influenced by.
- The majority of participants in this study were in favour of products containing health-related messages. However, this information should focus on risk and be scientifically legitimate.
- Despite this, the findings of this study suggest that re-designing on-product labels to incorporate health-related information may not be a particularly useful way of presenting information for consumers.
- It is possible that shoppers do not look at current on-product health information as they are already very familiar with the information these messages contain, however, further research would be necessary to evaluate whether 'novel' on product messages would receive attention.
- There may be some merit in designing more prominent on-shelf health-related signage, however, further research is required in this respect.

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# UNDER 25?



**IF YOU ARE LUCKY ENOUGH TO LOOK UNDER 25 YOU WILL BE ASKED TO PROVE THAT YOU ARE AGED 18 OR OVER WHEN YOU BUY ALCOHOL**

**IF YOU ARE UNDER 18 YOU ARE COMMITTING AN OFFENCE IF YOU ATTEMPT TO BUY ALCOHOL**



BEES & PUBS drinkaware.co.uk  
WWW.CHALLENGE25.ORG

# UNDER 25?

**Please be prepared to show proof of age when buying alcohol**

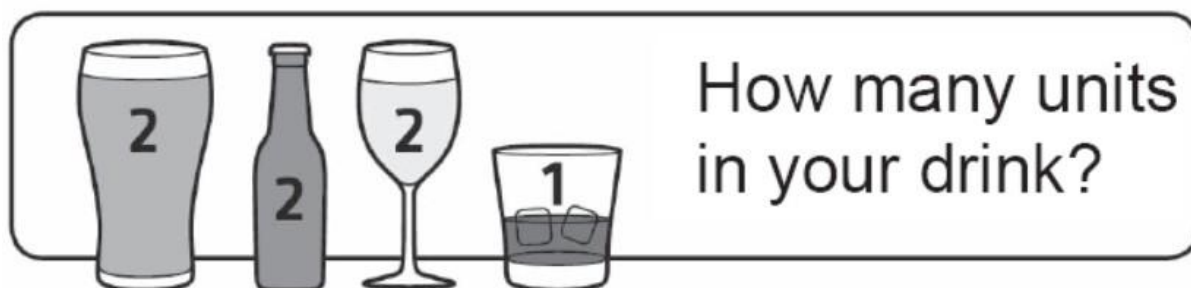
**Acceptable forms of ID:**

- Cards bearing the PASS hologram
- Photographic Driving Licence
- Passport



**drinkaware.co.uk**





**KNOW YOUR LIMITS**

UK Chief Medical Officers recommend adults do not regularly exceed

Men	3-4 units daily
women	2-3 units daily

**1.7 UK Units**

**DRINKAWARE.CO.UK**



Medium risk (created by the research team in collaboration with a small focus group to test risk messaging)



## How many calories are you drinking?

**2 x 330ml  
5% ABV**

**2 bottles of beer**



3.4 Units

=

**1 sirloin steak**



275 Cals

## Alcohol contributes to weight gain

**Pint  
4.5% ABV**

**pint of cider**



2.6 Units

=

**1 sugar doughnut**



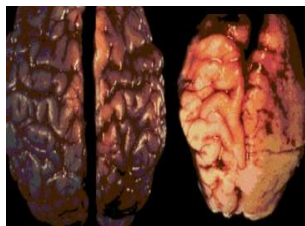
210 Cals

## **HEALTH WARNING**



**Drinking any  
alcohol can harm  
your unborn baby**

## **HEALTH WARNING**



**Drinking alcohol  
damages the  
young**

## **HEALTH WARNING**



**Drinking alcohol  
increases the risk  
of diseases**

## **HEALTH WARNING**



**Drinking alcohol and  
driving increases the  
risk of injury or death**

## **HEALTH WARNING**



**Alcohol increases the  
risk of violence and  
abuse**

## Appendix 2

### Shopping task questionnaire

#### 1. Demographic information questions

Age

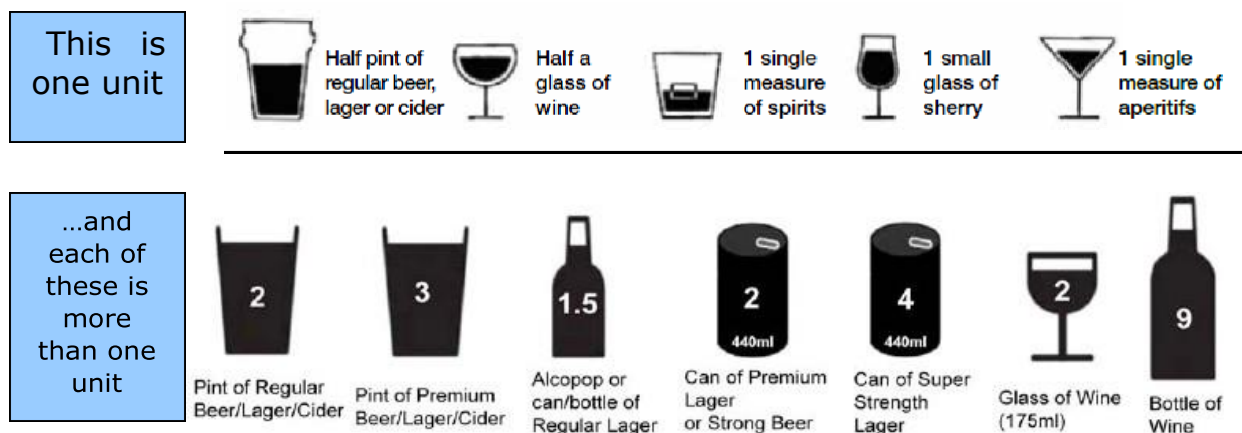
Gender

Occupation

Marital status

Approximate weekly spend on alcohol

#### 2. Drinking pattern



AUDIT					
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+

<i>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<i>How often during the last year have you found that you were not able to stop drinking once you had started?</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<i>How often during the last year have you failed to do what was normally expected from you because of your drinking?</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<i>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<i>How often during the last year have you had a feeling of guilt or remorse after drinking?</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<i>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<i>Have you or somebody else been injured as a result of your drinking?</i>	No		Yes, but not in the last year		Yes, during the last year
<i>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</i>	No		Yes, but not in the last year		Yes, during the last year



## Appendix 3

### Shopping for alcohol

What is usually the most important factor for you when you purchase alcohol?

When you are buying alcohol how much attention do you pay to the information on the actual bottle/can of alcohol?

What information is usually displayed on alcohol bottles/cans?

What information did you notice on the alcohol products you have just selected?

What information if any did you notice on the shelf signs?

Did any of this information influence your decisions in what to buy?

If so, what information influenced you and in what way?

Do you think alcohol products should have health related warning labels?

If so, what sort of health-related information should be on alcohol products?

## APPENDIX 4



### Information sheet

#### **Study title**

Investigating the potential health impact of changing alcohol beverage public health messages (Shopping Task).

#### **Invitation paragraph**

You are invited to take part in our research investigating alcohol beverage health messages. Before you decide to take part you need to understand what is being asked of you. Please take time to read the following information carefully. Take time to decide whether or not you wish to take part in the study.

#### **What is the purpose of the study?**

The purpose of this study is to investigate how consumers choose alcoholic beverage products. The study will consist of an alcohol shopping task followed by a brief interview to explore the choices you made. It is hoped that this research will help us understand what information consumers use when deciding which alcoholic beverages to buy.

#### **Why have I been invited?**

You have been asked to take part as a member of the Welsh public. We are interested in finding out about the experiences of as many people as possible with regards to purchasing alcohol.

#### **Do I have to take part?**

It is up to you to decide whether to take part. You will be asked to sign a consent form to show that you agree to take part. You may withdraw from the study at any time without giving a reason as to why.

#### **What will happen to me if I take part?**

In order to take part in this study you will firstly asked to complete a brief questionnaire. This should take no longer than 5 minutes to complete. The questionnaire is easy to understand and is not timed so do not feel as though you have to rush. You will be asked some demographic information (for example your age) and some questions related to your drinking. We will then ask you to undertake a brief shopping task that should take no more than 10 minutes. A mock supermarket aisle will be set up using empty drinks bottles that have been filled with coloured dye and re-sealed. You will be tasked with choosing drinks to buy for one of a number of scenarios, for example attending a friend's barbecue and to speak about your thoughts as you do this. We will ask you to wear a pair of glasses that record exactly what you are looking at. Following this we will ask you some questions about your reasons for the choices you made. There are no right or wrong answers at any point of this study.

**Expenses and payments**

You do not receive payment or money towards expenses for taking part in this study.

**What are the possible disadvantages and risks of taking part?**

We do not anticipate any disadvantages or risks from taking part in this study.

**What are the possible benefits of taking part?**

The study will not likely benefit you personally, however, the information provided will enable the researchers to understand what information consumers utilise when deciding which alcoholic drinks to purchase.

**What if there is a problem?**

If at any time during or after your participation in our study you have concerns or any complaints, then you may contact the researchers' academic supervisors: Prof Bev John ([bev.john@southwales.ac.uk](mailto:bev.john@southwales.ac.uk)) or Dr Gareth Roderique-Davies ([gareth.rdavies@southwales.ac.uk](mailto:gareth.rdavies@southwales.ac.uk))

If you remain unhappy and wish to complain formally you can do this through the University of South Wales Research Governance Officer, Mr Jonathan Sinfield, who can be contacted on 01443 484518 or emailing [jonathan.sinfield@southwales.ac.uk](mailto:jonathan.sinfield@southwales.ac.uk).

**Will my taking part in the study be kept confidential?**

All of the information obtained from the research will be strictly anonymous, and it will not be possible to identify individual contributions or contributors. Participation is voluntary and anonymous. All study information will be kept confidential in accordance to the Data Protection Act 1998. The results of the study will be presented in a report to Alcohol Concern Cymru and may be published in peer-reviewed academic journals or presented at professional meetings but your anonymity will be guaranteed. The questionnaire does not require any identifiable information.

**What will happen if I don't carry on with the study?**

You can cease to carry on with the study at any point up to completing the study, and nothing will happen. After you have completed the study it will not be possible to remove your data at a later date as there will be nothing to identify you personally on the information we keep (for example, we will not take a note of your name).

**What will happen to the results of the research study?**

The results of the study will be later written into an academic report to Alcohol Concern Cymru which will discuss the key aims of the research and how the information was collected. The research findings will also be written up as a paper and may be published in an academic journal.

**Who is organising or sponsoring the research?**

The researchers and supervisors of the study at the University of South Wales will be working in collaboration with Alcohol Concern Cymru who are funding the project.

**Further information and contact details:**

If any other information is required, and if you have any questions in which you would like to ask, then you may contact the researchers at any point in order to discuss them.

Shona Leeworthy (Research Intern) - [14031051@students.southwales.ac.uk](mailto:14031051@students.southwales.ac.uk) Sarah Jones (Research Intern) - [14021773@students.southwales.ac.uk](mailto:14021773@students.southwales.ac.uk)

## APPENDIX 5

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### STUDY CONSENT FORM

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Title of Project: Investigating the potential health impact of changing alcohol beverage public health messages (Shopping Task)

Name of Researcher: Shona Leeworthy & Sarah Jones

Name of supervisor: Prof Bev John and Dr Gareth Roderique-Davies

Please initial all boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself. ☐
3. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals. ☐
4. I agree to take part in the above study. ☐

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Name of Participant

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Date

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Signature

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Name of person -  
taking consent.

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Date

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Signature