Supplementary Material

Survey Questionnaire 1

Dear Respondent,

We are conducting a survey with consumers to understand their knowledge, perception and practices related to molluscan shellfish consumption. We would be grateful if you could please spare a few minutes to respond to the questions. Please note that all information collected from this questionnaire will be treated with strict anonymity.

Thank you.

Section A: Demographic profile

(Please tick (\checkmark) where appropriate)	
1. Gender	
Male Female	
2. Please indicate the age bracket you an	·e in.
18-20 21-30 31-40	41-50 51-60 > 61
3. Residential Area	
Urban Rural	
4. What is your highest qualification?	
Primary Secondary Voca	tional Undergraduate Postgraduate
5. Occupation	
Student Unemployed	Working Retired
6. Health Status: Have you any of the fo	llowing conditions?
Diabetes	Cancer
Alcohol addiction	AIDS
Have undergone a recent surgery	Have undergone an organ transplant
No known illness]
Other health condition, please specify	

Section B: Consumption patterns of molluscan shellfish

7. Do you consume molluscan shellfish?
Yes
No If no, please skip to question 21.
8. How frequently do you consume molluscan shellfish? Rarely Sometimes Frequently Daily
9. At one sitting, how many units of molluscan shellfish <i>(oysters, mussels, clams)</i> will you normally eat?
1 unit 2 units >2 units \square
10. Where do you purchase molluscan shellfish?
Market Supermarket or hypermarket
Debarcadere (fish landing station) Cold storage
Others, please specify
11. What are the attributes you look for when purchasing molluscan shellfish?
Appearance Texture Quality
Smell Expiry date
12. In what form is the molluscan shellfish at the time of purchase?
Fresh Frozen Others, please specify
13. Do you apply any form of minimal processing prior to consumption?
Yes No

14. If you answered "Yes" to Q.13, which method do you mostly adopt?

Rinsing in water	
Soaking in water	
Sanitize using food grade household products	
Sanitize using food grade commercial products	
Dip in hot water	
Cook	
If others, please state.	
15. If you answered "Cook" in Q. 14, what metho molluscan shellfish?	od of cooking do you mostly adopt for
Shallow frying Deep frying	Grilling
Baking Steaming	Others, please specify
16. In what setting do you normally consume she	llfish?
Home Restaurant Hotels	Cruiser/Catamaran
17. How did you get introduced to shellfish?	
Family & Friends Restaurants	Television/Newspaper
18. Have you ever faced any health-related is gastrointestinal illness, allergy, and fever) after c	
Yes No	
If yes, please specify	
Thanking you.	

Supplementary Material

Survey Questionnaire 2

Dear Participant,

We are conducting a survey to shed light on general consumption preferences and practices in relation to the watercress vegetable. We would be grateful if you could spare a few minutes to respond to the questions. Please note that all information collected from this questionnaire will be treated with strict anonymity.

Thank you.

Section A: Demographic profile

(Please tick (\checkmark) where appropriate)	
1. Gender	
Male Female	
2. Please indicate the age bracket you are in.	
18-20 21-30 31-40 41-3	50 51-60 > 61
3. Residential Area	
Urban Rural	
4. What is your highest qualification?	
Primary Secondary Vocational	Undergraduate Postgraduate
5. Occupation	
Student Unemployed Working	Retired
6. Health Status: Have you any of the following c	onditions?
Diabetes	Cancer
Alcohol addiction	AIDS
Have undergone a recent surgery	Have undergone an organ transplant
No known illness	
Other health condition(s), please specify	

Section B: Consumption patterns of watercress

7. Do you consume watercress?

Yes	No

If no, please skip to question 21.

8. How frequently do you consume watercress?

	Daily		Once a month	
	Weekly		A few times per year	
	Others, please specify	•••••		
9. `	Where do you purchase watercress	?		
	Market		Supermarket or hypermarket	
	Vegetable hawker		Planter	
	Others, please specify			
10.	What are the attributes you lool	k for before	purchasing watercress?	
	Freshness			
	Absence of dirt			
	Absence of pests			
	Absence of off-odors (chemicals etc)		
	If other, please state.			
11.	Do you apply any form of minimal			
Ye	es No			

12. If you answered "Yes" to Q. 11, which method do you mostly adopt?

Rinsing in water	
Soaking in water	
Sanitize using food grade household products	
Sanitize using food grade commercial products	
Dip in hot water	
Cook	
If other, please state.	
13. In which setting do you mostly consume water	cress?

Home	
Street-food vendor	
Fast-food restaurant	
Dine-in restaurant	
If other, please state.	
14. Have you ever faced any heal gastrointestinal illness, allergy, and	th-related issues such as food poisoning (e.g fever) after consuming watercress?
Yes No	
If yes, please specify	
Thanking you.	