

1 **Individual differences in texture preferences among European children:**

2 **Development and validation of the Child Food Texture Preference Questionnaire (CFTPQ)**

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4 *M. Laureati<sup>1\*</sup>, P. Sandvik<sup>2</sup>, V. L. Almlí<sup>3</sup>, M. Sandell<sup>4</sup>, G.G. Zeinstra<sup>5</sup>, L. Methven<sup>6</sup>, M. Wallner<sup>7</sup>, H. Jilani<sup>8,9</sup>, B.*  
5 *Alfaro<sup>10</sup>, C. Proserpio<sup>1</sup>*

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7 *<sup>1</sup>University of Milan, Italy; <sup>2</sup>Uppsala University, Sweden; <sup>3</sup>Nofima, Norway; <sup>4</sup>University of Turku, Finland;*

8 *<sup>5</sup>Wageningen Food & Biobased Research, The Netherlands; <sup>6</sup>University of Reading, UK; <sup>7</sup>University of Applied*

9 *Sciences JOANNEUM, Graz, Austria; <sup>8</sup>Leibniz-Institute for Prevention Research and Epidemiology - BIPS,*

10 *Bremen, Germany; <sup>9</sup>Institute for Public Health and Nursing – IPP, Bremen, Germany; <sup>10</sup>AZTI, Spain*

11  
12 **Abstract**

13 Texture has an important role in children's acceptance and rejection of food. However, little is known about  
14 individual differences in texture preference. The aim of this study was to develop and validate a child-friendly  
15 tool to explore individual differences in texture preferences in school-aged children from six European  
16 countries (Austria, Finland, Italy, Spain, Sweden and United Kingdom). Six hundred and ten children aged 9-  
17 12 years and their parents participated in a cross-sectional study. Children completed the Child Food Texture  
18 Preference Questionnaire (CFTPQ) and a Food Neophobia Scale (FNS). The CFTPQ consisted in asking children  
19 to choose the preferred item within 17 pairs of pictures of food varying in texture (hard vs. soft or smooth  
20 vs. lumpy). Children also evaluated all food items for familiarity. Parents completed the CFTPQ regarding  
21 their preferred items, a food frequency questionnaire for their child, and provided background information.  
22 For a subset of children, a re-test was done for the CFTPQ and FNS to assess reliability. The results showed  
23 that the tool was child-friendly, had high test-retest reliability, and identified country-related differences as  
24 well as segments of children with different texture preferences (hard- vs. soft-likers). These segments  
25 differed in consumption frequency of healthy foods, and in food neophobia.

26 **Keywords:**

27 Young consumer; Cross-cultural; Food neophobia; Food preferences; Texture-liker status

28 **1. Introduction**

29 The importance of individual differences in food perception, liking and choice and the consequences on  
30 human health are well recognized. One of the most studied source of individual differences in sensory  
31 perception is the ability to perceive bitter compounds differently (i.e. PROP taster status), which has been  
32 associated with alcohol misuse and abuse (Duffy et al., 2004), increased Body Mass Index (Proserpio et al.,  
33 2018) and reduced intake of vegetables (Hayes et al., 2013, Sandell et al., 2014). Phenotypic variation in the  
34 sense of smell is also well documented and associated with detection and disliking of a range of plant foods  
35 (Hayes et al., 2013).

36 Individual differences in texture perception and the implication on food appreciation are less explored. It is  
37 evident that individuals vary in the way they process food in their mouth, which results in differences in  
38 texture preferences (Jeltema et al., 2015, 2016). Variation in oral viscosity perception has been associated  
39 with levels of salivary alpha amylase. The greater the enzyme concentration in saliva, the faster the glucose  
40 monomers bonds in starch are broken, with consequences on the perception of oral viscosity of starchy food  
41 (Mandel, Peyrot des Gachons, Plank, Alarcon, and Breslin, 2010). Variation in salivary protein content has  
42 also been shown to affect the perceived astringency and liking of apple, grape and carrot juices containing  
43 added tannic acid (Dinnella et al., 2011).

44 Texture is a complex sensory property, which encompasses many sensory dimensions ranging from tactile to  
45 visual and auditory sensations. Texture has been referred to as the 'forgotten attribute', because for many  
46 years it received little attention, especially compared with flavor (Guinard & Mazzucchelli, 1996). Nowadays,  
47 it is well known that texture is a driver of likes and dislikes for many foods (Szczesniak, 2002). Food preference  
48 and acceptance, in turn, have a great impact on consumers' nutritional status and on food manufacturers  
49 incomes (Guinard & Mazzucchelli, 1996).

50 Texture is especially important for children, because its perception and preference change with age, in line  
51 with developments of the mouth muscles, jaw and teeth as well as innervation of taste buds (Lukasewycz  
52 and Mennella 2012; Rose, Laing, & Hutchinson, 2004; Szczesniak, 1972; Zeinstra et al., 2010). Moreover,  
53 children usually reject textures that are difficult to process in the mouth (Szczesniak, 2002) and prefer soft  
54 and uniform food compared to lumpy or granular food (Laureati et al., 2017; Werthmann et al., 2015; Zeinstra

55 et al., 2010). The importance of texture in children's rejection of certain foods is also underlined by the fact  
56 that tactile sensitivity is associated with food neophobia and pickiness, which are both high during childhood  
57 (Coulthard and Blissett, 2009).

58 Recently, in an attempt to explore differences in texture perception and preferences, Jeltema et al. (2015,  
59 2016) developed and validated a tool to segment adult individuals in Crunchers, Chewers, Suckers and  
60 Smooshers, according to their mouth behavior. Crunchers and Chewers, are those who like to use their teeth  
61 to break down foods, with Crunchers preferring foods that break upon biting and Chewers preferring foods  
62 that can be chewed longer and do not fracture on biting. Suckers and Smooshers prefer to manipulate food  
63 between the tongue and palate with the main difference between the two groups being the hardness of  
64 preferred foods. Suckers like hard foods that can be sucked on for a long time, while Smooshers prefer soft  
65 foods. These different mouth behaviors have been shown to be highly predictive of food preferences and  
66 choices (Jeltema et al., 2015). However, currently there are no child-friendly tools available to categorize  
67 young consumers based on their texture preference. The need of developing new methods to segment  
68 children according to their texture-liker status is even more striking as texture perception has been reported  
69 to be highly influential in modulating food consumption. Interestingly, recent literature reported a  
70 relationship between texture perception, eating rate and energy intake. Children who eat faster had a higher  
71 energy intake, and this was associated with increased BMI z-score and adiposity (Fogel et al., 2017).  
72 Moreover, it has been shown that modulating food texture from thinner to thicker can significantly reduce  
73 eating rate and energy intake (McCrickerd et al., 2017), indicating that texture properties of food and how  
74 they are perceived can greatly influence our eating behavior and consequently our health.

75 Therefore, the aim of the present study was to develop and validate a child-friendly tool to investigate texture  
76 preferences in school-aged children from different European countries and to explore, with this new tool,  
77 the association between children texture-liker status, background variables (i.e., children's dental status,  
78 food neophobia, parental texture preferences) and food frequency consumption of healthy foods.

79 This study is part of a larger project carried out by the European Sensory Science Society, which aims to  
80 deepen the knowledge about the mechanisms underlying texture perception and preference in children.

82        **2. Material and Methods**

83        **2.1. Participants**

84 Six hundred and ten children aged 9-12 years and their parents participated in a cross-sectional study. They  
85 were recruited via primary schools in six European countries (Austria, Finland, Italy, Spain, Sweden and  
86 United Kingdom). This age range was chosen to have a relatively homogeneous group as these children have  
87 sufficient cognitive skills to understand most sensory tests and have sufficient reading skills to complete  
88 simple questionnaires on their own (Guinard, 2001; Laureati et al., 2015). Parents were informed about the  
89 procedures and were asked to sign an informed consent when they agreed on participation. Invited children  
90 were informed about the test in writing as well as orally and gave verbal consent. Children without a signed  
91 informed consent or declining participation verbally were excluded from the study. The study protocol was  
92 approved by the Ethical Committees of each country.

93

94        **2.2. Experimental procedures**

95 Questionnaires and procedures for both children and parents were originally developed in English and  
96 reviewed by a native English speaker, and then translated in every language by two independent native  
97 speakers. The two translated versions were compared to identify differences and reach consensus for an  
98 updated version. In order to maximize consistency across countries, experimenters were instructed not to  
99 deviate from the protocol instructions.

100

101        *2.2.1. Development of the Child Food Texture Preference Questionnaire (CFTPQ)*

102 In order to assess children's texture preferences, a Child-friendly Food Texture Preference Questionnaire  
103 (CFTPQ) was developed. Attention was put in identifying questionnaire and item formats suitable for primary  
104 school children. Moreover, according to the work of Lukasewycz and Mennella (2012), pictures of pairs of  
105 foods were chosen that would fit the European context (i.e. would be familiar to most children in the  
106 participating European countries). Foods within a pair were as similar as possible regarding taste, and differed  
107 mainly in texture. Texture differences were represented primarily by hard *versus* soft foods (e.g. hard candy  
108 vs. gummy candy) but also by particulate *versus* smooth foods (e.g. yoghurt with fruit pieces vs. yoghurt

109 without fruit pieces). For simplicity, in the rest of the text, texture differences will be referred to as Hard vs.  
110 Soft. The questionnaire was thus developed as a series of paired comparison tests, which have been reported  
111 to be a cognitively appropriate methodology for children aged 9-12 years (Kimmel et al., 1994).  
112 A preliminary version of the CFTPQ consisted of 21 food pairs. Clear and recognizable pictures were selected  
113 for each food product to make it specific for the children (Schaffer, 2003). Besides the picture, the product  
114 designation was also written in words (e.g. “yoghurt with fruit pieces”). This preliminary questionnaire was  
115 pre-tested among 66 children (36 girls, 55%) aged 8-11 years in four countries (Austria, n=11; Italy, n=24;  
116 Sweden, n=14; UK, n=17) to check familiarity of the products and representativeness of the pictures with the  
117 question “Have you ever tasted this food?”. Products that were familiar to less than 70% of the children in  
118 more than one country, were excluded from the questionnaire (four pairs in total: 1. Hard cheese vs.  
119 Spreadable cheese; 2. Cheese cubes vs. Spreadable cheese; 3. Raw red pepper vs. Cooked red pepper; 4.  
120 Peanut vs. Peanut butter). Attention was also paid to items that were familiar to less than 80% of the pretest  
121 children. In this case, the images and/or descriptions of the items were replaced or modified to achieve higher  
122 recognition and familiarity (e.g. the term “sorbet” was modified to “slushy”). The pretest was carried out in  
123 four out of six countries for practical reasons, but in the countries that were not included in the pretest, the  
124 images were thoroughly discussed by the investigators to control their suitability. The final questionnaire  
125 consisted of 17 pairs of foods (see Appendix A1 and A2).  
126 To improve comparability of the data collected in different cultures (Ares, 2018), procedures, experimental  
127 design and instructions to children and parents were the same in all countries and all tests and retests were  
128 carried out within a three-month period in the spring of 2018.

129

### 130 2.2.2. Questionnaires completed by children

131 Children completed the questionnaires at school or a nearby facility using tablets or computers. This choice  
132 was made in an attempt to create a game-like situation, thus keeping pupils’ attention high. Since consumer  
133 testing with children requires a specifically designed introduction to the methodologies and more extensive  
134 training (Kimmel et al., 1994), the research teams visited the schools and carefully explained the procedures  
135 to the children. Children were tested by class or in smaller groups depending on the availability of

136 tablets/computers. First, the children indicated their age and gender, and then completed the CFTPQ. The  
137 order of presentation of pictures of food pairs and of the two foods within a pair, were both randomized  
138 across subjects. When the first pair of food pictures was shown, the children were asked to indicate the item  
139 they preferred: *"Which product do you prefer?"* (forced choice answer). When this question was answered  
140 for all 17 pairs, the 34 food pictures were shown again individually, but now the children had to indicate  
141 whether they were familiar with the food products: *"Have you ever tasted this product?"*, with answer  
142 categories yes or no. Subsequently, the children completed a child-friendly Food Neophobia Scale (Laureati,  
143 Bergamaschi et al., 2015); they scored 8 items on a 5-point scale ranging from 'very false' to 'very true'.  
144 A subsample of children (N=65; 54% boys; Italy: n=22, Sweden: n=21 and UK: n=22) was re-tested within a  
145 time frame of approximately two months. They were asked to complete the ICFNS following the same  
146 procedures as with the first test.

147

### 148 2.2.3. Parental questionnaire

149 The parents of the participating children were invited to complete an online questionnaire to obtain socio-  
150 demographic, eating habits of children and complementary information about their child and themselves.  
151 One adult per child (mother, father or other responsible caregiver) could answer at the discretion of the  
152 family. The child's date of birth, gender, weight and height (self-reported), whether the child completed the  
153 teeth changing phase (yes/no), whether the child was wearing a brace (yes/no), and - if yes - whether the  
154 brace was worn during meal times (yes/no), the age of introducing semi-solid and solid foods (before the age  
155 of 4 months, between 4-6 months, between 7-9 months, later than 9 months, I don't know/ I don't remember  
156 at all), and the child's country of birth were included. Parents reported on their own age, gender, their  
157 perceived socio-economic situation on a 7-point scale ("1=difficult", "4=moderate" and "7=well-off", Almli et  
158 al., 2011), and the area they live in (large city/ medium town/ small town or rural area).  
159 Parents also completed the CFTPQ but they only indicated for each of the 17 pairs of food pictures which of  
160 the two products they preferred without answering the question on familiarity as it was supposed that all  
161 the food items would have been well known by adults.

162 Finally, parents completed a food consumption frequency questionnaire, focused on the intake of refined vs.  
163 whole grain products and fruit and vegetables (see Appendix A3), which was based on the work of Hedrick  
164 et al. (2010). For 17 food categories, parents indicated how often their child had eaten the food products in  
165 that category during the last month. Answering options were: less than once a month or never, 1-3 times a  
166 month, 1-3 times a week, 4-6 times a week, once a day, multiple times a day along with the option 'I don't  
167 know for my child'. For each category, example pictures were given to make it more attractive and specific  
168 for the parents. For every category, product examples were also given in words; these were adapted to the  
169 habits of a country (i.e. if a particular product was very uncommon in one country, this example product  
170 would be left out in the questionnaire for that country).

171

## 172 **2.3. Data Analysis**

173 The SAS/STAT statistical software package version 9.3.1 (SAS Institute Inc., Cary, USA) was used for the data  
174 analysis. Effects showing a *p*-value of 0.05 or lower were considered significant.

175

### 176 *2.3.1. Calculation of the CFTPQ index*

177 For each child, an individual CFTPQ index was calculated. When the hard/particulate version of a food pair  
178 was preferred, a score of 2 was given. When children preferred the soft/smooth version of a food pair, they  
179 received a score of 1 for that pair. Only food pairs wherein both of the items were familiar to the child (i.e.  
180 had been tasted before) were used for the CFTPQ index calculation for that child. Children with fewer than 8  
181 valid pairs (which is approximately 50% of the total pairs) were removed from the calculation. Thereby, 40  
182 children were excluded (6.6% of the total sample). On the remaining 570 children, the scores (either 1 or 2)  
183 for the valid pairs were summed and divided by the total number of valid pairs. Thus, each participant could  
184 theoretically get a score ranged from 8 to 34. To make the score more discriminative and easier to interpret,  
185 the CFTPQ index was calculated by the following formula:

$$186 \quad CFTPQ \text{ index} = \left[ \left( \frac{\text{Sum of the scores of the valid pairs}}{\text{Total number of valid pairs}} \right) - 1 \right] * 100$$

187 This resulted in a CFTPQ index ranged from 0 to 100, with higher scores representing a preference for the  
188 harder foods category. A similar calculation was done for the parents of the children considering all of the 17  
189 food pairs as valid.

190 The frequency distribution of the CFTPQ index was calculated over all countries and by country. Children  
191 were grouped according to their texture-liker status in Soft- and Hard-likers considering, respectively, the  
192 25<sup>th</sup> and 75<sup>th</sup> percentiles of the overall distribution as cut-off (see section 3.3.1 for details).

193 The correlation between test and retest assessment as well as parental and child CFTPQ indices was  
194 investigated through Pearson's correlation. The effect of age, gender and country of origin was explored  
195 through ANOVA considering gender, age (categorical variable: 9-10 years old children, n=329; 11-12 years  
196 old children, n=241), country and their 2-way interactions as factors and CFTPQ index as dependent variable.  
197 The effect of dental status on CFTPQ index was investigated through ANOVAs considering either completion  
198 of teeth-change phase (Yes/No) or dental brace (Yes/No), country and their interaction as factors and CFTPQ  
199 as dependent variable. The effect of weaning practices on CFTPQ index was investigated through ANOVAs  
200 considering either introduction period of semi-solids (< 4 months, 4-6 months, 7-9 months or > 9 months) or  
201 solids (< 4 months, 4-6 months, 7-9 months or > 9 months), country and their interaction as factors and  
202 CFTPQ as dependent variable.

203 When ANOVAs showed a significant effect ( $p < 0.05$ ), *post-hoc* comparison using the Bonferroni test adjusted  
204 for multiple comparison was used.

205

### 206 2.3.2. Food Neophobia

207 The answers to the 8 items of the FNS were summed up (after reversing scores of the four neophilic items)  
208 to have a food neophobia score ranged from 8 to 40. A higher score indicates a higher level of food  
209 neophobia.

210 The reliability of the FNS was investigated by calculating internal consistency (Cronbach's  $\alpha$ ), temporal  
211 stability by test-retest evaluation and external validity. The results of the reliability of the FNS were  
212 satisfactory for almost all countries and are reported in another publication (Laureati et al., submitted).

213 The frequency distribution of FN scores was calculated over all countries and by country. According to Shapiro



214 Wilk test, the distributions were always normal. The association between the CFTPQ index and food  
215 neophobia was investigated through Pearson's correlation.

216

### 217 *2.3.3. Food frequency consumption*

218 The frequency consumption of the food items was converted to Daily Frequency Equivalents (DFE) calculated  
219 by allocating proportional values to the original frequency categories with reference to a base value of 1.0,  
220 equivalent to once a day (Cattaneo et al., 2019; Daly et al., 2011; Ireland et al., 1994; Jayasinghe et al., 2017).

221 The scores were calculated as follows: DFE of 0 = less than once a month or never, DFE of 0.07 = 1-3 times a  
222 month, DFE of 0.28 = 1-3 times a week, DFE of 0.71 = 4-6 times a week, DFE of 1 = once a day, DFE of 2.5 =  
223 multiple times a day. The association between the CFTPQ index and food frequency consumption was  
224 investigated through Pearson's correlation.

225

## 226 **3. Results**

227 The final sample – for which a CFTPQ could be calculated – consisted of 570 children. The minimum number  
228 of children involved by country was  $\geq 70$ .

229

### 230 *3.1. Characteristics of the population*

#### 231 *3.1.1. Socio-demographics*

232 The characteristics of the children and their families are reported in Table 1.

233 **INSERT TABLE 1 ABOUT HERE**

234 Children were balanced for gender across countries, with the exception of Finland, which had a significantly  
235 higher proportion of girls (81.4%) than boys due to a misbalance in the class compositions at the school.

236 On average, 62% (n=357) of the parents completed the parental questionnaire. Occasionally, some parent  
237 did not answer specific questions (e.g. economic status, parental age) thus, the parental responses varied  
238 from N=345 to N=357. Mothers (81.4% of the parental respondents) more frequently completed the  
239 questionnaire than fathers. The perceived economic status was on average moderate or high and most of  
240 the families lived in a medium or large city.

241 3.1.2. *Weaning practices and dental status*

242 The percentage of children having completed the teeth-changing phase was similar across countries and  
243 ranged from 18.7 to 34.4%, with the exception of Finland (81.8%). Only a minority of children was wearing a  
244 dental brace (range: 0-22%).

245 Most of the parents introduced semi-solid foods into their child's diet at 4-6 months (62.1%), 22.2% at 7-9  
246 months, 8.4% did so before 4 months, and 1.7% after 9 months (the remaining 5.6 % of the parents did not  
247 remember) (data not shown). Concerning the introduction of solid foods into the child's diet, 44% of parents  
248 started at 7-9 months, 28% later than 9 months, 17.1% at 4-6 months and the 0.6% before 4 months (data  
249 not shown). The remaining 10.3% of parents did not remember. The variation across countries in the  
250 introduction of solids and semi-solids in the child's diet was of minimal size.

251

252 3.2. *Test retest assessment of the CFTPQ*

253 Pearson's correlation showed a significant positive correlation of the two measurements both when  
254 calculated over all countries (n=90, r=0.70, p<0.001) and by country (Austria: n=30, r=0.54, p<0.01; Italy:  
255 n=18, r=0.73, p<0.001; Sweden: n=20, r=0.69, p<0.001; UK: n=22, r=0.78, p<0.001). Paired t-tests were also  
256 applied over all countries and by country with no significant differences between the first and the second  
257 CFTPQ measurement in all cases (Table 2). These results indicate a good reliability between the  
258 measurements.

259

INSERT TABLE 2 ABOUT HERE

260

261 3.3. *Association between CFTPQ index and background variables*

262 3.3.1. *Individual differences in texture preferences among countries*

263 The distribution of the CFTPQ index was calculated over all countries and by country (Figure 1 a-g). According  
264 to Shapiro-Wilk test, the distributions were always normal (for all countries  $W>0.98$  with p-values ranged  
265 from 0.14 to 0.59). The global score distribution (Figure 1 g) had a skewness of 0.05, a kurtosis of -0.40, a  
266 mean score of 49.7 (n=570, SD=15.8, range=7.7-91.7) and a median score of 50.

267

INSERT FIGURE 1 a-g ABOUT HERE

268 Looking at the distributions of the various countries, rather large differences emerged. Northern Europe  
269 countries such as Finland and Sweden (Figures 1 b and e, respectively) showed a lower percentage of Soft-  
270 Likers (10% and 20.3%, respectively), i.e., children with CFTPQ score below the 25<sup>th</sup> percentile, than Hard-  
271 Likers (34.3% and 37.3%, respectively), i.e., children with CFTPQ score above the 75<sup>th</sup> percentile. On the  
272 contrary, countries from Southern Europe, like Italy and Spain, but also UK (Figures 1 c, d and f, respectively),  
273 showed a contrary trend with a low proportion of Hard-liker (Italy= 18.3%, Spain= 19.0%, UK= 23.2%) and  
274 more Soft-liker children (Italy= 26.8%, Spain= 29.0%, UK= 36%). Austria (soft-likers=24.0%, hard-likers=29.5%,  
275 Figure 1a) showed a distribution similar to the total distribution (soft-likers=25.4%, hard-likers=26.8%, Figure  
276 1 g).

277 This pattern was confirmed by ANOVA, which revealed a significant effect of the main factor country  
278 ( $F_{5,551}=5.72$ ,  $p<0.0001$ ) on the CFTPQ index. The mean values of the CFTPQ index by country are reported in  
279 Figure 2. Finland and Sweden had the highest CFTPQ scores with no significant difference between the two  
280 countries, and were significantly different from Italy, UK and Spain, which had the lowest mean score. Austria  
281 had an intermediate score comparable to Finland, Sweden and Italy.

282 INSERT FIGURE 2 ABOUT HERE

283

### 284 3.3.2. *Age and gender effects on texture preference*

285 ANOVA results showed no effect of age ( $F_{(1,551)}=0.03$ ;  $p=0.86$ ), gender ( $F_{(1,551)}=0.63$ ;  $p=0.43$ ) or their  
286 interaction (Country\*age:  $F_{(5,551)}=2.10$ ,  $p=0.06$ ; Country\*gender:  $F_{(5,551)}=1.23$ ,  $p=0.30$ ) when performed on all  
287 countries. The same outcome was obtained when Finland, which had an unbalanced ratio girls:boys, was  
288 omitted from the analysis.

289

### 290 3.3.3. *Weaning practices and dental status effects on texture preference*

291 ANOVA results showed no effect of the introduction of solids ( $F_{(3,316)}=1.00$ ;  $p=0.39$ ) and semi-solids  
292 ( $F_{(3,302)}=0.65$ ;  $p=0.58$ ) as well as no effect of completion of the teeth-changing phase ( $F_{(1,344)}=1.73$ ;  $p=0.19$ )  
293 and usage of dental braces ( $F_{(1,345)}=0.15$ ;  $p=0.70$ ) on the CFTPQ index, indicating that texture preference, as

294 measured with our tool, was not influenced by weaning practices and dental status. Interaction effects were  
295 also not significant.

296

#### 297 *3.3.4. Children and parental texture preferences*

298 Over all countries, the correlation between children's and parental CFTPQ index was low but positive and  
299 significant (n=353, r=0.19, p<0.001). Parental index (M=62.0) was considerably and significantly higher  
300 ( $F_{(1,688)}=106.22$ , p<0.0001) than child's index (M=49.7), indicating a general preference for harder textures in  
301 the adults compared their children. The correlation of the indices by country was significant for Austria (n=35,  
302 r=0.36, p<0.05) and UK (n=89, r=0.30, p<0.01).

303

#### 304 *3.3.5. Association between CFTPQ index and food neophobia*

305 FNS scores across all children varied from 8 to 37, with a mean score of 20.7 (SD= 5.3). Total FNS internal  
306 consistency was 0.72 (n=570), comparable to the suggested value of 0.70 given by Nunnally and Bernstein  
307 (1988). When calculated by country, internal consistency was satisfactory for all countries except Austria  
308 ( $\alpha=0.32$ ), which was omitted from further analysis. The total FNS internal consistency - when omitting Austria  
309 - increased to 0.76 (n=495).

310 The correlation between food neophobia and the CFTPQ index was modestly negative and significant (n=495,  
311 r=-0.12, p<0.01), indicating that neophobic children tended to prefer softer textures. Correlation analysis  
312 performed by country revealed that this relationship was driven by Spain (n=100, r=-0.30, p<0.01) and the  
313 UK (n=124, r=-0.25, p<0.01).

314

#### 315 *3.3.6. Association between CFTPQ index and food frequency consumption*

316 There was a significant and positive correlation between CFTPQ index and frequency of consumption of  
317 vegetables (n=328, r=0.11, p<0.05), indicating that children with higher CFTPQ scores (i.e., Hard-likers) eat  
318 vegetables more frequently than children with lower CFTPQ scores (i.e., Soft-likers). Additionally, there were  
319 two significant and negative correlations between CFTPQ index and consumption, where Soft-likers  
320 consumed white bread (n=327, r=-0.13, p<0.05), and legumes (n=325, r=-0.15, p<0.01), more frequently than

321 Hard-likers. Correlation analysis performed by country, showed a significant and positive correlation for fresh  
322 fruits ( $n=77$ ,  $r=0.32$ ,  $p=0.0043$ ) in Spain meaning that, in this country, Hard-liker children more frequently eat  
323 fresh fruits than Soft-liker children.

324

#### 325 **4. Discussion**

326 The main aim of the present study was to develop a tool to explore texture preferences among school-aged  
327 children in different European countries. The CFTPQ method developed in this study was child-friendly,  
328 showed high test-retest reliability, allowed us to reveal country-related differences and was able to  
329 distinguish segments of children with different texture preferences. These segments differed in consumption  
330 frequency of healthy food and in food neophobia.

331

##### 332 *4.1. The CFTPQ is a child-friendly, cross-nationally valid and reliable tool to explore food texture preferences*

333 The CFTPQ was developed in order to be an easy tool to be self-administered to school-aged children. When  
334 conducting sensory and consumer research with pediatric populations, it is important to keep in mind that  
335 this consumer target has specific needs, as children have limited cognitive and motor skills and reduced  
336 attention span (Guinard, 2001; Laureati and Pagliarini, 2018). In the present study, children were in a  
337 relatively homogeneous age range (i.e. 9-12 years), and old enough to be able to understand most sensory  
338 tests and to complete simple questionnaires in autonomy (Laureati, Pagliarini et al., 2015). No age-related  
339 effects were observed in the CFTPQ index and we could observe that our younger participants handled the  
340 test as comfortably as our elder participants. This is coherent with the fact that, at this age, most children  
341 have already developed masticatory and swallowing skills so that they can manage complex textures in the  
342 mouth (Szczesniak, 1972).

343 In the present study, attention was also devoted to the context in which the tool was administered. In every  
344 country, the CFTPQ was presented in a real-world and familiar setting, i.e. the school. The use of tablets was  
345 also a successful choice as children were very at ease with these devices, which contributed to make the task  
346 engaging and to keep children's attention high. Moreover, tablets contributed to reduce the time of test  
347 completion, which was approximately 10 minutes for the CFTPQ.

348 The CFTPQ was developed with the goal to be culturally appropriate for the different countries involved in  
349 the study. In order to achieve both cultural appropriateness and child-friendliness, the use of images  
350 combined with a brief designation of the item was chosen to present the food pairs. The use of non-verbal  
351 methods is reported to be a good way to overcome language differences (Ares, 2018). Achieving cross-  
352 cultural appropriateness was not an easy task as all the selected items had to be familiar to children in every  
353 nation. The familiarity of the items was ensured by only selecting foods that were familiar to the majority of  
354 the children in a pretest. This approach was satisfactory since only 7% of the children were excluded from  
355 the calculation of the CFTPQ index due to low familiarity of the items.

356 Currently, there are no tools developed for children to categorize them according to their texture preference.  
357 The only tool available is the one developed by Jeltema et al. (2015) for adults. However, this tool does not  
358 use pairs for each food item but, instead, uses different food categories (e.g. ice chips, crispy vegetables and  
359 granola are some of the foods used to define Crunchers) to represent different mouth behaviors. In this  
360 context, the forced choice pair method of the CFTPQ may ensure that children choices are based on texture  
361 and not on food categories that may vary considerably for flavor and other sensory properties. However, in  
362 this study, our tool was not compared to prior texture preference scales for adults. Further research is  
363 recommended to check if the CFTPQ is able to capture similar constructs to adult scales such as the recent  
364 tool proposed by Jeltema et al. (2015).

365

#### 366 *4.2. Association between texture preferences and background variables*

367 Previous research has shown that children prefer food that can be easily manipulated in the mouth  
368 (Szczesniak, 1972). More specifically, it is common opinion that soft, smooth foods are preferred to hard,  
369 spongy and lumpy foods (Guinard and Mazzucchelli, 1996; Laureati et al., 2017; Werthmann et al., 2015). In  
370 this context, the CFTPQ revealed that this trend is not universal and children within a limited age range (i.e.,  
371 9-12 years) may vary considerably in their texture preference. The limit of considering people as a whole,  
372 comparable group (i.e. the fallacy of consumers' uniformity) has been highlighted by Köster (2003) and seems  
373 especially relevant for young consumers who are still in a developmental phase that may influence  
374 considerably their food preference and behavior.

375 One of the most interesting results of the present study is probably the different distribution of Soft- and  
376 Hard-likers across Europe. Cross-national differences in texture preferences have been highlighted in  
377 previous research in adult populations. For instance, in a review by Guinard and Mazzucchelli (1996), it was  
378 reported that for North Americans, the most desirable textural characteristics are crispness, crunchiness,  
379 tenderness, juiciness and firmness, whereas Japanese like crispy, crunchy, hard, soft and sticky foods, and  
380 they may be more sensitive to different degrees of crispness than North Americans. These differences in  
381 preference and perception are also reflected in country-related differences in terminology as Japanese have  
382 a significantly more developed vocabulary for describing crispness and crunchiness in foods than that in  
383 American English. It is not easy to formulate a hypothesis to explain this outcome in young populations as  
384 not previous research has been done to compare texture preferences in children from different countries. In  
385 our study, the fact that Northern countries, such as Finland and Sweden, had a higher proportion of children  
386 with a tendency to prefer hard and particulate food than Southern countries (i.e., Italy and Spain) may be  
387 explained by differences in culinary habits and variation in food selection. Hard-likers had a lower  
388 consumption of legumes, which are commonly eaten cooked, and white bread, which usually has a soft and  
389 uniform texture. Both product categories are also more typically consumed in southern than in northern  
390 European countries. On the other hand, Hard-likers showed a higher consumption of vegetables, which may  
391 be related to country differences in the way vegetables are consumed (often raw in the north vs. often  
392 cooked in the south) or to the fact that Hard-liker children are predominantly characterized by neophilic  
393 attitudes toward food. In this context, further research is needed to better understand the interplay between  
394 perceptive, psychological and environmental factors underlying cross-cultural differences in texture  
395 perception and preferences.

396 The association between texture preference and food neophobia is another interesting outcome of the  
397 present study. Previous research has shown that tactile sensitivity was associated with a higher aversion to  
398 food textures in children aged 3 to 10 years (Smith, Roux, Naidoo, and Venter, 2005) and that texture and  
399 appearance could influence picky eating in children (Russell & Worsley, 2013). In this context, it should be  
400 highlighted that the CFTPQ index reflects not only a tendency to prefer hard but also lumpy food, so the

401 outcome that more neophobic children are those who prefer soft and uniform food textures seems  
402 reasonable and in line with previous literature.

403 Although further studies are needed to confirm this hypothesis, Hard-likers seem to have a healthier eating  
404 behavior since they are generally less neophobic and consume more frequently vegetables, fresh fruits and  
405 legumes than Soft-likers. Recent evidence showed that food texture may be associated with human health  
406 in that modulating food texture could be used to reduce consumption's rate and, thus, the energy intake in  
407 adults (McCrickerd et al., 2017). In this context, it would be interesting to investigate if the Hard-likers are  
408 also those children who have a reduced speed of food consumption and a lower caloric intake.

409 Finally, results of the present study also suggest that preference for texture evolves over the lifespan. In line  
410 with previous research (Lukasewycz & Mennella, 2012), the parental index in our study was considerably  
411 higher than child's index, reflecting a progressive shift from childhood to adulthood towards a preference for  
412 harder and lumpier foods. Traditionally, flavor and taste are reported to be the main determinants of food  
413 acceptance in the adult population. Taste perception and preference differences between children and adults  
414 have been reported in previous studies (see Hoffman et al., 2016 for review), whereas limited information is  
415 available on texture differences (Lukasewycz & Mennella, 2012). Age-related differences in texture  
416 preferences are not surprising, considering that texture perception is a highly dynamic process. In fact, the  
417 physical properties of foods change continuously when they are manipulated in the mouth (Guinard and  
418 Mazzucchelli, 1996) and oral processing may vary considerably between adults and children. In this context,  
419 a better understanding of differences in texture perception and preference over the lifespan could be a key  
420 point for food manufacturers to develop foods that meet the expectations of consumer targets with specific  
421 needs (i.e. children but also elderly people).

422

#### 423 *4.3. Strengths and limitations of the study*

424 A strength of our study is that the CFTPQ tool was developed with input from, and tested in, various European  
425 countries. As such, it provides a relatively broad picture to the scarce literature about this topic. Although  
426 texture can be a major reason for food rejection, especially for children (Szczesniak, 2002), very little research  
427 has explored texture perception and its role on food preference (Zeinstra et al., 2010). However, we



428 acknowledge the fact that our tool encompasses different dimensions of food texture, i.e. hardness/softness  
429 and presence/absence of particles, which can have a different impact on texture preference and background  
430 variables. Developing tools that measure different aspects of texture and mouthfeel sensations could provide  
431 more detailed information about oral processing and its impact on food preference, selection and, thus,  
432 health.

433 Another strength is that the tool enabled finding associations between the CFTPQ index and background  
434 variables, such as neophobic reactions and food consumption, in a reasonable direction and in line with  
435 previous studies, thus providing indication of the validity of the tool.

436 A limitation of the questionnaire is that the familiarity has been evaluated as a binary answer (yes/no) to the  
437 question "Have you already tasted this food?". Therefore, we cannot rule out that, although both items are  
438 familiar, one is more familiar than the other and that this higher familiarity can influence the choice of the  
439 item instead of a difference in texture. Another possible approach could be adding answer categories to the  
440 scale to have more fine-tuned answers (yes often, yes rarely, no) or to collect information from the parent  
441 on the consumption frequency of each food item in the questionnaire.

442 Moreover, the association between texture- preference and food frequency consumption has been explored  
443 with a questionnaire focused on a limited range of food products (i.e. refined vs. wholegrain products). It  
444 would be interesting to develop a more specific food consumption frequency questionnaire including food  
445 with different or extreme textures.

446 Future research should not only consider variation between countries but also within a specific country taking  
447 into account differences in ethnicity, religion and/or dietary habits (e.g. Muslims, vegetarians). In this  
448 context, we suggest avoiding items representing meat products, or modifying the structure of the  
449 questionnaire by asking familiarity prior to preference in order to adapt the display of food pairs for each  
450 subject. Finally, despite in the present study the sample size was appropriate overall (approx. 600 children  
451 tested), we acknowledge the fact that the statistical power for some variables (e.g. background variables)  
452 was not optimal. Future studies should confirm and extend our findings.

453

454

455 **5. Conclusion**

456 This study successfully addressed the purpose of developing and validating a child-friendly tool, the CFTPQ,  
457 able to explore individual differences in texture preferences in European school-aged children. The tool was  
458 easily understood in all countries and showed proper internal and external validity. Considering the  
459 important role of texture in food appreciation, selection and behavior among the pediatric population, the  
460 tool can be used among European children to investigate their texture-liker status and, potentially, address  
461 food texture interventions to reduce neophobic reactions.

462 Moreover, since texture may be more important in younger children (< 8 years) compared to older children  
463 (Rose et al., 2004; Zeinstra et al., 2009), additional research is recommended to further validate the CFTPQ  
464 in children of different age groups and cultures. Finally, it could be interesting to investigate the  
465 association between texture-liker status and physiological measurements such as eating rate, emotional  
466 eating, texture responsiveness and nutritional status.

467

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4 *Table 1. Characteristics of the participants*

Participant	Variable	Austria	Finland	Italy	Spain	Sweden	UK	Total
<b>Child</b>	N	75	70	82	100	118	125	570
	Gender (% girls)	46.7	81.4	48.8	54.0	44.1	52.0	53.2
	Age (mean; SD; range)	10.1; 0.8 (9-11)	10.6; 0.9 (9-12)	10.1; 0.3 (10-11)	10.5; 1.0 (9-12)	10.3; 0.5 (10-11)	10.5; 0.5 (9-11)	10.4; 0.7 (9-12)
	Completion teeth change phase (% yes)	24.3	81.8	22.0	28.8	18.7	34.4	31.7
	Dental brace (% yes)	18.9	12.1	22.0	10.0	5.3	0	9.0
<b>Parent</b>	N	38	33	41	80	75	90	357
	Gender (% females)	80.6	93.8	80.5	78.8	76.0	84.4	81.4
	Age (mean; SD; range)	41.8; 5.0 (30-51)	42.1; 5.7 (33-55)	45.0; 5.1 (29-59)	45.8; 4.2 (36-60)	42.8; 5.2 (29-56)	41.9; 6.2 (31-63)	43.3; 5.5 (29-63)
	Perceived economic status <sup>1</sup> (mean; SD)	4.4; 1.0	4.4; 1.1	5.2; 1.2	5.1; 1.3	5.6; 1.4	4.7; 1.3	5.0; 1.3
	Urbanization (% medium or large city)	94.3	96.9	100	98.7	68	100	92.1

5 <sup>1</sup> Measured on a 7-point scale: 1=difficult, 4=moderate, 7=well-off

*Table 2. Mean value (standard error of mean, SEM) and significance of the difference of the CFTPQ index in the test–retest evaluation*

Country	Test	Retest	<i>p</i> -value
Austria (n=30)	56.2 (2.1)	58.0 (2.4)	0.40
Italy (n=18)	51.9 (3.0)	47.0 (3.4)	0.09
Sweden (n=20)	53.0 (3.5)	49.6 (3.9)	0.26
UK (n=22)	48.9 (3.1)	49.0 (3.4)	0.59
Total (n=90)	52.8 (1.4)	51.7 (1.7)	0.53

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Figure 1 (a-g). Total and by country CFTPQ scores distribution (Q1=25<sup>th</sup> percentile, Mdn=median, Q3=75<sup>th</sup> percentile)

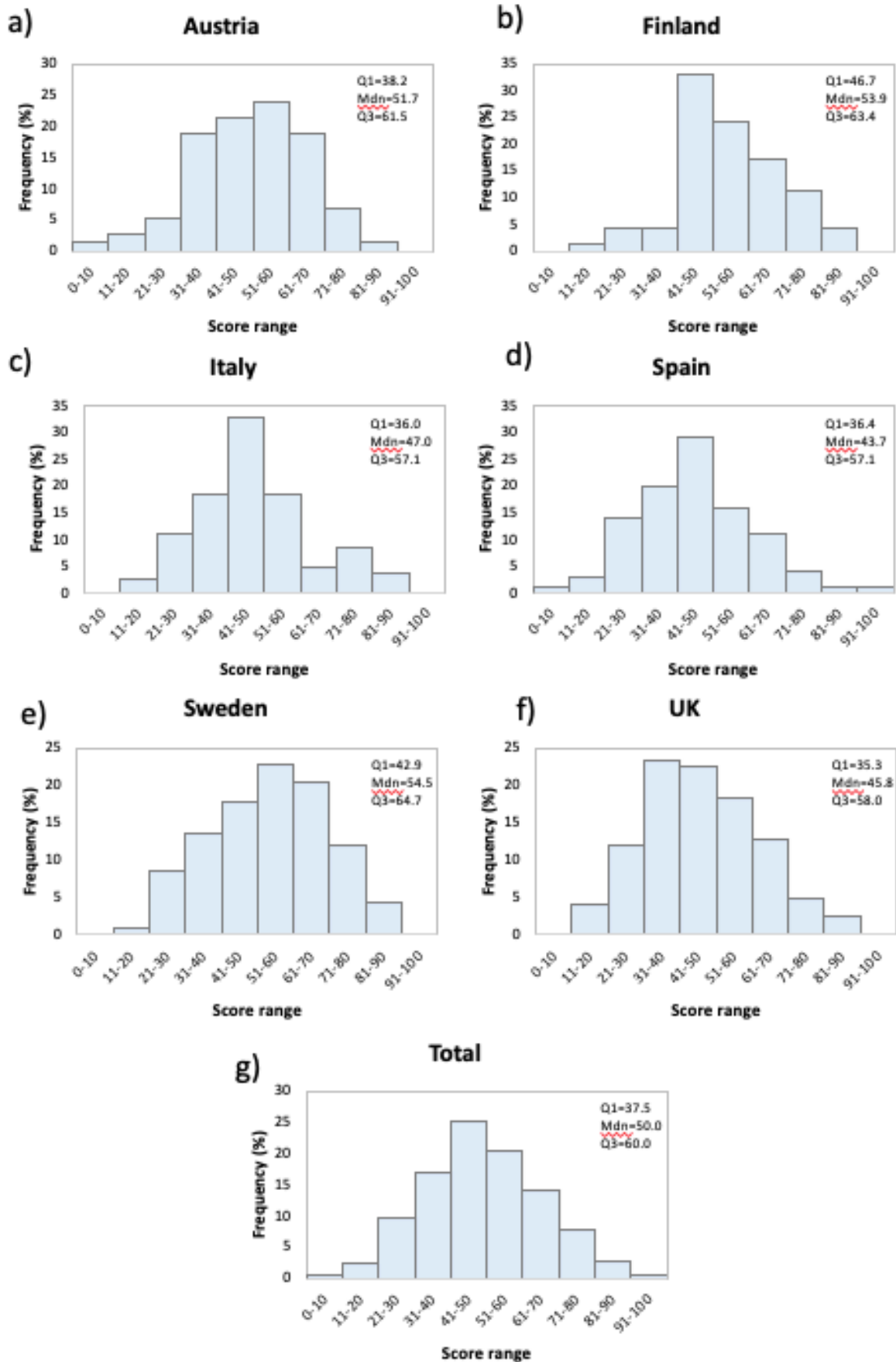
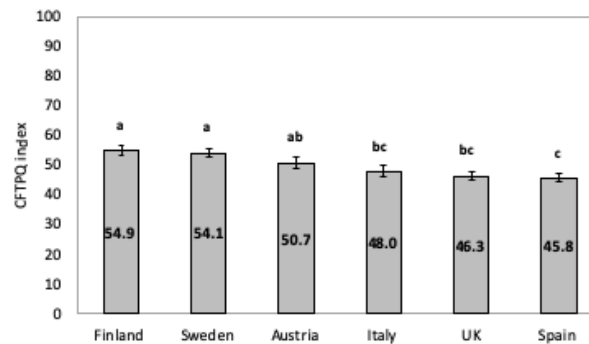










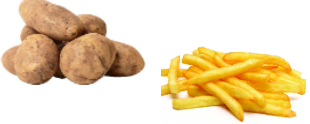
Figure 2. Mean CFTPQ index by country. Different letters indicate significant differences ( $p < 0.0001$ ) according to ANOVA.








Translation of the CFTPQ food items in the languages of the different countries involved in the study (H/P= hard/particulate version; S/S= soft/smooth version)

Item	English	Italian	Swedish	German	Spanish	Finish
H/P	Chocolate bar	Barretta al cioccolato	Chokladkaka	Tafel Schokolade	Tableta de chocolate	Suklaalevy
S/S	Chocolate mousse	Budino al cioccolato	Chokladmousse	Schokoladenmousse	Mousse de chocolate	Suklaamousse
H/P	Hard sweet	Caramelle dure	Hårda godisar	Harte Bonbons	Caramelos duros	Kova karkki
S/S	Gummy sweet	Caramelle gommose	Sega godisar	Weiche Bonbons	Gominolas	Viinikuminainen makeinen
H/P	Raw carrot	Carote crude	Rå morot	Rohe Karotte	Zanahoria entera	Porkkana
S/S	Grated carrot	Carote grattugiate	Rivna morötter	Geriebene Karotte	Zanahoria rallada	Porkkanaraaste
H/P	Raw carrot	Carote crude	Rå morot	Rohe Karotte	Zanahoria cruda	Porkkana
S/S	Cooked carrot	Carote cotte	Kokta morötter	Gekochte Karotte	Zanahoria cocida	Kypsennetty porkkana
H/P	Crunchy ice cream	Gelato croccante	Knaprig glass	Eis mit knusprigem Überzug	Helado crujiente	Lohkeva jäätelö
S/S	Soft ice cream	Gelato soffice	Mjukglass	Cremiges Eis	Helado blando	Pehmyt/pehmis
H/P	Corn flakes	Corn-flakes	Cornflakes	Cornflakes	Cereales secos	Maissihutaleet
S/S	Soaked corn flakes (in milk)	Corn-flakes inzuppati nel latte	Cornflakes blöta (i mjölk)	Aufgeweichte Cornflakes (in Milch)	Cereales con leche	Pehmenneet maissihutaleet
H/P	Yoghurt with fruit pieces	Yogurt con pezzi di frutta	Yoghurt med fruktbitar	Joghurt mit Fruchtstücken	Yoghurt con trozos	Jogurtti sattuilla
S/S	Yoghurt without fruit pieces	Yogurt senza pezzi di frutta	Yoghurt utan fruktbitar	Joghurt ohne Fruchtstücke	Yoghurt sin trozos	Sileä jogurtti
H/P	Orange juice with pulp	Succo d'arancia con polpa	Apelsinjuice med fruktkött	Orangensaft mit Fruchtfleisch	Zumo de naranja con pulpa	Appelsiinimehu hiutaleilla (pulp)
S/S	Orange juice without pulp	Succo d'arancia senza polpa	Kokt potatis	Orangensaft ohne Fruchtfleisch	Zumo de naranja sin pulpa	Appelsiinimehu ilman hiutaleita
H/P	Boiled potatoes	Patate bollite	Kokt potatis	Gekochte Kartoffeln	Patata cocida	Keitetyt perunat
S/S	Mashed potatoes	Purè di patate	Potatismos	Kartoffelpüree	Purè de patata	Perunamuusi
H/P	Toasted bread	Pane tostato	Rostat bröd	Getoastetes Brot	Pan tostado	Paahdettu leipä
S/S	Non-toasted bread	Pane non tostato	Orostat bröd	Ungetoastetes Brot	Pan sin tostar	Paahtamaton leipä
H/P	Apple	Mela	Äpple	Apfel	Manzana	Omena
S/S	Apple puree	Mela grattugiata	Äppelmos	Apfelmus	Purè de manzana	Omenasose
H/P	Ice lolly	Ghiacciolo	Isglass	Eislutscher	Polo	Mehujää
S/S	Sorbet/Slushy	Granita	Sorbet/slush	Fruchteis zum Trinken	Sorbete	Sorbetti
H/P	Crispy bacon	Bacon croccante	Knaprigt bacon	Knuspriger Speck	Bacon crujiente	Paistettu pekoni
S/S	Ham	Prosciutto	Skinka	Schinken	Jamón cocido	Voileipäkinkku
H/P	Lollipop	Lecca lecca	Klubba	Lollipop	Piruleta	Tikkari
S/S	Marshmallow	Marshmallow	Marshmallow	Marshmallows	Nube	Vahtokarkki
H/P	Berries	Frutti di bosco	Bär	Beeren	Bayas	Marjat kokonaisina
S/S	Berry smoothie	Frullato ai frutti di bosco	Bärsmoothie	Beeren-Smoothie	Batido de bayas	Marjasmoothie
H/P	Jam with fruit pieces	Marmellata con pezzi di frutta	Sylt med fruktbitar	Marmelade mit Fruchtstücken	Mermelada con trozos	Hillo sattuilla
S/S	Jam without fruit pieces	Marmellata senza pezzi di frutta	Sylt utan fruktbitar	Marmelade ohne Fruchtstücke	Mermelada sin trozos	Hillo ilman sattuimia sileänä
H/P	Tomato (cherry tomatoes)	Pomodoriini	Tomater	Tomaten	Tomate cherry	Tomaatti/kirsikkatomaatti
S/S	Tomato sauce	Salsa di pomodoro	Tomatsås	Tomatensoße	Tomate triturado	Tomaattisose



<p>Biscuits or cookies (not whole grain)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Whole grain biscuits or cookies</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Fresh fruit (excluding fruit juices)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Dried fruits (raisins, date, fig, apricots etc.)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Seeds or nuts (peanuts, walnuts, hazelnuts, almonds, sunflower seeds, pumpkin seeds etc.)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>All kinds of vegetables, both cooked and raw (excluding potatoes)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Potatoes (including boiled, baked potatoes, French fries, potato puree)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Legumes, both fresh and canned (green peas, beans, lentils etc.)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p>White rice, couscous, or bulgur (not whole grain)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Whole grain rice, couscous, or bulgur</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Pasta (spaghetti etc., not whole grain)</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Wholegrain pasta, barley, or spelt</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix A1 – Items of the Child Food Texture Preference Questionnaire

Chocolate bar



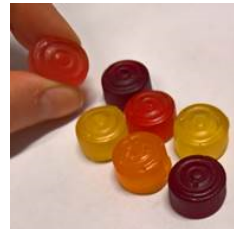
Chocolate mousse



Hard candy



Gummy candy



Raw carrot



Grated carrot



Raw carrot



Cooked carrot



Crunchy ice cream

Soft ice cream



□ Corn flakes



□ Yoghurt with fruit pieces



□ Orange juice with pulp



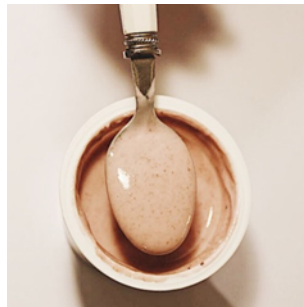
□ Boiled potatoes



□ Soaked corn flakes (in milk)



□ Yoghurt without fruit pieces



□ Orange juice without pulp



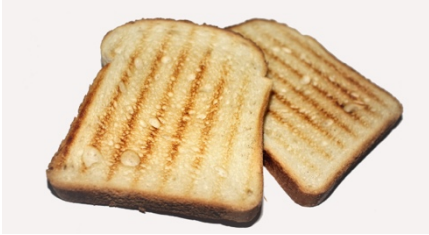
□ Mashed potatoes



Toasted bread



Non-toasted bread



Apple



Apple puree



Ice lolly



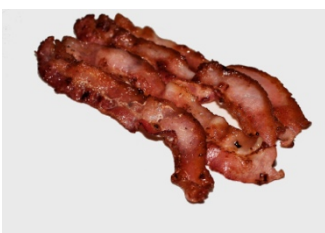
Sorbet/Slushy



Crispy bacon



Ham



□ Lollipop



□ Marshmallow



□ Berries



□ Berry smoothie



□ Jam with fruit pieces



□ Jam without fruit pieces



□ Tomato (cherry tomatoes)

□ Tomato sauce



