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Title: Public Attitudes to Food Issues

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1 Executive Summary

1.1 Introduction and Methods

The Food Standards Agency (FSA) commissioned GfK NOP to conduct a stand alone survey of public attitudes towards food issues. This survey will form part of a package of work on public attitudes which also includes the Quarterly Public Attitudes Tracker.

The main aims of the research were:

- to establish the extent that particular attitudes towards food issues are held by the public
- to understand whether views are dependent on particular characteristics
- to understand whether views differ across the countries of the UK

In total, 3219 face to face interviews were carried out with members of the general public in their homes between 9 October and 5 November 2008. 1959 interviews were completed as part of a Random Location Omnibus (RLO) survey with a UK-representative sample and 1260 interviews were completed as part of a separate but methodologically identical booster survey in Scotland, Wales and Northern Ireland. Data were weighted at the analysis stage to ensure the sample profile was representative of the UK population.

1.2 Summary of Results - Food shopping

When choosing what food to buy to eat at home the most common considerations were eating food that is healthy (60%) and value for money (55%). The quality of the food was considered less important (1%). On average people took fewer issues into consideration when deciding what to buy to eat outside of the home. Price and value for money (47%) were relatively more important and eating food that is healthy (40%) was less of a concern. Over one in three people (36%) mentioned food hygiene as a concern when deciding what to buy to eat outside of the home.

Three quarters of respondents (74%) felt their household food bills had increased as a result of increases to food prices and seven in ten respondents (71%) reported that they had made at least one change to their food shopping behaviour in response to this. The most common changes were buying food products on special offer (30%) and buying fewer luxury goods (29%).

1.3 Healthy eating

Three quarters of people (73%) had made at least one change to the food that they ate over the previous 6 months in terms of healthy eating. Women (78%) were more likely than men (68%) to have made changes to their diet. The most common changes were trying to eat more fruit and vegetables (35%) and drinking more water (34%).

A slightly smaller proportion (69%) stated they would like to make at least one change to the food they eat over the next 6 months. Again, women (73%) were more likely than men (65%) to report wanting to make at least one change to their diet over the next 6 months, and eating more fruit and vegetables



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(31%) and drinking more water (26%) were the most common changes people would like to make to their diet.

Overall awareness of saturated fat was high (94%) and three fifths (61%) of respondents correctly stated that they should be trying to get less saturated fat in their diet. However only one in five (19%) mentioned that they had cut down on saturated fat in the past six months, and the same proportion that they wanted to do so in the next six months. When asked if there were any groups of people who did not need to be concerned about the amount of saturated fat in their diet, just under half of people correctly stated that all of the groups presented to them (e.g. people who take regular exercise) need to be concerned about saturated fat in their diet.

1.4 Food safety at home

Half (49%) correctly identified the use by date as the best indicator of whether food is safe to eat or not. Overall respondents were more likely to take heed of the use by/best before dates when using meat, dairy and egg products compared to bread and breakfast cereals. Over half of respondents (55%) said they would not cook and eat raw meat that was past its use by date compared to around a quarter of respondents when asked about bread (27%) and breakfast cereals (26%). These findings are important as they indicate a significant part of the population are taking risks by eating food which is past its safety (use by) date and also there is potentially a substantial amount of food being wasted due to people not understanding quality (best before) dates.

Apart from using the date labels on packaging the most popular way of telling whether food is safe to eat or not is by smelling the items (74%) or by looking at them (65%).

Two fifths of people (40%) said that they checked their fridge temperature at least every 6 months and a further 6% of people said that while they didn't check their fridge temperature personally, someone else in their household checked the temperature on a regular basis.

However, just less than a fifth of all people checked the thermometer (18%) in their fridge every 6 months and a similar proportion relied on checking the gauge (18%). A fifth of respondents (20%) had not checked their fridge temperature as they hadn't thought about it.

1.5 Food additives and residues

Four out of five respondents (78%) mentioned at least one thing that they considered to be a food additive and E numbers (44%) and colourings (43%) were the most common responses. A third (32%) of people mentioned something that is not defined as a food additive (either vitamins/minerals, salt, sugar or fat) in legislation when asked what they considered to be food additives.

Whilst approximately three in ten people were confident that food additives (31%), pesticides (29%) and animal medicines (30%) in food in this country were safe a slightly higher proportion of people were not confident (food additives 40%, pesticides 45% and animal medicines 39%). Around one in five respondents were unsure (food additives 24%, pesticides 19% or animal medicines 19%).



1.6 Food safety when eating out

When asked how they would assess food hygiene standards of a restaurant or café they were considering going into, the most common responses were via the general cleanliness (65%) and via the general appearance (61%). One in twenty respondents (5%) said they would not assess food hygiene standards, they would just go into the café/restaurant.

When prompted, almost two thirds of respondents (66%) were aware of at least one type of certificate relating to food hygiene and around a quarter of people (25%) were aware of food hygiene scores and ratings (unprompted 6%).

Three in ten respondents (31%) avoided certain foods for moral, medical, health or religious reasons. The most common reason for avoiding certain foods was for medical reasons (12%). One in twenty (5%) said they were allergic to certain foods. Around a quarter (24%) of respondents said there was some one in their family or a close friend who couldn't eat certain foods because of allergies or other reasons.

Of those who were personally allergic to certain foods or knew someone who avoided particular foods (27% of respondents), around half (50%) thought that it would be difficult to find out allergy information about food you eat outside of the home.

The most popular choice for finding out food allergy information when eating out was by asking the waiter, chef or a member of staff (67%).

1.7 FSA Communications

Three in ten respondents (31%) said they would be likely to use the internet to find out general information about food. A quarter (26%) said they never use the internet, of those who do use the internet therefore, 42% were likely to use the internet to find out information about food.

Overall, around one in five (19%) had heard of or visited either the eatwell.gov or food.gov websites: 13% had heard of at least one of the websites and a further 6% had visited at least one of the websites.

Four fifths of respondents who use the internet (81%) said they would be interested in at least one type of information proposed for the new government website. The most common types of information that people would be interested in if they were available on a government website were healthy eating (46%) and food prices/how to cut costs (38%).

1.8 Common trends

Respondents in higher social grade groups tended to be more knowledgeable across all of the survey areas. They were more likely to be aware of the "correct answers" and in general gave more considerations at key questions. This is not unexpected as people in higher social groups generally tend to be more educated and are therefore more likely to be more knowledgeable than people in lower social groups across a wide range of subjects and not just food issues. For example, on average people from the higher social groups (AB) took 4.4 different issues into account when deciding what to



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buy to eat at home compared to people from lower social groups who took 2.9 issues into consideration.

Similar to people in the higher social groups, people who considered themselves to be the principal shopper in their household were more likely to be knowledgeable across all of the survey areas. For example, respondents who classified themselves as the principal shopper for their household were less likely to say that they did not know what food additives were (19%) compared to people who were non principal shoppers (24%). Women and older people were more likely to consider themselves to be principal shoppers and so there is a strong correlation between their results and the results of principal shoppers.



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2 Introduction

2.1 Background

The Food Standards Agency (FSA) is an independent government department set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food. Their remit is to protect consumers by improving the safety of food and by giving honest, clear information. The FSA aims to make it easier for everyone to choose a healthy diet.

At the heart of all work carried out by the Food Standards Agency are their core values:

- To put the customer first
- To be open and accessible
- To be an independent voice

In 2005, the FSA published their strategic plan for 2005-2010. In designing their strategic plan they aimed to build on the milestones that have been achieved in the 5 years since the Agency had been set up. There were many food crises in the 1990s and in the early years of the agency, a great deal of effort was put into restoring the public's confidence in food safety in the UK, and this was achieved by transparency and putting the consumer first.

By 2005, public concern about food safety had gone down and confidence in the Food Standards Agency had improved, but these are both key areas which the FSA must continue to monitor and build upon. These key areas are included in the 2005-2010 strategic plans, and food safety is included within its specific aims.

The overall strategic objectives for the FSA for 2005-2010 are:

Food Safety

- to continue to reduce food borne illness;
- to reduce further the risks to consumers from chemical contamination including radiological contamination of food;

Eating for health

- to make it easier for all consumers to choose a healthy diet, and thereby improve quality of life by reducing diet-related disease;

Choice

- to enable consumers to make informed choices.



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The FSA is currently reviewing its public attitudes research, focusing in particular on the Annual Consumer Attitudes Survey (CAS)¹ which has run for eight waves from 2000 to 2007. The CAS has previously been used to monitor changes in attitudes to food issues over time but is currently on hold whilst the review takes place.

The FSA, therefore, has commissioned GfK NOP to conduct a stand-alone survey of public attitudes to improve its evidence base on what people think about food issues, particularly those issues not explored in its current programme of attitude research. This survey will form part of a package of work on public attitudes which also includes the Quarterly Public Attitudes Tracker².

The topic areas identified for inclusion within this new piece of research are: food shopping, healthy eating, food safety at home, food safety when eating out and FSA communications. Within each of these areas the research will aim to

- establish the extent to which particular attitudes towards food issues are held by the public
- understand whether views are dependent on particular characteristics
- understand whether views differ between countries.

2.2 Research method and fieldwork

The survey was carried out in two parts. The majority of the interviews (1959) were conducted on GfK NOP's Random Location Omnibus (RLO) Survey, but to enable meaningful analysis by country an ad-hoc boost of a total of 1260 interviews was completed in Scotland, Wales and Northern Ireland to ensure that overall each country had at least 500 interviews. To ensure comparability, the ad-hoc boost mirrored the RLO survey method which is described below.

The RLO is conducted face to face in home across the UK using Computer Assisted Personal Interviewing (CAPI). The Random Location Omnibus employs a quota sample of individuals within randomly selected sampling points. The sample design is essentially a 3-stage design, sampling first parliamentary constituencies, then output areas within those selected constituencies and finally respondents within the output areas. The sample consists of 175 sampling points. Full details of the sampling process can be found in section Appendix 2 of this report. Quotas were set in each of the selected sampling points by age and by gender within working status.

¹ <http://www.food.gov.uk/science/socsci/surveys/foodsafety-nutrition-diet/>

² <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>



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In total, 3219 face to face interviews were carried between 9 October and 5 November 2008.

2.2.1 Questionnaire

The questionnaire was developed by the Food Standards Agency and GfK NOP following a consultation within the FSA to identify relevant topics for inclusion. A field pilot of the questionnaire was conducted between 24-25 September 2008 and a total of 32 interviews were completed. As a result of the pilot a small number of questions were changed and several pre-codes were added to the answer lists. The final questionnaire used for the main stage of the fieldwork can be seen in appendix 3.

2.2.2 Weighting

Data were weighted at the analysis stage to ensure views and awareness were representative of the UK population. Final weights were applied for country, region, age, sex, social class, number of adults in the household and working status. The weights applied can be seen in Table 20 in Appendix 2 of this report.

2.3 Respondent profile

As one would expect from a representative sample of UK adults, about half of the survey respondents were men and half were women (49% and 51% respectively, after weighting) and they were also evenly divided between those from middle and upper class backgrounds (ABC1, 49%) and those from more working class and deprived backgrounds (C2DE, 51%). Just over half (56%) of respondents said they were responsible for all or most of the food shopping in their household ("principal shoppers"). Women were considerably more likely than men to be the principal shoppers for their household (77% of women compared with 34% of men). A more detailed analysis of the sample profile is given in Appendix 1 of this report.

In terms of country, 84% of the survey respondents lived in England, with 9% in Scotland, 5% in Wales and 3% in Northern Ireland³. There are some differences between the four nations in their age and social class profiles which are worth bearing in mind when trying to interpret differences in the survey findings, principally that people from Scotland and Wales are slightly older on average than people in England, while people from Northern Ireland are slightly younger on average than people in England, and that a slightly higher proportion of the English population are from the higher social classes (ABC1) compared with the populations of the other nations (50% in England, 43% in each of

³ Respondent profile after weighting.

the other nations). More details of the sample profile by country can be found in Table 18 in Appendix 2.

2.4 Notes on reading this report

The following points explain the way in which the results have been commented upon in this report.

- All of the differences which have been commented upon with this report are statistically significant.
- The significance tests which have been used are two-tailed and are based on a 95% confidence interval. This means that we are 95% certain of detecting a difference where one exists in the population.
- In this report we have chosen not to comment on findings based on sub-groups of less than 50 as we feel these data are not sufficiently reliable.
- Throughout this report ‘*’ indicates a proportion of less than 0.5% but greater than 0. ‘-’ indicates a 0 proportion.
- The charts throughout this report will show UK data. Where there are key differences by country this will be marked on the chart with an abbreviation. The abbreviations are detailed in Table 1.
- Throughout the report there are differences by social grade. Table 2 shows the definitions for the various social groups.

Table 1. Country abbreviations	
Country	Abbreviation
England	E
Scotland	S
Wales	W
Northern Ireland	NI

Table 2. Definitions of social grade	
Social grade	Definition
AB	Higher/Intermediate managerial, administrative or professional
C1	supervisory or clerical, junior managerial, administrative or professional
C2	skilled manual workers



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DE	semi/unskilled manual workers, lower grade workers and those on the state pension/benefits
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Food shopping

2.5 Summary

Respondents were asked a series of questions relating to their food shopping. These questions were designed to investigate what, if any, considerations people had when deciding what to eat at home and outside the home. Follow up questions were asked to identify whether people felt their food bills had increased of late and whether they had taken any action to try and reduce their food bills.

When choosing what to buy to eat at home the most common considerations were eating food that is healthy (60%) and value for money (55%). The quality of the food was considered less important (1%). On average people took fewer issues into consideration when deciding what to buy to eat outside of the home. Price and value for money (47%) were relatively more important and eating food that is healthy (40%) was less of a concern. Over one in three people (36%) mentioned food hygiene as a concern when deciding what to buy to eat outside of the home.

Three quarters of respondents (74%) felt their household food bills had increased as a result of increases to food prices and seven in ten respondents (71%) reported that they had made at least one change to their food shopping behaviour in response to this. The most common changes were buying food products on special offer (30%) and buying fewer luxury goods (29%).

2.6 Introduction

This chapter of the report looks at food shopping behaviour. Respondents were asked a series of questions which were designed to investigate what sort of considerations people took into account when deciding what to buy to eat at home, what to buy outside of the home and how these considerations may differ. In addition to providing information on the respondents' decision making process, these questions also provide useful contextual information to help interpret findings from other parts of the report.

Respondents were also asked about their food bills. During 2008 there was high media coverage of increasing food prices and the "credit crunch" in general. Respondents were asked whether they felt their household food bills had changed over the past year and if they had taken any action as a result of increased food prices.

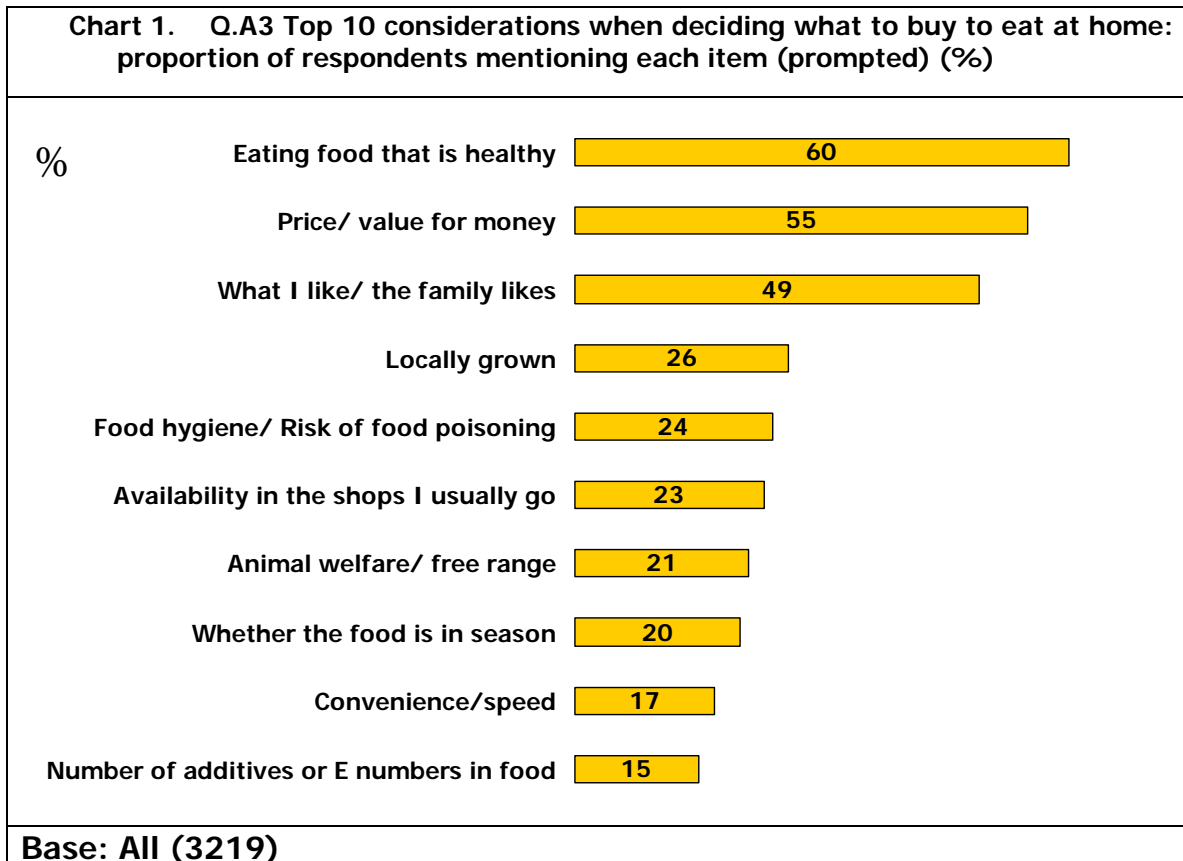
2.7 Food shopping considerations

All respondents were shown a list and asked what, if anything, was important to them when deciding what to eat at home and outside the home.

Chart 1 shows the top ten considerations for food eaten at home. Three fifths of respondents (60%) mentioned eating food that is healthy, around half (55%) mentioned price/value for money and a similar proportion (49%) mentioned what they/the family likes as being key considerations. Around a quarter of respondents mentioned locally grown produce (26%), food hygiene (24%) and availability in the shops they usually go to (23%) while animal welfare and seasonality were mentioned by about one fifth (21% and 20% respectively). About one sixth of respondents mentioned convenience/speed

(17%) and the presence of additives or E numbers (15%) as something important to them when deciding what to buy to eat at home.

One in ten people mentioned specialist diets (10%) or environmental considerations (10%) and one in twenty respondents (4%) said that someone else decides on most of the food they eat.



While the top 5 answers remain fairly similar across the four countries people in Scotland were significantly more likely than the other countries to mention what I like/the family likes (64%) and availability in the shops I can usually go to (32%).

A number of patterns were evident in the data. Principal shoppers, women, and people from higher social classes were all likely to mention more considerations (Table 3) when deciding what to buy to eat at the home.



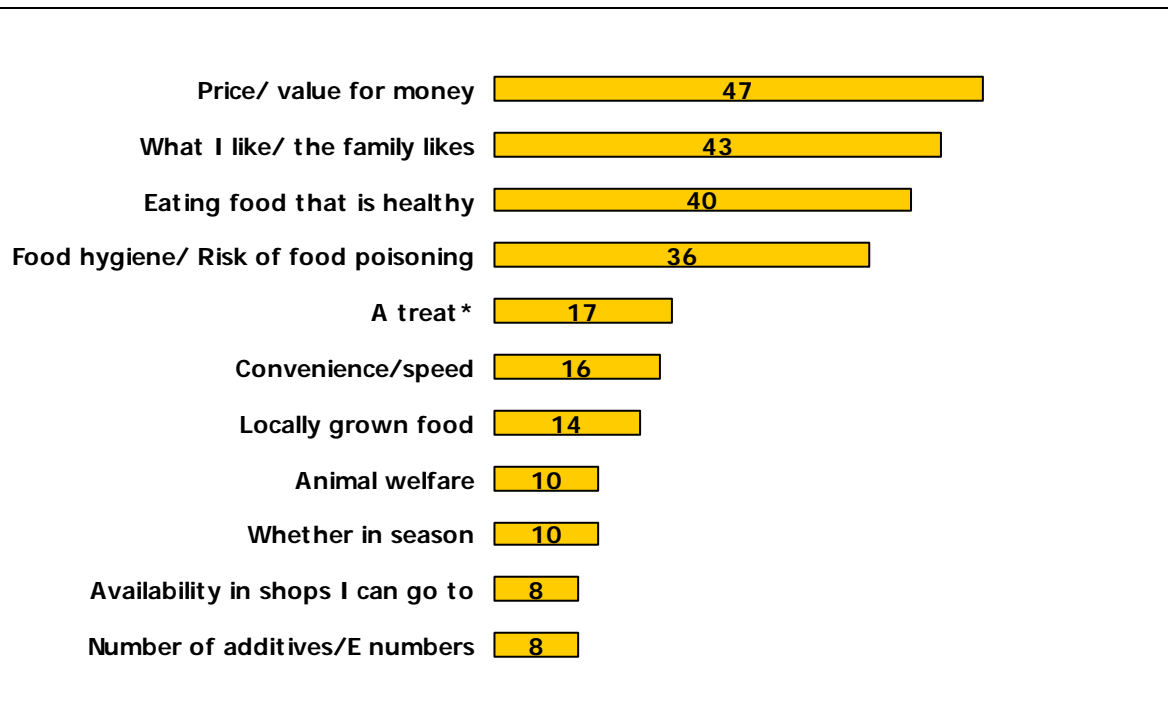
Table 3. Average number of considerations when deciding what to buy to eat at home by principal shopper, gender and social group	
	Average number of considerations
Principal shopper	3.7
Non-principal shopper	3.4
Male	3.2
Female	3.8
AB	4.4
C1	3.8
C2	3.3
DE	2.9
Base All (3219)	

There were also some differences by country. On average, when considering what to buy to eat inside the home people took 3.5 different issues into account. However, people from Scotland (3.9) and Wales (3.8) mentioned more considerations compared to people from England (3.5) and Northern Ireland (3.4).

People were also asked what was important to them when deciding what to buy to eat outside of the home. Chart 2 shows the top 10 considerations when deciding what to eat outside of the home. There are four items which are clear leaders in terms of their general importance: price/value for money (mentioned by nearly half, 47%), what they like/what the family likes (43%), eating food that is healthy (40%) and food hygiene/risk of food poisoning (36%).

As previously mentioned for consideration inside the home, principal shoppers, women and people from higher social groups generally had more considerations when deciding what to eat outside of the home.

Chart 2. Q.A4 – Top 10 considerations when deciding what to buy to eat outside the home: proportion of respondents mentioning each item (prompted) (%)

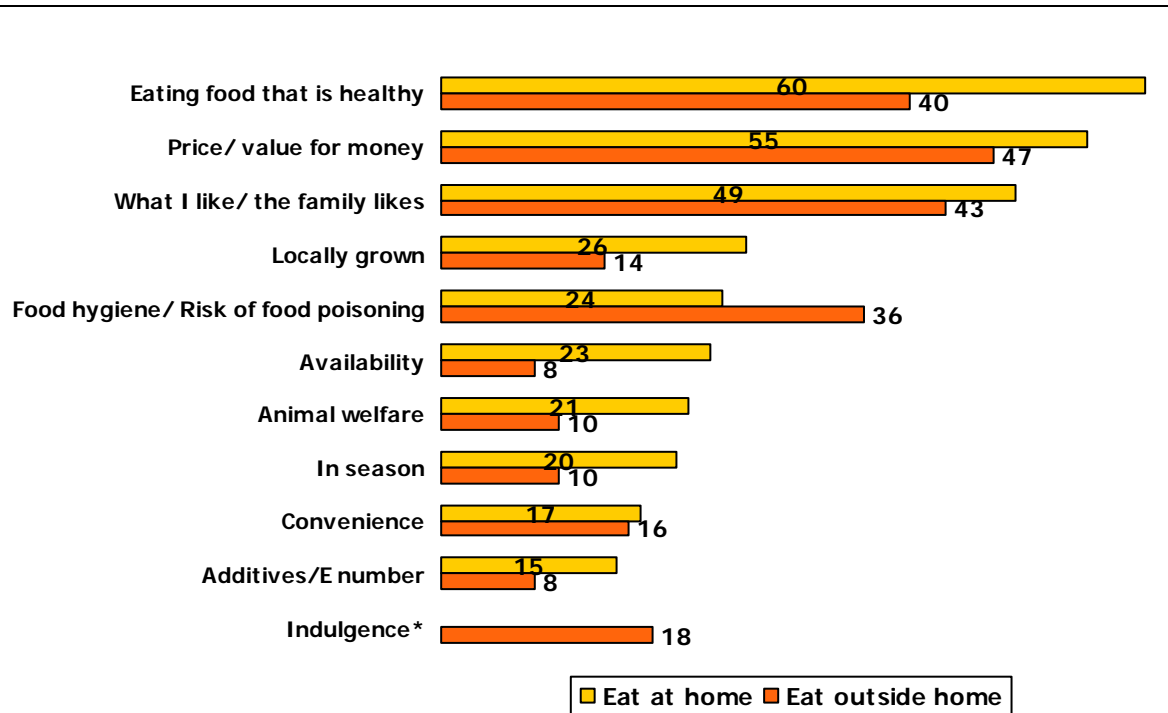


Base: All (3219)

* Only asked in relation to outside the home

Chart 3 below contrasts the proportion of people saying each consideration is important to them in relation to buying food to eat at home (the light orange bars) as opposed to buying food to eat outside the home (the dark orange bars). Most of the considerations that apply to eating at home seem to become considerably less important in relation to eating outside the home - eating food that is healthy, locally grown food, animal welfare and seasonality in particular. The one consideration that stands out as more important in relation to eating outside the home than it is in relation to eating at home is food hygiene/risk of food poisoning, which 36% of adults said was important to them when deciding what to buy to eat outside the home, while only 24% said it was important when deciding what to buy to eat at home.

Chart 3. Q.A3/Q.A4 Top considerations when deciding what to buy to eat at home/outside the home: proportion of respondents mentioning each item (prompted) (%)



Base: All (3219)

* Only asked in relation to outside the home

On average people took into account 2.7 issues, showing they take fewer things into consideration when eating out compared to buying food to eat at home. As with the issues considered for food to be eaten at home, principal shoppers, women and people from higher social groups generally had more considerations when deciding what to eat outside of the home.

There is evidence to suggest that people generally have the same considerations when deciding what to eat inside and outside of the home. Over half (54%) of those who mentioned eating food that is healthy as something that was important to them when deciding what to eat at home, also mentioned this as being important when deciding what to eat outside the home.

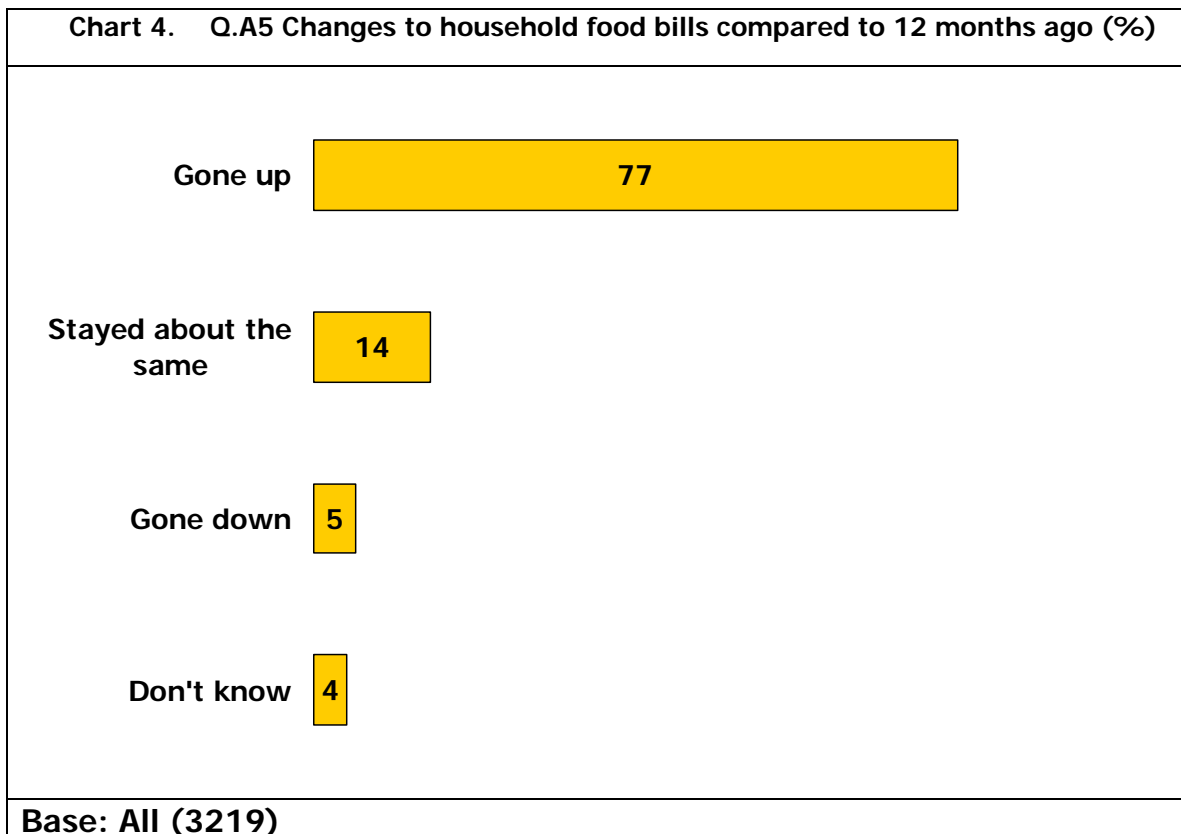
Of the people who mentioned price/value for money as being important to them when deciding what to eat at home, two thirds (65%) also mentioned this as a consideration when deciding what to eat outside of the home.

A further two thirds (68%) of those who mentioned what I like/what the family likes as a consideration when deciding what to eat at home, also mentioned this as a consideration when deciding what to eat outside of the home.

2.8 Food prices

The next section looks at whether people feel that their food bills had changed over the last year and whether they had taken any action to reduce their food bills due to the increase in food prices.

Three quarters of respondents (77%) felt that the amount of money that their household spends on food each week/month had increased over the past 12 months (Chart 4). Principal shoppers (79%) were more likely to state that their food bill had increased compared to non-principal shoppers (74%).



Respondents who stated that their food bills had increased or decreased over the past 12 months were asked if their bills had changed due to a particular reason. The overwhelming response for an increase in food bills was due to food price increases (91%) and when looking at the sample as a whole, this equates to around three quarters of people (74%) stating that their household food bills have increased as a direct result of increases to food prices. Other reasons for changes to food shopping bills include economising (10%), somebody has moved out of the household (3%) or someone has moved into the household (2%).

All respondents were shown a list and asked if they had made any of the changes on the list as a result of increases to food prices. Overall seven in ten respondents (71%) reported that they had made at least one change as a result of food price increases and principal shoppers (75%) were more likely to report a change than non-principal shoppers (68%).



People from Scotland, Wales and Northern Ireland were more likely to have made changes to their shopping behaviour as a result of food price increases than people from England

	Proportion who had made a change
England	71%
Scotland	75%
Wales	76%
Northern Ireland	77%
Base All (3219)	

Chart 5 shows the top 10 shopping behaviour changes that respondents have made as a result of food price increases. The most common changes of behaviour were buying food products on special offer (30%) and buying fewer luxury items (29%). Around a quarter of people mentioned eating out less/having fewer takeaways (26%) and buying value brand foods (25%). Other less popular changes include having more takeaways rather than eating at restaurants (3%) and skipping meals (3%). People who mentioned price as a consideration when deciding what to buy to eat outside of the home (section 2.7) were significantly more likely to mention they were eating out less/having fewer takeaways (34%) compared to people who didn't mention price as a consideration when deciding what to eat outside of the home (19%).

Overall, people who had mentioned price as a consideration for deciding what to eat either inside the home or outside the home (section 3.3), were far more likely to have changed their shopping behaviour (78%) compared to people who did not mention price as a consideration (59%).

Chart 5. Q.A7 Top 10 changes to shopping behaviour as a result of food price increases: proportion of respondents mentioning each item (prompted) (%)



Base: All (3219)

There are some interesting patterns of behaviour. Over a third of respondents (37%) mentioned either buying in bulk or buying food products on offer when asked what changes to their shopping behaviour they have made as a result of food price increases, with 8% mentioning both buying in bulk and buying products on offer.

Around two fifths of respondents (43%) mentioned buying fewer luxury food items or buying value food brands. One in ten (11%) mentioned both. Respondents also appeared to be taking a more back to basics approach to food shopping. When asked about the changes to their shopping behaviour a third (34%) mentioned either making meals from scratch, eating more basic food items or taking packed lunches

On average, people had made 2.1 changes to their behaviour but there was variance by social group and country. People from the lowest social classes (DE) had made more changes than people in the highest social class (AB) but not significantly more compared to the middle social classes (C1C2). People from Scotland, Wales and Northern Ireland had made more changes than people in England as a result of changes to food prices.



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Table 5. Q.A7 Average number of mentions of shopping behaviour changes due to food price increases by social group and country	
	Average number of mentions
AB	1.9
C1	2.1
C2	2.1
DE	2.2
England	2.0
Scotland	2.3
Wales	2.4
Northern Ireland	2.3
Base: All (3219)	

3 Healthy Eating

3.1 Summary

The next section looks at healthy eating. Respondents were asked about any changes to their diet they had made over the previous 6 months and changes they would like to make to their diet over the next 6 months. In addition to questions on diet, respondents were asked about their awareness of saturated fat and a series of questions testing their knowledge of the issues surrounding saturated fat.

Three quarters of people (73%) had made at least one change to the food that they ate over the previous 6 months. Women (78%) were more likely than men (68%) to have made changes to their diet. The most common changes were trying to eat more fruit and vegetables (35%) and drinking more water (34%).

A slightly smaller proportion (69%) stated they would like to make at least one change to the food they eat over the next 6 months. Again, women (73%) were more likely than men (65%) to report wanting to make at least one change to their diet over the next 6 months. Eating more fruit and vegetables (31%) and drinking more water (26%) were the most common changes people would like to make to their diet.

Overall awareness of saturated fat was high (94%) and three fifths (61%) of respondents correctly stated that they should be trying to get less saturated fat in their diet. However, only one in five (19%) mentioned that they had cut down on saturated fat in the past six months, and the same proportion that they wanted to do so in the next six months. When asked if there were any groups of people who did not need to be concerned about the amount of saturated fat in their diet, just under half of people correctly stated that all of the groups presented to them (e.g. people who take regular exercise) need to be concerned about saturated fat in their diet.

3.2 Introduction

This section of the report looks at healthy eating. Respondents were asked whether they had made any changes to their diet over the past 6 months and also whether they were planning to make any changes to their diet over the next 6 months. These questions were asked to investigate whether people were taking action in line with the Food Standards Agency's healthy eating advice, in particular, if people were following the eight tips to healthy living ("eatwell" tips). The tips are:

- 1. Base your meals on starchy foods
- 2. Eat lots of fruit and veg
- 3. Eat more fish
- 4. Cut down on saturated fat and sugar
- 5. Try to eat less salt - no more than 6g a day
- 6. Get active and try to be a healthy weight
- 7. Drink plenty of water

- 8. Don't skip breakfast

It is worth noting that these questions aimed to investigate *changes* in behaviour and would not necessarily capture behaviours that a respondent may have been doing for some time. For example, those who are not intending to make any changes over the next six months or have not made any changes in the previous six months, may feel that they already lead a healthy lifestyle and the changes are not necessary.

Respondents were also asked a series of questions about saturated fat. Current estimates are that on average people are eating more saturated fat than the public health recommendations. The Food Standards Agency saturated fat and energy intake programme aims to reduce saturated fat intake amongst the public and help people achieve and maintain a healthy energy balance. Respondents were asked about general awareness of saturated fat and whether there were any groups of people who did not need to be concerned about the levels of saturated fat in their diet. The aim of this question was to explore whether people hold certain mistaken views about not having to worry about saturated fat.

3.3 Changes to diet

All respondents were shown a list and asked which, if any, changes shown on the card they had personally made to their diet over the previous 6 months. This was followed by a question asking which, if any, changes they would like to make to their diet over the next 6 months.

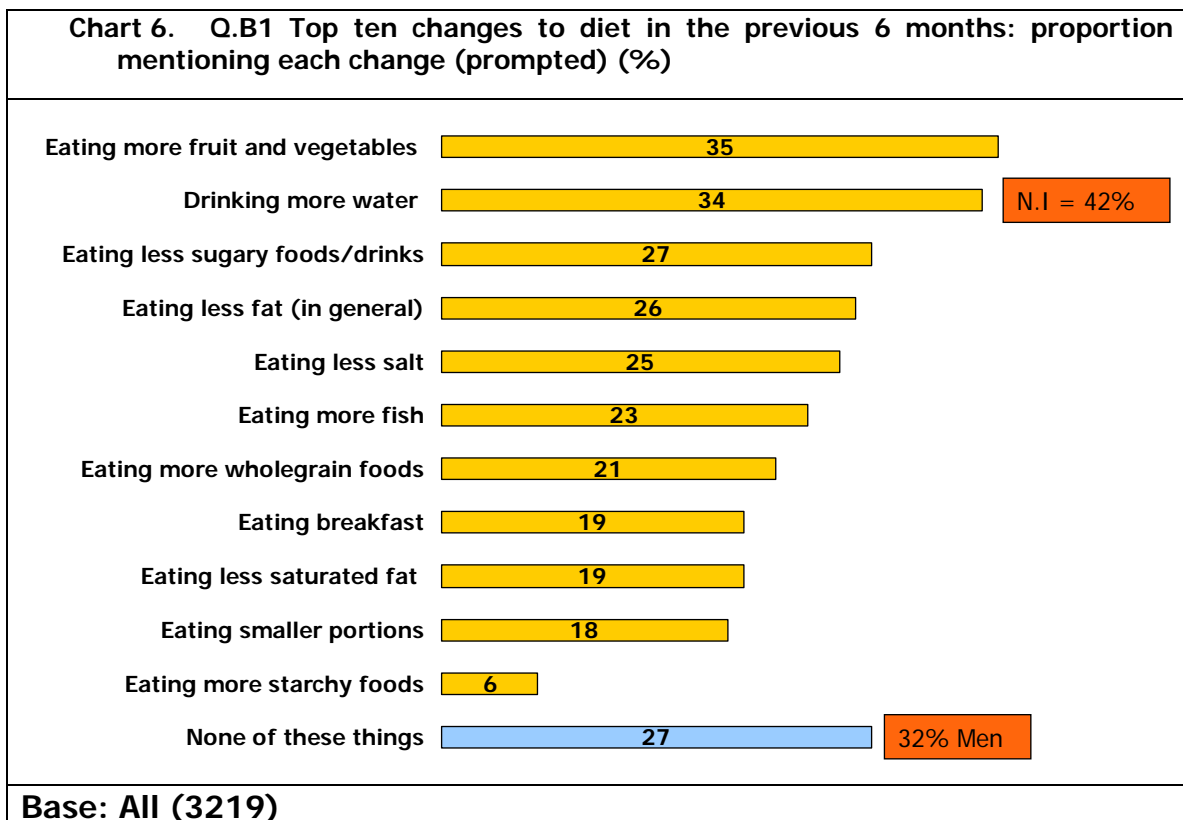
Three quarters of people (73%) had made at least one change to the food that they had eaten over the past 6 months. Women (78%) were more likely to have reported making a change than men (68%). People from Scotland, Wales and Northern Ireland were more likely to have made a change to their diet in the last 6 months than people from England (Table 6).

Table 6. Q.B1 Proportions of respondents who had made a change to their diet over the previous 6 months by country	
	Proportion who had made a change
England	72%
Scotland	79%
Wales	78%
Northern Ireland	78%
Base: All (3219)	

The answer list was long and varied but the most common changes that people had made over the past 6 months were to try and eat more fruit and vegetables (35%) and drinking more water (34%). There were some differences in the type of changes made by country, for example people from Northern Ireland were more likely to state they had been trying to drink more water (42%) compared to the UK average (34%). (This difference may in part be due to the younger age profile of the Northern Ireland population but it is worth noting that 16-34 year olds in Northern Ireland were not only more likely than older people in Northern Ireland to have made this change, they were also more likely than 16-34 year olds in England to have done so.)

People from England (21%) were less likely than people from Scotland (25%), Wales (29%) and Northern Ireland (25%) to be eating more wholegrain foods. In addition, people from Scotland (8%) and Wales (8%) were more likely to be eating more starchy foods than people from England (5%) and Northern Ireland (5%).

Six out of the eight eatwell tips were within the top ten changes that people had made to the food they had eaten over the past 6 months (Chart 6). It is worth noting that only 6% of respondents stated they had been trying to eat more starchy foods over the past 6 months and twice this number (12%) had actually been trying to eat fewer starchy foods. However one in five were trying to eat more wholegrain foods, suggesting that starchy foods is a term that is perhaps more negative in the consumer's mind, or perhaps that while people do not want to increase their total intake of starchy foods, they may want to increase the proportion of starchy foods coming from wholegrain foods.



After being asked about the past 6 months, respondents were asked which, if any, changes from the same list they would like to make to their diet over the next 6 months.

Seven in ten respondents (69%) stated they would like to make at least one change to the food they eat over the next 6 months. This is slightly lower than the proportion who said they had made changes to the food they had eaten over the past six months (73%). Again, women (73%) were more likely than men (65%) to report wanting to make at least one change to their diet over the next 6 months.



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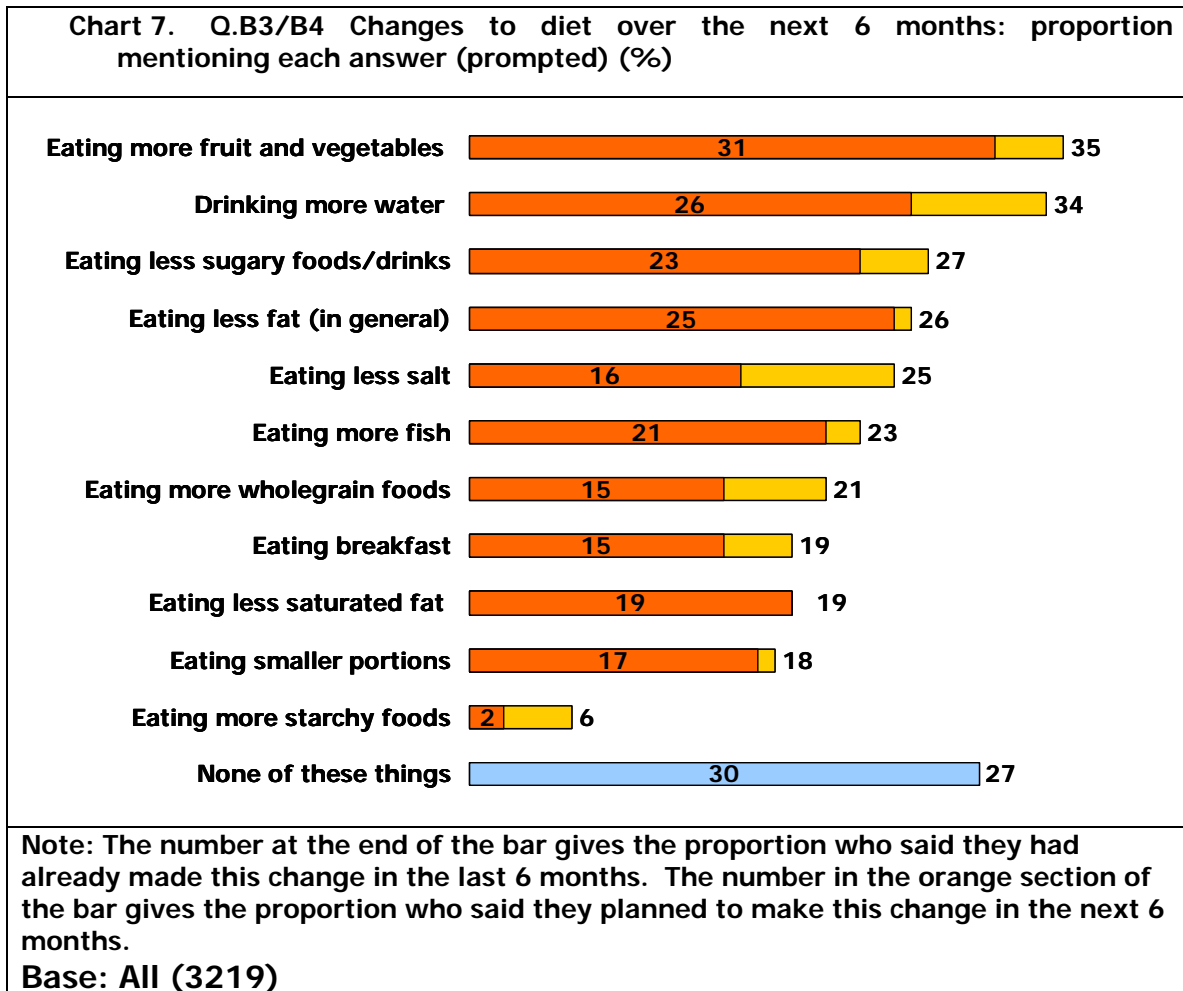
The most common changes that people would like to make over the next 6 months remained eating more fruit and vegetables (31%) and drinking more water (26%), albeit at a lower level compared to the proportion saying they had done so over the previous 6 months (Chart 7).

Chart 7 shows the proportion of people planning to make particular changes over the next 6 months compared to the proportion of people who made those changes over the previous 6 months. As demonstrated on the chart, for most behaviours the proportion of people planning to make changes is lower than the proportion who said they had already made this change, and for some behaviours they are considerably lower e.g. the proportion of people planning to eat less salt is nine percentage points lower than the proportion who had reduced their salt intake over the previous 6 months. This may reflect the fact that people felt they had already made the changes they needed to.

There appears to be a trend that approximately half of people who have made a change over the past 6 months will continue to make this change over the next 6 months. For example, 50% of people who have been eating less fat in general over the past 6 months are planning to continue this change over the next 6 months. Similarly, half of people who have been eating more fruit and vegetables (52%), drinking more water (55%) and eating less salt (52%) are planning to continue with this change over the next 6 months.

Six out of the eight "eatwell" tips were present in the top ten changes that people would like to make over the next 6 months but the proportion reporting they would like to eat more starchy foods is very low (2%).

The average planned number of changes to diet over the next 6 months is 3.7 changes, based on all people who would like to make at least one change.



Compared with people without dependent children, those with children were more likely to report that they wanted to eat more fruit and vegetables, drink more water, eat fewer sugary foods/drinks, eat more fish, eat more wholegrain foods and eat breakfast every day.

People who mentioned that eating healthy food was important to them when deciding what food to buy to eat either at home or outside the home were more likely than others to mention wanting to make a number of these changes, including eating more fruit and vegetables, eating more fish and eating less saturated fat.

Those who mentioned eating food that is healthy as important when deciding what to buy to eat at home mentioned an average of 2.95 changes that they would like to make to their diet in the next 6 months. People who did not mention eating food that is healthy as important mentioned significantly fewer changes that they were going to make to their diet in the next 6 months (2.03).

3.4 Saturated fat

All respondents were asked a series of questions regarding saturated fat. These questions were designed to understand how much people knew about saturated fat and to identify any myths associated with saturated fat.

Over nine in ten respondents (94%) had heard of saturated fat. Patterns of awareness were similar to those previously mentioned in the report for other questions: women, people from higher social groups and principal shoppers were all more likely to be aware of saturated fat (Table 7).

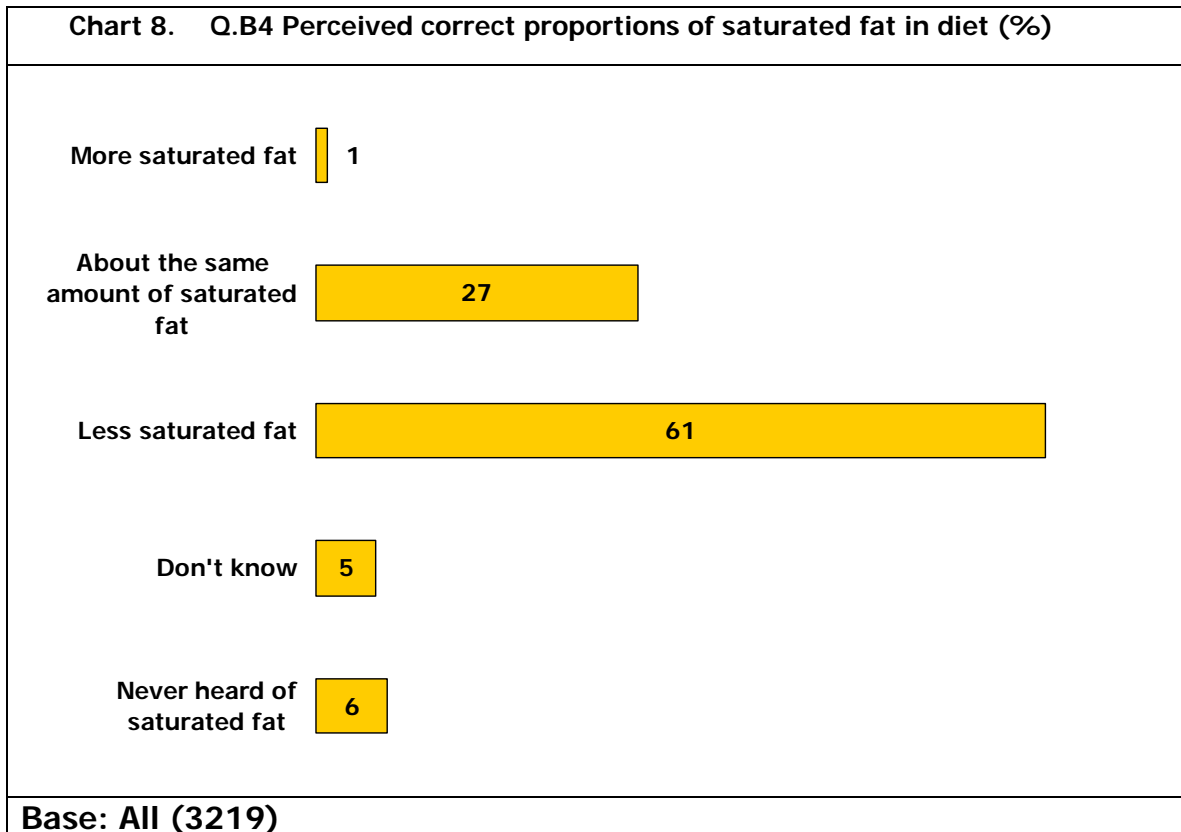
Table 7. Proportions of respondents aware of saturated fat by key demographics	
	Proportion aware of saturated fat
Male	92%
Female	95%
AB	98%
C1	96%
C2	92%
DE	90%
Principal shopper	96%
Non principal shopper	92%
Base: All (3219)	

All respondents were asked whether they thought they should be getting more saturated fat in their diet, less saturated fat in their diet or about the same amount of saturated fat in their diet as they are getting now.

Three fifths of respondents (61%) thought they should be getting less saturated fat in their diet and around a quarter (27%) thought they should be getting the same amount as they eat now (Chart 8). Respondents with dependent children in the household were more likely to state they should be getting less saturated fat in their diet (65%) compared to people without dependent children in the household (59%).

Respondents from Northern Ireland were more likely to state they should be getting less saturated fat in their diet (66%) compared to England (61%), Scotland (62%) and Wales (64%)

It is worth noting however, that only one in five (19%) mentioned that they had cut down on saturated fat in the past six months, and the same proportion that they wanted to do so in the next six months (section 4.3).



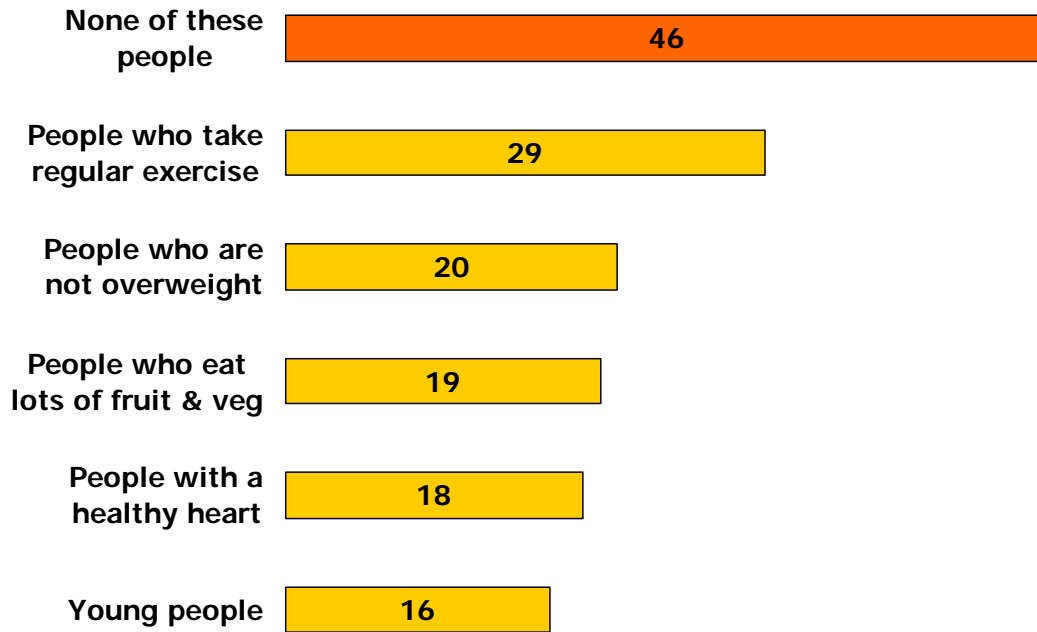
All respondents who had heard of saturated fat were shown a list and asked which of the kinds of people on the list did not need to be concerned about the levels of saturated fat in their diet, in their opinion,. Just fewer than half (46%) correctly stated that there was no-one on the list who should not be concerned about the levels of saturated fat in their diet i.e. no-one is immune to the effects of saturated fats. Respondents in higher social classes and those from Wales and Northern Ireland were more likely to correctly state that none of the groups did not need to be worried about how much saturated fat they eat (Table 8).

Table 8. Q.B5 Proportions of respondents stating that none of the groups listed need not be concerned about the levels of saturated fat in their diet	
	Proportion aware no-one should not be concerned
AB	58%
C1	49%
C2	44%
DE	37%
England	46%
Scotland	45%
Wales	51%
Northern Ireland	55%
Base: All aware of saturated fat (3016)	

Close to half of respondents (46%) thought that one or more of these groups of people did not need to be worried about the levels of saturated fat in their diet (Chart 9). The group most commonly thought not to have to worry about the levels of saturated fat in their diet were people who take regular exercise (29%). Around one in five people thought that people who are not overweight, people who eat lots of fruit and vegetables and people with healthy hearts did not have to worry about the levels of saturated fat in their diet. These findings suggest that nearly half of UK adults may not be sufficiently aware of the internal effects of saturated fat on health.

Respondents in the lower social classes (C2DE) were more likely to think there was at least one group of people who did not need to be worried about saturated fat (54% compared to 46%: ABC1).

Chart 9. Q.B5 People who do not need to be concerned about the levels of saturated fat in their diet: proportion giving each answer (prompted) (%)



Base: All aware of saturated fat (3016)



4 Food safety at home

4.1 Summary

All respondents were asked a series of questions on different topics relating to food safety at home. The questions covered knowledge of date labels and behaviours relating to date labels, and fridge safety behaviour.

Half (49%) correctly identified the use by date as the best indicator of whether food is safe to eat or not. Overall respondents were more likely to take heed of the use by/best before dates when using meat, dairy and egg products compared to bread and breakfast cereals. Over half of respondents (55%) said they would not cook and eat raw meat that was past its use by date compared to around a quarter of respondents when asked about bread (27%) and breakfast cereals (26%). These findings are important as they indicate a significant part of the population are taking risks by eating food which is past its safety (use by) date and also there is potentially a substantial amount of food being wasted due to people not understanding quality (best before) dates.

Apart from using the date labels on packaging the most popular way of telling whether food is safe to eat or not is by smelling the items (74%) or by looking at them (65%).

Two fifths of people (40%) said that they checked their fridge temperature at least every 6 months and a further 6% of people said that while they didn't check their fridge temperature personally, someone else in their household checked the temperature on a regular basis.

Just less than a fifth of all people checked the thermometer (18%) in their fridge every 6 months and a similar proportion checked the gauge (18%). A fifth of respondents (20%) had not checked their fridge temperature as they hadn't thought about it.

4.2 Introduction

This section of the report covers food safety at home. Food safety at home is a key area for the Food Standards Agency and they currently run a food hygiene campaign which aims to raise the public's awareness of good food hygiene at home and how to avoid the risk of food poisoning.

Previous research has highlighted that the general public often confuse the different types of date labels which are used on food products. The use by date is an indicator of safety while the best before date is an indicator of quality with the exception to this being eggs where the best before date is an indicator of safety. This section of the survey was designed to further investigate how people use these dates in assessment of whether food is safe to eat or not. The questions explored whether people were taking unnecessary risks with food but also looked at whether people are wasting food unnecessarily as a result of misunderstanding the labels or of them being used interchangeably.

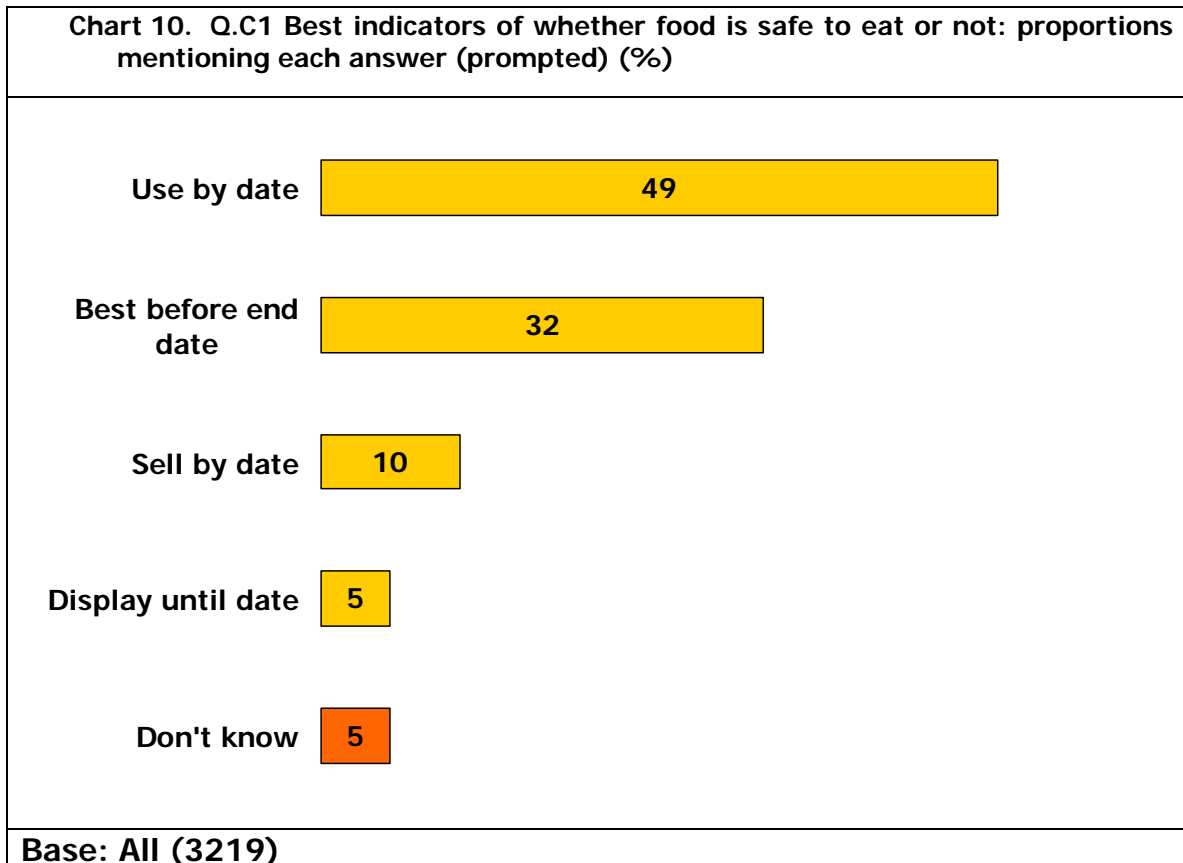
Another important element of food hygiene is whether food is being stored properly and specifically whether it is being refrigerated properly. Questions were asked to investigate whether people were checking the temperature of their fridges regularly and, if so, how they were checking the temperature.

4.3 Date labels

Respondents were asked a series of questions relating to date labels on food packaging. Respondents were shown a list of dates typically seen on packaging and asked what date they thought was the best indicator of whether food is safe to eat. Respondents were then asked a series of follow up questions about how strongly they adhered to these dates.

Half (49%) correctly identified the use by date as the best indicator of whether food is safe to eat; half, therefore, did not (Chart 10).

Around one in twenty respondents (5%) said they didn't know what date was the best indicator of whether food was safe to eat or not (Chart 10). People who were aged 55 or over (7%) were the most likely to say they did not know what the best indicator is.



People in the highest social groups were the most likely to identify the use by date as the best indicator of whether food was safe to eat or not (Table 9). People from Northern Ireland were the least likely to say it was the use by date and the most likely to say that it was the best before end date (39%).

Table 9. Q.C1 Proportion of respondents aware that the use by date is the best indicator of whether food is safe to eat or not	
	Proportion aware use by date is best indicator of safety
AB	59%
C1	51%
C2	48%
DE	40%
England	49%
Scotland	48%
Wales	52%
Northern Ireland	40%
Base: All (3219)	

The next set of questions looks at respondents' behaviour in relation to the use by and best before dates of particular foods. Each respondent was asked what the maximum time after the use by or best before date that they would eat certain foods. Respondents were asked about 2 different types of food (chosen at random by CAPI) from the following list⁴:

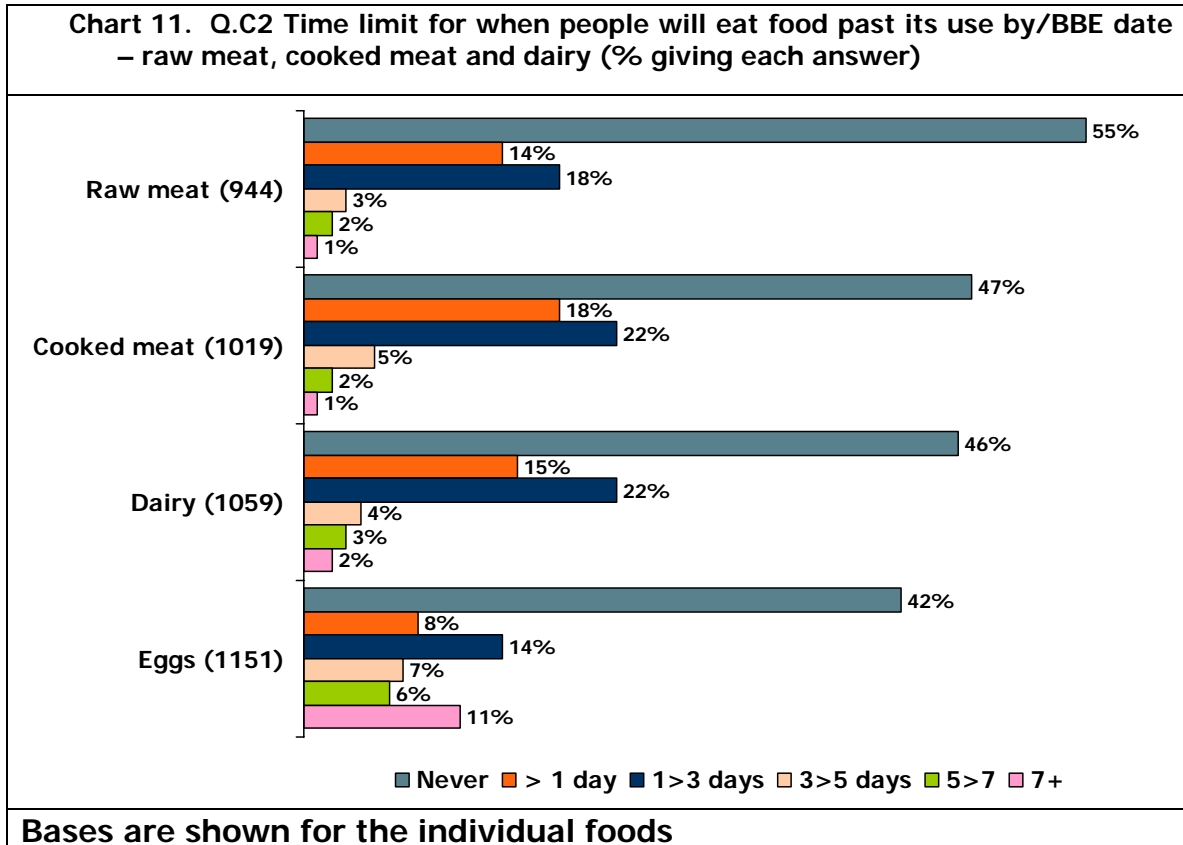
- Raw meat (cooked and then eaten) (use by)
- Cooked meat (use by)
- Dairy (use by)
- Eggs (best before)
- Bread (best before)
- Breakfast cereal (best before)

Overall respondents were more likely to take heed of the use by dates when using meat, dairy and egg products compared to best before dates on foods such as bread and breakfast cereals (Table 10). Over half of respondents (55%) said they would not cook and eat raw meat that was past its use by date compared to around a quarter of respondents when asked about bread (27%) and breakfast cereals (26%).

⁴ If respondents stated they were vegetarian at A1 they were not asked about raw or cooked meat. If they stated they were vegan they were only asked about bread and breakfast cereal.

Table 10. Q.C2 Proportions of respondents who would never eat particular foods after their use by / best before dates	
	Proportion who would never eat this food after use by/best before date
Raw meat (944)	55%
Cooked meat (1019)	47%
Dairy (1059)	46%
Eggs (1151)	42%
Bread (1137)	27%
Breakfast cereal (1128)	26%
Bases are shown for the individual foods	

While over half of respondents (55%) said they would never use and eat raw meat after its use by date, almost one in three people (32%) said they would cook and eat raw meat up to three days past its use by date (Chart 11). A similar proportion (37%) said they would use dairy products up to three days past their use by dates. Two fifths of respondents (40%) would eat cooked meat up to three days past its use by date. While two fifths of respondents (42%) said they would not use eggs which were past their best before date, one in ten (11%) stated they would use eggs which were more than 7 days past their best before date. These figures indicate that there is a significant proportion of the population who are willing to take safety risks in relation to eating food past its use by date.



Respondents appeared to be less concerned with the best before end dates for bread and breakfast cereals, perhaps appreciating that the BBE date is an indicator of quality and not safety. Almost half of respondents (45%) said they would eat bread up to 3 days past its best before date and over a quarter of respondents (28%) stated they would use breakfast cereal more than 7 days past its best before date. However, about a quarter of respondents said they would not eat bread or cereals past their BBE dates, despite this being a guide to their quality rather than their safety, suggesting a significant amount of food may be being wasted unnecessarily.

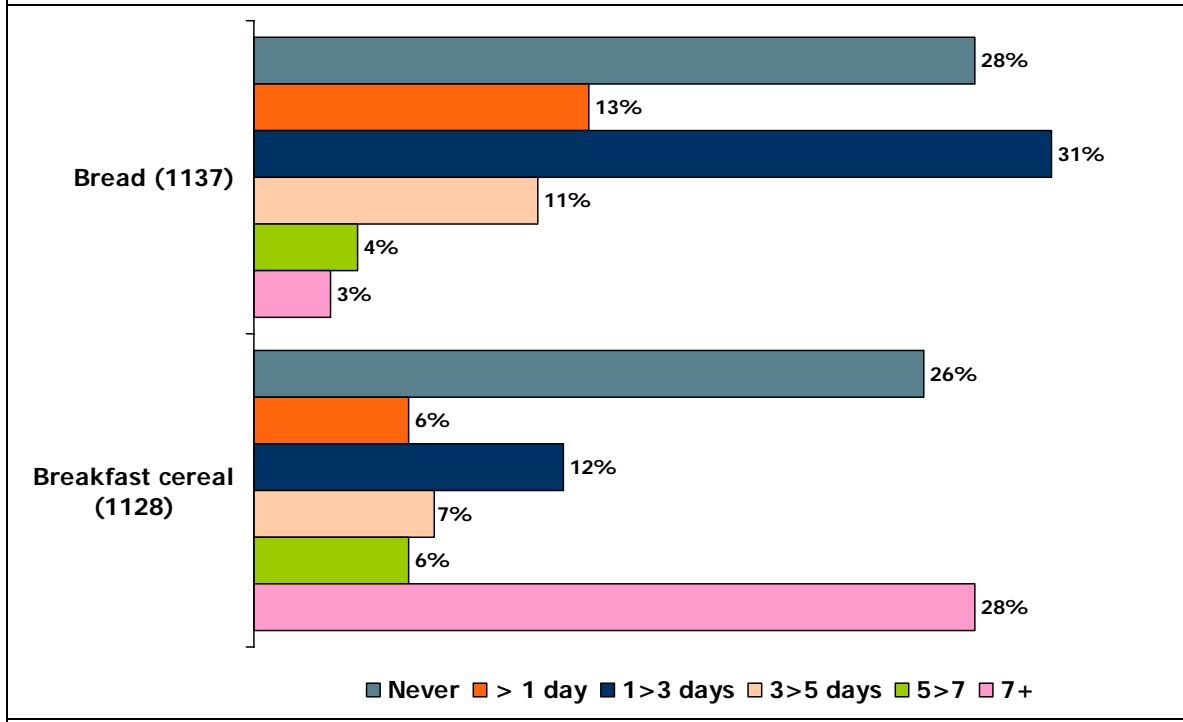
There were some interesting trends in the data. As age increases the likelihood of respondents stating they would never eat raw meat, dairy and eggs past their date significantly decreases. Respondents aged 16-34 were the most likely to state that they would not eat any of the different food types if they were past their dates (Table 11).

Table 11. Q.C2 Proportions of respondents who would never eat particular foods after their use by / best before dates by age			
	16-34	35-54	55+
Raw meat (944)	70%	52%	45%
Cooked meat (1019)	52%	46%	44%
Dairy (1059)	57%	46%	36%
Eggs (1151)	61%	41%	27%
Bread (1137)	35%	26%	23%
Breakfast cereal (1128)	36%	26%	19%
Bases are shown for the individual foods			

There were a few differences by home nations. People from Wales (69%) were more likely than average to state they would never use raw meat past its use by date and people from Scotland (59%) were more likely to state they would never use dairy past its use by date.

There was no difference in whether people would eat certain foods past the use by or best before date by whether they had correctly identified the use by date as being the best indicator of safety, suggesting that knowledge is not the only impact on behaviour in relation to date labels.

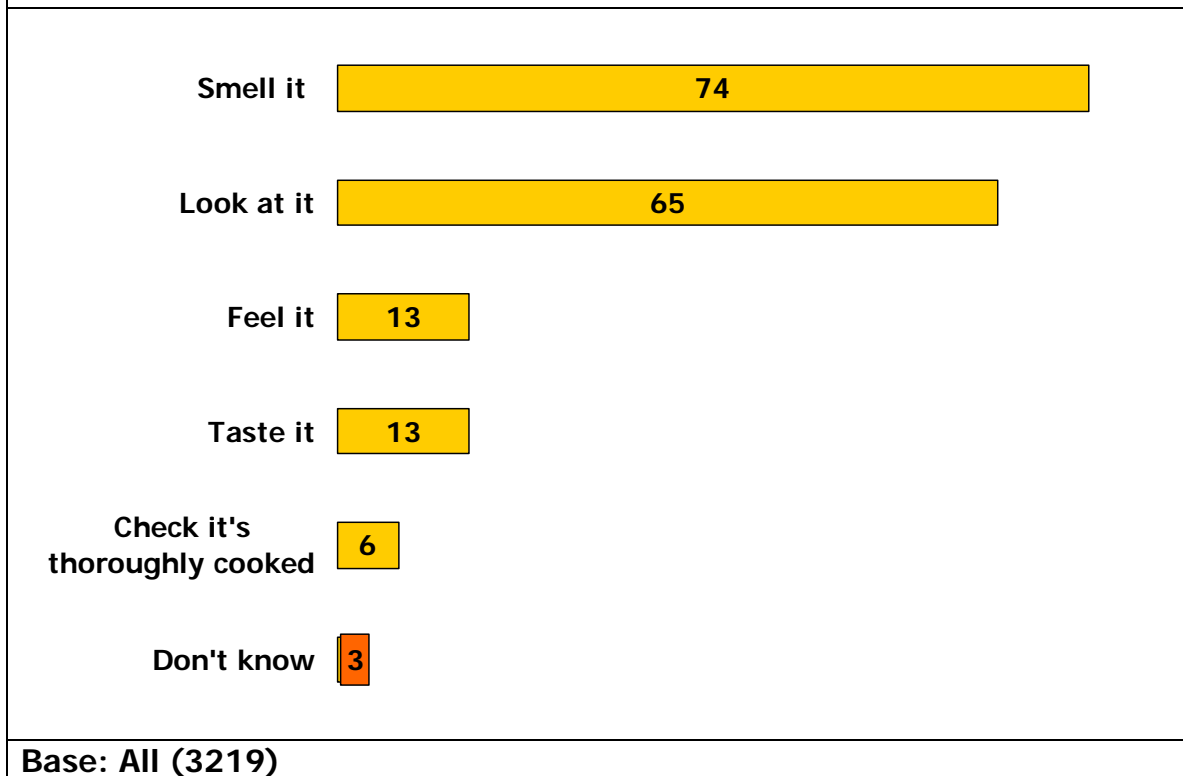
Chart 12. Q.C2 Time limit for when people will eat food past its use by/BBE date – bread and breakfast cereal (% giving each answer)



Bases are shown for the individual foods

All respondents were asked what other ways, apart from using the dates on the packaging, they used to decide whether food was safe to eat or not. The two most popular answers were by smelling the items (74%) and by looking at them (65%). Chart 13 shows other common answers.

Chart 13. Q.C3 Methods (other than date labels) people use to check whether food is safe to eat or not: proportion giving each answer (unprompted) (%)



4.4 Fridge safety

All respondents were asked if they checked their fridge temperature on a regular basis and, if so, how they usually checked the temperature. Respondents who did not check their fridge temperature on a regular basis were asked the main reason for not doing so.

Two fifths of people (40%) said that they checked their fridge temperature at least every 6 months and a further 6% said that while they didn't check their fridge temperature personally, someone else in their household checked the temperature on a regular basis. Women (44%), respondents from higher social groups (AB:45%) and people from ethnic minority backgrounds (48%)⁵ were the most likely to say that they check their fridge temperature at least every 6 months.

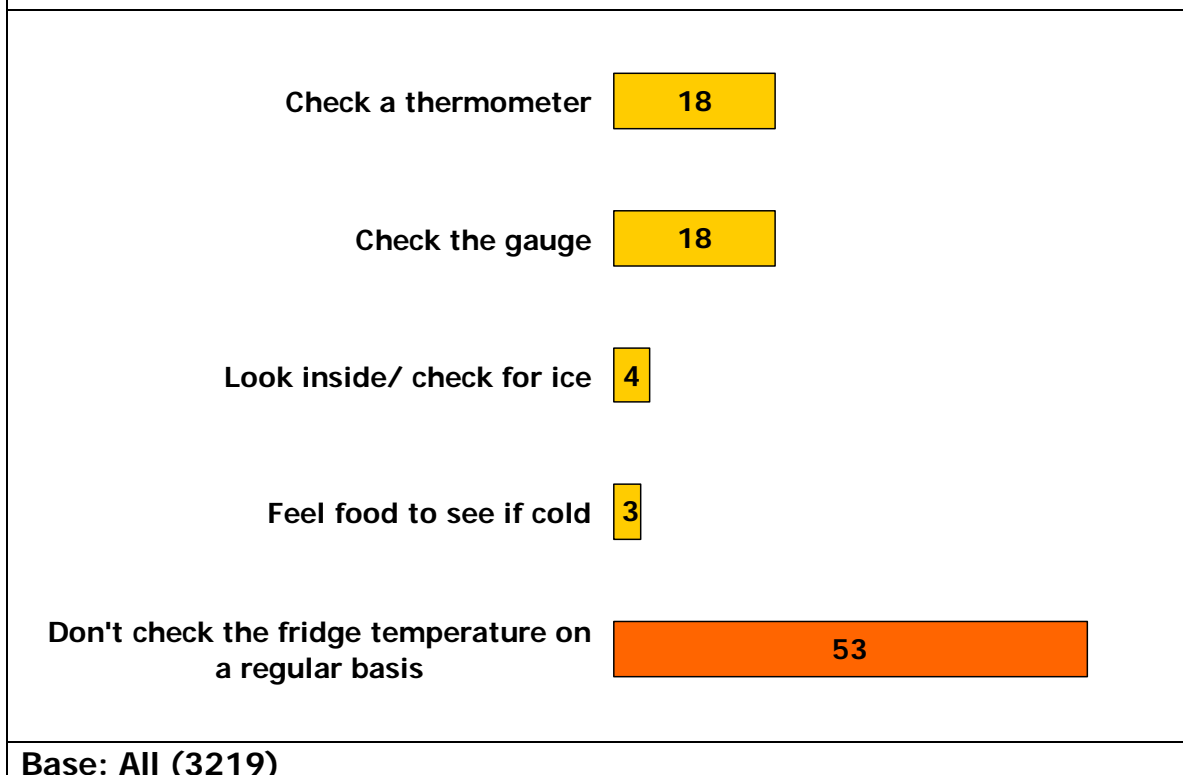
Whilst over a third (36%) do monitor their fridge temperature, just less than a fifth of all people used a thermometer (18%) to check the temperature of their fridge every 6 months and a similar proportion

⁵ This may be an effect of social class. 58% of respondents from an ethnic minority background were from an ABC1 social group compared to 47% of white respondents.

rely on the gauge of the fridge (18%). Around one in twenty people used less scientific measures such as looking inside/checking for ice (4%) and feeling the food to see if it is cold (3%) (Chart 14).

A fifth of respondents (20%) said they hadn't checked their fridge temperature as they hadn't thought about it and one in ten respondents (9%) said they had never got around to it. Seven percent of respondents said they did not have a fridge thermometer.

Chart 14. Q.C5 How people check their fridge temperature: proportion mentioning each answer (unprompted) (%)



5 Food additives and residues

5.1 Summary

This section of the report covers people's understanding of additives, confidence in the safety of additives, pesticides and animal medicines and purchasing habits relating to organic foods.

Four out of five respondents (78%) mentioned at least one thing that they considered to be a food additive and E numbers (44%) and colourings (43%) were the most common responses. A third (32%) of people mentioned something that is not defined as a food additive (either vitamins/minerals, salt, sugar or fat) in legislation when asked what they considered to be food additives.

Whilst approximately three in ten people were confident that food additives (31%), pesticides (29%) and animal medicines (30%) in food in this country were safe, a slightly higher proportion of people were not confident (food additives 40%, pesticides 45% and animal medicines 39%). Around one on five respondents were unsure (food additives 24%, pesticides 19% or animal medicines 19%).

Two in five respondents (39%) said that they always or sometimes buy organic food and there appears to be a link between purchasing organic food and a lack of confidence on food additives, pesticides and veterinary medicines.

5.2 Introduction

This section of the report looks at food additives and the public's confidence in the safety of additives, pesticides and animal medicines which are used in food production.

The Food Standards Agency carries out comprehensive work to ensure that the presence of additives in food does not compromise safety in any way. The types of additives that are typically seen on food labels include substances such as antioxidants, colours, emulsifiers, stabilisers, gelling agents and thickeners, flavour enhancers, preservatives and sweeteners. By definition flavourings are not classed as additives.

The presence of additives in food has been highlighted by the media several times in recent years and is an issue of concern to consumers. This concern has been identified through the previous consumer attitudes survey and quarterly tracker and this section of the report looks to provide further information on this issue. Questions were asked to identify what the public considered to be food additives and how the public perception differed from the legal definition. A question was also asked to investigate whether respondents have confidence in the control measures in place for additives.

The Food Standards Agency also provides advice about the safety in food of residues of pesticides and veterinary medicines that are used in food production. During the pilot of the study it was established that the public knew very little about the specific controls in place for pesticides and animal medicines so it was more appropriate to ask general measures of confidence of the safety controls in place.

Organic produce has become increasingly popular over recent years. A general question on behaviour towards organic food was included to provide additional information as to whether people who had concerns about additives, pesticides or animal medicines were more likely to buy organic foods.

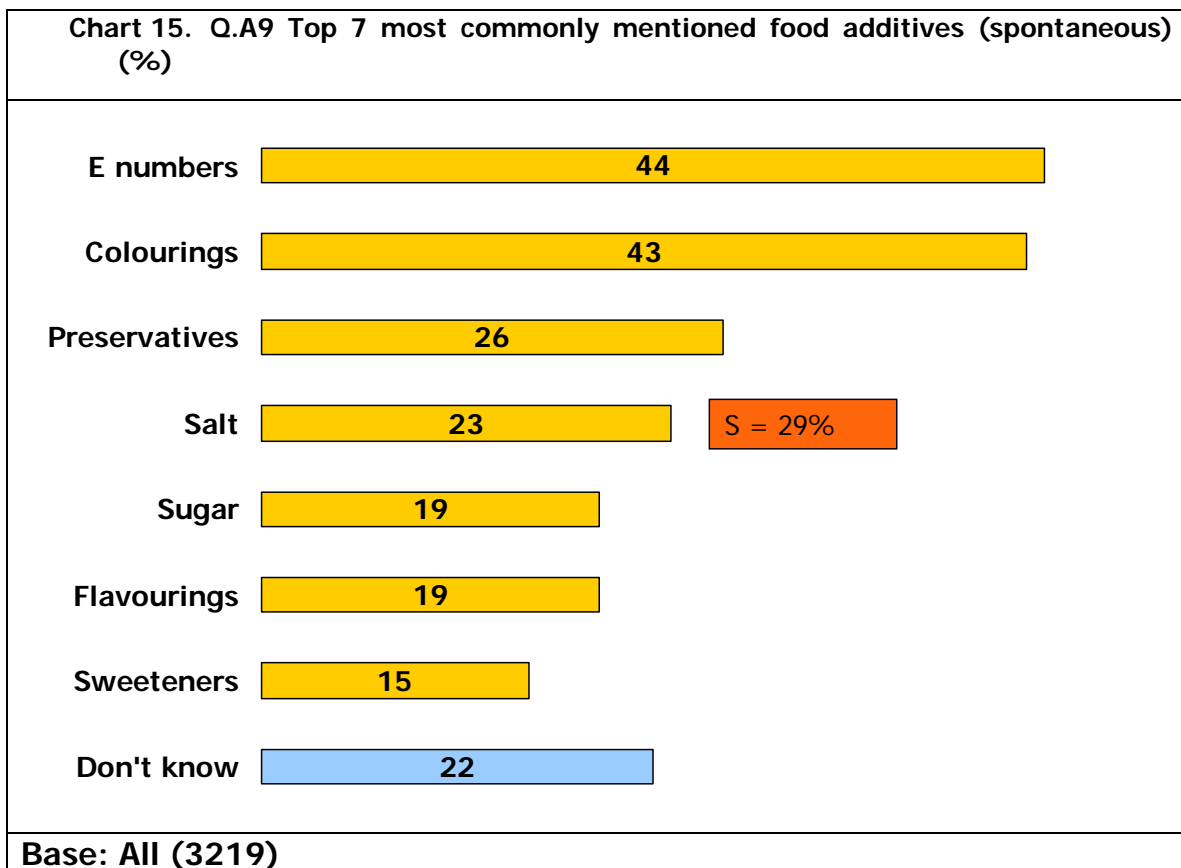
5.3 Food additives

All respondents were asked what sort of things they considered to be food additives. Four in five respondents (78%) mentioned at least one thing that they considered to be an additive and on average people mentioned between 2 and 3 items that they thought were additives (2.4 average number of answers). Women (81%) and people from the highest social group (AB:91%) were the most likely to name at least one thing they considered to be a food additive.

The responses to this question were varied and this report will focus on the most popular answers. The most popular mentions were E numbers (44%), colourings (43%) and preservatives (26%). Around one in five people named salt (23%) and sugar (19%) as additives, while 9% mentioned fat, suggesting that people are using the term more generally than the legal definition (Chart 15).

Overall, a third (32%) of people mentioned something that is not defined as a food additive in legislation (either vitamins/minerals, salt, sugar or fat) when asked what they considered to be food additives.

There was some variation in answers across the UK. People from Scotland (29%) were more likely to mention salt than people from England, Wales or Northern Ireland (22%). People from Wales were the most likely to mention trans fats (8%).



Of those who mentioned E numbers, half also mentioned colourings, a third mentioned preservatives and about a fifth mentioned flavourings and sweeteners, though about a quarter also mentioned salt and sugar as additives.

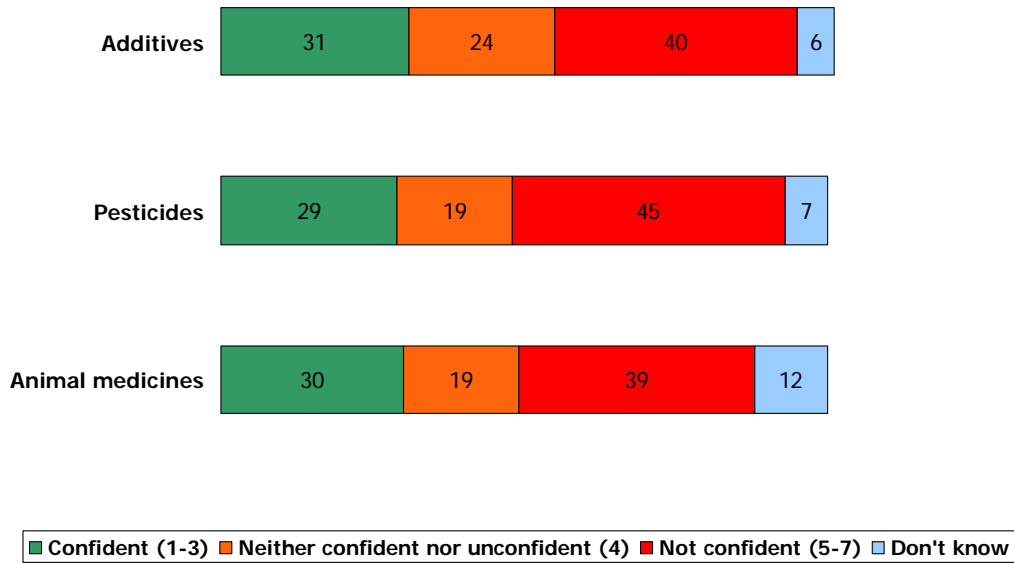
Just over one fifth of respondents (22%) were unable to name any additives (i.e. said they did not know). Men were more likely than women to say this (25% compared with 19%); those aged 16-34 were the most likely age band to give this answer at 31%, though those aged 55+ were also more likely than those aged 35-54 to exhibit uncertainty about this (23% compared with 13%). There were also very marked differences by social class, with people belonging to the most affluent AB households much less likely than those from any other social class to say they did not know any specific additives at 9%, and people from the least affluent DE households were the most likely of all to say they did not know at 32%.

Table 12. Q.A9 Proportions of respondents answering “don’t know” when asked what food additives are.	
	Proportion who don’t know what food additives are
AB	9%
C1	19%
C2	23%
DE	32%
Base: All (3219)	

All respondents were read a description of food additives and, using a 7 point scale where 1= very confident and 7= not very confident, they were asked to state how confident they felt that the additives in food in this country are safe. Three in ten respondents (31%) gave themselves a confidence rating between 1-3 (which we can interpret as meaning “confident”), a quarter (24%) gave themselves a rating of 4 (exactly in the middle between “very confident” and “not very confident”) and two fifths (40%) gave themselves a rating between 5 and 7 (which we can interpret as “not confident”). Six per cent of respondents did not know whether additives used in food in this country are safe or not.

In addition to confidence in additives, respondents were also asked how confident they were that pesticides and animal medicines used in food in this country were safe. As shown in Chart 16 the confidence levels for pesticides and animal medicines are very similar to the confidence levels for additives.

Chart 16. Confidence in the safety of additives, pesticides and animal medicines used in food (%)



Base: All (3219)

People who mentioned additives or e-numbers as something important when deciding what food to buy, were more likely to have low levels of confidence in the safety of additives (37%) compared to those who did not consider additives or e-numbers important (55%).

In general females and people from the older age categories were the most likely to have concerns regarding the food control measures in place in this country (Table 13). There was a high level of overlap between these three types of concern. Two-thirds of those not confident that additives are safe were also not confident that animal medicines are safe. Four fifths of those not confident that additives are safe were also not confident that pesticides are safe.

There were no significant differences in confidence for any of the control measures by country.

Table 13. Q.A10, Q.A11, Q.A12 Average levels of concerns for food control measures (using a 7 point scale where 1=very confident and 7= not very confident)

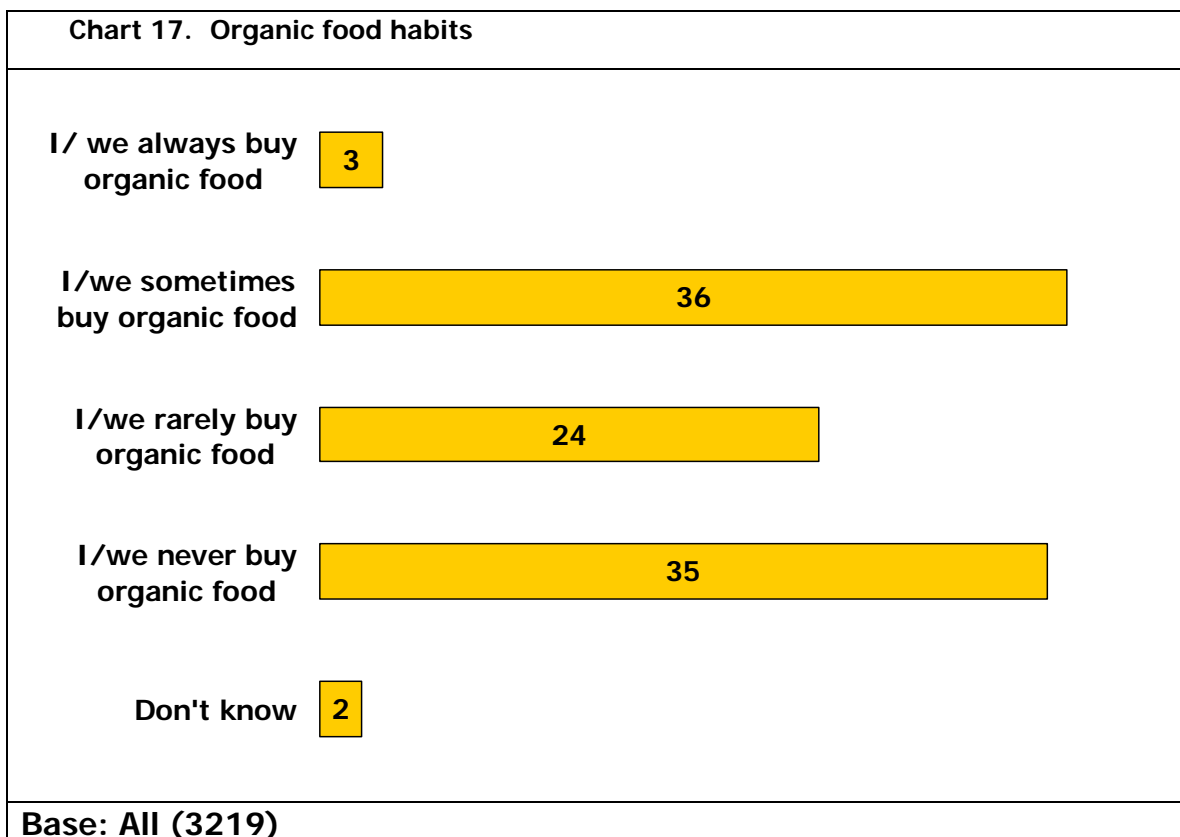
	Additives	Pesticides	Animal medicines
Men	4.1	4.3	4.1
Women	4.4	4.6	4.5
16-34	4.1	4.2	4.0
35-54	4.2	4.5	4.4
55+	4.5	4.7	4.5

Base: All (3219)

5.4 Organic food

All respondents were asked about their purchasing habits in relation to organic food in order to see if this has an impact on attitudes to particular food issues. Chart 17 shows that very few people (3%) always buy organic food. Around a third of people (36%) stated that they sometimes buy organic food but this was significantly higher amongst working people (39%) and people from ethnic minority backgrounds (47%)⁶.

A further third of people (35%) stated they never buy organic food, and people from the lowest social class were the most likely to state they never buy organic foods (50% of DEs).



There is also a correlation between low confidence in additives, pesticides and animal medicines and purchase of organic food, as we found that people who bought organic food at least sometimes had lower levels of confidence in each of these than did people who rarely or never bought organic food (Table 14).

⁶ This may be an effect of social class. 58% of respondents from an ethnic minority background were from an ABC1 social group compared to 47% of white respondents



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Table 14. Q.A10, Q.A11, Q.A12 Percentage concerned about the safety of additives, pesticides and animal medicines by whether people buy organic food

	Additives	Pesticides	Animal medicines
Always/sometimes buy organic food	45	51	47
Rarely/never buy organic food	37	42	35
Base: All (3219)			



6 Food safety when eating out

6.1 Summary

This section looks at food safety and hygiene outside the home. Questions include how people assess food hygiene standards and awareness of food hygiene certificates. Continuing the food safety theme, respondents were also asked about how easy or hard they thought it would be to find out information about food allergies outside the home and how they would prefer to find out this information.

When asked how they would assess food hygiene standards of a restaurant or café they were considering going into, the most common responses were via the general cleanliness (65%) and via the general appearance (61%). One in twenty respondents (5%) said they would not assess food hygiene standards, they would just go into the café/restaurant.

When prompted, almost two thirds of respondents (66%) were aware of at least one type of certificate relating to food hygiene and around a quarter of people (25%) were aware of food hygiene scores and ratings (unprompted 6%).

Three in ten respondents (31%) avoided certain foods for moral, medical, health or religious reasons. The most common reason was avoiding certain foods was for medical reasons (12%). One in twenty (5%) said they were allergic to certain foods. Around a quarter (24%) of respondents said there was some one in their family or a close friend who couldn't eat foods because of allergies or other reasons.

Of those who were personally allergic to certain foods or knew someone who avoided particular foods (27% of respondents), around half (50%) thought that it would be difficult to find out allergy information about food you eat outside of the home. The most popular choice for finding out food allergy information when eating out was by asking the waiter, chef or a member of staff (67%).

6.2 Introduction

The next section looks at food safety and hygiene outside of the home. The FSA will shortly be rolling out national 'scores on the doors' schemes (one for Scotland and one for the rest of the UK) which will inform consumers of the food hygiene standards in food catering and food retail outlets. To date, a number of pilot schemes have been running across the UK and the findings from these pilots have helped inform the rollout of the national schemes. Before the schemes are rolled out nationally, the FSA wanted to measure how people are currently assessing food hygiene when eating outside the home and to see if people are aware of any existing schemes.

The FSA is also looking at ways to improve information available to people with food allergies and in particular when they are eating outside of the home. A "chef card" has recently been introduced where people can use this card to provide information or requests to a chef whilst at a restaurant or café. Respondents were asked about how easy or hard they thought it would be to find out information about food allergies outside the home and how they would prefer to find out this information.

6.3 Hygiene

This section looks at food hygiene and the factors people take into consideration when assessing food hygiene outside of the home.

Over a third of respondents (36%) mentioned that food hygiene was a factor they took into consideration when deciding what to eat outside of the home (section 2.7) and over a quarter (27%) said they would be interested in information on food hygiene when eating out if it was available on a government website (section 7.2).

All respondents were asked to imagine a scenario in which they were standing outside a restaurant or café that they were considering going into. They were then asked what methods they would use to assess the food hygiene standards. The most common response was via the general cleanliness (65%) (Chart 18). This assessment method was used particularly by women (68%), people with dependent children in the household (68%), working people (68%) and people from Northern Ireland (75%).

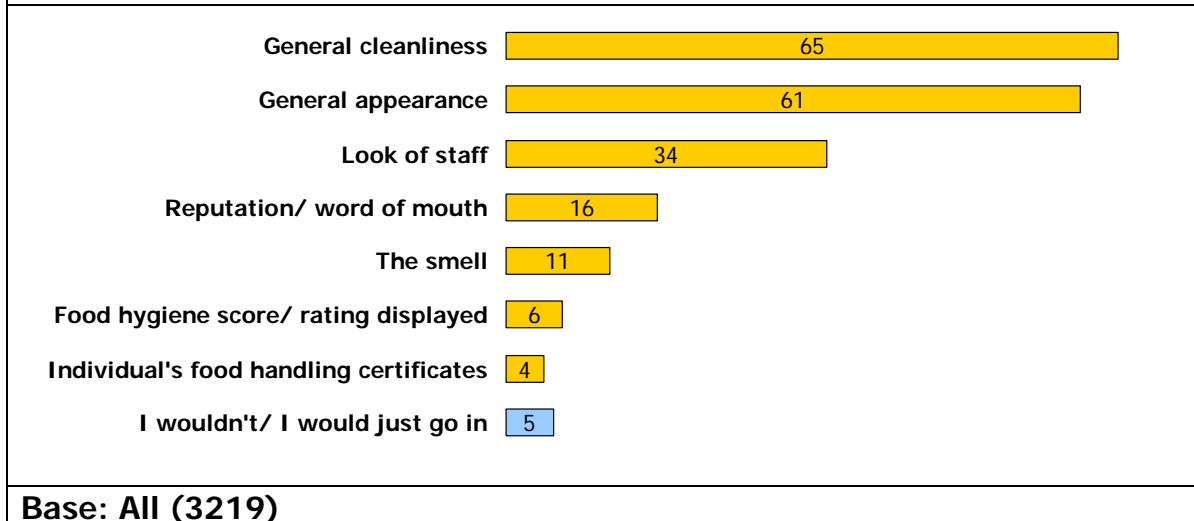
General appearance (61%) was also another important consideration in assessing food hygiene standards outside of the home and again this was a key method used by people from Northern Ireland (69%).

The look of the staff was more of a consideration for people from Wales (50%), Scotland (46%) and Northern Ireland (46%) compared to people from England (32%). Reputation and word of mouth (30%) were also important to people in Wales when assessing food hygiene standards outside of the home.

One in twenty people (6%) spontaneously mentioned that they would use the food hygiene scores/ratings displayed to assess food hygiene standards in a restaurant or café that they were considering going into, and a similar proportion (4%) mentioned individuals' food handling certificates. There were no significant differences by Government Office Region for the proportions of people aware of food hygiene scores/ratings

One in twenty people (5%) said that they would not try and assess the food hygiene standards, they would just go in to the restaurant or café. People aged 55+ (8%) and in particular people from England aged 55+ (9%) were the most likely to state they would not try to assess the food hygiene standards before entering a restaurant or café.

Chart 18. Q.D1 How people assess food hygiene outside of the home: proportion mentioning each method (unprompted) (%)



To fully investigate respondents' awareness of different types of food hygiene certificates a prompted question was asked. Two thirds of respondents (66%) were aware of at least one type of food hygiene certificate (Chart 19), this included things like individual's food handling certificates and hygiene scores and ratings. Women (69%) and people in the highest social groups (AB:73%) were the most likely to be aware of a certificate. People from Northern Ireland were less likely to be aware of any type of food hygiene certificate (62%) compared to people from England (66%), Wales (68%) and Scotland (71%).

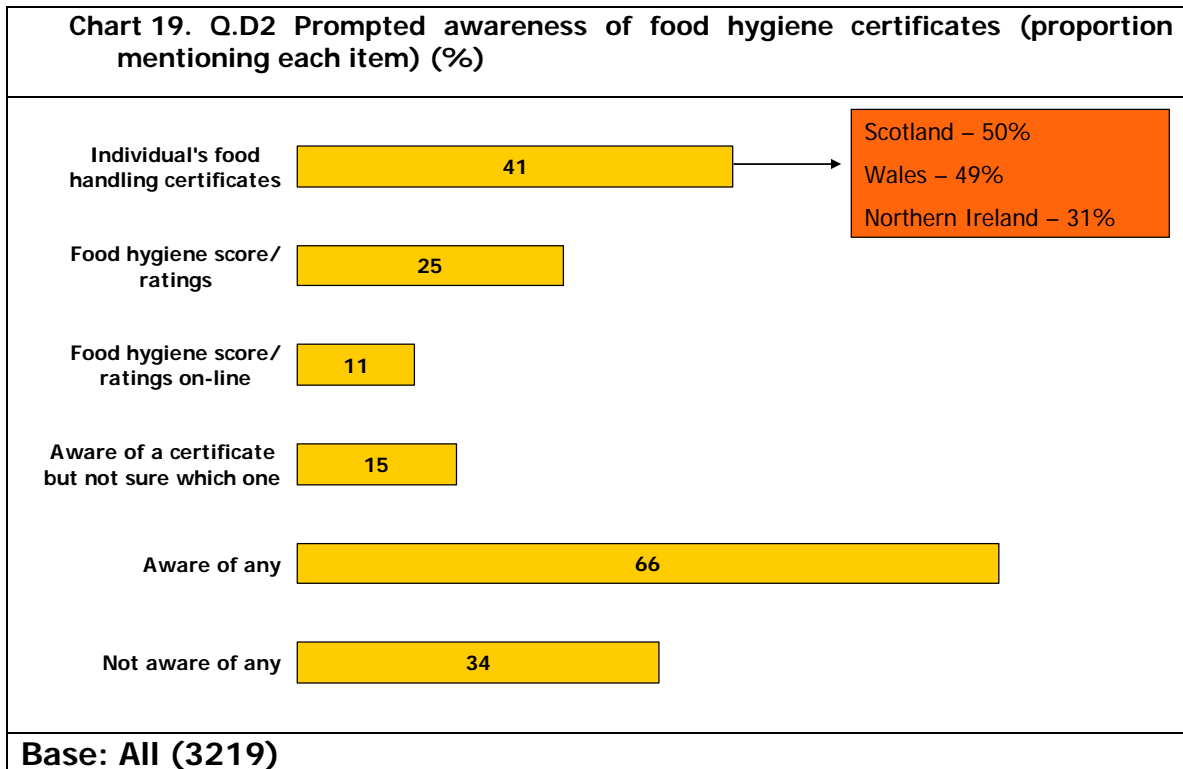
Respondents who mentioned food hygiene as a consideration when deciding what to buy to eat outside of the home were more likely to be aware of at least one type of hygiene certificate (70%) compared to those who didn't mention food hygiene as a consideration (64%).

Two fifths of respondents (41%) were aware of individuals' food handling certificates but again there was variance across countries. Around half of people from Scotland (50%) and Wales (49%) were aware of individuals' food handling certificates compared to two fifths (40%) of respondents from England and 31% of respondents from Northern Ireland.

Around a quarter of people (25%) were aware of food hygiene scores and ratings and awareness was highest amongst people aged 16-34 (32%) and people who were working (28%). There were no significant differences by country.

Awareness of food hygiene scores and rating online (11%) was lower than the general food hygiene scores and ratings (25%) but similar patterns were evident: people aged 16-34 (15%) and working people (13%) were the most likely to be aware of food hygiene scores and ratings on-line.

One in size people (15%) were aware of a certificate but did not know which one.

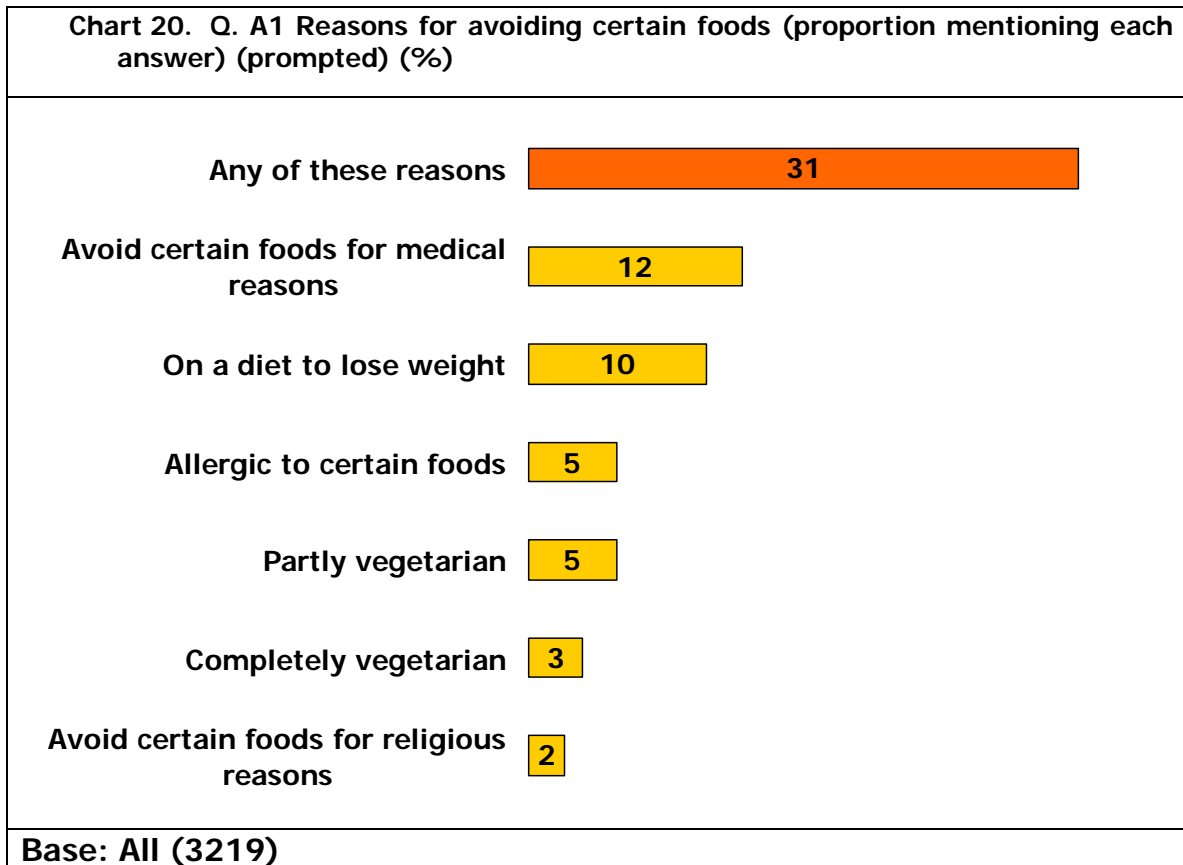


6.4 Allergy information

Respondents were asked a series of questions about dietary constraints and issues surrounding food allergy information.

All respondents were shown a card which attempted to establish whether they personally avoided certain foods for any reason, including moral, medical, health or religious reasons. Seven in ten respondents (69%) indicated they did not avoid any foods for any reasons. People from ethnic minorities (53%), people aged 55+ (38%) and women (35%) were particularly likely to avoid foods for one of the reasons listed.

The most common reason for avoiding certain foods was for medical reasons (12%) and this was highest amongst people aged 55 and over (21%). One in ten people (10%) said they avoided certain foods as they were on a diet and trying to lose weight (Chart 20), and this was highest amongst women (12%). One in twenty respondents (5%) said they were allergic to certain foods. A similar proportion (5%) said they were partly vegetarian and 3% said they were completely vegetarian. People from an ethnic minority background were the most likely to say they were partly vegetarian (9%) or completely vegetarian (9%). People from an ethnic minority background were also the most likely to say they avoided foods for religious reasons (23%).



Following from whether respondents personally avoided certain types of food, all respondents were asked if there was someone in their family or a close friend who is unable to eat particular foods because of allergies or other reasons.

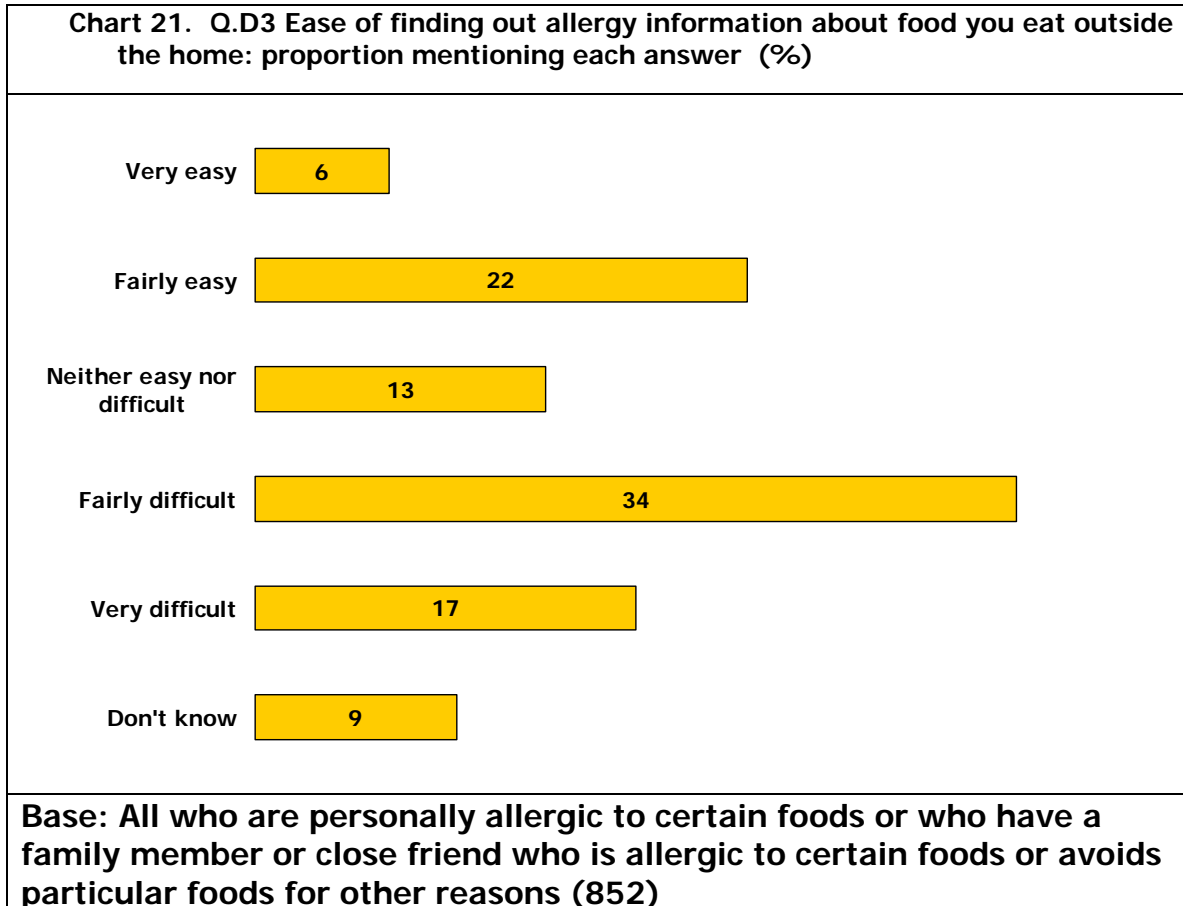
A quarter (24%) of respondents said there was some one in their family or a close friend who couldn't eat foods because of allergies or other reasons. Females (27%), people with dependent children in the household (26%) and people from higher social groups (AB:30%) were the most likely to say this.

In total a quarter (27%) of all respondents said they were either personally allergic to certain foods or they had a family member or close friend who were allergic to certain foods or avoided foods for other reasons.

The people who were personally allergic to certain foods, or who had a close family member or friend who was allergic to certain foods or avoided particular food for other reasons, were asked a set of questions about how easy they thought it was to find out food allergy information outside the home and how they would prefer to find out this information.

Just over a quarter of respondents (28%) thought it would be easy to find out allergy information about food they eat outside of the home and one in eight people (13%) said that it would be neither easy nor

difficult. Half (50%) thought that it would be difficult to find out allergy information about food you eat outside of the home (Chart 21).

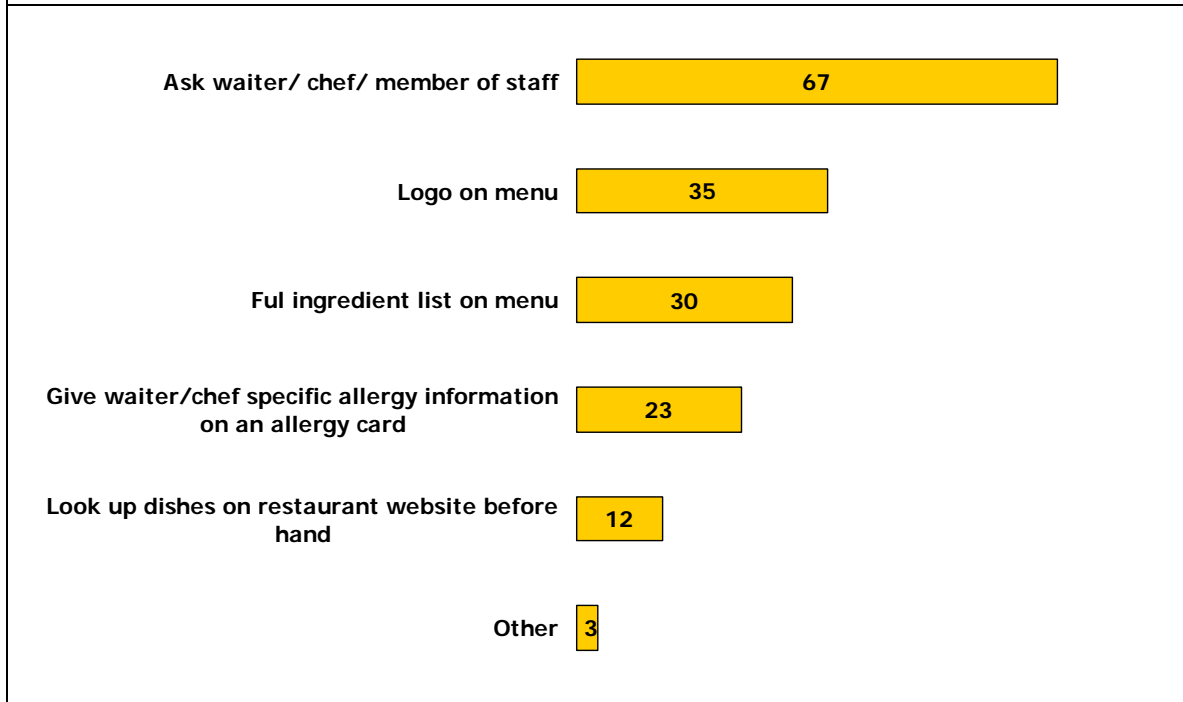


Those people who were personally allergic to certain foods or who had a close family member or friend with an allergy, were asked to imagine that they were going to a restaurant with someone who had a food allergy. They were shown a list and asked in which ways they would like to find out information about whether the food served is suitable for that person.

The most popular way of finding out food allergy information was by asking the waiter, chef or a member of staff (67%) indicating that people would feel more confident in a personal approach. Around a third of respondents (35%) said they would like to see a logo on the menu (Chart 22) and this was highest amongst people in the highest social grades (AB:41%) and people from Northern Ireland (47%). Three in ten respondents (30%) said they would like to see a full ingredients list on the menu and this was highest amongst people from Scotland (41%).

Just under a quarter (23%) said they would like to give the waiter or chef specific allergy information on a card and this was highest amongst people from Northern Ireland (38%). Just over one in ten people (12%) would like to look up the dishes on the restaurant website before going to the restaurant.

Chart 22. Q.D4 Preferred methods of finding out allergy information at restaurants: proportion mentioning each answer (prompted) (%)



Base: All who are personally allergic to certain foods or who have a family member or close friend who is allergic to certain foods or avoids particular foods for other reasons (852)



7 FSA Communications

7.1 Summary

The next section of the report looks at whether people are aware of the FSA's on-line communications and the types of information they would be interested in if it was available on a government website.

Three in ten respondents (31%) said they would be likely to use the internet to find out general information about food. A quarter (26%) said they never use the internet, therefore 42% of those who do use the internet were likely to use it to find out about food.

Overall, around one in five (19%) had heard of or visited either the eatwell.gov or food.gov websites: 13% had heard of at least one of the websites and a further 6% had visited at least one of the websites.

Four fifths of respondents (81%) said they would be interested in at least one type of information proposed for the new government website. The most common types of information that people would be interested in if there were available on a new government website were healthy eating (46%) and food prices/how to cut costs (38%).

7.2 Introduction

In September 2007, the Prime Minister commissioned the Strategy Unit, working with Defra, the Department of Health, the Food Standards Agency and other departments, to undertake a study of food and food policy in the UK.

A final report was published on the 7th July 2008 setting out a future strategic framework for food policy and practical measures for addressing issues around food and health, food and the environment and other concerns.

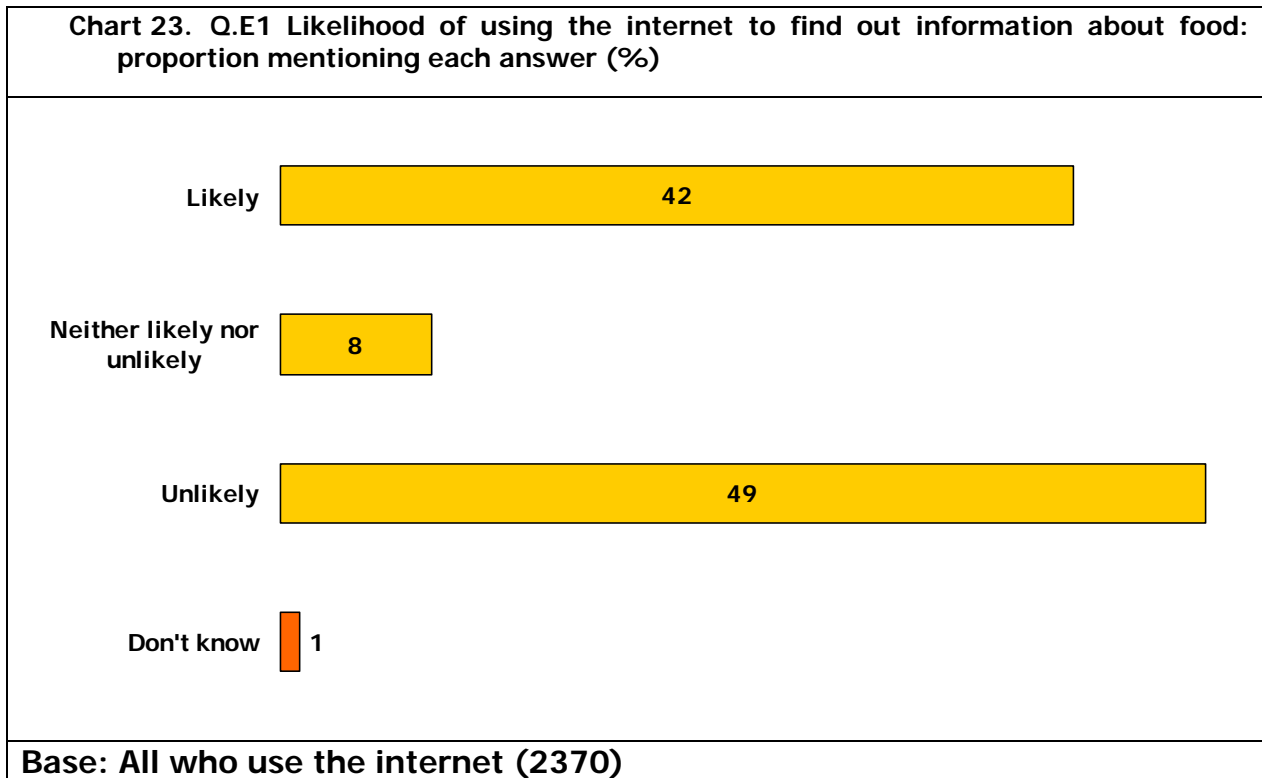
One of the recommendations of the review was to bring together, for the first time, integrated information and advice for consumers on the impacts of food on health and the environment. Currently this information is provided by different departments and agencies, depending on their remit.

At this stage, the FSA has been tasked with undertaking a scoping project for creating a new website that would provide information and advice for consumers across a wide range of food issues. A series of questions were included within the survey to investigate the types of people who would use the internet to find information on food and the types of topics they would be most interested in. The findings will help with future planning of the Food Standards Agency's current websites/this new website.

7.3 Internet usage and awareness of FSA websites

All respondents were asked how likely they would be to use the internet to find out general information about food. They were prompted that general information included things like food safety and environmental concerns but didn't include things like looking for recipes or recipe ideas.

Three in ten (31%) said that they were likely to use the internet to find out general information about food (Chart 23). Over a third of respondents (36%) said they were unlikely to do so and a quarter of respondents (26%)⁷ said that they never use the internet. Therefore 42% of those who do use the internet were likely to use it to find out about food.



Likelihood of using the internet to find out general information about food was highest amongst people with dependent children and people from ethnic minority backgrounds (Table 15).

Table 15. Q.E1 Proportions of respondents answering they are “likely” to use the internet to find out about food

Dependent children	45%
No dependent children	40%
Ethnic minority background	51%
White background	41%

Base: All who use the internet (2370)

⁷ This is slightly lower than the FRS Bluebook 2008 data which showed 31% of people never use the internet.

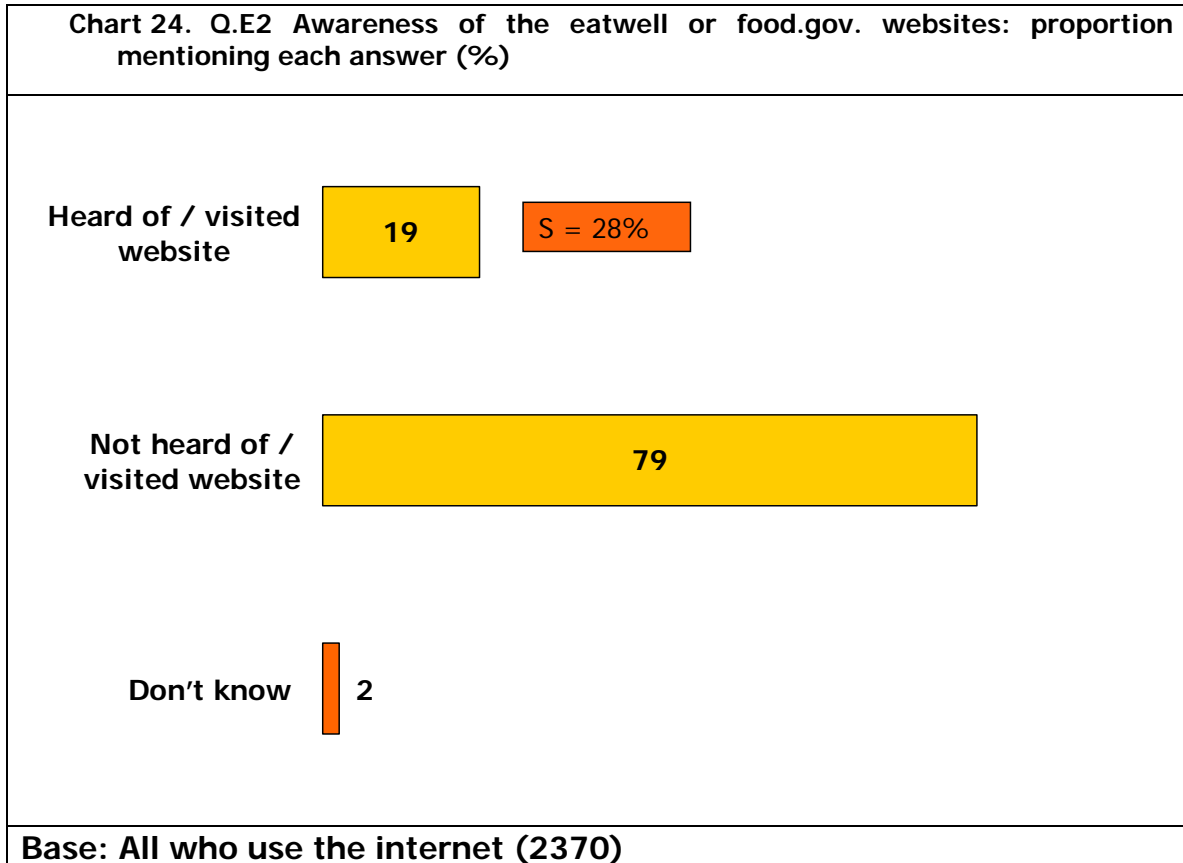
Women, people aged 55+, and people in the lowest social groups (DE: 43%) were the most likely to say that they never use the internet (Table 16).

Table 16. Q.E1 Proportions of respondents answering they never use the internet	
Men	23%
Women	29%
16-34	8%
35-54	17%
55+	53%
AB	12%
C1	20%
C2	25%
DE	43%
Base: All (3219)	

People who used the internet were asked whether they had ever heard of or visited either the eatwell.gov website or the food.gov website. Respondents were prompted that these websites were both Food Standards Agency websites about food and diet.

One in five (19%) had heard of or visited either the eatwell.gov or food.gov. website (Chart 24). Awareness was highest amongst females (21%), working people (20%) and people from the highest social groups (AB: 23%).

People from Scotland (28%) were significantly more likely to say that they had either heard of or visited either of the sites compared to people from England (18%), Wales (20%) and Northern Ireland (21%).



All respondents who use the internet were told that the government is thinking about providing a new website which brings together all of the government information and advice on food. They were shown a list and asked which, if any, of the different types of information on the card they thought they might use if it was provided on a government website. The answer list was extensive and this section of the report will focus on the ten most popular responses. Four fifths of respondents (81%) said they would be interested in at least one type of information. On average, people mentioned nearly 5 different types of information that they would be interested in if it was available on a government website (4.8 average number of answers). Women (5.3) and people from Scotland (5.6) had the highest number of interests for types of information on a government website.

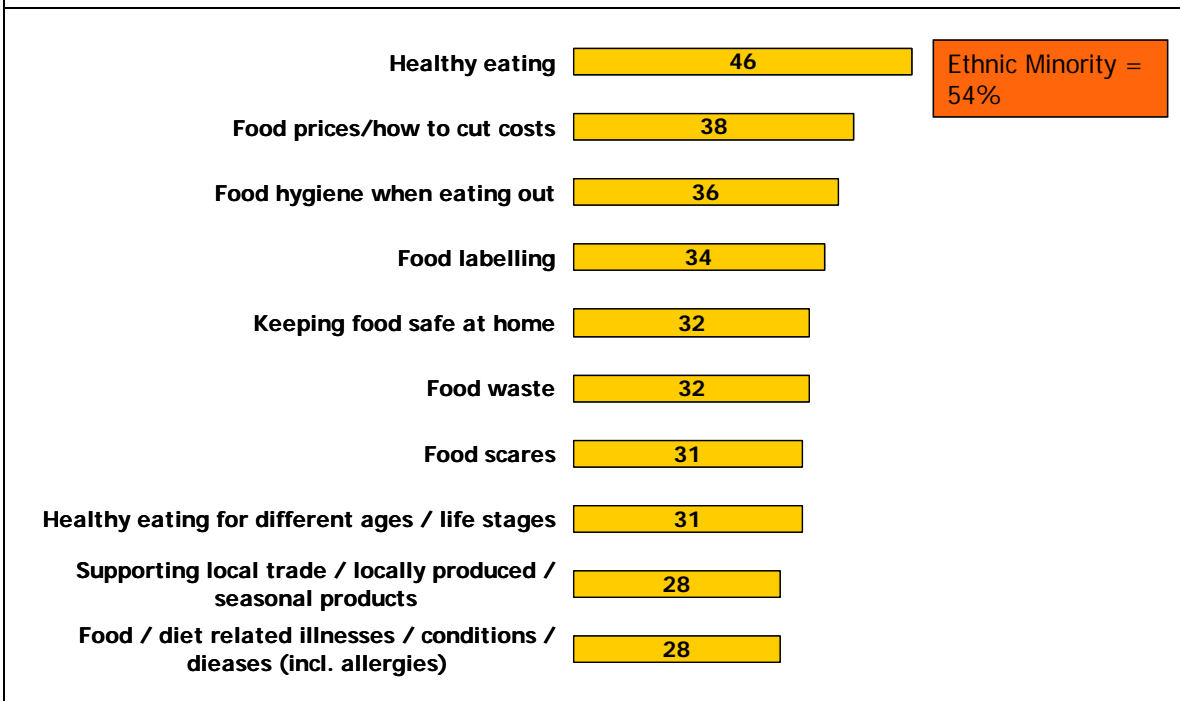
Almost half of respondents (46%) said they would be interested in finding out information on healthy eating (Chart 25) and this response was particularly popular amongst people from ethnic minority backgrounds (54%). Other popular responses include information on food prices (38%) and information on food safety such as food hygiene when eating out (36%), food labelling (34%) and keeping food safe at home (32%).

There appears to be a link between the kinds of information people would like to see on a government website, and what they are already taking into consideration when deciding what food to buy to eat. For example almost three quarters (72%) of people who said they would be interested in information

on healthy eating also mentioned healthy eating as a consideration in deciding what to buy to eat at home. Similarly two thirds of people (68%) who said they would be interested in information on food prices also took food prices into consideration when deciding what to buy to eat at home.

One in six respondents (17%) said they wouldn't be interested in any of the various types of information proposed for the new government website. Men (20%) and people aged 55+ (22%) were the most likely to say they were not interested in any of the types of information proposed for the new government website.

Chart 25. Q.E3 Top 10 most popular types of information: proportion mentioning each answer (prompted) (%)



Base: All who use the internet (2370)

8 Country differences

There were no distinctive patterns which emerged from the results for Scotland, Wales or Northern Ireland. Where differences by country did exist, Scotland, Wales and Northern Ireland were broadly similar to each other but did differ on occasion from England. The results for certain questions suggest that people from Scotland, Wales and Northern Ireland may be more engaged with food issues than people from England. For example, people from Scotland, Wales and Northern Ireland were more likely to have made at least one change to their shopping behaviour as a result of increases to food prices than people from England.

Similarly, people from Scotland, Wales and Northern Ireland were more likely to have made a change to the food they eat in the last 6 months in terms of healthy eating compared to people from England.

When asked to select groups of people who should **not** worry about saturated fat, respondents from Wales and Northern Ireland were more likely to agree that everyone should worry about saturated fat.

People from Scotland, Wales and Northern Ireland were more likely to be aware of individual's food handling certificates than people from England.

Scotland

Overall the pattern of results for Scotland was very similar to the UK as a whole but there some instances where their responses did differ. People from Scotland were:

- More likely to take into account what the family likes when deciding what to buy to eat at home compared to the UK average (64% compared to 49%) and also availability in the shops I can usually get to (32% compared to 23%).
- More likely to consider salt to be an additive compared to the UK average (29% compared to 23%).
- More likely to be aware of the FSA websites compared to the UK average (30% compared to 19%)
- More likely to be interested in more types of information on the proposed new website (5.6 mentions compared to UK average of 4.8)

Wales

Again the overall the pattern of results for Wales was very similar to the UK as a whole but there some instances where their responses did differ. People from Wales were:

- More likely to take into account locally grown produce when deciding what to buy to eat at home compared to the UK average (33% compared to 26%).
- More likely to be buying food products on offer as a result of increases to food prices compared to the UK average (37% compared to 30%).
- More likely to assess food hygiene in restaurants and cafes by looking at the staff (50%) and by reputation or word of mouth (30%).



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Northern Ireland

Again the overall the pattern of results for Northern Ireland was very similar to the UK as a whole but there some instances where their responses did differ. People from Northern Ireland were:

- More likely to be buying food in bulk as a result of increases to food prices compared to the UK average (35% compared to 25%).
- More likely to state they have been trying to drink more water than the UK average (42% compared to 34%).
- More likely to assess food hygiene in restaurants and cafes by assessing general cleanliness levels compared to the UK average (75% compared to 65%).

Please note, there are demographic differences by country which are discussed in section 2.3.

9 Appendix 1: Respondent Profile

Respondent profile at UK level and by country

This survey used a quota survey methodology and weights were applied to ensure that the sample was representative of the UK. The table below shows the unweighted and weighted profile of the sample on some key demographic questions.

Table 17. Sample Profile - UK				
	Unweighted %	Unweighted number	Weighted %	Weighted number
Country				
England	52	1675	84	2698
Scotland	16	518	9	274
Wales	16	518	5	158
Northern Ireland	16	508	3	90
Gender				
Male	45	1455	49	1563
Female	55	1757	51	1655
Age				
16-24	12	397	15	479
25-34	17	536	16	512
35-44	19	615	19	602
45-54	15	492	16	519
55-64	14	459	15	471
65+	22	717	20	636
Class				
ABC1	45	1448	49	1569
C2DE	55	1771	51	1650
Working status				
Full time	36	1158	42	1349
Part time	16	513	17	549

Not working	48	1548	41	1319
Children under 16				
With	36	1146	35	1133
Without	64	2073	65	2086

Table 17 showed the demographic profile for the UK but it is important to note that the profiles within country differ. Table 18 shows the weighted profile for some key demographics by country (weights were applied to ensure the sample was comparable to the 2001 census). Some key differences to note are that people from Scotland and Wales are slightly older on average and people from Northern Ireland are slightly younger on average. This is particularly important as some of the trends within the data are based on age.

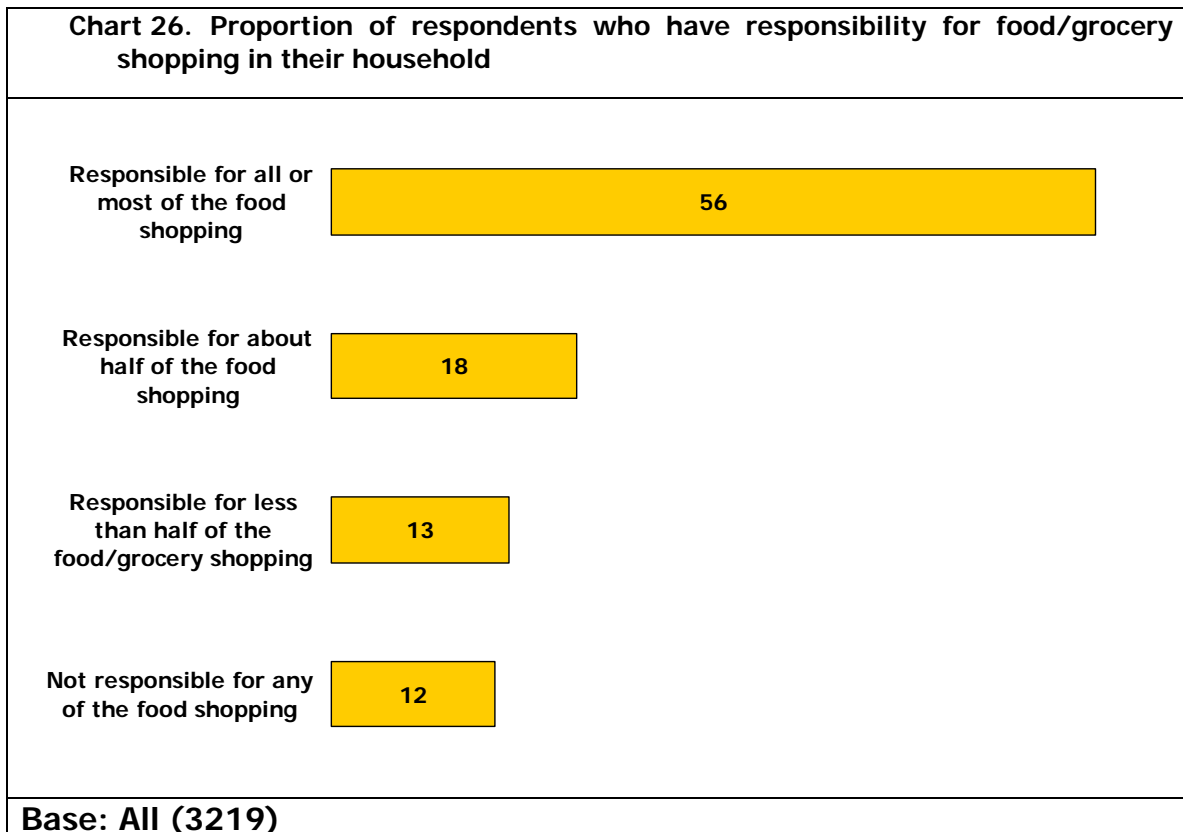
It is also worth noting that England has a higher proportion of respondents from the higher social groups (50%) compared to Scotland (43%), Wales (43%) and Northern Ireland (43%).

Table 18. Weighted Profile by Country					
	UK	England	Scotland	Wales	Northern Ireland
	%	%	%	%	%
Gender					
Male	49	49	48	48	48
Female	51	51	52	52	52
Age					
16-24	15	15	14	15	17
25-34	16	16	15	14	17
35-44	19	19	18	17	19
45-54	16	16	17	16	16
55-64	15	15	15	16	13
65+	20	19	21	22	18
Class					
ABC1	49	50	43	43	43
C2DE	51	50	57	57	57
Working					

status					
Full time	42	42	42	44	37
Part time	17	17	16	13	17
Not working	41	41	42	42	46
Children under 16					
With	35	36	32	32	39
Without	65	64	68	68	61

9.1 Principal shopper

All respondents were asked, thinking about their food/grocery shopping, what best described the level of responsibility they have for the shopping in their household. Over half of respondents interviewed (56%) considered themselves to be responsible for all or most of the food/grocery shopping in their household (Chart 26).



Women and people in the older age categories were the most likely to state that they were responsible for more than half of the food/grocery shopping in their household (Table 19). This is important to



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note as throughout the report principal shoppers were the most likely to be engaged (more responses at questions) and more knowledgeable.

Table 19. Proportions of respondents who consider themselves to be responsible for more than half of the food/grocery shopping in their household	
	Responsible for more than half of the food/grocery shopping
Male	34%
Female	77%
16-34	45%
35-54	60%
55+	63%
Base: All (3219)	



Appendix 2: GfK NOP Random Location Omnibus Plus Ad hoc Boost Sample Design

The GfK NOP Random Location Omnibus employs a quota sample of individuals with randomly selected sampling points. The sample design is essentially a 3-stage design, sampling first parliamentary constituencies, then Output Areas (OAs) within those selected constituencies and finally respondents within the Output Areas. The sample is based on 175 sampling points.

The design of the ad hoc boost of Scotland, Wales and Northern Ireland was identical to the Random Location Omnibus

The selection of Parliamentary Constituencies

The first-stage sampling units for the survey are parliamentary constituencies, selected in the following way. The 641* parliamentary constituencies of Great Britain are classified into the Register General's ten Standard Regions. In Scotland, a further classification was by the new Strathclyde Region and the rest of Scotland. In Wales, the South East was classified separately from the rest of Wales. Within each Standard Region, constituencies are classified into four urban/rural types as follows:

1. Metropolitan county

Those constituencies which lie completely within the area of the eight Metropolitan Counties of Great Britain. It is appreciated that such areas now technically do not exist but they are still convenient building blocks for sample design.

In the case of the North West Standard Region, which contains two Metropolitan Counties, the constituencies of the Greater Manchester MC were classified and listed separately from those of the Merseyside MC. Similarly, for the Yorkshire and Humberside Standard Region, the constituencies of the South Yorkshire MC were listed separately from those of the West Yorkshire MC.

In Greater London, constituencies north of the river Thames were listed separately from those south of the river. These were further sub-divided into east and west for each side of the river.



* For practical reasons, two constituencies (Orkney and Shetland, and Western Isles) are not included in the sampling frame from which constituencies are selected.

2. **Other 100% Urban**

All urban constituencies, other than Metropolitan County constituencies, in which the population density was greater than 7 persons per hectare.

3. **Mixed Urban/Rural**

Constituencies, consisting of a mixture of urban and rural local authority areas, in which the population was greater than 1.5 and less than 7 persons per hectare.

4. **Rural**

Constituencies, consisting of a mixture of urban and rural local authority areas, in which the population density was less than 1.5 persons per hectare.

Within each of the resultant 46 cells, as a final stratification, constituencies are listed in order of the percentage of people resident in households whose head is in socio-economic Groups 1, 2, 3, 4 or 13 (approximates to Social Grades A&B).

When all the constituencies have been listed in the above way, the electorate of each constituency is entered on the list and a cumulative total of electors by constituency is formed. The selection is done in the following way. From the file of 639 constituencies, a sample of 175 must be drawn. To draw this sample, the following procedure is undertaken. The total number of cumulative electors (N) on the list is divided by 175 and a random number between 1 and N/175 is selected.

This random number identifies an elector, in the cumulative total of electors, and the constituency this elector is in becomes the first selected constituency in the sample. To obtain the other 174 constituencies, the sampling interval N/175 is added on 174 times to the initial random number. This produces 175 cells all containing N/175 electors. Within each cell a random number between 1 and N/175 is selected. This random number identifies an elector, in the cumulative total of electors for that cell, and the constituency this elector is in is selected. This procedure is repeated for all 175 cells. Thus a sample of 175 constituencies is produced.



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The Selection of Output Areas

Within each selected constituency, an Output Area is selected for each wave of the Omnibus. These OAs are selected at random, but with some stratification control so that the sample of OAs drawn is representative of the sample of constituencies and therefore of Great Britain in demographic terms. The variables used for stratification are essentially age, sex, social class, and geodemographic profile (Mosaic classification). Once the OAs have been selected, the profile of the aggregated set of OAs is checked against the national profile to ensure that it is representative. Each OA is a small area, containing in average around 120 households. Each OA is therefore homogenous, with the people living within it being fairly similar in social grade terms.

Therefore, when quotas are set for interviewing within each OA, the variables we control for are age and sex within working status. No quota is set for social grade, as the selection of OAs ensures that the sample is balanced in this respect.

This procedure is repeated for each wave of the Omnibus, producing a different sample of OAs for each week of fieldwork.

The Selection of respondents

For each selected OA, a list of all residential addresses is produced. This listing is taken from the Postal Address File, which is a listing of all addresses within Great Britain, and is updated monthly. The interviewer uses this list to identify the households at which they can interview.

In addition to the address listing for an OA, the interviewer is also given a quota sheet, which determines what sort of people they must interview. Each interviewer must interview 12 people within an OA, and the quotas are different for each OA in order to reflect the demographic profile of that area. Overleaf is an example of a quota sheet.

The quotas are set in terms of age and sex within working status. No quota is set for social class, as the selection of OAs ensures that the sample is balanced in this respect.

Weighting of respondent profile for omnibus and ad hoc survey

Table 20. Weighting for omnibus and ad-hoc survey

Age/Sex	%	Class	%
16-24 Male	7.3	A	2.6
25-34 Male	8.2	B	16.7
35-44 Male	9.4	C1	29.6
45-54 Male	7.8	C2	21.2
55-59 Male	4.0	D	14.3
60-64 Male	3.1	E	15.6
65-70 Male	3.4		
71+ Male	5.4		
		Working Status	%
16-24 Female	7.1	Men working full time	29
25-34 Female	8.3	Men not working full time	20
35-44 Female	9.6	Women working	28
45-54 Female	8.0	Women not working	23
55-59 Female	4.1	Number of adults in household	
60-64 Female	3.2	One	24
65-70 Female	3.4	Two	50
71+ Female	8.0	Three +	26



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Standard Region	%	TV Region	%
North	5.1	London	19.2
Yorkshire & Humberside	8.4	Midlands	15.2
East Midlands	7.2	North West	11.4
East Anglia	3.8	Yorkshire	9.7
GLC	12.5	Central Scotland	6.1
South East exc. GLC	18.9	Wales & West	8.0
South West	8.5	South & South East	9.3
West Midlands	8.8	North East	4.6
North West	10.5	East	7.2
Wales	4.9	South West	3.0
Scotland	8.6	Border	1.1
N.Ireland	2.8		
		North Scotland	2.1
		Ulster	3.1



Appendix 3: Questionnaire

Firstly, I would like to ask you a few questions about the food you eat.

A 1 Which, if any, of the following applies to you? Please state all that apply. CODE ALL THAT APPLY

SHOW CARD 1

- I am completely vegetarian
- I am partly vegetarian (I don't eat some types of fish or meat)
- I am a vegan
- I am allergic to certain food
- I am on a diet trying to lose weight
- I avoid certain food for religious reasons
- I avoid certain food for medical reasons
- Other (please specify)
- None of these

A 2 Is there someone ("else" INSERT IF CODED 1-8 AT A1) in your family or a close friend who is unable to eat particular foods because of allergies or other reasons?

- Yes
- No
- Don't know

The next few questions are about the choices you make when deciding what food to eat or buy. This includes the food you eat inside the home and places outside the



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home, such as takeaways, cafes, restaurants and items that you eat on the go or at work.

ROTATE QUESTIONS A3 AND A4

A 3 What would you say is important to you when deciding what to buy to eat at home? ROTATE Code all that apply

SHOW CARD 2 (As Showcard 3 but without Indulgence/a treat)

A 4 What would you say is important to you when deciding what to buy to eat outside the home? By eating out I mean in restaurants, cafes, pubs, sandwich shops and when buying food from a takeaway. ROTATE CODE ALL THAT APPLY

SHOW CARD 3

- Animal welfare/free range
- Availability in the shops I can usually go to
- Convenience/speed
- Eating food that is healthy
- Environmental considerations (e.g. from a sustainable source, impact on the landscape)
- Food hygiene/ Risk of food poisoning
- *Indulgence/a treat
- Locally grown food
- Number of additives or E numbers in food
- Organic food
- Price/ value for money/ special offers
- Special diets (e.g. vegetarian, allergies, religious)



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- What I like/what the family likes
- Whether the food is in season
- Other (SPECIFY)
- (Someone else decides on most of the food I eat)
- (No particular influence)

* A4 only

Next I would like you to think about all of the food that your household eats, including food that is eaten at home or out of the home

A 5 Compared to 12 months ago has the amount of money that your household spends on food each week or month... READ OUT

- Gone up
- Stayed about the same
- Gone down
- (Don't know)

IF SHOPPING BILL HAS INCREASED OR DECREASED AT A 5 OTHERS GO TO A 7

A 6 Can I just check, has your food shopping bill changed for any of these reasons?
Code all that apply

SHOW CARD 4

- New baby
- Somebody has moved into the household
- Somebody has moved out of the household
- Food prices have increased



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- Economising (trying to save money)
- Other (SPECIFY)
- (Don't know)
- (Prefer not to say)

ASK ALL

A 7 Some people have said they have been doing certain things more or less as a result of changes to food prices. Compared with 12 months ago, are you doing any of these things nowadays? ROTATE CODE ALL THAT APPLY.

IF NECESSARY INTERVIEWER CONFIRM: CAN I JUST CHECK IS THAT AS A RESULT OF CHANGES TO FOOD PRICES?

SHOW CARD 5

- Buying fewer luxury food items
- Buying less fruit and vegetables
- Buying less meat
- Buying food products on offer
- Buying value food brands (e.g. Asda Smart Price, Tesco Value, Sainsbury's Basics)
- Changing the food shops you shop in
- Eating more basic foods (e.g. bread, potatoes)
- Eating out less/Having fewer takeaways
- Having more takeaways rather than eating out at restaurants
- Making meals from scratch instead of buying prepared meals
- Skipping meals
- Switching to frozen, tinned or packaged food instead of fresh food



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- Taking packed lunches
- Buying more foods in bulk / multipacks
- Other (SPECIFY)
- (None of these)
- Don't know

The next question is about organic food.

A 8 From this card can you tell me which statement best describes your/ your households habits on organic food?

IF NECESSARY: ORGANIC FOODS ARE PROCESSED WITH FEWER FOOD ADDITIVES AND GROWN WITH LESS CHEMICAL PESTICIDE OR ARTIFICIAL FERTILIZER

SHOW CARD 6

- I / we always buy organic food
- I / we sometimes buy organic food
- I / we rarely buy organic food
- I / we never buy organic food
- (Don't know)

The next few questions are about food additives

A 9 What sort of things do you think are considered to be food additives?

DO NOT PROMPT. CODE ALL THAT APPLY PROBE FULLY

- Antioxidants
- Colourings



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- Emulsifiers
- E-numbers
- Enzymes
- Flavour enhancers (including MSG)
- Flavourings
- Friendly bacteria (probiotics)
- Preservatives
- Stabilisers
- Sweeteners
- Vitamins and minerals (fortified foods)
- Salt
- Fat
- Sugar
- Other (SPECIFY)
- (Don't know)

Food additives are substances which are added to food. They include colours, sweeteners, preservatives, antioxidants, flavour enhancers, emulsifiers and stabilisers.

INTERVIEWER NOTE: DO NOT PROBE FURTHER IF DON'T KNOW FOR QUESTIONS A10-A12

A 10 How confident do you feel that the additives in food in this country are safe?

SHOW CARD 7

- Very confident 1.....7 Not very confident



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- (Don't know)

A 11 I would now like you to think about pesticides. How confident do you feel that the pesticides used in food in this country are safe?

IF NECESSARY: PESTICIDES ARE SUBSTANCES THAT ARE USED TO KILL OR CONTROL PESTS. THEY ARE MAINLY USED IN FARMING TO PROTECT FOOD CROPS.

SHOW CARD 8

- Very confident 1.....7 Not very confident
- (Don't know)

A 12 I would now like you to think about the medicines sometimes given to animals that are used for food (such as vaccines and antibiotics). How confident do you feel that the animal medicines used in food in this country are safe?

SHOW CARD 9

- Very confident 1.....7 Not very confident
- (Don't know)
- (Not applicable)

B Changes to diet

The next section is about health and the foods that you eat.

ROTATE SHOWCARDS 10 AND 11 FOR QUESTIONS B1 AND B2.



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B 1 What, if any, changes have you personally made to the food you eat over the last 6 months? ROTATE CODE ALL THAT APPLY

SHOW CARD 10

- Eating more starchy foods/carbohydrates (e.g. potatoes, rice, etc.)
- Eating less starchy foods/carbohydrates (e.g. potatoes, rice, etc.)
- Eating more fruit and vegetables/ trying to eat 5 portions a day
- Eating more fish (including oily fish)
- Eating less saturated fat
- Eating less fat (in general)
- Eating less meat
- Eating less salt (e.g. eating less salty food*, not adding salt during cooking / at the table)
- None of these things
- (Don't know)

SHOW CARD 11

- Taking supplements (e.g. vitamins)
- Eating more wholegrain foods (e.g. brown bread, brown rice, cereals, etc.)/Fibre
- Eating less sugary foods/drinks
- Using labels to choose healthier foods
- Drinking more water
- Eating breakfast/make sure I eat breakfast every day



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- Eating smaller portions
- Following a specific diet (e.g. a weight loss diet)
- None of these things
- (Don't know)

*NOTE TO INTERVIEWER, THIS ALSO INCLUDES EATING FOOD THAT CONTAINS LESS SALT

B 2 And thinking over the next 6 months, which of these things would you like to be doing? ROTATE CODE ALL THAT APPLY

SHOWCARD 11

- Eating more starchy foods/carbohydrates (e.g. potatoes, rice, etc.)
- Eating less starchy foods/carbohydrates (e.g. potatoes, rice, etc.)
- Eating more fruit and vegetables/ trying to eat 5 portions a day
- Eating more fish (including oily fish)
- Eating less saturated fat
- Eating less fat (in general)
- Eating less meat
- Eating less salt (e.g. eating less salty food*, not adding salt during cooking / at the table)
- None of these things
- (Don't know)

SHOWCARD 12



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- Taking supplements (e.g. vitamins)
- Eating more wholegrain foods (e.g. brown bread, brown rice, cereals, etc.)/Fibre
- Eating less sugary foods/drinks
- Using labels to choose healthier foods
- Drinking more water
- Eating breakfast/make sure I eat breakfast every day
- Eating smaller portions
- Following a specific diet (e.g. a weight loss diet)
- None of these things
- (Don't know)

The next few questions are about saturated fat. This is a type of fat which is found in lots of different foods.

B 3 Can I just check have you ever heard of saturated fat?

- Yes
- No
- Don't know

IF YES ASK B 4 OTHERS GO TO C1.

B 4 Do you think you should be trying to have more saturated fat in your diet, less saturated fat in your diet or about the same amount as you eat now?

- More saturated fat
- The same



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- Less saturated fat
- Don't know

B 5 Some people are not worried about eating too much saturated fat. In your opinion, which of the people on this card, don't need to be worried about how much saturated fat they eat?

CODE ALL THAT APPLY

SHOW CARD 12

- People who take regular exercise
- Younger people
- People with a healthy heart
- People who eat lots of fruit and vegetables
- People who are not overweight
- None of these people
- (Don't know)

C Food hygiene

The next section is about food hygiene and safety. Firstly I would like you to think about information on food packaging.

C 1 Which of these is the best indicator of whether food is safe to eat? ROTATE

SHOW CARD 13

- Best before end date
- Use by date
- Sell by date



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- Display until date
- (Don't know)

ROTATE. EVERYONE ASKED 2 QUESTIONS. IF VEGETARIAN AT A1 DO NOT ASK THE FIRST 2 CODES. IF VEGAN AT A1 DO NOT ASK THE FIRST 4 CODES.

Some people eat food which is past its <<INSERT>> date.

C 2 What is the maximum time after the <<INSERT>> that you would <<INSERT>> ?

NOTE FOR INTERVIEWERS – IF RESPONDENT STATES THAT THEY USE THINGS WHICH ARE PAST THEIR USE BY DATES BECAUSE THEY ARE FROZEN PLEASE PROMPT WITH “IMAGINE THEY WERE FRESH”

- i) use raw meat (i.e. cook then eat) (Use by)
- ii) Eat cooked meat (Use by)
- iii) Eat dairy (Use by)
- iv) Eat eggs (Best before end)
- v) Eat bread (Best before end)
- vi) Eat breakfast cereal (Best before end)
 - Never
 - Less than 1 day
 - 1 day and up to 3 days
 - 3 days and up to 5 days
 - 5 days and up to 7 days
 - 1 week but less than 2 weeks



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- 2 weeks or more
- (Depends)
- (Don't eat)

C 3 Apart from using the dates on the packaging, what other ways do you use when deciding whether food is safe to eat or not?

DO NOT PROMPT.CODE ALL THAT APPLY PROBE FULLY

- Ask someone else
- Check it's cooked thoroughly (piping hot)
- Feel it (texture)
- Float it (e.g. eggs)
- Look at it (appearance)
- See if you get ill
- Smell it
- Taste it
- Wash it
- Other (SPECIFY)
- None of these things
- (Don't know)

I would now like you to think about your fridge.

C 4 Do you check your fridge temperature at least every 6 months?

- Yes



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- No
- (I don't but someone else does)
- (Don't know)

IF YES AT C4. NO OR DON'T KNOW GO TO C6. I DON'T BUT SOMEONE ELSE DOES GO TO D 1

C 5 Still thinking about fridge temperatures, can you tell me how you normally check the temperature?

DO NOT PROMPT. PROBE TO PRE-CODES, CODE ALL THAT APPLY

- Check the gauge
- Check a thermometer
- Look inside/check for ice/condensation
- Feel food inside to see if it is cold
- Other (SPECIFY)
- (Don't know)

IF NO OR DON'T KNOW AT C 4 OTHERS GO TO D1

C 6 Can I just check is there anything that stops you from checking the temperature of your fridge regularly?

DO NOT PROMPT. PROBE TO PRE-CODES, CODE ALL THAT APPLY

- I don't know what the temperature should be set at
- Fridge has a numeric gauge
- Fridge has a temperature alarm
- Lack of time
- Never get round to it



- Not thought about it
- Don't have a thermometer
- Someone else does it
- Other (SPECIFY)
- Don't know

D Eating out

D 1 I would now like you to think about food hygiene in places where you eat outside of the home. Imagine you were standing outside of a restaurant, café or takeaway etc. that you were considering going into. Can you please tell me how you would assess the food hygiene standards?

DO NOT PROMPT., CODE ALL THAT APPLY PROBE FULLY

- Look of staff
- The smell
- General appearance
- General cleanliness
- Reputation/word of mouth
- Size of establishment
- Whether the place is part of a food chain
- Food hygiene score/rating displayed (e.g. stars, or A-E rating, pass or fail, etc. This could be a sticker on the door or certificate displayed)
- Individual's food handling certificates displayed (to show that people working in the establishment have been trained in how to handle food safely)
- Other (SPECIFY)
- (I wouldn't/No particular way/I would just go in)



GfK NOP



- (Don't know)

D 2 There are various certificates and scoring systems relating to food hygiene. Are you aware of any of the following? ROTATE CODE ALL THAT APPLY

SHOW CARD 14

- Food hygiene score/ratings (e.g. stars, or A-E rating, pass or fail, etc. This could be a sticker on the door or certificate displayed)
- Food hygiene score/rating on-line
- Individual's food handling certificates (to show that people working in the establishment have done training in how to handle food safely)
- (Aware of a certificate but not sure which one)
- (Not aware of any)

ASK D 3 IF ALLERGIC TO CERTAIN FOODS AT A 1 OR HAS A FRIEND OR FAMILY MEMBER WHO IS ALLERGIC TO CERTAIN FOODS AT A 2. OTHERS GO TO E 1

I'm now going to ask you a few questions relating to food allergies

D 3 How easy or difficult do you think it is to find out allergy information about food you eat outside the home?

SHOW CARD 15

- Very easy
- Fairly easy
- Neither easy nor difficult



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- Fairly difficult
- Very difficult
- (Don't know)

D 4 Imagine you went to a restaurant with someone who had a food allergy. In which of these ways would you like to find out information about whether the food served is suitable for that person? ROTATE CODE ALL THAT APPLY

SHOW CARD 16

- Look up dishes on restaurant website before going to the restaurant
- Full ingredient list displayed on the menu
- Ask waiter/chef or member of staff
- Give waiter/chef information on specific allergy, e.g. via a chef card
- Logo on menu to show that the dish is not suitable for people with certain allergies
- Other (SPECIFY)
- No preference
- Don't know

E FSA communications

The next section looks at the way you find out information about food, such as healthy eating, food safety or environmental issues.

E 1 How likely would you be to use the Internet to find out general information about food? Please don't think about looking for recipes or recipe ideas.



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SHOW CARD 17

- Very likely
- Fairly likely
- Neither likely nor unlikely
- Fairly unlikely
- Very unlikely
- I never use the Internet
- (Don't know)

ALL EXCEPT PEOPLE WHO NEVER USE THE INTERNET AT E 1 OTHERS GO TO F1

E 2 Have you ever heard of or visited the eatwell website or food.gov website?
These are the Food Standards Agency websites about food and diet?

- Yes, heard of at least one of the websites
- Yes, visited at least one of the websites
- No
- (Don't know)

E 3 The Government is thinking about providing a website which brings together all government information and advice on food. Which of these types of information do you think you would use if it was provided on a government website?

SHOW CARD 18

- Food prices/how to cut your costs

- Healthy eating
- School meals / packed lunches
- Dieting / weight loss
- Food hygiene when eating out
- Healthy eating for different ages / life stages
- Keeping food safe at home
- Eating disorders/food and mental health
- Advice on breast feeding
- Food/diet related illnesses / conditions / diseases (including allergies)
- Food scares
- Environmental impacts of food production
- Supporting local trade/locally produced/seasonal products
- Genetically modified food (GM)/GM food and the environment
- Ethical farming/production
- Food waste (e.g. packaging, recycling, composting)
- Food labelling
- Other (specify)
- (None of these)
- (Don't know)

E4 Thinking about food/grocery shopping, which of these best describes the level of responsibility you have for the shopping in your household?



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SINGLE CODE, (ALLOW D/K - DO NOT SHOW)

- Responsible for all or most of the food/ grocery shopping
- Responsible for about half of the food/ grocery shopping
- Responsible for less than half of the food/grocery shopping
- Not responsible for any of the food/grocery shopping

E5 Would you be willing to take part in future surveys concerning the topics and answers in the questionnaire or on other matters?

THIS MAY BE BY TELEPHONE OR POST

IF RESPONDENT IS WILLING TO BE RE-INTERVIEWED THEN ENSURE THAT YOU HAVE RECORDED THEIR NAME AND ADDRESS AND TELEPHONE NUMBER CORRECTLY.

- Yes
- No

F Demographics

These are the final questions, which will enable us to look at your answers with those of other people like you.

F 1 To start, can I just ask you how old you are?

Enter actual age

If refused: use bands below



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- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Refused

F 2 CODE RESPONDENT GENDER

- Male
- Female
- Other
- Prefer not to answer

F 3 Are you ...?

SHOW CARD 19

- Employed full time (30+ hours)
- Employed part time (8-29 hours)
- Self-employed full time (30+ hours)
- Self-employed part time (8-29 hours)
- Still at school



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- In full time higher education
- Retired
- Not able to work
- Unemployed and seeking work
- Not working for other reason

F 4 To which of these groups do you consider you belong?

SHOW CARD 20

- White
- Black Caribbean
- Black African
- Black other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian
- Any other Ethnic group
- Refused

Now for some questions about your household

F 5 How many adults (that is people aged 16 and over) are there in your household?

- One



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- Two
- Three
- Four
- Five+

F 6 Are there any children in your household aged under 16?

- Yes
- No

F 7 How many children under 16 are there in your household?

- One
- Two
- Three
- Four
- Five+

F 8 What are the ages of the children

- 0-4 years
- 5-9 years
- 10-15 years

F 9 Are you....

- Married
- Living with partner



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- Single
- Widowed
- Separated
- Divorced

STANDARD SOCIAL CLASS QUESTIONS

- A
- B
- C1
- C2
- D
- E

THANK AND CLOSE