



FOOD
STANDARDS
AGENCY

Consumer Attitudes to Food Standards

Contents: Shopping and eating habits, Concerns about hygiene in catering outlets, food retail outlets and in the home, Healthy eating and nutrition, General food safety and hygiene, Food safety and hygiene in the home, Incidence of foodborne disease and responses to it, Food labelling, Sources of information and perceptions of responsibility for food standards, Awareness of the Food Standards Agency.

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**CONSUMER ATTITUDES TO
FOOD STANDARDS
WAVE 7**

UK REPORT

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1 Executive summary

1.1 Research methodology

Seven waves of this study have been conducted on an annual basis from 2000 to 2006. Interviewing was conducted face to face with respondents using CAPI technology, with the interview length approximately 30 minutes. A representative sample of 3513 adults in the UK was interviewed for the 2006 study between August and October that year.

More details of the research methodology and background to the study can be found in the main body of the report.

1.2 Key highlights

Healthy eating is a key concern

- Even when deliberately set in the broader context of concerns that face people today, healthy eating was a key issue for consumers – as important as drugs and environmental issues. Only a minority (12%) felt that healthy eating was not important to them.
- There was a strong feeling that budget is not a barrier to healthy eating and that parents should accept responsibility for making their children eat healthily. Indeed, three-fifths of parents claimed they were trying to reduce their children's consumption of less healthy options, with over one half concerned about foods aimed at children and one-quarter concerned about the nutritional content of school meals.
- The amount of salt, fat and sugar in food remain the dominant food issues for consumers, together with foods aimed at children.
- Whilst two-fifths claimed to have eaten between meals on the previous day, the most popular claimed snack was fresh fruit (40%).

Food safety is less salient, but prompted concern remains high

- In comparison with healthy eating, food safety was seen as less of a concern (mentioned by 9% of the UK sample). However, when asked directly, three fifths (60%) did claim to have some concerns over food safety issues, with raw meat dominating concern about particular food types, consistent with previous years.

The FSA is viewed as a reliable source of information

- The FSA was seen as a key provider of information about food safety and scares, with one-third (34%) claiming to have received information from the Agency. The Agency was also seen as one of the most reliable providers of information about food safety and scares, with 79% of those using information from the Agency being positive about its reliability.
- The Agency is also seen as among the most reliable sources of information on healthy eating – more so than supermarkets and in particular food manufacturers – with 83% of those using information about healthy eating from the FSA being positive about its reliability.
- However at present it is not the source most consumers use in the context of healthy eating – this role belongs currently to supermarkets.

Food labelling is also a key issue

- This too is an area of real concern for consumers. Two-fifths of UK respondents find the print on labels hard to read, with nearly one third finding them difficult to understand. Given the concern over healthy eating, it is also important to note that almost half (45%) find it difficult to know whether a product is healthy from the label.
- Some consumers spontaneously requested that the FSA should help deliver better and clearer labelling.

Improving perception of the FSA

- Prompted awareness of the FSA continues to grow, rising to 82% in 2006.
- However, when asked to describe the role of the Agency, the main answer (20%) was ‘to monitor and check food standards’ – which to some extent may be driven by the name of the Agency, as opposed to a real understanding.
- Confidence and trust in the FSA remains high and this year it was perceived as more consumer-focused – although there was still some misunderstanding of its independent status, with some feeling that it reflects the views of Government.
- There was a desire for the FSA to fully utilise media channels to communicate information and advice.

2 Introduction

2.1 Background

The UK Food Standards Agency was established on 1 April 2000 by Act of Parliament. The Agency aims to protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food.

The Agency's core values are:

- to put the consumer first
- to be open and accessible
- to be an independent voice

The Agency's role is to:

- Provide advice and information to the public and to the Government on food safety, nutrition and diet
- Protect the public through effective enforcement and monitoring
- Support consumer choice through accurate and meaningful labelling

The Agency is committed to conducting research on consumer attitudes towards food safety and food standards in order to inform future activity and monitor changes on an annual basis. Whilst maintaining continuity to assess trends, future surveys may be refined to assess attitudes, knowledge, behaviour and awareness linked to the key aims of the 2005-2010 Strategic Plan:

- To continue to reduce foodborne illness
- To reduce further the risks to consumers from chemical contamination including radiological contamination of food
- To make it easier for all consumers to choose a healthy diet, and thereby improve quality of life by reducing diet-related disease
- To enable consumers to make informed choices

This report covers the seventh annual wave of research, conducted by TNS between August and October 2006.

2.2 Research objectives

The overall aim of the research is to provide the Food Standards Agency with an understanding of consumer attitudes, knowledge, claimed behaviour and awareness with regards to food safety and food standards. The 2000 study enabled benchmarks to be set against which future change could be measured.

More specifically, the research aims to:

- Track changes in attitudes, knowledge, claimed behaviour and awareness over time
- Improve knowledge and understanding of consumer attitudes in those areas for which the Agency has responsibility
- Help the Agency develop effective communications

2.3 Research methodology

The approach to the research was governed by a number of key factors:

- The requirement for a representative sample of adults aged 16+ in each country (England, Scotland, Wales and Northern Ireland), yielding sufficient numbers in critical sub-groups for independent analysis
- The interview length
- The requirement for the methodology to be fully replicable, allowing changes in attitudes, awareness, knowledge and behaviour to be tracked over time

In order to be able to track changes in awareness and attitudes over time modifications to the questionnaire had been kept to a minimum. However, it should be noted that a number of changes were made to the questionnaire in 2001 to improve the 'flow' of the interview from the respondents' perspective and to clarify certain issues. A number of new questions were also added at that time.

Relatively few changes were made to the questionnaire in 2002, but in 2003 there were again some modifications and a new section was added covering cooking and eating in the home. In 2004 some of the questions added in 2003 and some of the original questions were removed from the questionnaire in order to keep the interview length manageable and reduce the risk of respondent fatigue. The 2005 questionnaire was identical to the one used in 2004.

However in 2006 a number of amendments were made. 'Core' questions were retained, but there was a shift away from behavioural measures (which can only ever provide information about claimed behaviour), towards attitudinal assessments. Changes were also made to improve the relevance of the questions (for example to reflect changes in shopping and eating habits) and to set food safety issues in context.

As a result of these changes to the questionnaire, some findings are not comparable with previous years – instances where this occurs are detailed in the main body of the report.

Interviewing was conducted face-to-face with respondents in their home using CAPI technology (Computer Assisted Personal Interviewing). The interview length was approximately 30 minutes. Copies of the questionnaire can be found in Appendix One.

The sample size was required to be robust at a country level. In 2006 the England sample size was increased to permit analysis at the government region level.

The actual number of interviews conducted in each country in 2006 is outlined below. The structure of the sample in each country was designed to be representative of that country's population.

This report is based on the following number of interviews:

England	1,393 (target 1,350)
Wales	708 (target 700)
Scotland	700 (target 700)
Northern Ireland	712 (target 700)
TOTAL	3,513 (target 3,450)

The sample profile is shown in Appendix Two.

Random location sampling was used to ensure that the sample achieved was representative of the UK population. Sample points were selected from the TNS sampling frame, which utilises census small area statistics and the Post Office Address File to divide the UK into areas of equal population. Sample points for all subsequent years were matched to those selected in 2000 to ensure a comparable sample. Interviewers were provided with a number of addresses from these sample points where they had to conduct their interviews. Each interviewer was provided with quotas on gender, working status and presence of children that they had to achieve in order to ensure they interview a representative sample within the sampled area.

The data was weighted at the analysis stage to ensure that the final sample in each country and in the UK overall was demographically representative.

The sampling approach employed ensures a representative sample of the adult population from a demographic perspective (based on gender, age, social economic status, ethnicity, working and marital status). However, it should be noted that inherent with any survey of this type a non response bias may exist to the extent that those participating in the survey may hold different attitudes to those who decide not to participate.

The rural/semi-rural/urban analysis break was defined using population density at the postcode sector level.

The social grade definitions referred to throughout this report are based on the Chief Income Earner in the household of the respondent. Brief definitions of the social grade definitions are shown in the table below:

Social Grade	Definition
A	Higher managerial, administrative or professional
B	Intermediate managerial, administrative or professional
C1	Supervisory or clerical, and junior managerial, administrative or professional
C2	Skilled manual workers
D	Semi and unskilled workers
E	State pensioners or widows (no other earner), casual or low grade workers

Lifestage groupings are defined as follows:

Lifestage	Definition
Pre Nester	Aged 16-35 years, no children
Younger Nester	Aged 16-35 years, with children
Older Nester	Aged 36+ years, with children
Empty Nester	Aged 36+ years, no children in household, married/ living as married
Older Single	Aged 36+ years, no children in household , not married/ living as married

Respondents' ethnicity was recorded and throughout the report references will be made to 'white' and 'non white' respondents. It should be noted that non white ethnic groups have been grouped together in order to provide a robust sample base for analysis purposes.

The interviewing took place between 28 August and 22 October 2006 (a slightly longer fieldwork period than in previous years due to the increased England sample size).

All significant year on year increases/decreases or sub-group differences referred to in the report are statistically significant at a 95% confidence level (statistical significance=0.05). Due to the fact that a representative sample, rather than the entire population, was interviewed the results are subject to sampling tolerances. For example where 50% of the people in our sample respond with a particular answer, there is a 95% probability that this result would not vary more than 2% from the result that would have been obtained from a census of the entire population. Sample tolerances or 'confidence limits' vary by the percentage response and sample size, hence why the percentage difference required to produce a significant result will vary throughout this report.

Where percentages do not add to up to 100% this can be due to a variety of factors – such as the exclusion of 'Don't Know' or 'Other' responses, multiple responses or rounding up of individual percentages. Where coded responses are combined, the figure may differ from the sum of all codes; this is due to rounding up.

3 Shopping habits

At the start of the interview respondents were asked about grocery shopping habits in general. The questionnaire covered the composition of the household, respondents' responsibility for food or grocery shopping and how food shopping is done.

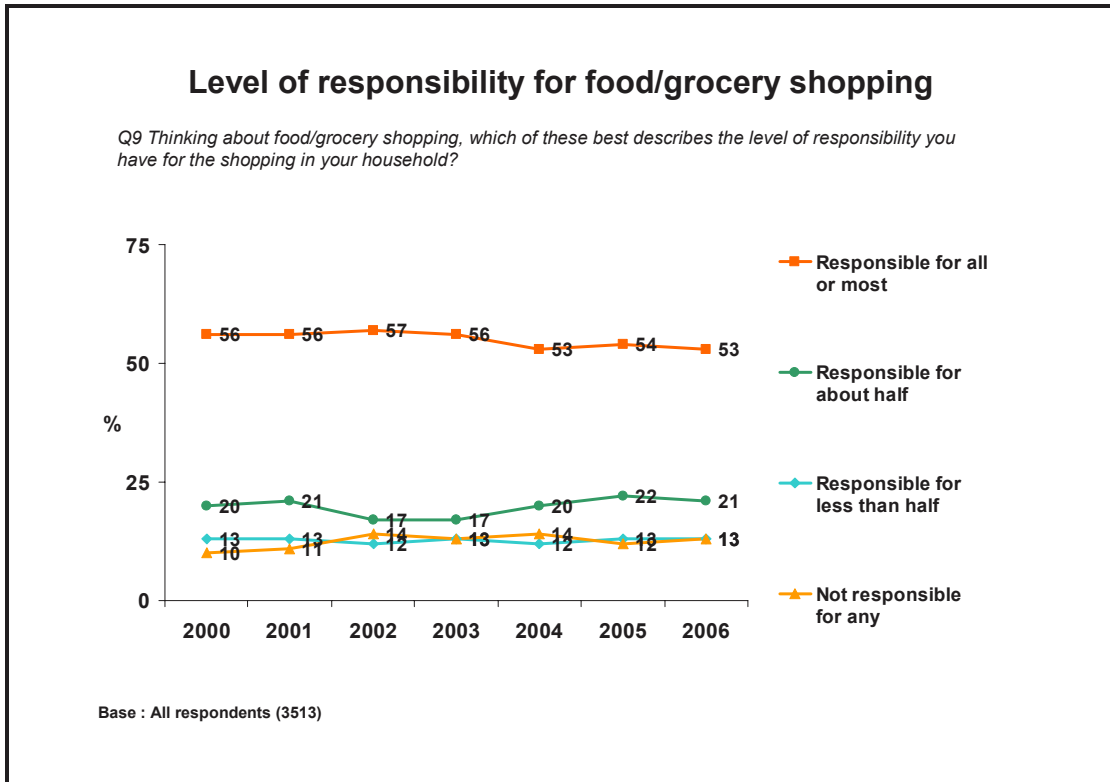
Key findings:

- The vast majority continue to use supermarkets for most of their food shopping. Almost two-thirds (63%) used large supermarkets and a further 30% used the smaller, local shops of the supermarket chains. Despite changes to the question wording this year the number using supermarkets is very similar to that seen in previous years.
- However, small grocery stores and local shops play an important part in 'top-up' shopping, being used by 41% of the sample for some of their food purchases. Local specialist shops such as butchers and greengrocers also play a role here, with 27% of UK respondents using these outlets for some of their food shopping.
- The majority of those questioned did a main food shop once a week or more often (81%) and a top-up shop one to three times a week (70%).

3.1 Responsibility for food/grocery shopping

Respondents were presented with four options, ranging from being “responsible for all or most of the food/grocery shopping” to “not responsible for any of the food/grocery shopping”.

Chart 1



Throughout the seven years of the study consistently just over half the sample (53% in 2006) claimed to be responsible for all or most of the household’s food/grocery shopping. A fifth (21% in 2006) claimed to be responsible for about half.

Across the countries a broadly similar proportion of each sample claimed to be responsible for all/most food shopping - England (53%); Scotland (57%); Wales (58%) and Northern Ireland (51%).

Consistently throughout the period of the study, more women (77% in 2006) took all/most of the responsibility for household food shopping compared to men (29% in 2006).

More of those of white ethnic origin (55%) were responsible for all/most food shopping compared to non-white respondents (35%). This is perhaps driven by larger household sizes in non-white ethnic groups (54% living in households with 4 or more people, compared with 29% for white respondents).

The youngest age group (16-25 year-olds) remained, not surprisingly, least likely to be fully responsible for food/grocery shopping. Only 30% of this group claimed they did all or most of it, compared to 47% or more among all other age groups. A very similar pattern emerged across the lifestage groups (see Section 2.3 for an explanation of how these groups are defined), where only 33% of 'pre-nesters' said they were fully responsible, compared to at least 47% of all other lifestage segments. Logically there would be considerable overlap between the youngest age group and the pre-nester segment.

Those of DE social grade (59%) were more likely to be responsible for all or most food shopping versus C1C2's (50%), though not significantly more likely this year to do so compared to AB's (53%). Section 2.3 contains definitions of the Social Grade groupings.

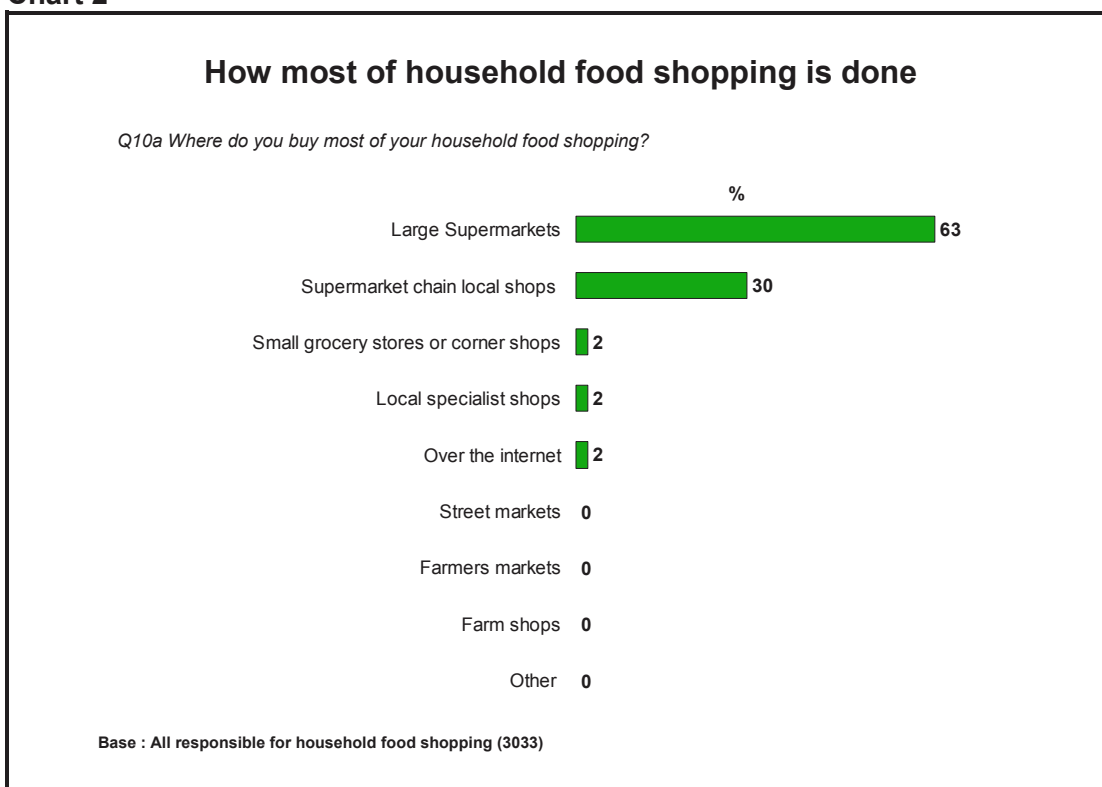
Predictably, those working full-time (43%) were the least likely to be responsible for all/most food and grocery shopping. Part-time workers (68%) and those not in employment (61%) were more likely to have full responsibility for this type of shopping.

3.2 How household food shopping is done

This question was changed slightly this year – previously respondents were asked ‘How do you buy most of your household food shopping?’, whereas this year the wording was ‘Where do you buy...’. The list of possible response options was also expanded to permit more detailed understanding of the outlet types used. Hence, only data for the current year is shown below.

Food shopping continues to be dominated by supermarkets – the majority of respondents used ‘large supermarkets’ (63%), followed by ‘supermarket chain local shops’ i.e. Tesco Metro, Sainsbury Local (used by 30% of UK respondents). Despite the change to the question, this is in fact very similar to the findings in previous years, where consistently just over 90% of the UK sample has claimed to do most of their household food shopping in supermarkets.

Chart 2



Each other outlet type was used by only a tiny minority for main shops – 2% of UK respondents used small grocery stores/corner shops for most of their food shopping and the same proportion used local specialist shops (such as butchers and greengrocers), or the internet.

Supermarket shopping dominated across all the demographic sub-groups, but there were some variations by country and area type.

Table A

KEY SUB-GROUPS – HOW MOST FOOD SHOPPING IS DONE (2006)

	England	Scotland	Wales	Northern Ireland
	(1225)	(605)	(611)	(592)
	%	%	%	%
Large supermarkets	62	61	75	67
Supermarket chain local shops	31	33	18	22
Small grocery stores or corner shops	2	2	2	8
Local specialist shops	2	1	2	2
Over the internet	2	2	1	1

Base: All responsible for food/grocery shopping

Bold indicates a finding that is significantly different from at least one other country

A significantly higher proportion of those in Wales (75%) used large supermarkets compared to all other countries (England – 62%; Scotland – 61%; Northern Ireland – 67%), while use of supermarket chain local shops was more common in England (31%) and Scotland (33%) than in Wales (18%) or Northern Ireland (22%). This may simply reflect availability of the supermarket local store format.

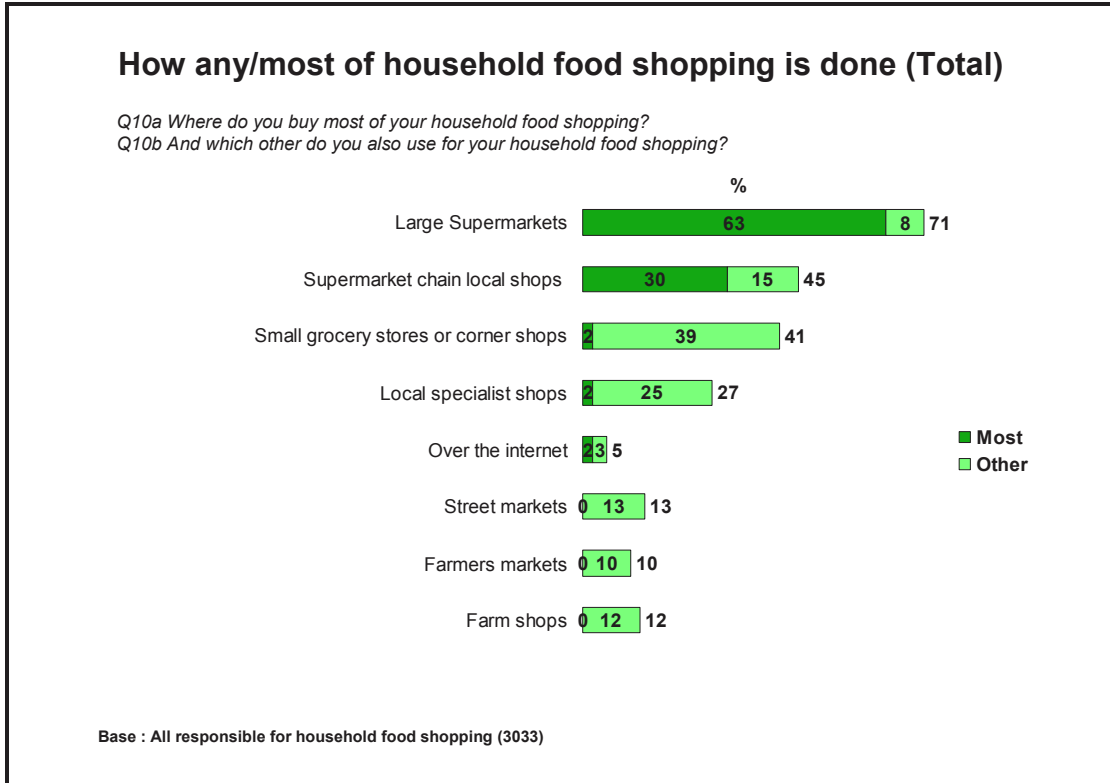
Those in Northern Ireland were most likely to use small grocery stores or corner shops for most of their food shopping, with 8% doing so compared to only 2% in each of the other countries. Despite the change in the question wording those in Northern Ireland had also been more likely to use local shops in previous years.

Those in semi-rural areas were more likely to use large supermarkets (68% - versus rural areas 59% and urban areas 60%), which again may simply reflect availability of the supermarket local store format.

Looking at the demographic groups, the oldest age group (66+ - 4%) and the lowest social grade grouping (DE - 4%) were most likely to use small grocery stores and corner shops, as was the 'older single' lifestage group (6%). Clearly, there is some overlap in these groupings.

Those responsible for food and grocery shopping were also asked which other outlets they used (as well as the outlet used most). These two questions are combined in Chart 3 to give an overall picture of outlet usage.

Chart 3



This illustrates that small grocery stores/corner shops do play an important secondary role for the majority of respondents, with 41% using this outlet type for some food purchases (compared to only 2% using them for most of their food shopping). Thus almost as many UK respondents used a small grocery store or corner shop as used a local outlet of a supermarket chain (45%) for some of their food shopping.

Local specialist shops were used by just over a quarter of respondents (27%) for some of their food shopping, while street markets, farmers markets and farm shops were each used by around one in ten of those interviewed.

While only 2% of respondents undertook most of their food shopping via the internet, somewhat more - 5% of them - did some food shopping via this route.

Looking at the key sub-groups, for supermarkets the pattern observed above was once more evident i.e. those in Wales were more likely to shop in large supermarkets, while those in England and Scotland were more likely to use supermarket convenience formats.

Corner shops were used by fewer respondents in England for any food shopping, while specialist shops were used more in Scotland and particularly in Northern Ireland. Street markets were more popular in England and Wales, while use of farmers markets and farm shops was more common just in England.

Table B
KEY SUB-GROUPS – HOW ANY/MOST FOOD SHOPPING IS DONE (2006)

	England	Scotland	Wales	Northern Ireland
	(1225)	(605)	(611)	(592)
	%	%	%	%
Large supermarkets	71	67	82	72
Supermarket chain local shops	46	47	29	31
Small grocery stores or corner shops	39	49	48	65
Local specialist shops	26	32	28	53
Internet	5	5	3	2
Street markets	14	4	10	3
Farmers markets	10	5	7	6
Farm shops	13	5	6	6

Base: All responsible for food/grocery shopping

Bold indicates a finding that is significantly different from at least one other country

AB's were more likely to use several of these sources for some food shopping – specialist shops, the internet, farmers markets and farm shops were all used by significantly more of this group compared to C1C2's or DE's.

There were few differences between men and women, but men were more likely to use small grocery stores/corner shops: 46% did so, compared to only 38% of women.

Older respondents (50+) were least likely to do any food shopping via the internet, while younger people (up to 35) were least likely to shop at farmers markets.

Young nesters (10%), followed by older nesters (7%), were the lifestages which most commonly used the internet to shop for food. Empty nesters were particularly likely to use farm shops – 19% of this group claimed to do so, versus at most 11% of any other lifestage group.

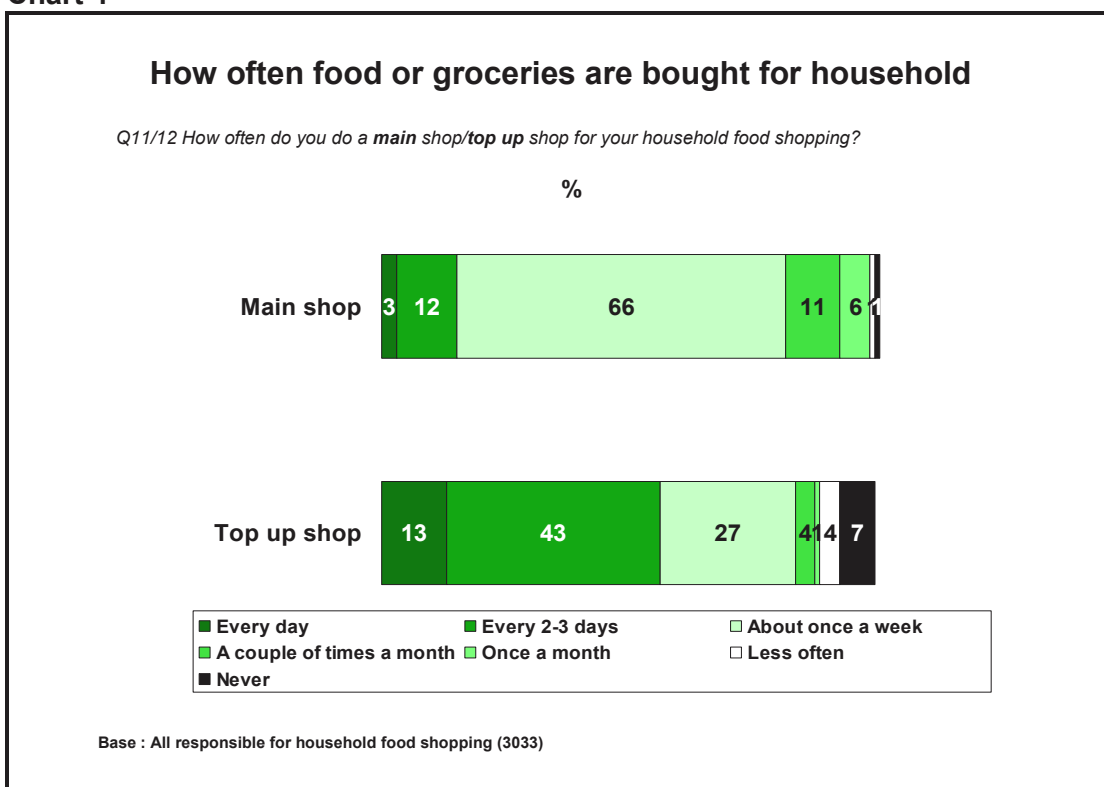
3.3 Frequency of purchasing food/groceries

Respondents were asked how often they shopped for food and groceries for their household. The wording was changed this year to separate out main from top-up shopping trips.

Two-thirds of UK respondents (66%) undertook a main food shop once a week. Around one in six (15%) did so more frequently than this and a slightly greater proportion (19%) did so less often. For the majority of respondents (70%) top-up shops took place about once a week or every 2 to 3 days (so between 1 and 3 times a week). Interestingly, a substantial minority (7%) claimed 'never' to have to do a top-up shop for food.

There was a relationship between the frequency of top-up and main shops. Among those who never do any top up shops, 31% do main shopping at least once every 3 days, compared to 15% overall.

Chart 4



There was relatively little variation in 'main' shopping frequency among the sub-groups. However, more of the 16-25 year-olds (13%, versus at most 7% of any other age group) claimed they did a main shop only once a month. In addition, as in previous years, those of non-white ethnic origin tended to shop more frequently than their white counterparts. Some 19% of non-white survey participants stated they did a main shop every 2 to 3 days, compared to 11% of white respondents.

Looking at top-up shopping frequency, again there were few differences between the sub-groups. Those of C1C2 (14%) and DE (15%) social grades were more likely to top-up every day than were AB's (9%). In addition, as Table C shows, looking across the whole frequency distribution, those in Northern Ireland and Scotland were somewhat more frequent top-up shoppers than their counterparts in England or Wales.

Table C
KEY SUB-GROUPS - FREQUENCY OF TOP-UP FOOD/GROCERY SHOPPING
(2006)

	England (1225)	Scotland (605)	Wales (611)	Northern Ireland (592)
	%	%	%	%
Every day	13	18	14	22
Every 2-3 days	41	54	46	57
About once a week	28	20	23	10
A couple of times a month	4	2	3	2
Once a month	1	1	2	1
Less often	4	1	4	3
Never	7	4	7	5

Base: All responsible for food/grocery shopping

Bold indicates a finding that is significantly different from at least one other country

When examining lifestage (see table D below) Young Nesters and Older Nesters conduct top up shopping more regularly, whilst Pre Nesters and Older Singles are least frequent in their top up shopping.

Table D
KEY SUB-GROUPS - FREQUENCY OF TOP-UP FOOD/GROCERY SHOPPING
(2006)

	Pre Nester (355)	Young Nester (403)	Older Nester (566)	Empty Nester (979)	Older Single (730)
	%	%	%	%	%
Every day	9	18	18	12	11
Every 2-3 days	40	46	46	44	40
About once a week	34	25	26	27	23
A couple of times a month	6	1	2	4	4
Once a month	0	1	1	1	2
Less often	2	4	4	4	6
Never	6	4	3	8	12

Base: All responsible for food/grocery shopping

Bold indicates a finding that is significantly different from at least one other lifestage

4 Eating habits

After the questions about shopping habits respondents were asked about their eating habits. New questions this year covered the frequency with which various foods and meal types were eaten, whether certain foods were avoided or consciously included in the diet and attitudes towards cooking and healthy eating.

Retained from previous years were questions on the number of fruit and vegetable portions that should be eaten and the actual number consumed.

It should be noted that this study measures claimed rather than actual behaviour. As such, it might not be an entirely accurate measure, in that there may be potential for respondents to portray themselves as more 'virtuous' in their eating habits than they really are. Nevertheless, there is value in ascertaining respondents' perceptions of what they eat and do, in that this establishes a benchmark against which to assess the effect of future activity or more general social change.

Key findings:

- The vast majority (89%) claim that healthy eating is important to them, with a strong feeling that budget is not a barrier and that parents should be strict with their children and make them eat healthily.
- Three-fifths agreed that they would like to have more information about the food that they buy, with 45% saying that they find it difficult to know if a product is healthy from the label.
- Foods containing fat and sugar were the types of food that most people said they were trying to reduce or avoid consumption of (26% and 24% respectively). For parents, two-fifths claimed they were making an effort to reduce their children's consumption of foods containing sugar, with foods containing fat and fizzy drinks also likely to be mentioned.
- Conversely, fruit and vegetables were the foods people were most likely to say they were trying to increase their own and their children's consumption of. Salad and yogurts (particularly for children) were also likely to be mentioned.
- Using a more detailed way of determining daily consumption of fruit and vegetables, 55% claimed they had consumed five or more portions on the previous day. The knowledge of '5 a day' continues to increase, with 71% aware this year.
- Two-fifths claimed to have snacked between meals on the previous day. However, 40% of these people had claimed to have snacked on fresh fruit, although biscuits and cakes (28%) and savoury snacks (20%) were also popular.

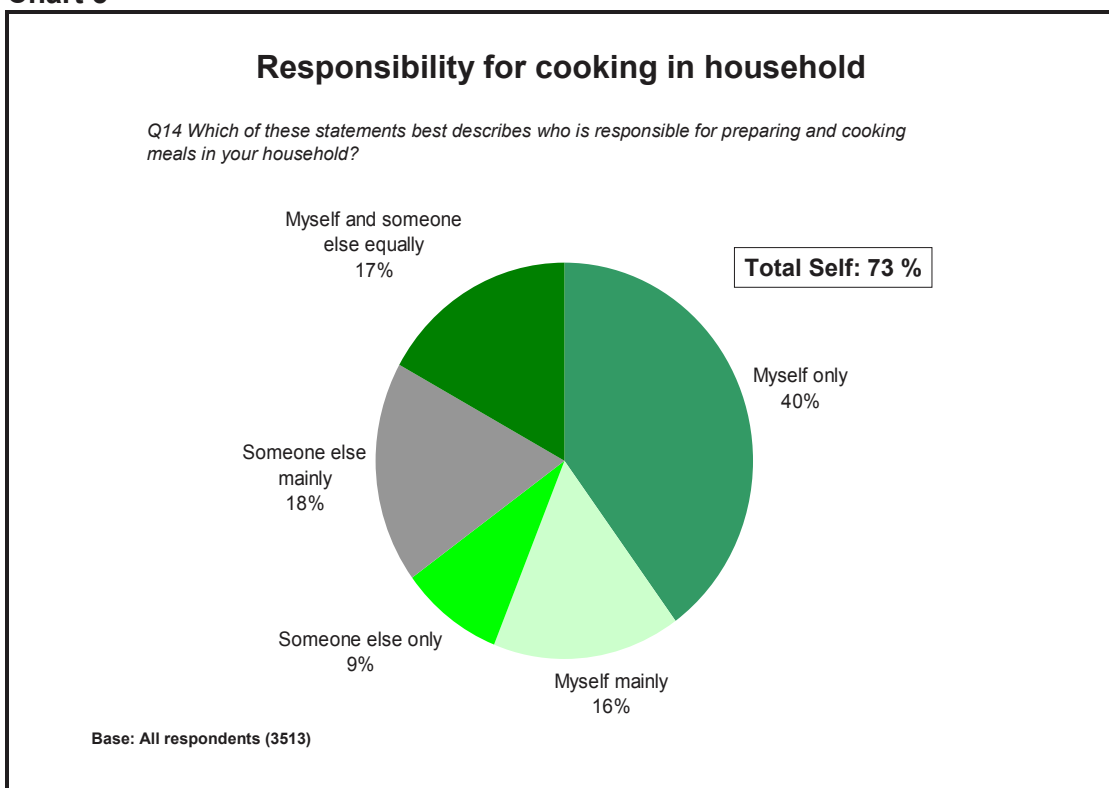
4.1 Responsibility for cooking in household

Respondents were asked which of a list of statements best described who was responsible for preparing and cooking meals in their household.

As Chart 5 shows, in the majority of instances (73%) the person being interviewed was responsible to some extent for preparing and cooking meals for their household. Some 40% of respondents were solely responsible, a further 16% were mainly responsible and a further 17% shared the responsibility for cooking equally with someone else.

Only 9% of the UK sample had no involvement with preparing and cooking meals for their household.

Chart 5



There was a strong overlap between responsibility for food shopping and cooking with the vast majority (85%) of those responsible for all or most of the shopping also solely or mainly responsible for cooking in the household.

There was some variation across the sub-groups in terms of being solely responsible for meal preparation and cooking. Fewer men (22%) chose 'myself only' compared to women (56%), and few 16-25 year-olds did so (20%, versus at least a third of each other age group). Perhaps predictably, full-time workers (25%) were less likely to claim sole responsibility compared to either part-time workers (42%) or those not working (54%).

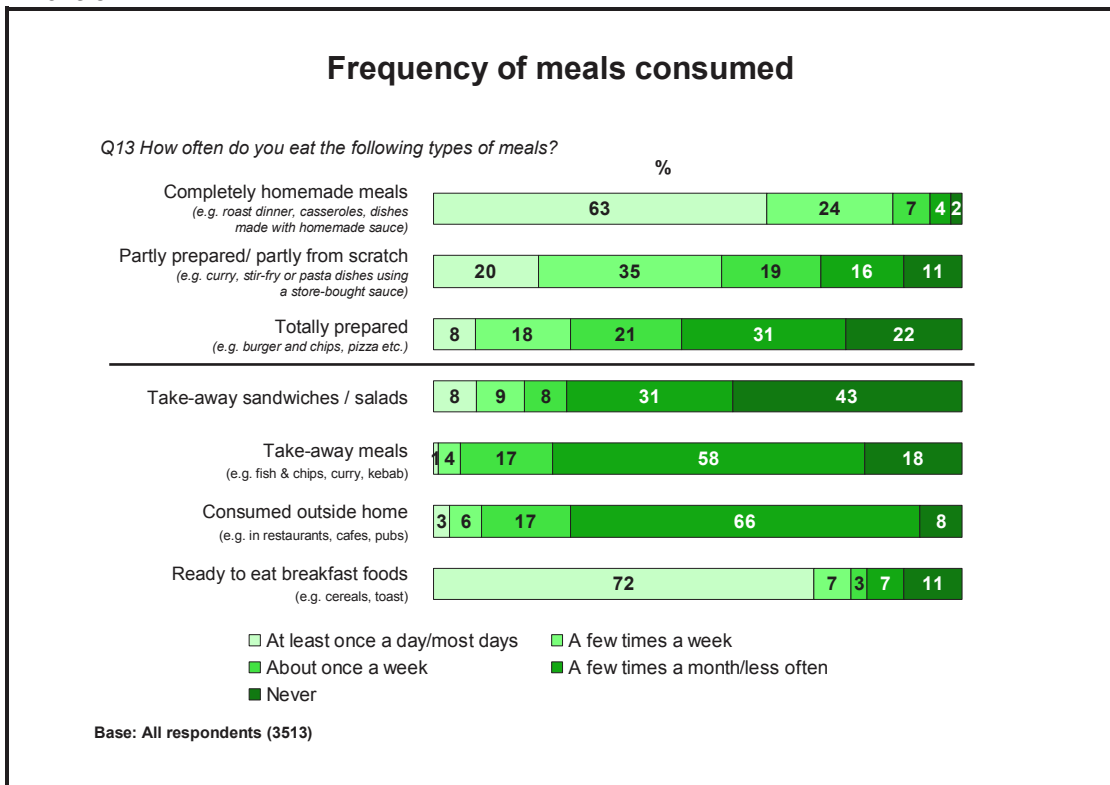
White respondents (41%) were more likely to have sole responsibility than their non-white counterparts (23%). Again, this may be driven by larger household sizes for non whites and thus more shared responsibility.

There was also some variation across the countries, with only 34% of those in Northern Ireland opting for 'myself only' at this question compared to 39% in England, 42% in Scotland and 45% in Wales.

4.2 Frequency of consuming meal types

Respondents were shown a list of descriptions of meal types and asked how frequently they ate each type. Chart 6 summarises the frequency with which respondents claimed each type was eaten.

Chart 6



Ready to eat breakfast foods i.e. breakfast cereals, toast and other packaged breakfast products were claimed to be consumed once a day/on most days by almost three-quarters (72%) of UK respondents. Almost nine out of ten people (89%) consumed this type of food at some time.

Almost two-thirds (63%) of the UK sample claimed that they ate a completely homemade meal once a day/on most days, with a further quarter (24%) saying they ate this type of meal a few times a week. The examples given of this type of meal were a roast dinner, a casserole, a 'meat and two veg'-type dish, or a meal using a homemade sauce.

It seems unlikely in our time-poor society that so many people actually do cook 'from scratch' that often. It is possible that if the main ingredient(s) is/are fresh, people 'forget' or ignore that actually a shop-bought component such as a sauce was also involved. So a stir-fry or a curry using a shop-bought sauce, which should have been regarded as a 'partly prepared/partly from scratch', may have been categorised as completely homemade.

Looking then at the distribution for this 'partly prepared' category, only 20% claimed they ate this type of meal on most days, though a further third (35%) said they did so a few times a week. Only 11% claimed not to eat this type of meal at all.

Totally prepared meals (meals made completely from pre-prepared store bought ingredients such as burger and oven chips, pizzas, ready-made meals from the chiller or freezer cabinet) were apparently consumed much less frequently. Less than one in ten UK respondents (8%) claimed they ate totally prepared meals on most days, although more than double this number (18%) did so a few times a week and almost half the sample did so at least weekly.

Takeaway sandwiches/salads had the highest proportion of the sample claiming they never ate them (43%). A further third (31%) said they did so only a few times a month at most.

The majority (66%) ate a meal consumed outside the home e.g. in a restaurant, café or pub, a few times a month and approaching one in ten (8%) never did so. However around a quarter (26%) ate a meal outside the home at least once a week.

The pattern was broadly the same for takeaway meals such as fish and chips, kebabs, etc. The majority (58%) said they ate them a few times a month at most and in this case a sizeable group (18%) said they never did so. However, approaching a quarter of the sample (22%) claimed they ate this type of meal at least once a week.

As might be expected, there was considerable variation across the demographic and other sub-groups on these measures. Looking just at the 'once a day/on most days' category:

- Completely homemade meals were more likely to be consumed this frequently by women; those aged 50+; AB's and those not working. In addition, respondents in England and especially those in Northern Ireland were more likely to eat homemade meals this frequently, as were those living in rural areas. Pre Nesters and Older Singles were the lifestage groups less likely to consume completely homemade meals.
- Totally prepared meals were likely to be consumed more frequently by 16-25 year-olds and by those of C1C2 and DE social grades. Pre Nesters and Young Nesters were more likely to consume this type of meal.
- For take-away meals – looking this time at the full distribution of responses - men, those aged under 35 and those of C1C2 and DE social grades were more frequent consumers.
- Older respondents and particularly Empty Nesters and Older Singles, were less likely to consume take-away sandwiches/salads.
- Pre Nesters were least likely of the different lifestages to consume ready to eat breakfast products.

The demographic variable having most impact on consumption of meal types was social grade and these differences are shown in the table below:

Table E

KEY SUBGROUPS: TYPES OF MEALS CONSUMED DAILY/MOST DAYS

	AB (684) %	C1C2 (1667) %	DE (1162) %
Completely homemade	70	62	59
Partly prepared	15	22	19
Totally prepared	4	7	11
Take-away sandwiches/salads	10	9	6
Take-away meals	0	1	2
Consumed outside home	3	4	2
Ready to eat breakfast foods	75	73	71

Base: All respondents

Bold indicates a finding that is significantly different from at least one other social grade grouping

Differences by lifestage are also apparent, as discussed above; these are detailed in the chart below.

Table F

KEY SUBGROUPS: TYPES OF MEALS CONSUMED DAILY/MOST DAYS

	Pre Nester (355) %	Young Nester (403) %	Older Nester (566) %	Empty Nester (979) %	Older Single (730) %
Completely homemade	52	63	62	73	58
Partly prepared	25	24	22	14	17
Totally prepared	12	10	7	4	8
Take-away sandwiches/salads	18	13	7	3	4
Take-away meals	4	2	0	1	0
Consumed outside home	7	4	3	1	3
Ready to eat breakfast foods	64	72	75	76	75

Base: All respondents

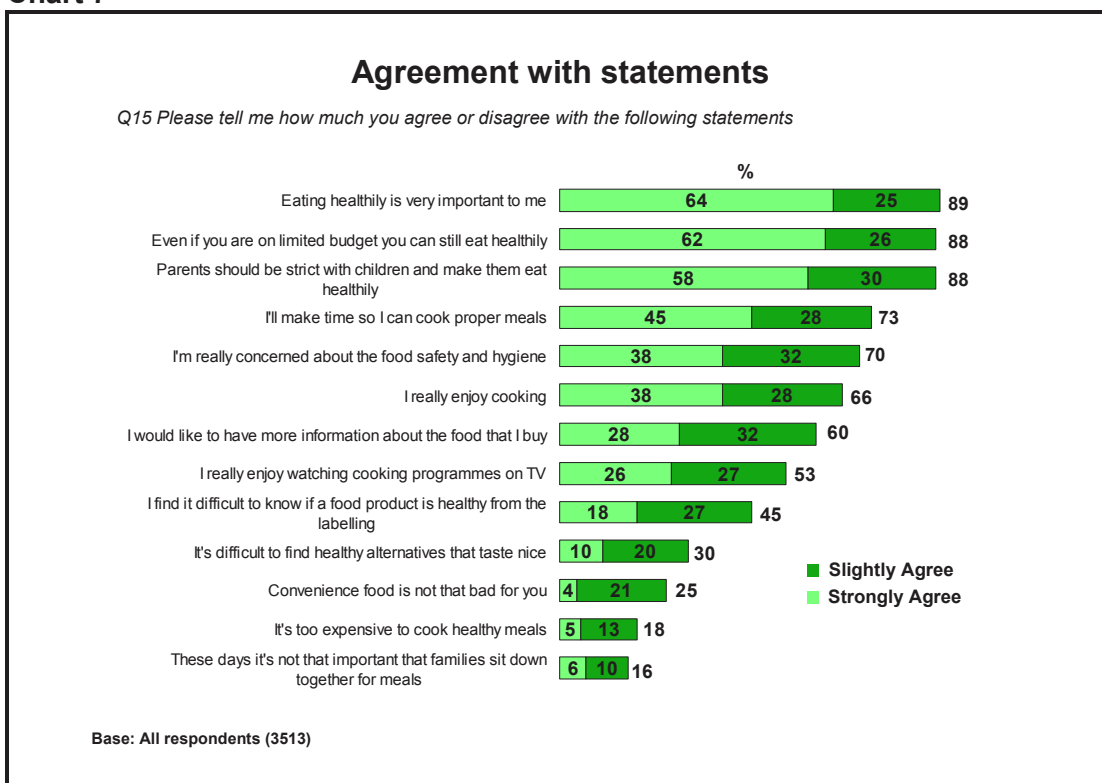
Bold indicates a finding that is significantly different from at least one other lifestage

4.3 Agreement with statements about cooking and healthy eating

All respondents were asked how much they agreed or disagreed with a number of statements. The order of presentation of the statements was rotated to avoid bias.

Chart 7 shows the proportion of the UK sample which strongly or slightly agreed with each statement.

Chart 7



The highest levels of agreement – by almost nine out of ten UK respondents – were with the statements ‘Eating healthily is very important to me’, ‘Even if you are on a limited budget you can still eat healthily’ and ‘Parents should make children eat healthily’. These statements also achieved the highest numbers of survey participants ‘strongly agreeing’ – three-fifths or more chose this point on the scale at each statement.

Less than one in five respondents (18%) agreed with the converse of the ‘limited budget’ statement i.e. that ‘It’s too expensive to cook healthy meals’. In addition few were prepared to agree that it was not important for families to sit down and eat together (16%).

However, despite apparently viewing healthy eating as a key issue, somewhat fewer respondents (73%) agreed that they made time to cook proper meals. Fewer still (66%) agreed that they really enjoyed cooking.

Fewer people were prepared to defend convenience foods – a quarter (25%) agreed that convenience foods were ‘not that bad for you’, with very few (4%) strongly agreeing with this statement. There was a slightly higher level of agreement (30%) that it is difficult to find healthy alternatives that nevertheless taste good. It should be noted that these largely positive attitudes towards healthy eating do not necessarily reflect behaviour.

Looking at issues directly under the remit of the Food Standards Agency, approaching three-quarters (70%) agreed that they were really concerned about food safety and hygiene and three-fifths (60%) wanted more information about the food they bought. Somewhat fewer, but nevertheless still a substantial group (45%) agreed that they found it difficult to know whether a food product is healthy from the labelling.

Looking across the attribute battery as a whole, women, those of AB social grade and all age groups above 25 had somewhat more of an orientation towards healthy eating.

Specific attitudes, to an extent, differ by demographic and lifestyle groups and these differences are described below:

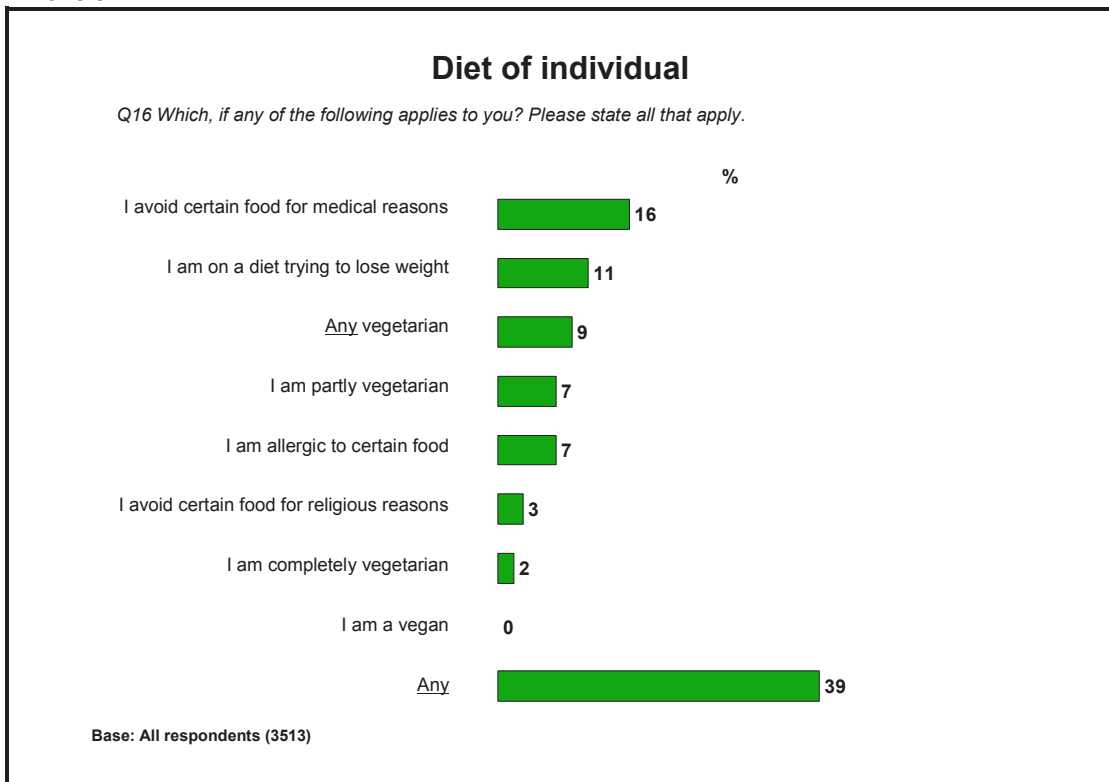
- The importance of eating healthily was slightly less important for pre nesters and young nesters, with 55% and 59% respectively agreeing with the statement
- Those of social grade AB were more likely to agree that ‘Even if you are on a limited budget you can still eat healthily’ than those with social grade DE (68% and 60% agreeing strongly respectively)
- Females were more concerned about food safety and hygiene than males (42% agreeing strongly compared with 34% for males). In addition, younger respondents (16-25 years) were less likely to agree strongly (31%)
- Enjoyment of cooking was higher for females than males (43% of females agreeing strongly compared with 32% of males)
- Those in social grade DE were more likely to find difficulty knowing whether food is healthy from the labelling, with 23% agreeing strongly, compared to both social grade AB (12%) and C1C2 (17%)
- Those in social grade DE were also more likely to agree that it is difficult to find healthy alternatives that taste nice, 16% agreeing strongly, compared with AB (4%) and C1C2 (9%)
- Older nesters were least likely to agree that ‘these days its not that important that families sit down together for meals’, with 70% disagreeing strongly (compared to 50% for pre-nesters)

4.4 Diet of individual

The questionnaire asked whether any of a list of descriptions e.g. ‘partly vegetarian’, ‘on a diet trying to lose weight’ and so on applied to the respondent.

Chart 8 shows that a substantial proportion of the UK sample (39%) claimed they avoided certain foods for some reason. The largest single group did so for medical reasons (16%), followed by somewhat smaller groups on a diet to lose weight (11%), because they were vegetarian (9%), or because of food allergies (7%). Three percent avoided certain foods for religious reasons.

Chart 8



Women were more likely than men to claim to be vegetarian, to have a food allergy, or to be dieting to lose weight. Those aged 36 and over were more commonly trying to lose weight, or to avoid certain foods for medical reasons compared to younger people, but the 50-65 year olds were the age group most likely to claim to have a food allergy. People of non-white ethnic origin were more likely to be vegetarian (23%, versus only 8% of white respondents) and to avoid certain foods for religious reasons.

More of those living in England avoided certain foods compared to all other countries. Some 40% of those interviewed in England claimed they avoided certain foods, versus 31% in Scotland, 30% in Wales and 24% in Northern Ireland.

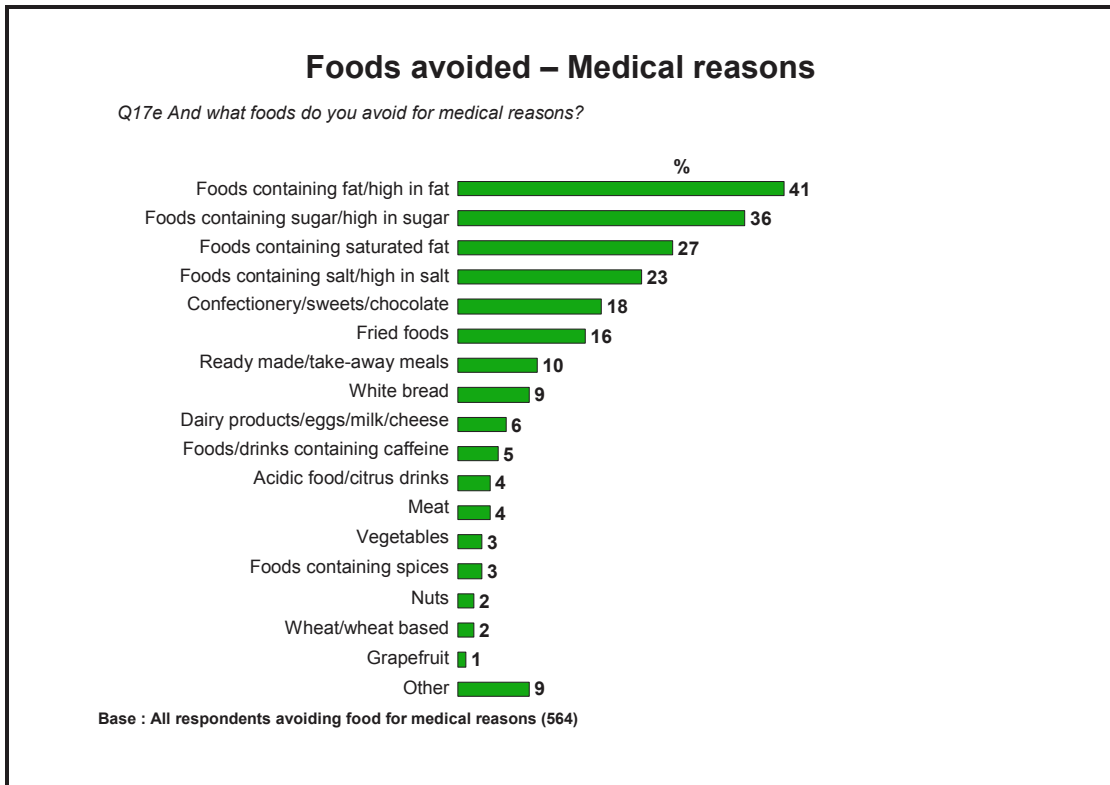
All of those who did avoid certain foods, were on a diet, etc. were asked which particular foods they avoided. No prompt lists of foods were shown.

Charts 9 to 13 show the detailed responses to each of these questions.

Those who claimed they avoided certain foods for medical reasons mainly mentioned fatty, sugary and salty foods. There were most mentions of fatty foods – apart from the 41% who mentioned fatty foods in general, a further 27% mentioned foods containing saturated fat.

It should be noted that there may be some overlap with allergies for this question as well as general dieting, as opposed to a medically diagnosed condition.

Chart 9



Foods containing sugar (36%) and salt (23%) were the next highest mentions.

Some mentioned specific foods which would come into these categories such as confectionery, fried foods, or ready-made/takeaway meals.

Smaller proportions of the sample mentioned other specific foods, ranging from white bread to foods and drinks containing caffeine, spicy food, citrus drinks and so on.

The foods mentioned by those trying to lose weight largely overlapped with the foods which featured in the top half of the 'medical reasons' chart i.e. fatty or sugary foods in general and specific foods high in fat and/or sugar.

Chart 10



Confectionery, cakes/biscuits/bakery products and fried foods were key specific mentions (47%, 44% and 39% respectively).

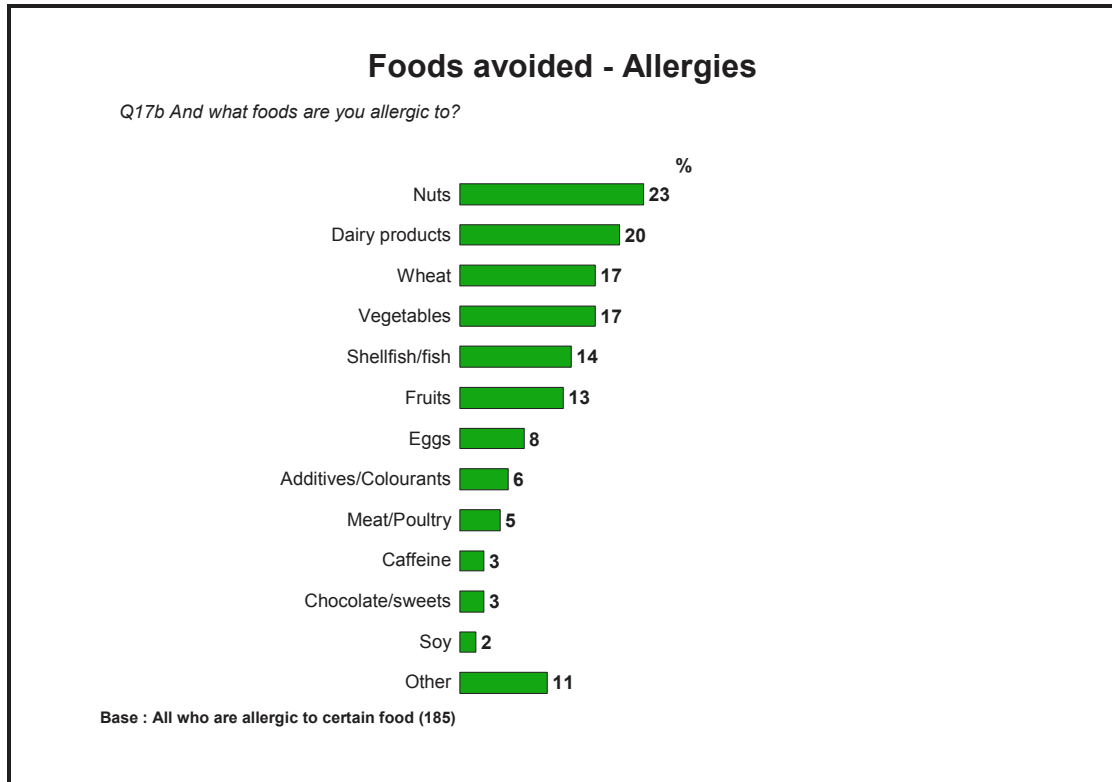
Those who were partly vegetarian were asked which meats they avoided. Those who were partly vegetarian most commonly avoided red meat (54%). Almost a third (31%) claimed they avoided 'meat' without specifying a type, and just under a fifth avoided each of chicken (18%) and other poultry (16%).

Chart 11



The food most commonly mentioned by people with food allergies was nuts (by 23% of this group). Dairy products, wheat and vegetables were each mentioned by slightly fewer of those with allergies, followed by shellfish/fish and fruits. All of these foods were mentioned by more than one in ten of those avoiding foods due to an allergy. A number of other foods or ingredients were mentioned by fewer than one in ten people.

Chart 12

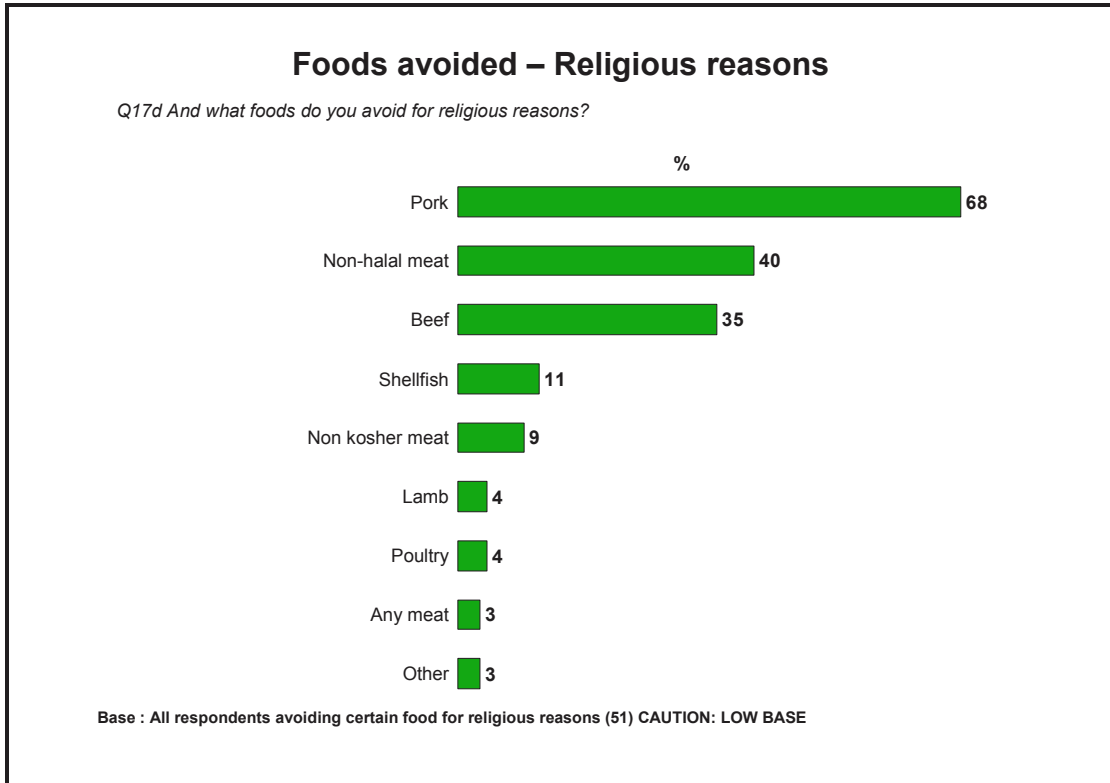


Those who avoided a food or foods for religious reasons most frequently mentioned pork (68%). Just over a third mentioned each of non-halal meat and beef.

Other foods were mentioned as being avoided for religious reasons by at most one in ten people and included shellfish, non kosher meat, lamb and poultry.

It should be noted that there was a low sample base for this question (51 respondents) and as such results should be treated with caution.

Chart 13



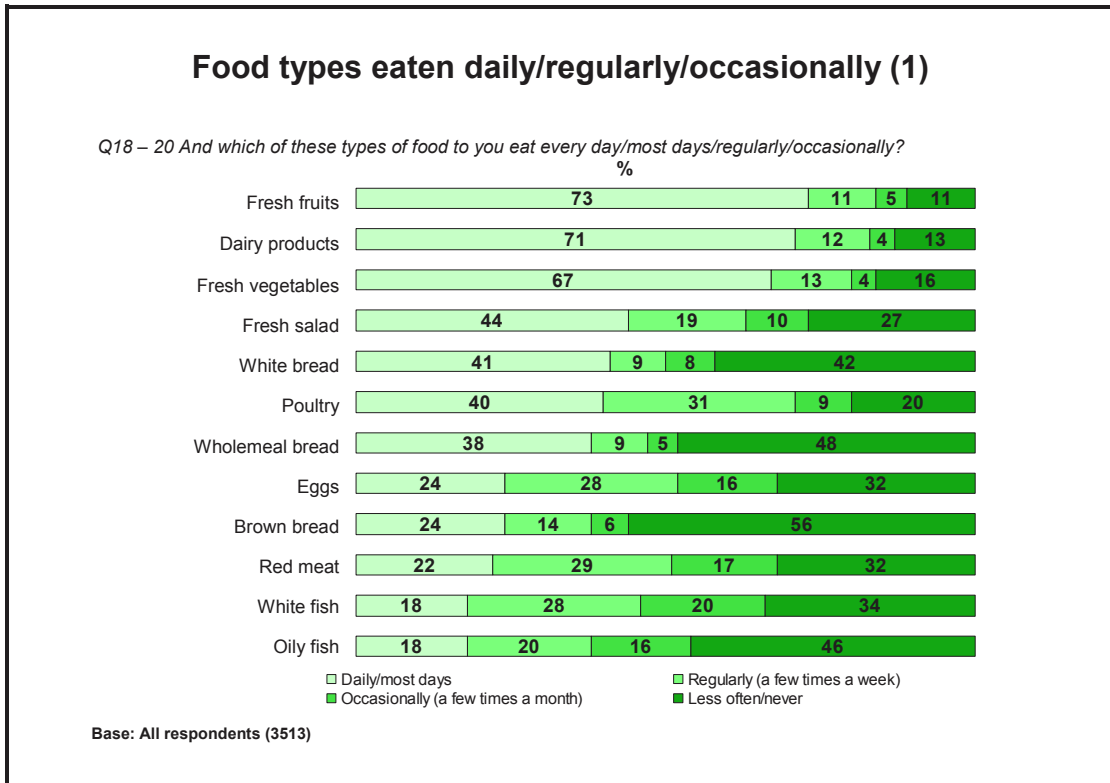
4.5 Types of food eaten

Respondents were shown a list of food types and asked which they ate daily or most days, which they ate regularly (i.e. a few times a week) and which they ate occasionally (i.e. few times a month).

A similar question was asked in previous years, but the frequency categories were defined differently. A further change this year is that the number of food types has been expanded considerably. In some cases previous groupings ('fresh vegetables/salads/fruits') have been split into separate categories, while new food types such as crisps, confectionery and chocolate bars have been added to increase the usefulness of the information gathered.

Charts 14 and 15 below summarise this information, with Chart 14 showing the foods eaten more frequently and Chart 15 those less frequently eaten. It should be noted that all foods not nominated by each respondent as eaten occasionally or more often were placed in the 'less often/never' category on both charts.

Chart 14



Fresh fruits, vegetables and dairy products were the food types claimed to be eaten daily/on most days by the greatest number of UK respondents. Around seven out of ten people claimed to eat each of these types of food daily/on most days. Fresh salad was eaten by rather fewer people – only 44% of the UK sample said they ate this food type daily/on most days and a substantial proportion (27%) ate it very rarely or not at all.

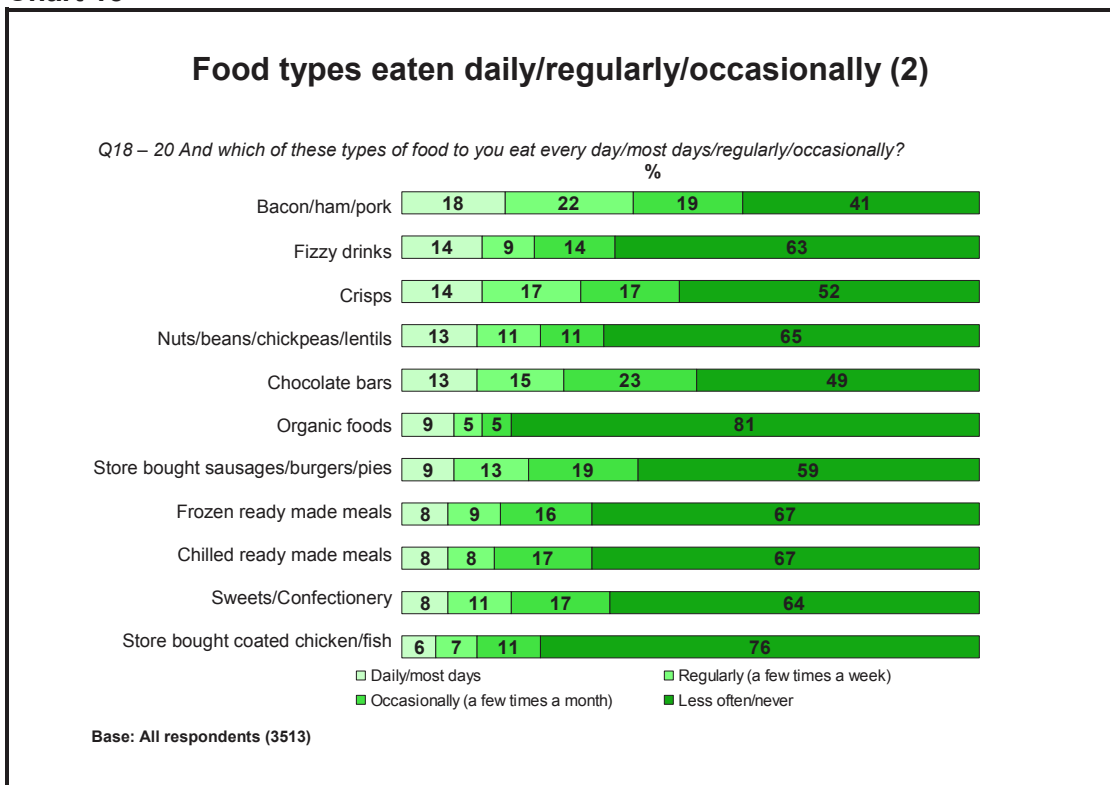
White and wholemeal bread were each mentioned as being eaten every day by about two-fifths of the sample, with fewer claiming to eat brown bread this frequently (24%).

Poultry was the meat type most frequently consumed: seven out of ten claimed to eat poultry 'regularly' (i.e. a few times a week) or more often, compared to only half (51%) claiming to eat red meat this frequently.

A quarter (24%) claimed to eat eggs daily or on most days, with a slightly greater proportion (28%) stating they did so regularly/a few times a week.

Similar proportions of the sample claimed to eat white (18%) and oily fish (18%) daily/on most days, though more people ate white fish a few times a week (28%, versus 20% for oily fish). Despite the FSA recommendations to include fish and specifically oily fish in the diet, a third of the UK sample claim to rarely or never ate white fish and almost half rarely or never ate the oily variety. Females were more likely to claim to consume both white and oily fish on a daily basis (20% and 21% respectively).

Chart 15



Bacon/ham/pork was eaten daily/on most days by just under a fifth of the UK sample (18%), although similar proportions of the sample also ate it 'regularly' (i.e. a few times a week) and 'occasionally' (i.e. a few times a month).

Fizzy drinks, crisps and chocolate bars were all consumed daily/on most days by around 13% of the UK sample. Around half of UK respondents claimed rarely or never to eat crisps or chocolate bars, with this proportion rising to almost two-thirds for fizzy drinks. Thirteen percent consumed nuts/beans and other pulses on a daily basis.

All other food types were consumed daily by less than one in ten UK respondents. Around one in five (19%) claimed to eat organic food at least occasionally. Looking at the 'daily/on most days' figures, a general pattern of sub-group differences

emerged. Significantly higher proportions of women versus men and those of non-white ethnic origin compared to white respondents claimed to eat foods which are generally thought to form part of a healthy diet i.e. fruits, vegetables and salads, on at least most days.

The 16-25 year-old group had significantly fewer members claiming to eat each of these more healthy food types and they had the highest claimed levels of frequent consumption of fizzy drinks, crisps, sweets and chocolate bars and also ready-made meals.

Table H

KEY SUB-GROUPS – FOOD TYPES EATEN REGULARLY (2006)

	16-25	26-35	36-49	50-65	66+
	(475)	(491)	(901)	(876)	(770)
	%	%	%	%	%
Fresh fruit	66	71	74	73	78
Fresh vegetables	52	64	67	74	77
Fresh salad	40	43	48	45	45
Fizzy drinks	33	15	12	7	7
Crisps	25	19	15	8	4
Chocolate bars	21	12	11	11	10
Sweets, confectionery	14	8	5	6	8
Frozen ready-made meals	19	8	8	5	5
Chilled ready-made meals	16	9	6	5	5

Base: All respondents

Bold indicates a finding that is significantly different from at least one other age group.

Still focusing just on the 'daily/on most days' figures and looking across the social grade groups, AB's and C1C2's were significantly more likely to claim to eat fruit and vegetables, while more of the DE's and in some cases the C1C2's claimed to consume fizzy drinks, crisps, sweets and chocolate bars.

Table I

KEY SUB-GROUPS - FOOD TYPES EATEN DAILY/ON MOST DAYS (2006)

	AB	C1C2	DE
	(684)	(1667)	(1162)
	%	%	%
Fresh fruit	83	74	64
Fresh vegetables	83	66	60
Fresh salad	55	43	40
Wholemeal bread	48	40	31
White bread	30	41	47
Oily fish	22	17	17
White fish	17	17	18
Organic food	16	7	8
Fizzy drinks	10	15	16
Crisps	10	14	16
Chocolate bars	9	13	15
Sweets, confectionery	5	8	9

Base: All respondents

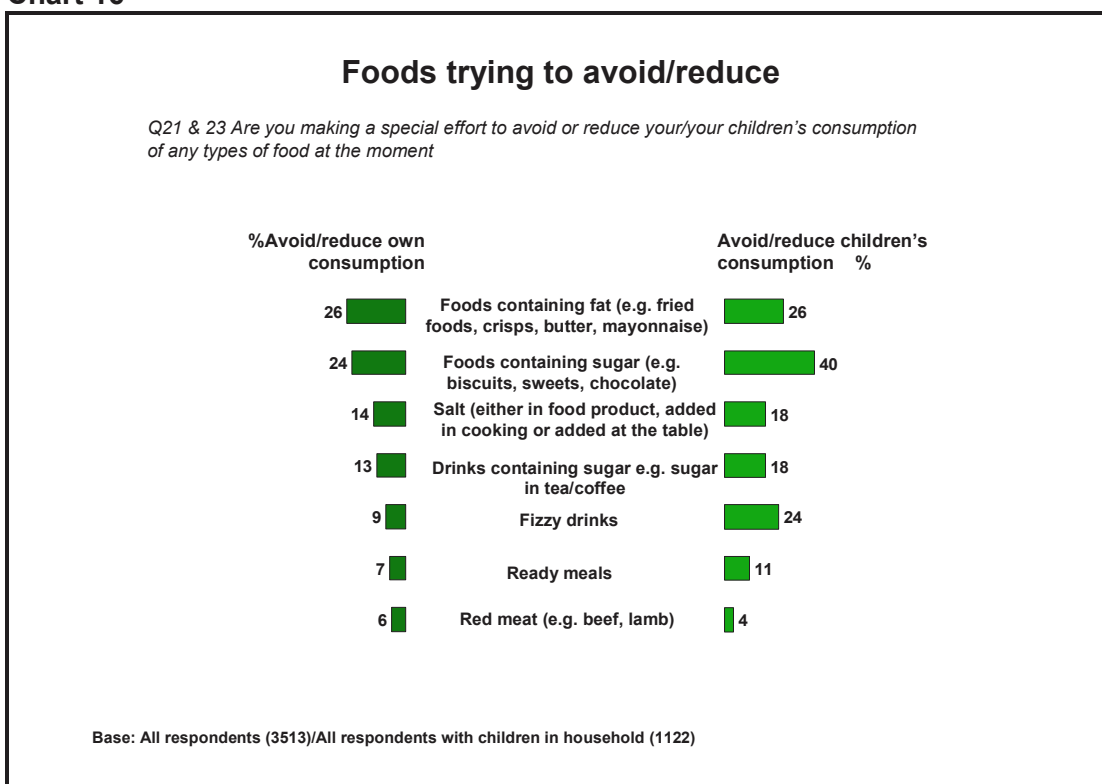
Bold indicates a finding that is significantly different from at least one other social grade grouping.

4.6 Foods avoided/eaten more often

New questions this year asked whether respondents were making a special effort to avoid/reduce or include/eat more of any types of food. Where there were children in the household these questions were repeated relating to children's consumption. No prompt list of foods was shown at any of these questions.

Chart 16 shows those foods people claimed to be trying to avoid or reduce consumption of.

Chart 16



Most commonly mentioned as the food types that the respondents themselves were making an effort to avoid or reduce consumption of were fatty foods (26%), sugary foods (24%) and drinks containing sugar (13%), and salt (14%). All other food and drink types were mentioned by fewer than one in ten respondents.

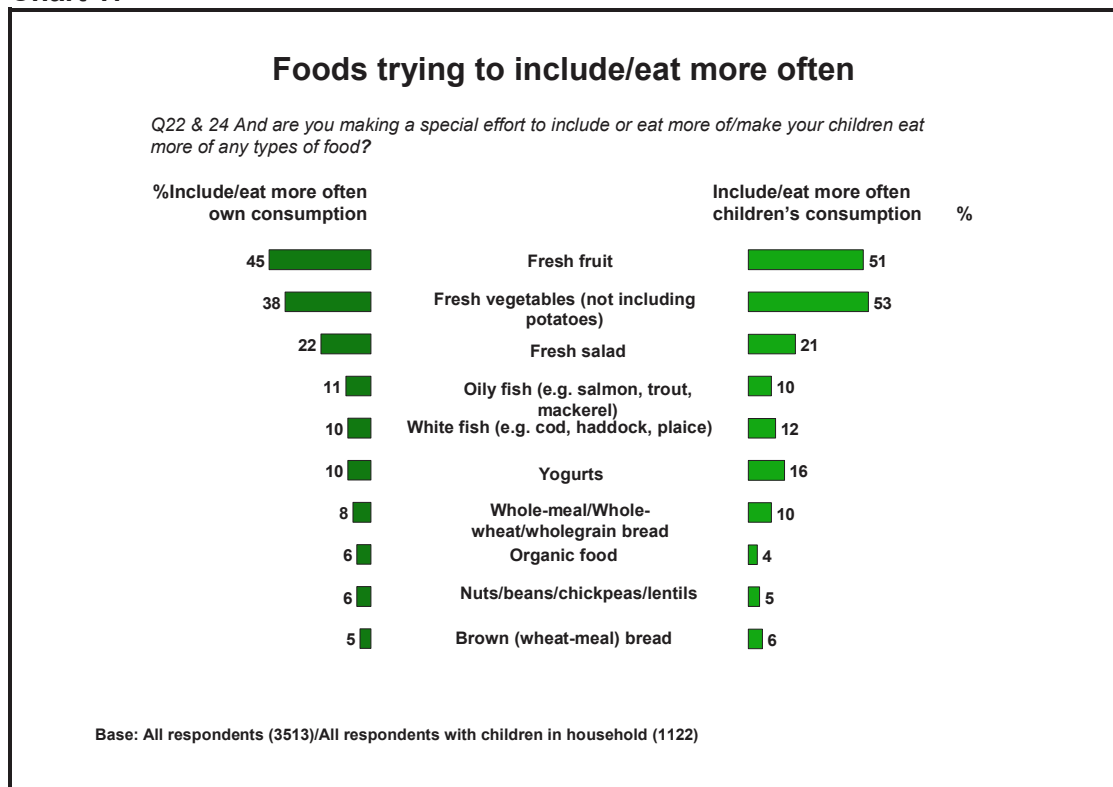
More women than men said they were trying to avoid fatty and sugary foods, while 16-25 year-olds were less likely than all other age groups to be trying to reduce or avoid fatty foods or salt.

Looking at how parents were trying to affect children's consumption, the picture was similar to that for adults for fatty foods (26%), but there was much greater emphasis on avoiding or reducing foods containing sugar (40%) – also sugar-containing drinks (18%), particularly fizzy drinks (24%) - and somewhat greater emphasis on salt (18%). Some parents were also trying to reduce their children's consumption of ready meals (11%) more than their own consumption (7%).

The youngest parents, i.e. those aged 16-25, were less likely than any other parental age group to be trying to reduce their children's consumption of fatty or sugary foods, or salt.

Chart 17 shows those foods that people were trying to include or eat more of.

Chart 17



Fruit (45%), vegetables (38%) and salads (22%) were the food types most often mentioned by respondents as what they were making a special effort to include in their diet or to eat more often. Oily and white fish were each mentioned by one in ten respondents, as were yogurts.

Women were more likely than men and AB's and C1C2's more likely than DE's to mention fruit and vegetables here.

Turning to children's consumption, parents most frequently mentioned fruit (51%) and vegetables (53%) – with each being mentioned by a greater number than in the adult/respondent context. The next most commonly mentioned food type for children to eat more of was salad (21%).

The other food types mentioned for children to eat more of were broadly similar to those mentioned for adults, though with somewhat more mentions of yogurts (by 16% in the child context versus 10% of adults).

Young parents (those in the 16-25 age group) were less likely to mention fruit or vegetables as foods they were trying to make their children eat more of.

4.7 Awareness of portions of fruit/vegetables

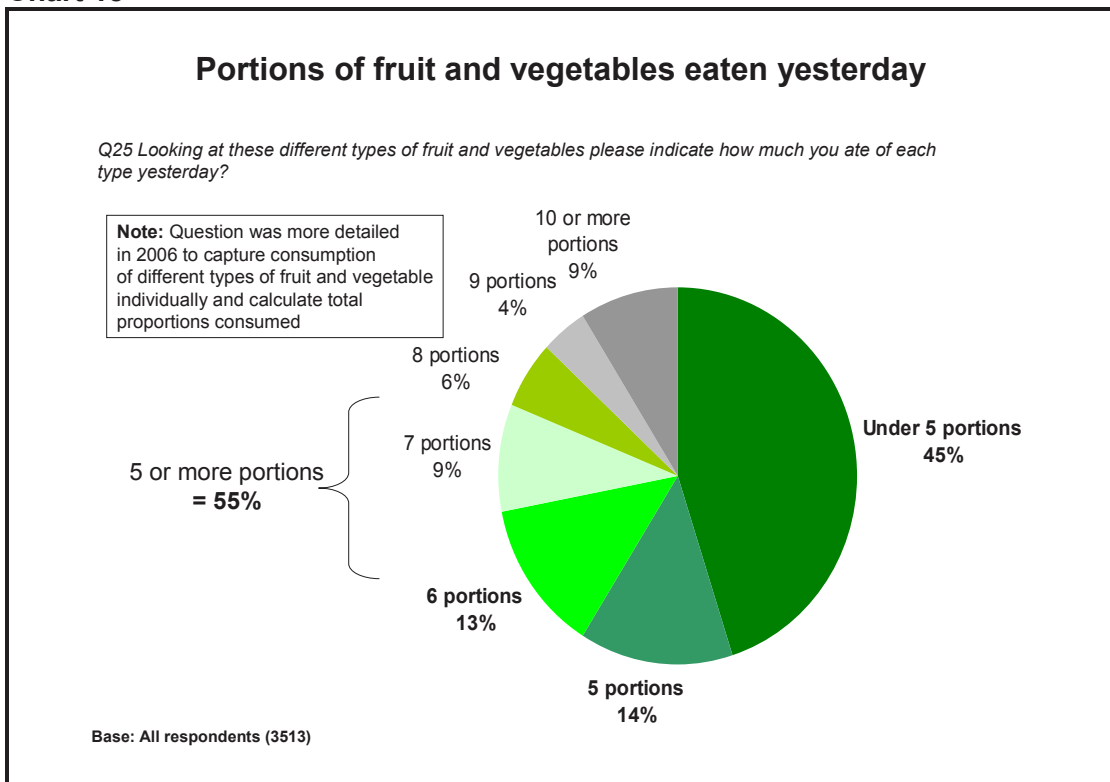
Respondents were asked how many portions of fruit and vegetables they should eat every day and how many they had actually eaten yesterday.

The number of portions they had eaten yesterday was asked in a more detailed manner in 2006 than in previous years. This was done to capture consumption of different types of fruit and vegetables individually and to calculate more accurately the amounts consumed. Respondents were asked about their consumption of the following types of fruit and vegetables:

- Vegetables, raw, cooked, frozen or canned (2 tablespoons = 1 portions)
- Salad (1 dessert bowlful = 1 portion)
- Grapefruit/ avocado pear (0.5 fruit = 1 portion)
- Apples, bananas, oranges and other citrus fruit (1 fruit = 1 portion)
- Plums and similar sized fruit (2 fruit = 1 portion)
- Grapes, cherries and berries (1 cupful = 1 portion)
- Fresh fruit salad, stewed or canned fruit (2.5 tablespoon = 1 portion)
- Dried fruit e.g. raisins, apricots (1 tablespoon = 1 portion)
- Fruit juice (1+ glasses = 1 portion)

Based on their consumption of each the number of portions was calculated.

Chart 18



As Chart 18 shows, the number of respondents claiming to have eaten five or more portions of fruit and vegetables yesterday was 55%.

In reality, the number claiming to eat five or more portions had changed relatively little between 2000 (26%) and 2005 (30%) and it is unlikely that the 2006 figure represents a real change. Rather it is likely to be due principally to the more detailed form of questioning now used to determine consumption.

There was some variation across the sub-groups. Women (59%) were more likely to claim to have eaten five or more portions yesterday compared to men (51%) and more of the non-white respondents (71%) claimed to have done so versus white respondents (53%). These relative differences have been observed in previous years.

The 16-25 year-olds were less likely to say they had eaten five or more portions compared to almost all other age groups (45%).

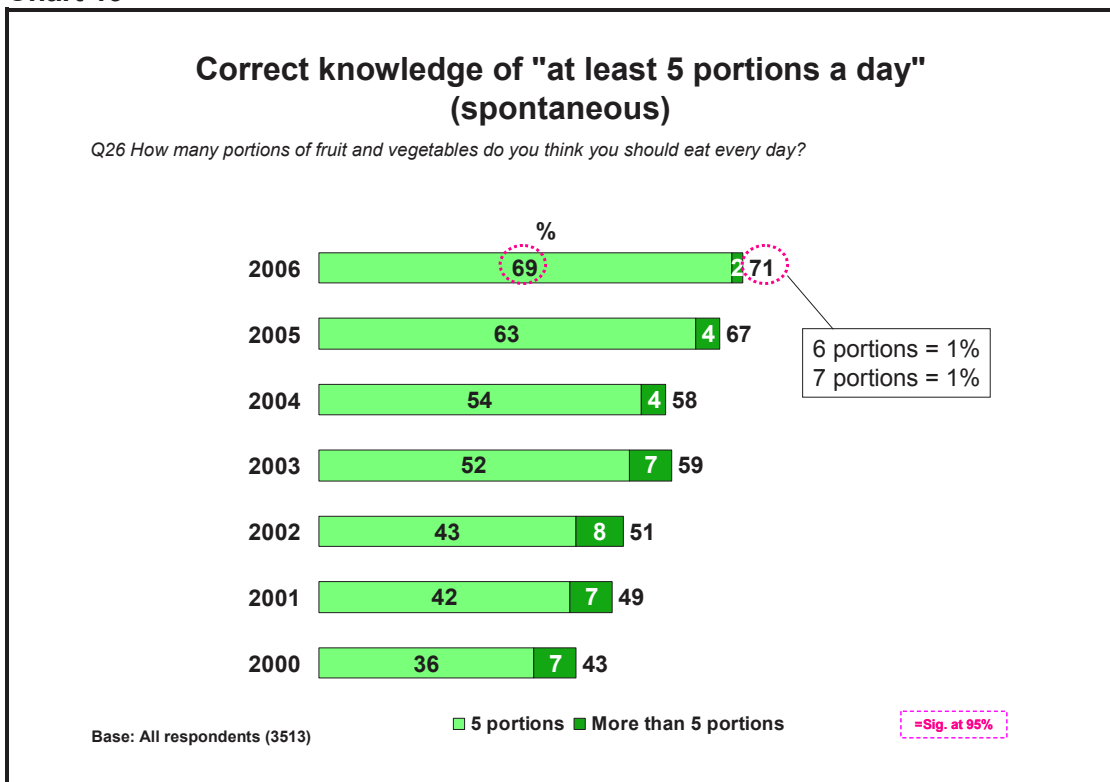
There was higher claimed consumption in the higher social grades – 70% of AB's claimed they had eaten 5 or more portions yesterday, versus 57% of C1C2's and only 44% of DE's (also the case in previous years).

Across the countries, more of those in England (57%) claimed to have eaten six to nine portions yesterday, significantly more than in Scotland (44%) or Wales (46%).

Consumption of fruit and vegetables on weekend versus week days was examined. Fifty percent claimed to have consumed 5 or more portions during weekend days compared with a slightly higher proportion during week days (56%).

Chart 19 shows the number of respondents who have correctly stated that one should eat at least five portions of fruit and vegetables every day, since the start of the study.

Chart 19



In 2006 seven out of ten UK respondents (71%) correctly answered five or more. This represents a significant increase over the 2005 level (67%) and as Chart 19 shows, there has been a steady increase in awareness of the recommended number of portions over time.

Women (81%) were more likely than men (62%) to mention at least five portions as the recommended amount. This was also the case in all previous years.

Across the age groups those aged 66+ were less likely to say 'at least 5 portions' than any other age group (66+ - 62%, compared to at least 70% among all other age bands).

Those of social grade AB (83%) were more likely to respond correctly than either C1C2's (74%) or DE's (63%).

More of those in the young (79%) and older nester (81%) lifestages responded correctly compared to any other lifestage.

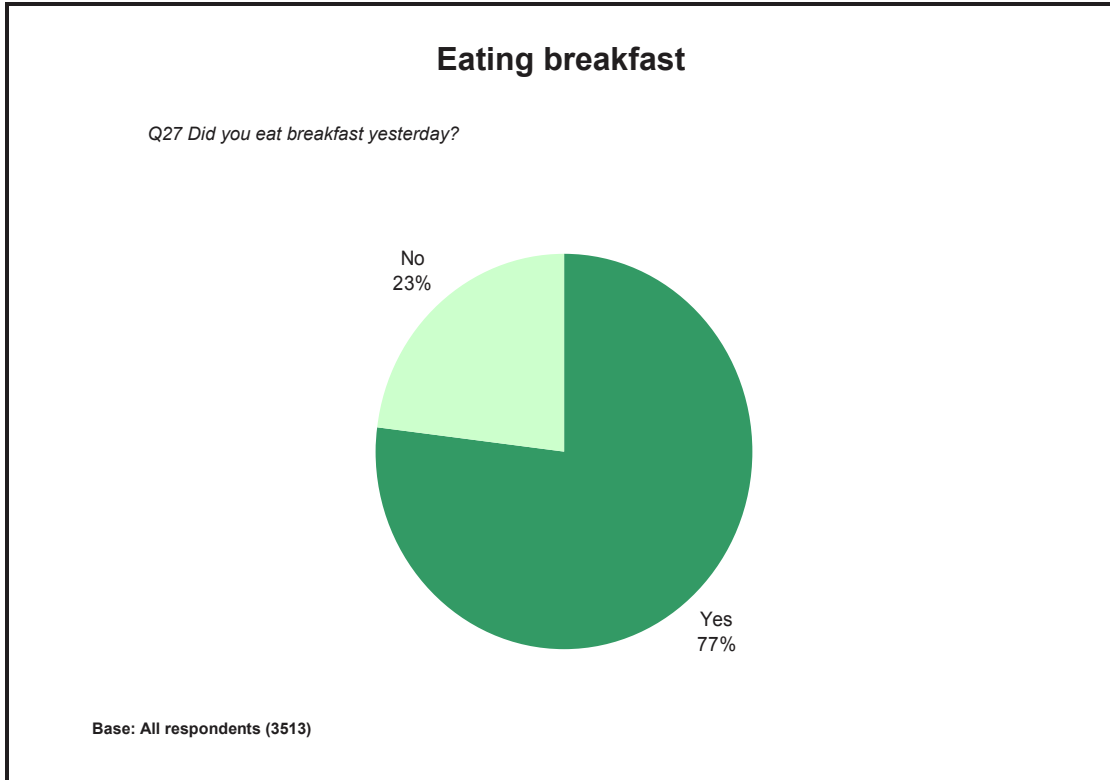
There was relatively little variation across the countries, though at 68% knowledge in Northern Ireland was significantly lower compared to that in England (72%) or Wales (74%).

Those who correctly identified that at least 5 portions a day should be eaten were slightly more likely to consume 5 or more portions (58%).

4.8 Eating breakfast

A new question in 2006 asked whether the respondent had eaten breakfast yesterday. As Chart 20 shows, just over three-quarters of the UK sample claimed they had done so.

Chart 20



There was relatively little variation across the demographic groups, although fewer of those aged under 35 said they had eaten breakfast compared to older respondents. As the below table shows there appears to be a relationship between eating breakfast and age - the older one is, the more likely one is to eat it.

There was no significant difference between the likelihood to eat breakfast at weekends versus week days.

Table I

KEY SUB-GROUPS – BREAKFAST EATEN YESTERDAY (2006)

	16-25	26-35	36-49	50-65	66+
	(475)	(491)	(901)	(876)	(770)
	%	%	%	%	%
Yes, ate breakfast yesterday	63	71	75	82	92

Base: All respondents

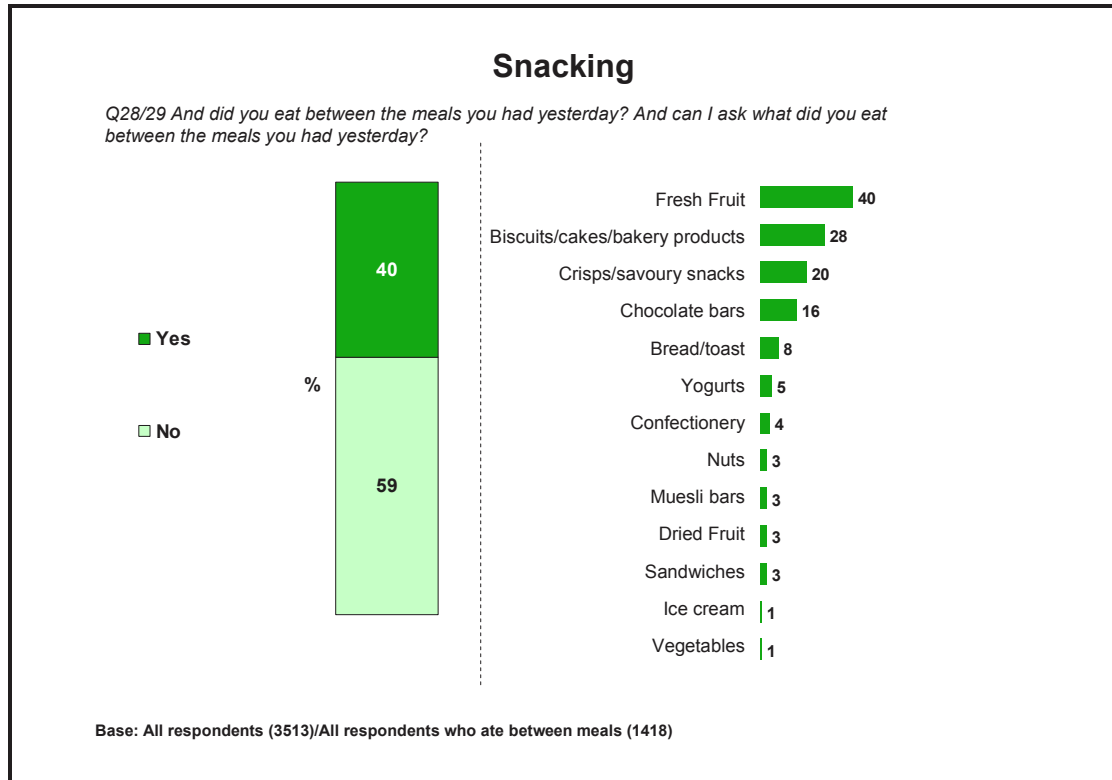
Bold indicates a finding that significantly different from at least one other age group.

In addition, fewer DE's (72%) had eaten breakfast compared to AB's (83%) or C1C2's (78%).

4.9 Snacking

Additional new questions in 2006 established whether survey participants had eaten between the meals they had yesterday and if so, what it was they had eaten. Chart 21 combines the responses to these questions.

Chart 21



Two-fifths (40%) of UK respondents claimed they had eaten between meals yesterday.

What people claimed they snacked on was split between healthy options such as fruit – the food type mentioned most commonly in this context (by 40%) – and other food types such as biscuits/cakes, etc. (28%), crisps and savoury snacks (20%) and chocolate bars (16%). Other healthy options such as nuts, dried fruit and vegetables were mentioned by very few people.

Snacking is slightly more likely to take place during week days (41%) compared with weekends (34%). Fresh fruit is more likely to be snacked on during week days (40%) compared with weekends (34%). Conversely, crisps and savoury snacks were relatively more likely to be consumed as a snack at the weekend (23%) compared with week days (19%).

There were relatively few significant variations in terms of whether people snacked between the various sub-groups, however all the younger age groups contained more people who had snacked yesterday compared to the 66+ age group, as shown in the table below.

Table J

KEY SUB-GROUPS – SNACKING YESTERDAY (2006)

	16-25	26-35	36-49	50-65	66+
	(475)	(491)	(901)	(876)	(770)
	%	%	%	%	%
Yes, ate between meals yesterday	54	47	39	36	27

Base: All respondents

Bold indicates a finding that is significantly different from at least one other age group.

There was little variation by sub-group in what people said they snacked on, although those aged over 35 were more likely than younger people to choose biscuits, cakes and bakery products, while those under 35 more commonly favoured crisps and savoury snacks. AB's (47%) and C1C2's (42%) were more likely to choose fresh fruit than DE's (31%).

5 Food labelling

Respondents were asked a series of questions relating to food labelling. Firstly, they were asked about the frequency with which they referred to food labels and the type of information they referred to.

They were then asked about the amount of information provided on food labels and how easy they found this to read in terms of the print size, plus how easy they found labels to understand overall.

Key findings:

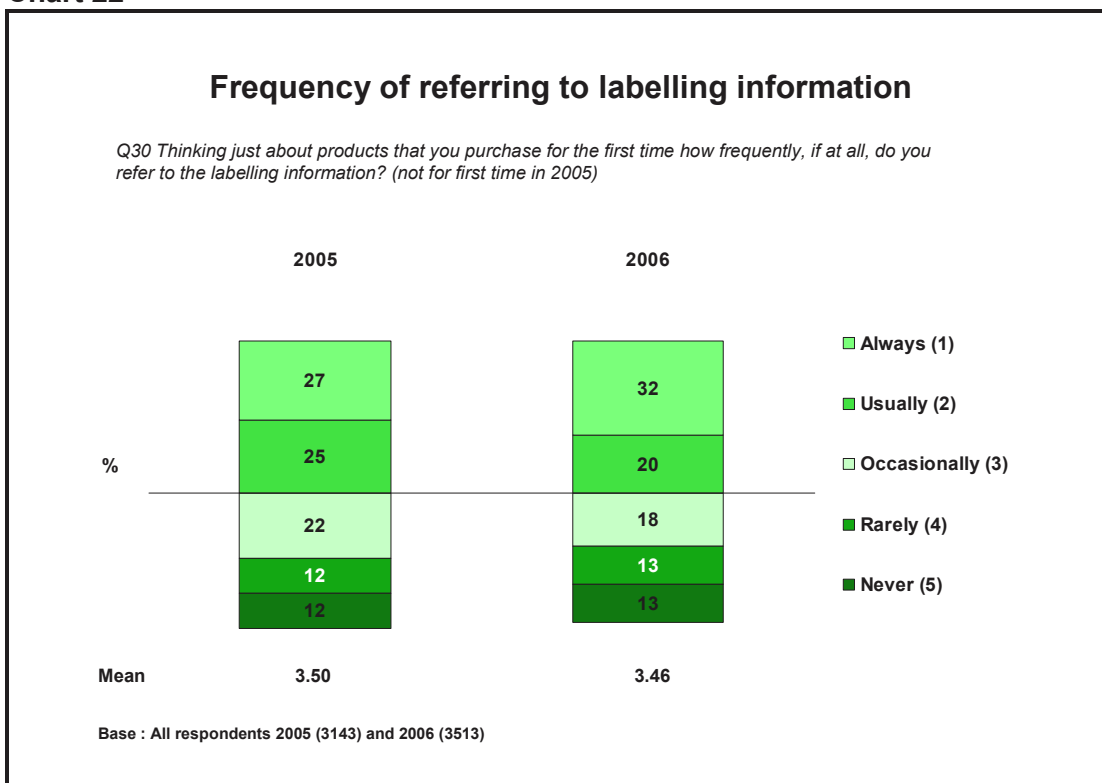
- One-third of respondents claimed always to look at the labels on products they bought for the first time, with a further one-fifth usually looking. The amounts of fat, salt and sugar were the key information looked for, which is consistent with previous years. In addition, saturated fat, additives, calories and best before/use by dates were also looked for.
- A quarter felt that not enough information was provided on food labels and 41% felt that the print size on labels was very or quite hard to read and 31% considered the labels hard to understand.
- Three-fifths correctly interpreted the 'use by' definition, although 28% incorrectly interpreted it as meaning that it was 'past its best but not necessarily unsafe'.
- There was greater confusion for the 'best before' date, with half the UK sample (52%) giving the correct interpretation, but with 37% saying that 'it should not be eaten past this date'.

5.1 Frequency of using labelling information

All respondents were asked how often they referred to food labelling, using the scale shown on Chart 22.

This year the wording was changed to specify ‘Thinking just about products that you purchase for the first time, how frequently, if at all, do you refer to the labelling information?’

Chart 22



Despite the change in the question wording, there was very little change in the overall distribution of responses this year compared to 2005 and hence no significant change to the mean score.

Nevertheless, just over half the UK respondents this year stated they ‘always’ (32%) or ‘usually’ (20%) referred to food labels when they purchased a product for the first time, compared to around a third claiming they did so only ‘occasionally’ or ‘rarely’ and 13% saying ‘never’.

Those respondents who were trying to avoid certain foods (see section 4.4) were more likely to always look at food labels. In particular, those with allergies and those avoiding food for religious reasons were more likely to say they always look (54% and 50% respectively), in addition to those on a diet for medical reasons or to lose weight (45% and 44% respectively). Moreover, those trying to cut down on foods containing fat and sugar (see section 4.6) were more likely to say they always look at food labels (43% and 41% respectively).

Looking at the various age groups, the 16-25 year-olds looked at food labels less frequently than any other age group. Women claimed to look at food labels more frequently than men and AB’s & C1C2’s more frequently than DE’s.

Non-white respondents claimed to look at labelling information more frequently than those of white ethnic origin. All of these sub-group differences have been observed in previous years.

5.2 Information looked for on food labels

Respondents were asked (spontaneously) what information they looked for. As for the frequency question discussed in the previous section, the question wording this year focused on products bought for the first time.

Chart 23 shows the information that respondents claimed to look for, grouped into categories to aid understanding.

Chart 23



The key area of information sought by UK respondents was nutritional information, (e.g. salt, fat or sugar content; vitamins; calories), mentioned by 71% of the sample.

Information about ingredients (e.g. additives: quantities; for allergy or other dietary reasons; GM content) was sought by just under half those interviewed (46%), while general information (e.g. the name of the food; its country of origin; the best before or use by dates and cooking/storage instructions), was requested by just under a third (30%).

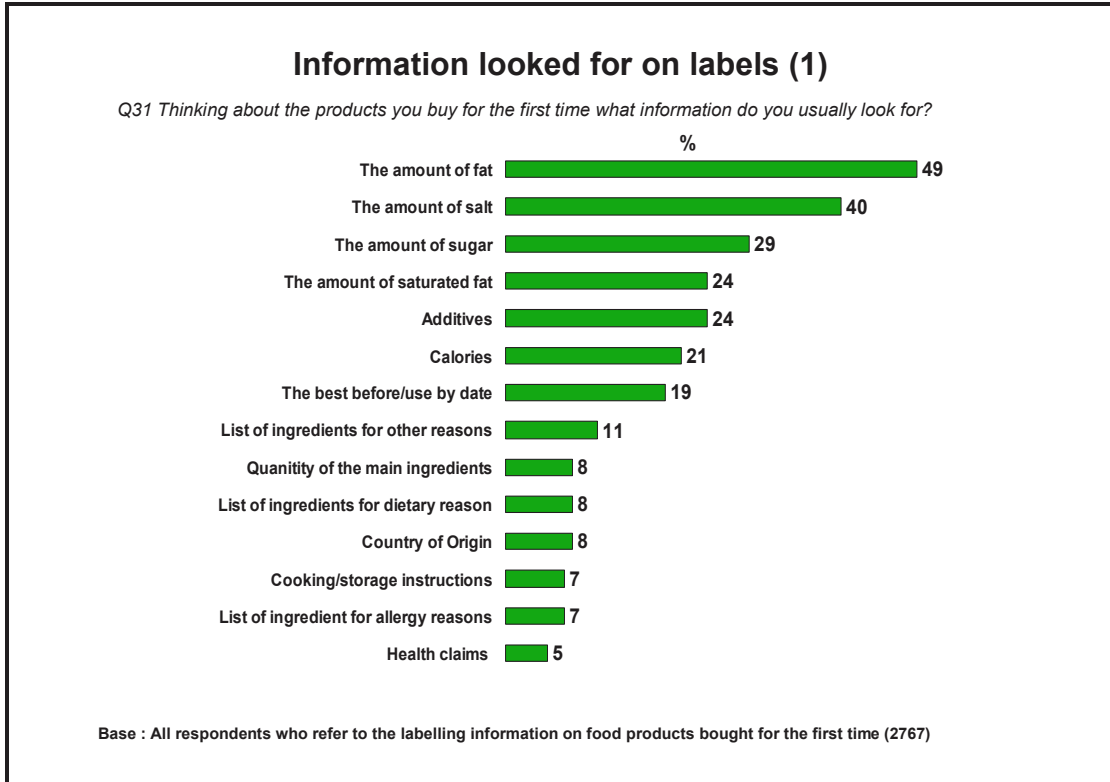
Only a minority (5%) claimed to look for ethical information.

There were few variations in the information sought by the sub-groups. Looking at nutritional information, women (76%) were more likely to seek this than men (66%) and AB's (79%) & C1C2's (72%) were more likely to do so compared to DE's (64%).

The 16-25 age group (37%) were less likely to look for information about ingredients compared to those aged between 26 and 65 (26-35 – 51%; 36-49 – 46%; 50-65 – 48%). DE's (41%) were less likely to do so than AB's (52%) and non-white respondents (55%) more likely to do so compared to their white counterparts (45%).

Charts 24 and 25 show the full distribution of responses to this question this year.

Chart 24



Within the nutritional category information about fat (with specific reference to saturated fat), salt and sugar were the items about which information was most commonly sought. This is consistent with previous years.

Additives (ingredient information) and calories (nutritional information) were also mentioned by one in five or more of the UK sample.

A similar proportion (19%) mentioned the best before/use by date (general information), while all other issues were mentioned by one in ten or fewer of the UK sample.

It should be noted that those who looked at food labels more frequently were more likely to say that they looked for all these types of information.

Chart 25 shows the information on labels that less than 5% of respondents claimed to look for.

Chart 25

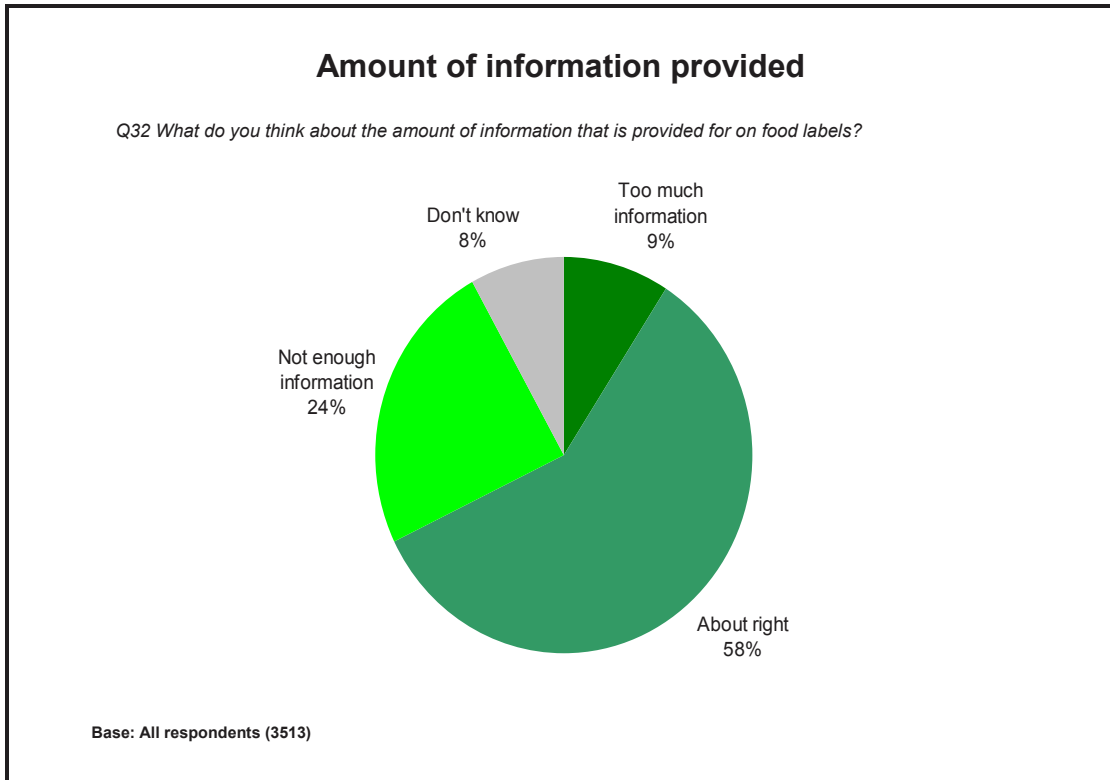


5.3 Amount of information provided

In a further new question this year all respondents were asked what they thought about the amount of information provided on food labels.

As Chart 26 shows, the majority (58%) considered that the amount of information was about right, but a substantial group (24%) felt that there was not enough information provided.

Chart 26



There was very little variation indeed across the sub-groups on this measure, although those aged 36-49 years were more likely to feel that there was not enough information (30%).

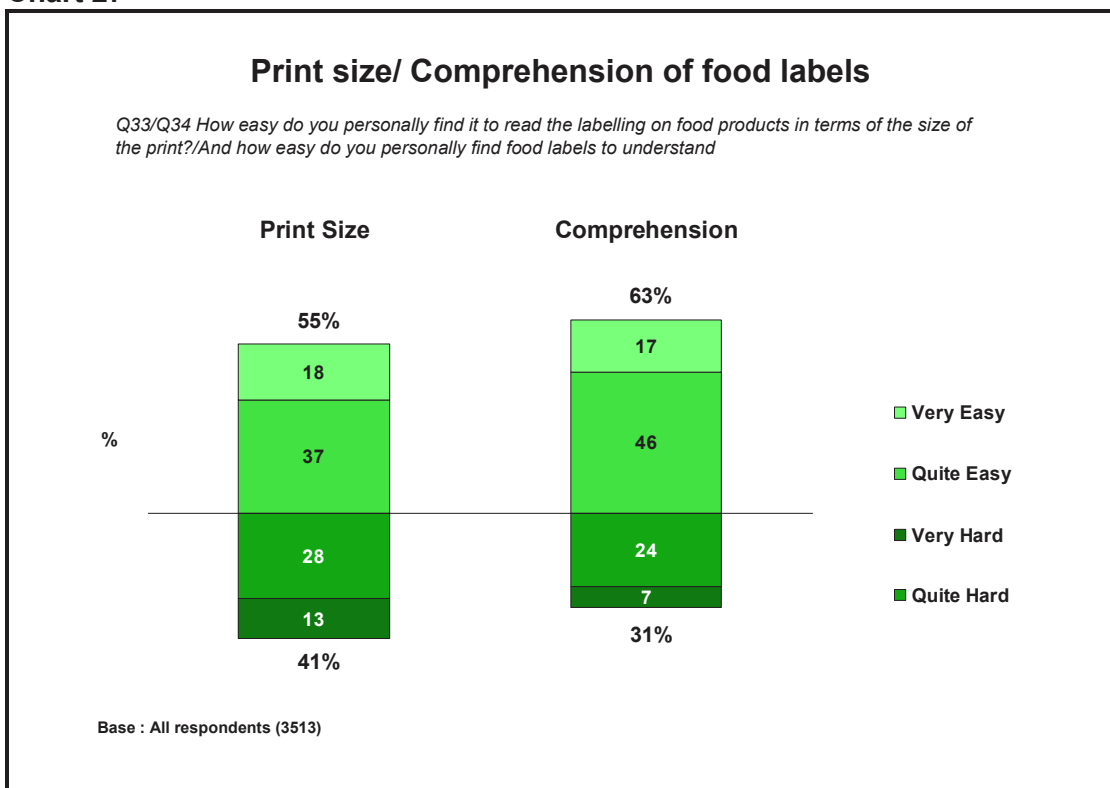
5.4 Print Size / Comprehension of food labels

Respondents were first asked how easy they personally found it to read food product labelling in terms of the size of the print.

Over half claimed to find it very or quite easy (55%), but over a quarter found it quite hard (28%) and more than one in ten (13%) found it very hard to do so. Thus two-fifths (41%) of respondents found it hard to read the print size.

Perhaps as might be expected, older respondents (those aged 50 and over) were more likely to say they found it hard. Social grade DE's found it harder than AB's or C1C2's.

Chart 27



They were then asked how easy they personally found food labels to understand and almost two-thirds (63%) found this very or quite easy. But again, a substantial group (24%) found it quite hard and a minority this time found it very hard (7%). Thus almost a third (31%) felt labels were hard to understand.

The same pattern of sub-group variation was observed here as for print size i.e. those aged 50 or over and DE's were most likely to say they found labels hard to understand.

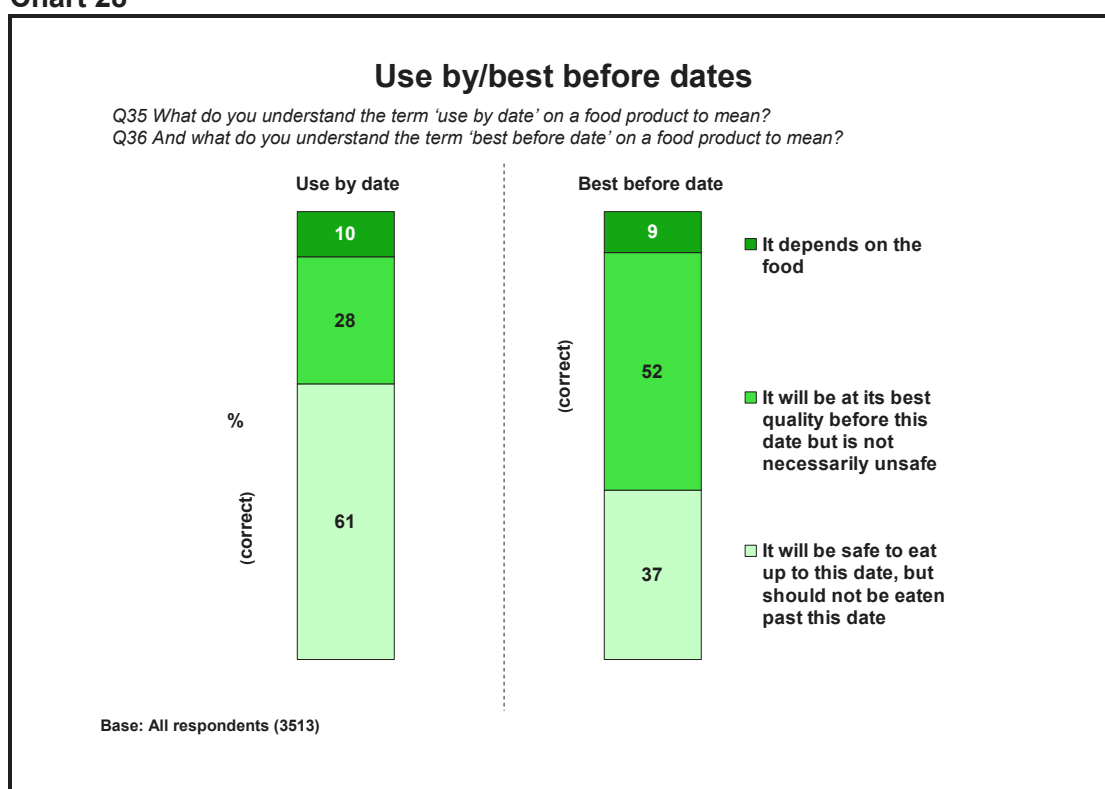
5.5 Comprehension of ‘Use By’ / ‘Best Before’ date

Two questions were asked relating to “use by” and “best before” dates – in each case respondents were asked ‘What do you understand the term use by / best before date to mean?’ and presented with options to choose from to indicate what they thought.

The question wording changed this year to reflect people’s interpretation of the terms as opposed to how they would use food that had passed its ‘use by’ or ‘best before’ date. As such, direct comparisons with previous years on this measure are not possible.

Chart 28 shows the responses to both these questions.

Chart 28



It should be noted that an element of the response (correct or incorrect) may be guesswork.

Three-fifths of the UK sample (61%) gave the correct answer for the use by date i.e. that the food will be safe to eat up to this date, but should not be eaten past the date. However more than a quarter (28%) interpreted this information incorrectly i.e. that the food would be past its best but not necessarily unsafe.

For the best before date there was more confusion. Fewer people (52%) answered correctly (i.e. that the food would be at its best before this date, but not necessarily unsafe to eat after it) and compared to the use by date more were incorrect (37%), saying it should not be eaten past this date.

In both cases a minority would decide what to do based on the actual food in question.

Men were less likely than women to give the correct answer for the 'use by' date, but more likely to do so for the 'best before' option. As such, it may be that females err on the side of caution in comparison with males, in their interpretation of the safety of food which has passed its 'best before' or 'use by' date.

As shown in the table below social grade impacts on how likely respondents are to have the correct interpretation. Those with a higher social grade are more likely to interpret the 'best before' date correctly. There is less difference with regard to the 'use by' date although those with social grade AB (66%) were more likely to have a correct interpretation in comparison with C1C2 (59%).

Table K
CORRECT INTERPRETATION OF USE BY AND BEST BEFORE DATES (2006)

	AB (617) %	C1C2 (1456) %	DE (909) %
Use by Date	66	59	60
Best Before Date	64	54	42

Base: All respondents

Bold indicates a finding that is significantly different from at least one other social grade grouping

6 General food safety, hygiene and concerns about food issues

The questionnaire included a section on food safety and hygiene. Respondents were asked if they had any concerns about hygiene in various types of outlets and whether they had any concerns about particular types of food. They were also asked about concerns with regard to specific food issues (the amount of salt in food, BSE, GM foods etc.) and their attitude to food safety issues in general.

In order to set these in context a new question was added this year. This offered survey participants a wide list of potential concerns, with healthy eating and food safety among them, and asked which they felt were the major issues facing them.

Key findings:

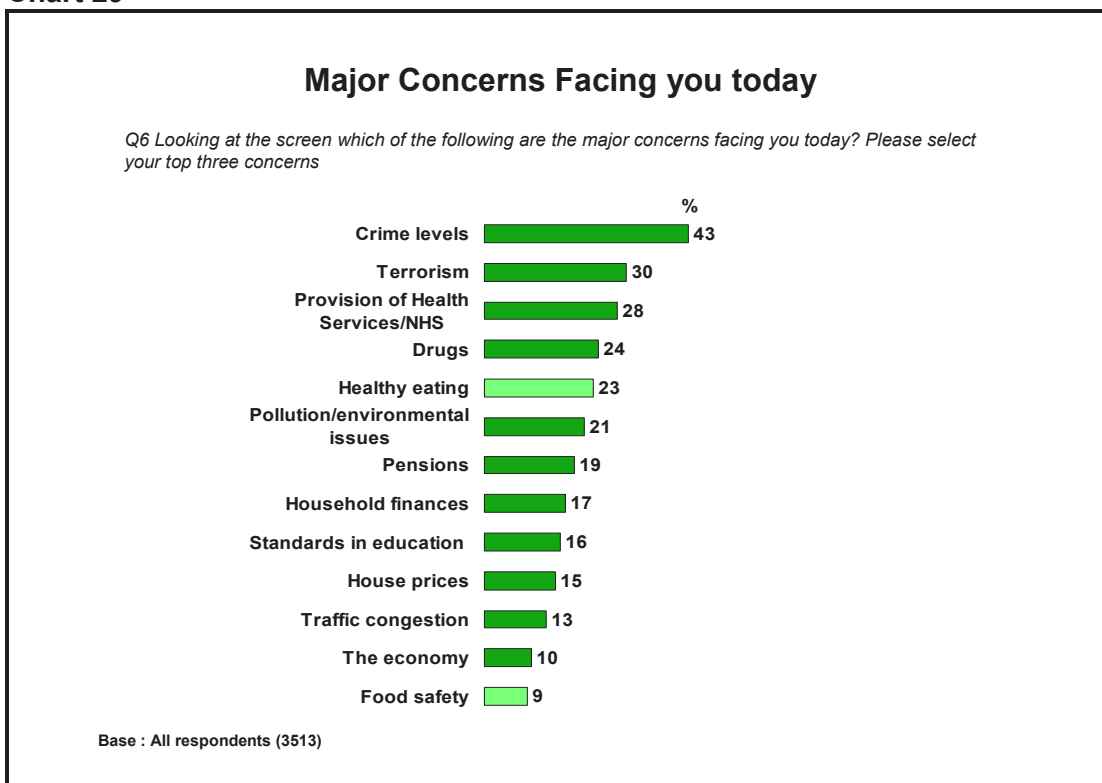
- When respondents were asked to state the top three concerns facing them today healthy eating emerged as a key issue (mentioned as a top three concern by 23%) – as much so as drugs and environmental issues, although behind other issues such as crime levels and terrorism. Food safety was viewed as relatively less of a concern, with just under one in ten (9%) citing it in their top three.
- However, when asked directly, three-fifths of those interviewed (60%) claimed to be concerned over food safety issues.
- Concerns about food hygiene were greatest in relation to takeaways, fast food outlets and restaurants/cafés, etc., with relatively less concern about any type of food retailer. Very few concerns (only 5%) were reported to any external body.
- As in previous years, raw meat (and particularly chicken) dominated concern about the safety of particular food types.
- Concern about the amount of salt, fat & sugar and food poisoning continued to be the dominant food issues for consumers with more than 40% of respondents expressing concerns. 'Saturated fat' (44%) and 'foods aimed at children' (39%), measured for the first time in 2006, were also key concerns.

6.1 Major concerns facing people today

At the beginning of the questionnaire, (i.e. before any coverage of food-related issues), respondents were shown a list of potential concerns and asked which they considered were the major ones facing them today – by selecting their top three concerns. The order of the list was randomised to avoid any bias.

Chart 29 shows the concerns that were selected, in descending order of mentions.

Chart 29



Healthy eating is clearly a key issue. It came fifth in the list of concerns, with almost a quarter of UK respondents (23%) mentioning it in their top three. It was as much of a concern as drugs or environmental issues, though not as much of an issue as crime levels, terrorism or the provision of health services.

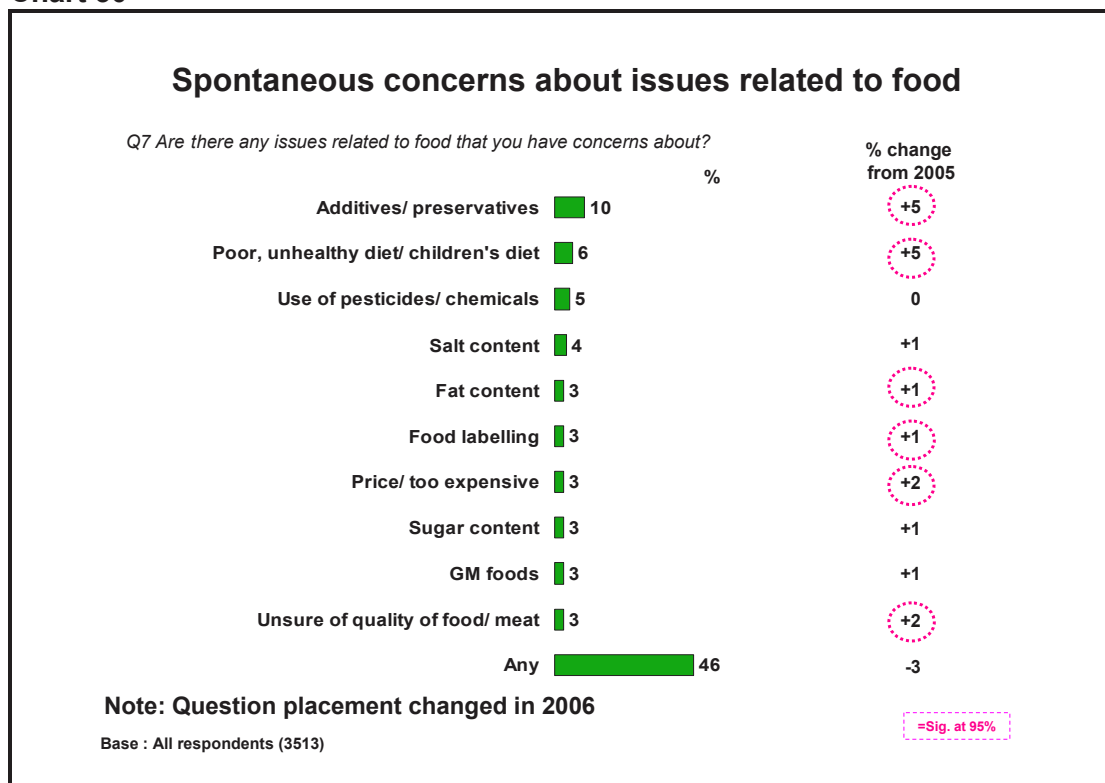
Food safety was relatively less of a concern, with just under one in ten UK respondents (9%) mentioning it in their top three issues. However, it should be noted that this does not refer to the extent to which consumers feel the issue is *important*, only that it is less likely to be in their top three current concerns.

There was very little sub-group variation in the number mentioning either healthy eating or food safety. Looking at where healthy eating sat in each sub-group's ranking of potential issues, it was consistently in the top half of the ranking for all of them, though for individual groups other specific issues challenged it in importance (e.g. house prices for the 16-25 year-olds; household finances for the 26-35 year-olds; pensions for those aged 50 and over).

6.2 Concerns about issues related to food

Immediately after the major concerns question discussed above, respondents were asked whether there were any issues related to food that they had concerns about. It should be noted that the question was placed in a different position in the questionnaire (near the start) and as such comparisons with 2005 should be treated with caution. Participants answered spontaneously and responses are shown on Chart 30 below.

Chart 30



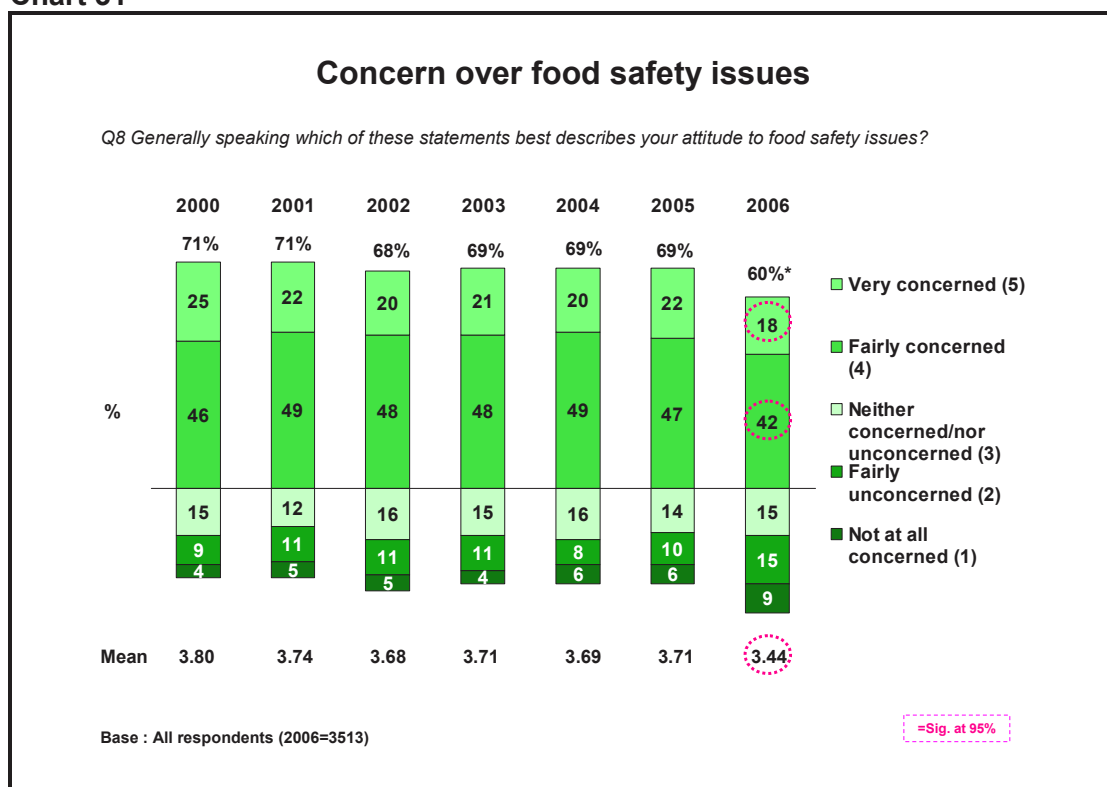
Just under half the UK sample (46%) spontaneously mentioned a concern here, though there was no one issue mentioned by more than one in ten, perhaps demonstrating that there is no top of mind single issue for consumers.

Women were more likely to express a concern than men ('any concern' – Women 48%, Men 43%); 16-25 year-olds were less likely to do so than almost every other age group and there was a gradient of concern across the social grade groups – highest among the AB's (54%) and declining through the C1C2's (47%) to the lowest level among the DE's (38%).

6.3 Concern over food safety issues

Participants were asked to state their level of concern over food safety in general, using a five-point scale as shown in Chart 31. It should be noted that this question occupies a different place in the questionnaire this year and this is likely to have affected response. However, the new placement early in the interview will in general give a better perspective on the relevance of this issue to consumers.

Chart 31



In the first six years of the study the level of concern remained constant, despite a number of food safety issues having arisen during this time. This year the level has decreased significantly, with the changes to the questionnaire almost certainly having played a role here. The question was placed at the start of the questionnaire, as opposed to much later in the questionnaire in 2005 when respondents would have been prompted with a number of issues around food safety which may have made the issue more top of mind for them when answering the question.

Clearly, food safety remains a key issue when prompted as a concern, with the majority (60%) expressing some concern. Just under a fifth of the UK sample (18%) described themselves as 'very concerned'.

This year concern over food safety issues was higher (in terms of differences between the mean scores) in England (compared to Scotland and Wales) and Northern Ireland (compared to Scotland), as shown in table L on the following page.

Table L

**KEY SUB-GROUPS - LEVEL OF CONCERN ABOUT FOOD SAFETY ISSUES
(2006)
(5 = VERY CONCERNED, 1= NOT AT ALL CONCERNED)**

	England	Scotland	Wales	Northern Ireland
	(1393)	(700)	(708)	(712)
	%	%	%	%
Very concerned (5)	18	14	14	18
Fairly concerned (4)	42	42	42	46
Neither/nor (3)	15	15	14	15
Fairly unconcerned (2)	15	17	19	13
Not at all concerned (1)	9	12	11	8
Mean score	3.46	3.29	3.30	3.52

Base: All respondents

Bold indicates a finding that is significantly different from at least one other country

The total level of concern among women (66% 'very or quite concerned') was higher than that of men (54%).

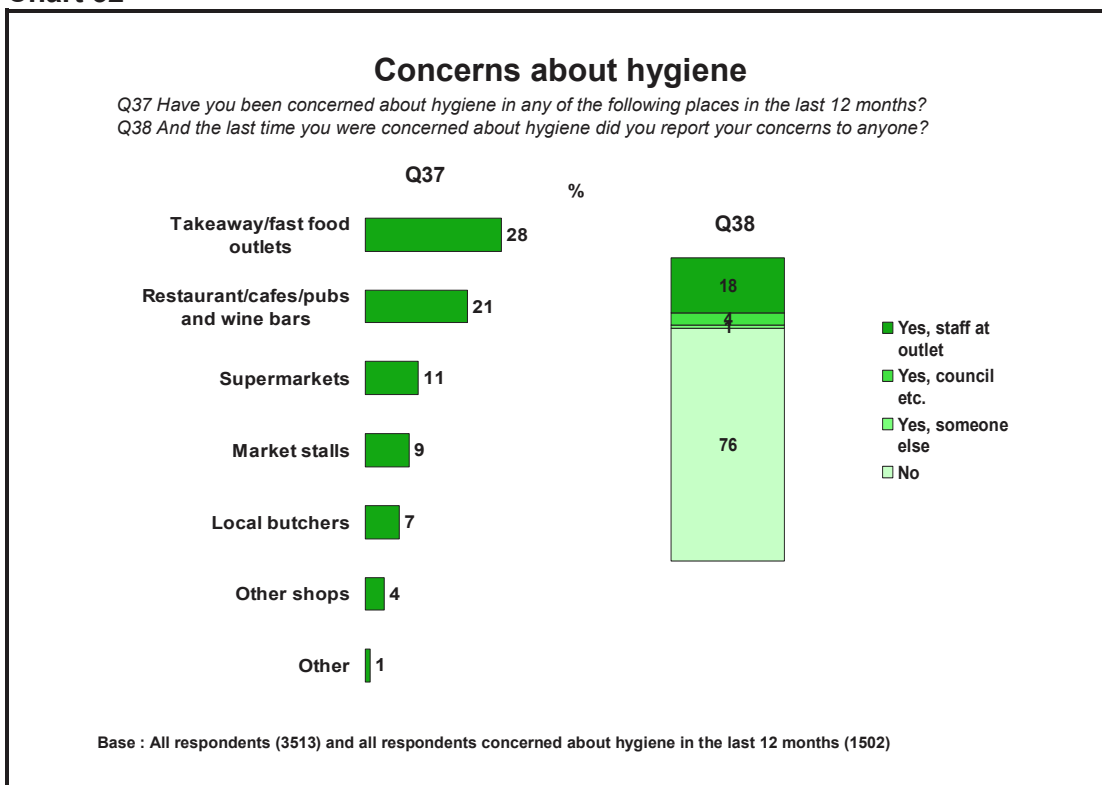
Differences in the level of concern also existed between the age groups, with fewer of the youngest group (16-25 - 54%) expressing concern compared to the 36-49 year olds (64%) and the 50-65 year-olds (62%). A similar pattern has been observed in previous years.

AB's (65%) were more likely to express concern than DE's (57%).

6.4 Concerns about hygiene

All respondents were asked whether they had been concerned about hygiene in any of the outlet types shown in the last 12 months. If they mentioned any outlet type they were asked whether they had reported their concerns, and to whom. These two measures are combined on Chart 32.

Chart 32



The outlet type most commonly mentioned was takeaway/fast food outlets (by 28% of the UK sample). Somewhat fewer (21%) mentioned restaurants/cafes/pubs/wine bars. All other outlet types were mentioned by around one in ten UK respondents or less – thus there was relatively less concern about any particular type of food retailer.

Far fewer of the oldest age group mentioned any outlet compared to all the younger groups, perhaps reflecting their lower likelihood of visiting takeaways and restaurants.

Table M

KEY SUB-GROUPS – CONCERNS ABOUT HYGIENE IN FOOD OUTLETS (2006)

	16–25	26-35	36-49	50-65	66+
	(475)	(491)	(901)	(876)	(770)
	%	%	%	%	%
Any outlet mentioned	58	57	53	42	28

Base: All respondents

Bold indicates a finding that is significantly different from at least one other age group.

Significantly more of the AB's (54%) and the C1C2's (51%) expressed a concern compared to the DE's (38%), while non-white respondents (70%) more frequently did so compared to white participants (45%).

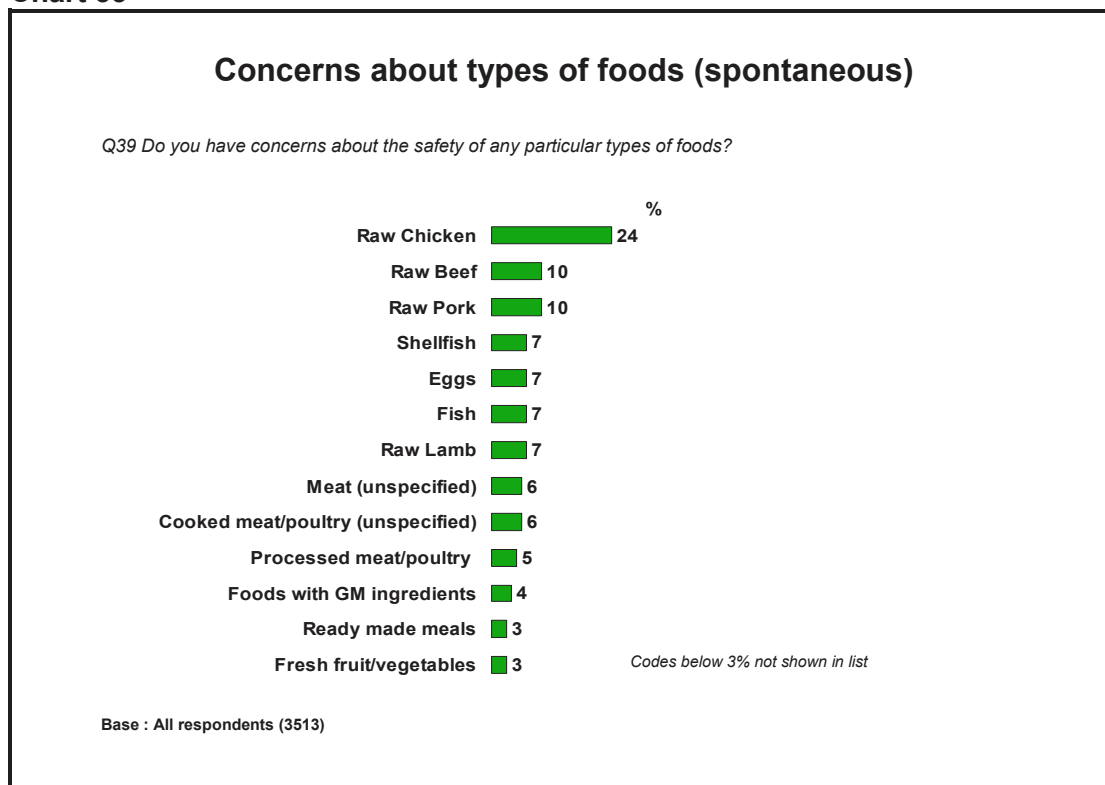
Very few people reported their hygiene concerns to anyone in authority outside the outlet. The majority of those who reported their concerns simply spoke to staff at the outlet (18%) and only 5% made a complaint to anyone outside the outlet i.e. to the council, environmental health officer or trading standards officer.

6.5 Concerns about specific foods

Participants were asked to state spontaneously which foods, if any, they had concerns about.

Chart 33 shows the level of concern expressed about the various food types.

Chart 33



No direct comparison is made with previous years, as this year's question wording and its placement in the questionnaire were different from that used in the earlier surveys. However, as has been observed in previous years, meat remained respondents' key area of concern, with raw meats and raw chicken in particular (24%) being mentioned.

Raw beef and raw pork were each mentioned by one in ten UK respondents, while smaller proportions cited raw lamb (7%), meat in general (6%) and cooked (6%) or processed meats (5%). Shellfish, Eggs and Fish were all mentioned by 7% of respondents.

All other food types were mentioned this year by less than one in twenty of those interviewed.

There were relatively few significant differences between the demographic sub-groups at this question. There was, however, a consistent pattern of variation across the countries: a greater number of those in Northern Ireland expressed concern about all types of meat (raw, cooked and processed), compared to the levels in all other countries. In addition, fewer of those in Wales expressed concerns about raw chicken compared to all other countries.

Table N

KEY SUB-GROUPS - CONCERNS ABOUT SPECIFIC FOODS (2006)

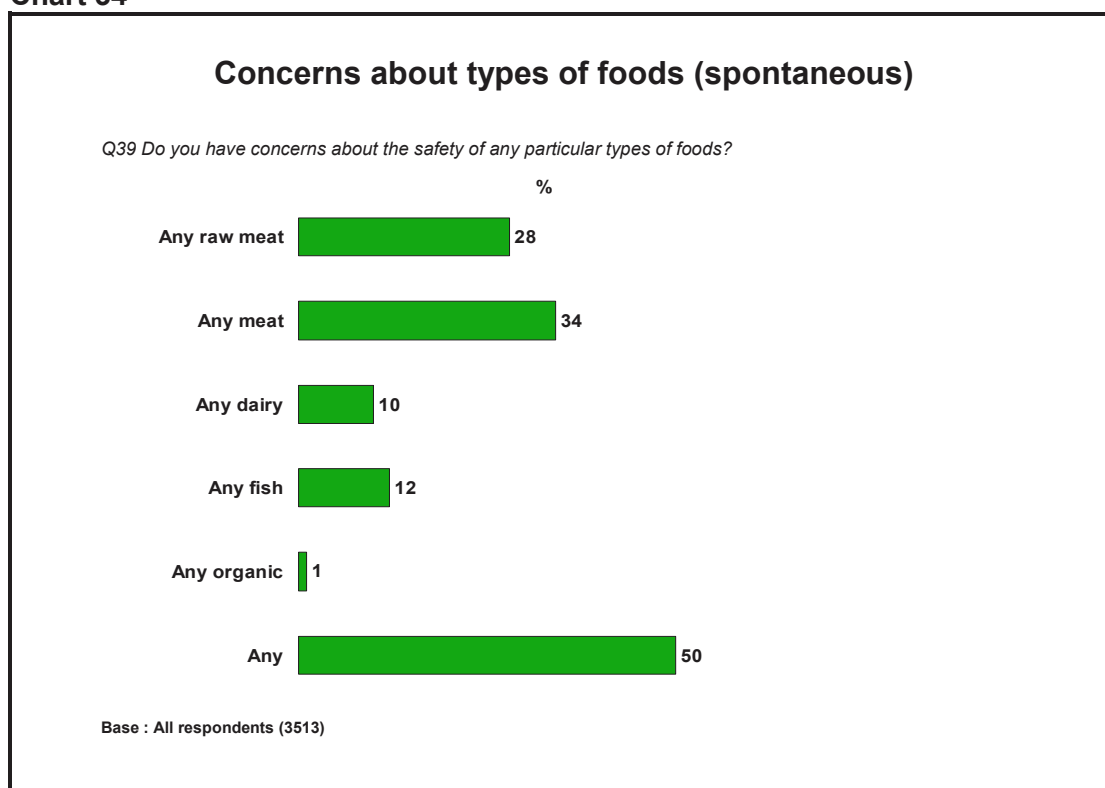
	England	Scotland	Wales	Northern Ireland
	(1393)	(700)	(708)	(712)
	%	%	%	%
Raw chicken	24	26	17	36
Raw beef	10	10	8	15
Raw pork	10	9	10	16
Cooked meat/poultry	6	5	5	12
Processed meat/poultry e.g. sausages, burgers	5	5	7	8
Any concern	50	50	45	58

Base: All respondents

Bold indicates a finding that is significantly different from at least one other country.

Chart 34 shows the responses to this question grouped into broader food categories, aggregated in such a way as to show the total number of respondents concerned about each category.

Chart 34



As Chart 34 shows, exactly half the respondents spontaneously expressed a concern about one or more food types. As discussed above, meat was the main focus of concern, mentioned by a third (34%) of the UK sample. Within this, 28% mentioned raw meat. Dairy products and fish were each mentioned as a source of concern by around one in ten UK respondents. A very small minority (1%) had concerns about organic food.

More women expressed a concern about any food type (54%) compared to men (46%) and as in previous years those of a higher social grade were more likely to express a concern (AB – 62%; C1C2 – 50%; DE – 43%).

Those in the oldest age group (66+) were less likely to express any concerns compared to all their younger counterparts. This was also the case in previous years.

Table O

KEY SUB-GROUPS – CONCERN ABOUT TYPES OF FOODS (2006)

	16–25	26-35	36-49	50-65	66+
	(475)	(491)	(901)	(876)	(770)
	%	%	%	%	%
Any concern	51	52	55	53	38

Base: All respondents

Bold indicates a finding that is significantly different from at least one other age group.

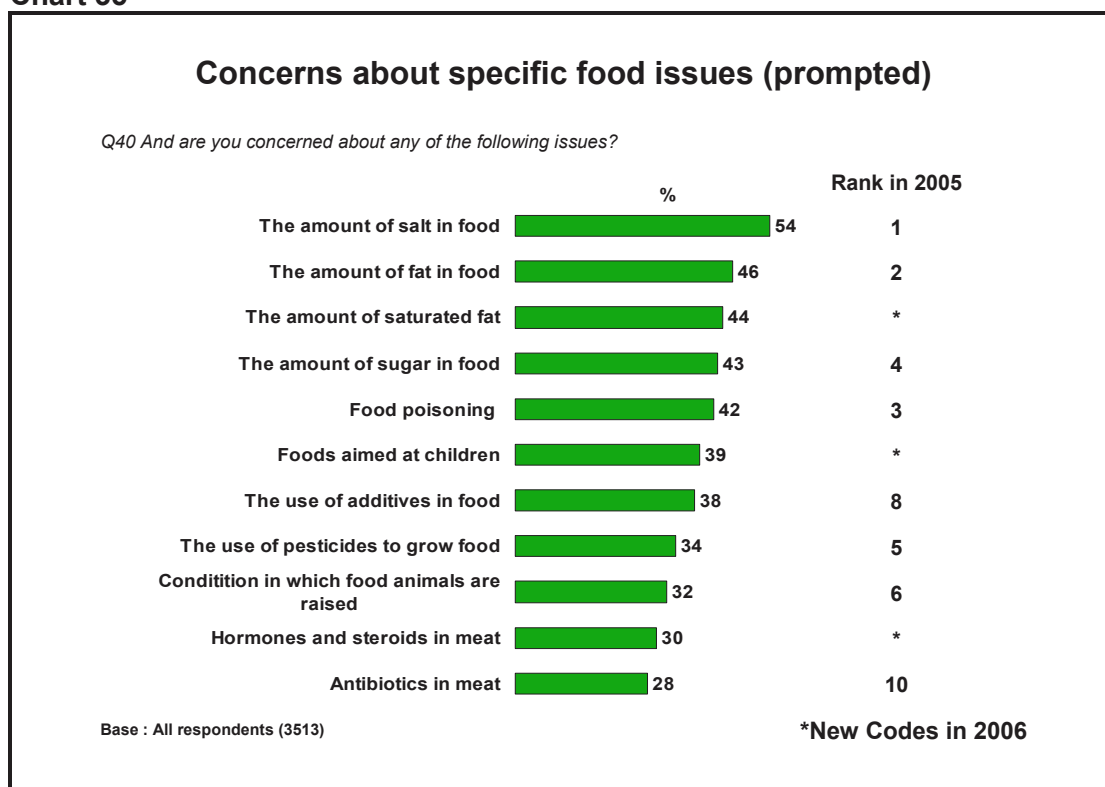
More of those with children in their household (40%) expressed a concern about meat compared to those with no children present (31%).

6.6 Concerns about food issues

After stating their concerns about specific foods, respondents were asked to select from a list of options any issues related to food about which they had concerns. A similar question had been included in the previous surveys, but the response list was changed substantially this year to reflect current food issues, hence direct comparisons have not been made with earlier data. However, the ranking of the answers in 2005 have been shown to provide some comparison.

Chart 35 and 36 show the responses to this question, listed in descending order of mentions.

Chart 35



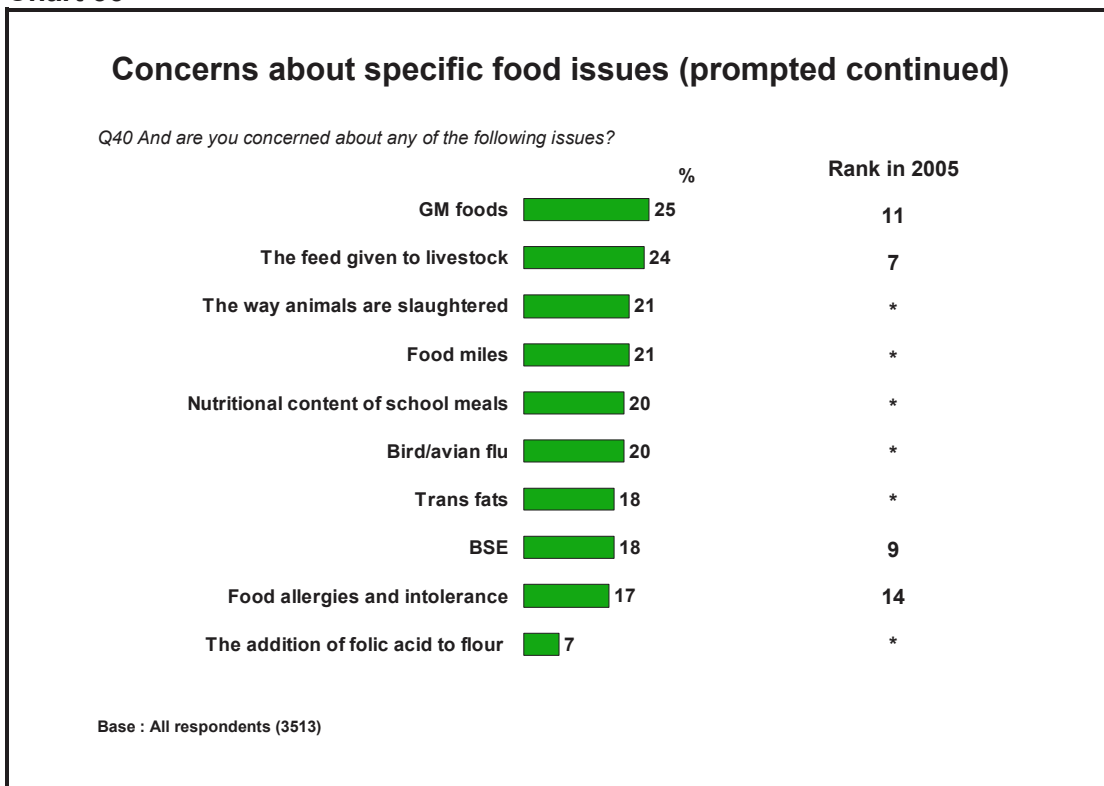
Despite the changes to the question described above, as in previous years, the amount of fat, salt and sugar continued to be the key food issues for consumers. Salt was mentioned by over half the UK sample (54%) and fat and sugar each by more than two-fifths of respondents (Fat – 46%; sugar – 43%).

Added to the list of issues this year were ‘the amount of saturated fat’ (selected by 44%) and ‘foods aimed at children’ (39%). Clearly, these too were important concerns for UK respondents. Unsurprisingly, ‘foods aimed at children’ was more of any issue for those with children (54% for those with children under 5 and 52% for those with children aged 5 – 15).

A number of other issues also caused concern. Around two-fifths mentioned each of food poisoning (42%) and additives (38%) and around a third cited each of pesticides (34%) and the conditions in which food animals are raised (32%). All other issues were mentioned by less than a third of UK respondents.

Chart 36 shows those issues mentioned by a quarter of the sample or less. These included the majority of the issues included for the first time this year.

Chart 36



The relative positioning of BSE in people’s concerns has dropped this year, in line with decreased concern since the start of the survey in 2000.

More women (87%) mentioned an issue at this question than men (82%) and once again those of a higher social grade were more likely to raise an issue (AB – 93%; C1C2 – 86%; DE – 79%). A higher proportion of white respondents (85%) mentioned some issue here compared to non-white survey participants (78%).

7 Sources of information on food safety and healthy eating

In a modified set of questions this year respondents were asked to think of the sources and providers from which they obtained information about food-related issues. They were also asked how reliable they perceived these providers to be and their level of confidence in current measures relating to food safety.

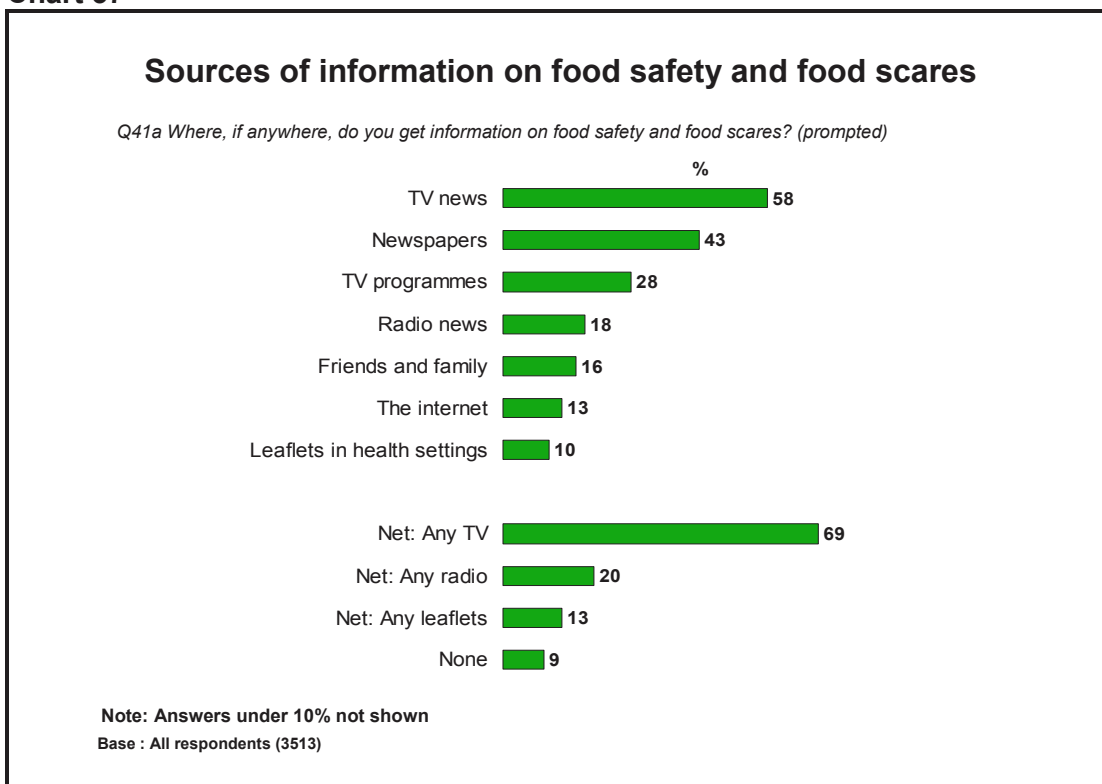
Key findings:

- TV news and newspapers are the primary source of information on food safety and food scares.
- Government, the FSA and the Department of Health are seen as the key providers of this information, with the FSA and the DoH viewed as more reliable sources than Government. Four-fifths (79%) of those using the FSA considered that information about food safety and scares from the FSA was very or fairly reliable.
- Confidence in the current measures taken by all organisations to protect health with regard to food safety remains at the level seen in 2005, with 63% of UK respondents very or fairly confident.
- TV programmes (40%) and magazines (31%) were the main sources for healthy eating information, with TV news and newspapers relatively less important.
- Compared to food safety/scares, the FSA is relatively less likely to be seen as a provider of information on healthy eating, with one-quarter using it. Supermarkets in particular came to the fore here (38%).
- However, the FSA is among the most reliable sources of information on healthy eating (considered reliable by 83% of those who use the FSA) and consumers have some doubt about the reliability of food manufacturers (58%).

7.1 Information channels and sources – food safety and food scares

Respondents were first asked where they obtained information about food safety and food scares, using a prompt list of possible channels, followed by a question on the specific providers of this information. Chart 37 shows the channels mentioned, in descending order.

Chart 37



TV news (58%) and newspapers (43%) were the key sources of information. TV programmes (28%) and to a much lesser extent TV advertising (8%) were also used.

Radio was mentioned by a fifth of the UK sample (20%), with the majority of radio mentions relating to radio news (18%).

Any form of leaflet was mentioned by just over one in ten people (13%), with the type of leaflet commonly found in GP's surgeries and other health settings being cited by somewhat more people (10%) than mentioned leaflets from government sources (6%), although clearly there may be some overlap here.

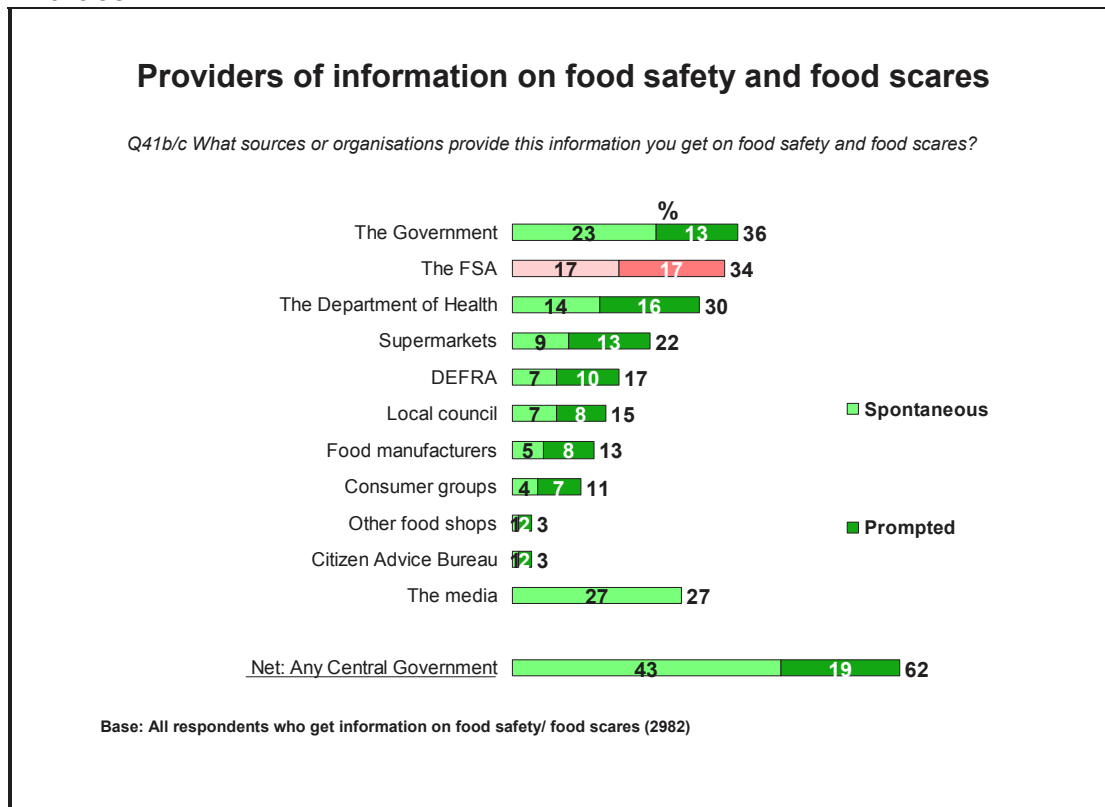
The same proportion as mentioned leaflets also referred to the internet (13%).

As might be expected, there was variation in the responses of the various demographic groups, possibly simply reflecting their differential consumption of the various forms of media.

Television and radio were most commonly cited by the 36 to 65 year-olds versus other age groups; across the social grade groups more AB's mentioned radio than C1C2's and in turn more of them did so versus DE's. AB's were also more likely to mention newspapers.

Respondents were then asked which organisations provided this information on food safety and scares – firstly spontaneously and then using a prompted list of sources. Chart 38 shows the total mentions of each provider.

Chart 38



Government (36%) and the Food Standards Agency (34%) were the most frequently mentioned providers, each by just over a third of UK respondents. Close behind was the Department of Health, mentioned by 30%.

Just over a fifth of respondents mentioned supermarkets (22%). Other official sources were mentioned by somewhat fewer respondents i.e. DEFRA (by 17%) and local government (15%). In total, 62% mentioned any Central Government provider.

Despite this question being focused on information providers, nevertheless a substantial proportion (27%) responded in terms of channel i.e. citing the media.

Respondents in England were more likely to mention the FSA (35%) than were those in Scotland (27%) or Northern Ireland (28%).

Men were more likely to mention the FSA than were women (37% versus 31%), while there was a gradient of usage of the Agency across the social grade groups, with the differences shown in table P.

Table P

**KEY SUB-GROUPS - INFORMATION PROVIDER, FOOD SAFETY/SCARES
(2006)**

	AB (617) %	C1C2 (1456) %	DE (909) %
Food Standards Agency	43	36	24

Base: All respondents who obtain information on food safety/scares

Bold indicates a finding that is significantly different from at least one other social grade grouping.

As shown in the table below, the 66+ age group were significantly less likely to mention the FSA than all other age groups.

Table R

**KEY SUB-GROUPS – INFORMATION PROVIDER, FOOD SAFETY/SCARES
(2006)**

	16–25 (400) %	26-35 (436) %	36-49 (818) %	50-65 (758) %	66+ (570) %
Food Standards Agency	33	37	37	35	22

Base: All respondents who obtain information on food safety/scares

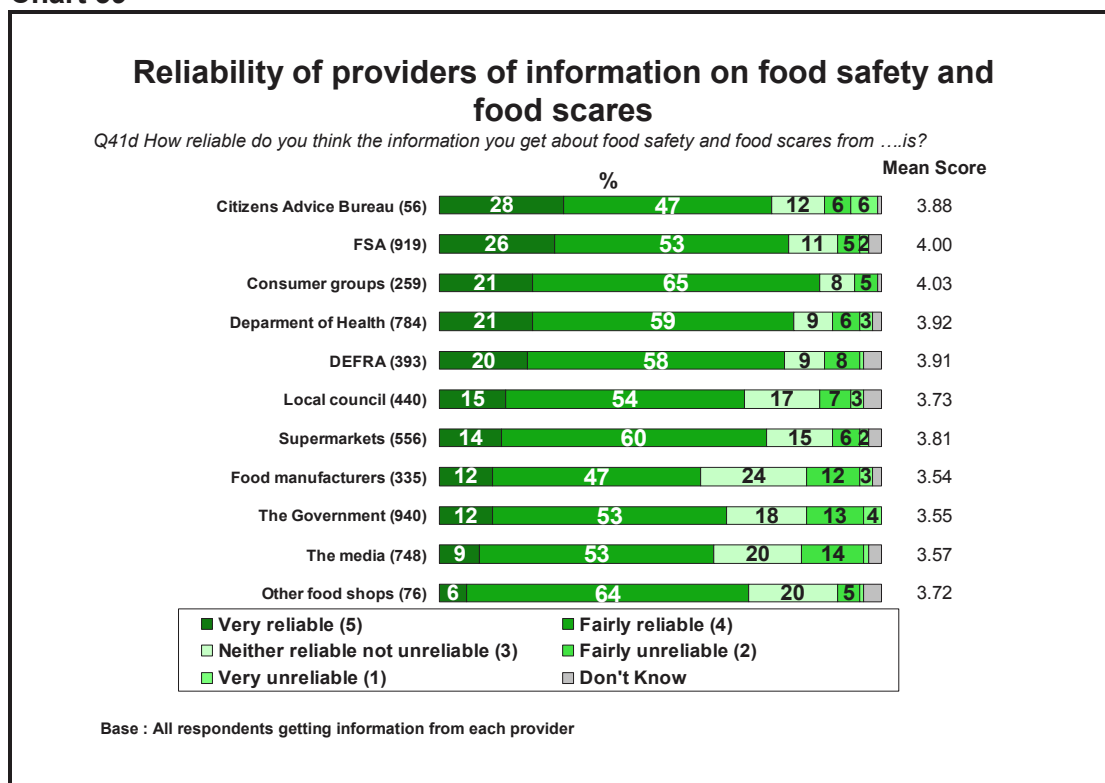
Bold indicates a finding that is significantly different from at least one other age group.

7.2 Reliability of information provided – food safety and food scares

Users of each source were also asked to rate the reliability of the information provided by that source, using a five-point scale ranging from ‘very reliable’ to ‘very unreliable’.

Chart 39 shows the distribution of responses on this scale for each source used.

Chart 39



Whilst the Citizens Advice Bureau and Consumer Groups had high levels of perceived reliability they were only used by a minority of respondents. In contrast, the Food Standards Agency achieved high levels of usage and reliability.

Most organisations, including the FSA, were considered to be reliable by the majority of their users. The FSA was described as ‘very reliable’ by a quarter of those who had claimed to use it (26%) and as ‘fairly reliable’ by just over half of them (53%). Only 7% of those who had used it considered the FSA to be unreliable.

Looking at the overall distribution of responses (as represented by the mean score, when each point on the scale is given a value – here using ‘very reliable’ - +5, through to ‘very unreliable’ - +1), the FSA achieved a mean score of 4.0 - on a par with that achieved by consumer groups (mean score 4.03) and higher than all other sources.

Of the key sources mentioned above the FSA (4.0) and the Department of Health (3.92) were viewed as more reliable than Government (3.55).

There was very little variation across the sub-groups in their perception of the FSA, although those aged 50 and above gave significantly lower ratings than younger respondents.

Table R
KEY SUB-GROUPS – RELIABILITY RATING, FOOD SAFETY/SCARES (2006)
(5 = VERY RELIABLE, 1= VERY UNRELIABLE)

	16–25	26-35	36-49	50-65	66+
	(113)	(152)	(292)	(241)	(121)
	%	%	%	%	%
Food Standards Agency	4.16	4.14	4.04	3.81	3.79

Base: All respondents who obtain information on food safety/scares from the FSA

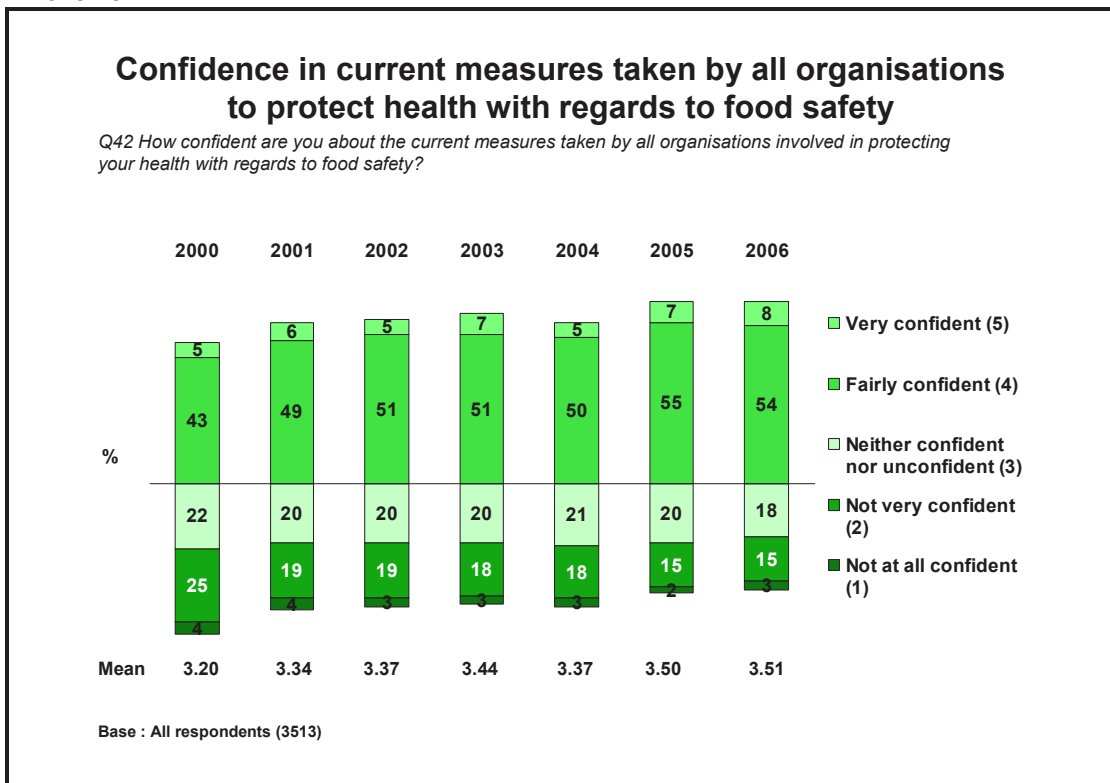
Bold indicates a finding that is significantly different from at least one other age group.

7.3 Confidence in current measures

A five-point scale was used to assess the level of confidence in the current measures taken by all organisations involved in protecting health with regard to food safety.

There has been little change this year. As Chart 40 shows, in 2006 just over three-fifths of UK respondents described themselves as 'confident' in the current measures.

Chart 40



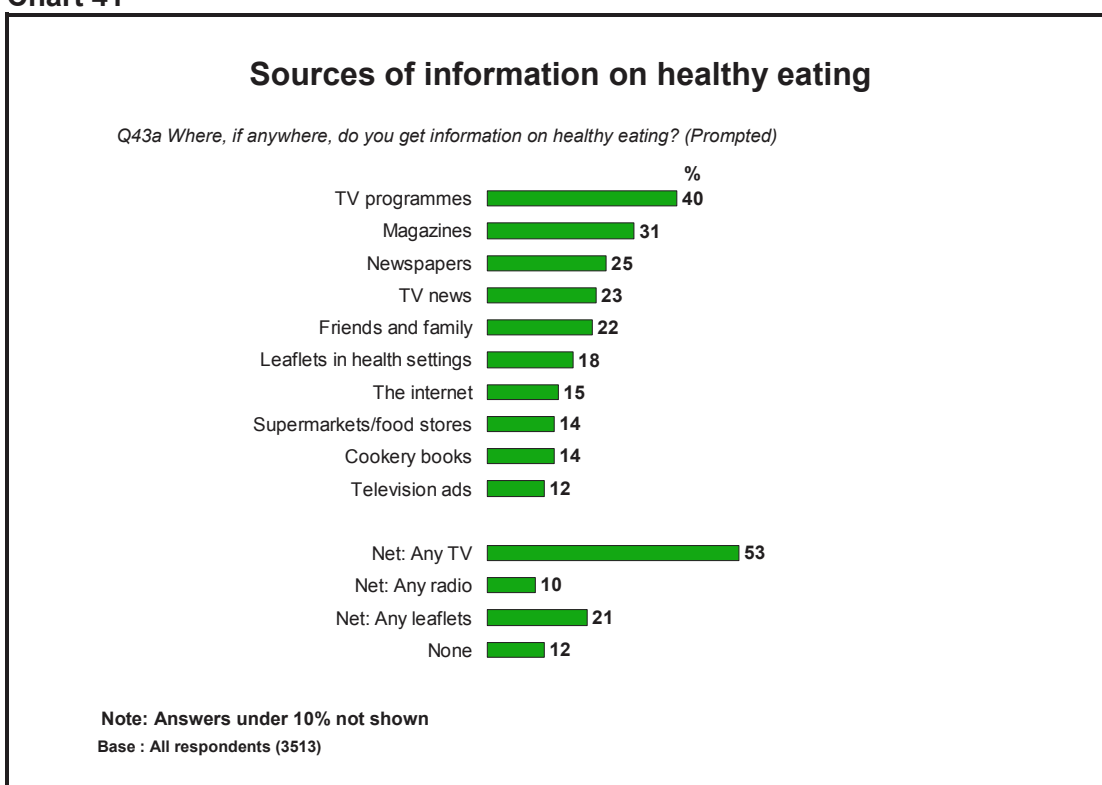
The response across the various demographic groups was broadly consistent. This was also the case in the previous surveys.

7.4 Information channels and sources – healthy eating

Having answered questions in relation to sources of information about food safety and food scares, respondents completed the same set of questions for healthy eating.

Chart 41 shows the channels mentioned in the context of healthy eating, in descending order.

Chart 41



The general pattern of where people expected to obtain information on healthy eating was, not surprisingly, somewhat different from that for food safety/scares. While television remained the key channel, the emphasis for healthy eating was more towards programming than news. In addition magazines featured strongly and there was wider usage of a range of other sources e.g. leaflets, supermarkets and cookery books. Friends and family were also a key source of information, mentioned by over one-fifth of respondents.

Radio was mentioned in this context by only one in ten UK respondents – half as many as mentioned leaflets (21%).

TV programmes (40%) were the main specific channel for healthy eating information, with magazines in second position in the list (31%) and newspapers (25%) slightly behind this.

Looking at the sub-groups, those aged 36 and over were more likely to use newspapers than their younger counterparts, with the 36 – 65 year olds also more commonly using leaflets and radio. In addition, more of those aged over 65 stated that they used no source compared to all younger age groups.

Those aged over 65 years were less likely to use TV (in general and specifically programmes) to get information about healthy eating. Magazines were most likely to be used by those aged 36-49 years.

Table S
SOURCES OF INFORMATION ON HEALTHY EATING - KEY SUB-GROUPS
(2006)

	16–25	26-35	36-49	50-65	66+
	(475)	(491)	(901)	(876)	(770)
	%	%	%	%	%
Any television	52	53	59	56	40
TV programmes	39	42	45	41	30
Magazines	25	30	37	32	27
Any radio	5	9	10	14	9
Newspapers	15	19	29	31	25
Any leaflets	15	18	28	25	18
None	11	10	9	12	21

Base: All respondents

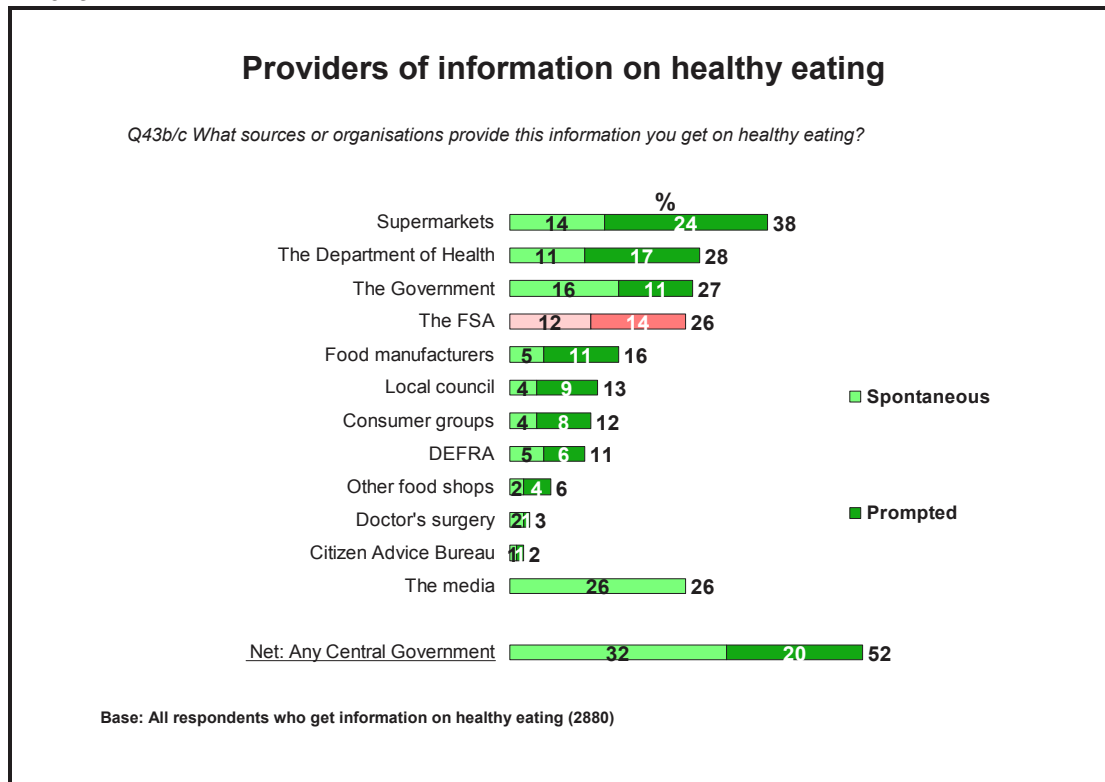
Bold indicates a finding that is significantly different from at least one other age group.

More of the AB's claimed to use radio (14%) compared to the other social grade groups (C1C2 – 10%; DE – 7%).

Those in Wales (21%) and Northern Ireland (17%) were more likely to say they used no source of information compared to respondents in England (12%) or Scotland (11%).

Respondents were then asked which organisations provided this information on healthy eating – firstly spontaneously and then using a prompted list of sources. Chart 42 shows the total mentions of each provider.

Chart 42



The pattern of sources used for health eating was quite different from that for food safety and scares. Although a substantial proportion still mentioned almost all the 'official' sources in the context of healthy eating (Department of Health – 28%; the Government – 27%; FSA – 26%), the provider mentioned by most people was supermarkets (38%).

Looking at the sub-groups, all the demographic groups were equally likely to mention supermarkets, though fewer people in Northern Ireland did so (20%) compared to the other countries (England – 39%; Scotland – 36%; Wales – 30%).

Those at the ends of the age spectrum (16-25's and 66+) were less likely to mention Central Government sources.

Table T

KEY SUB-GROUPS – INFORMATION PROVIDER, HEALTHY EATING (2006)

	16–25	26-35	36-49	50-65	66+
	(407)	(432)	(790)	(721)	(530)
	%	%	%	%	%
Department of Health	17	27	32	31	29
The Government	26	27	32	27	19
Food Standards Agency	22	29	31	27	19

Base: All respondents who obtain information on healthy eating

Bold indicates a finding that is significantly different from at least one other age group.

In addition, DE's were less likely to mention Government or the FSA compared to AB's or C1C2's, while those of non-white ethnic origin were more likely to suggest the Department of Health (38%) than their white counterparts (26%).

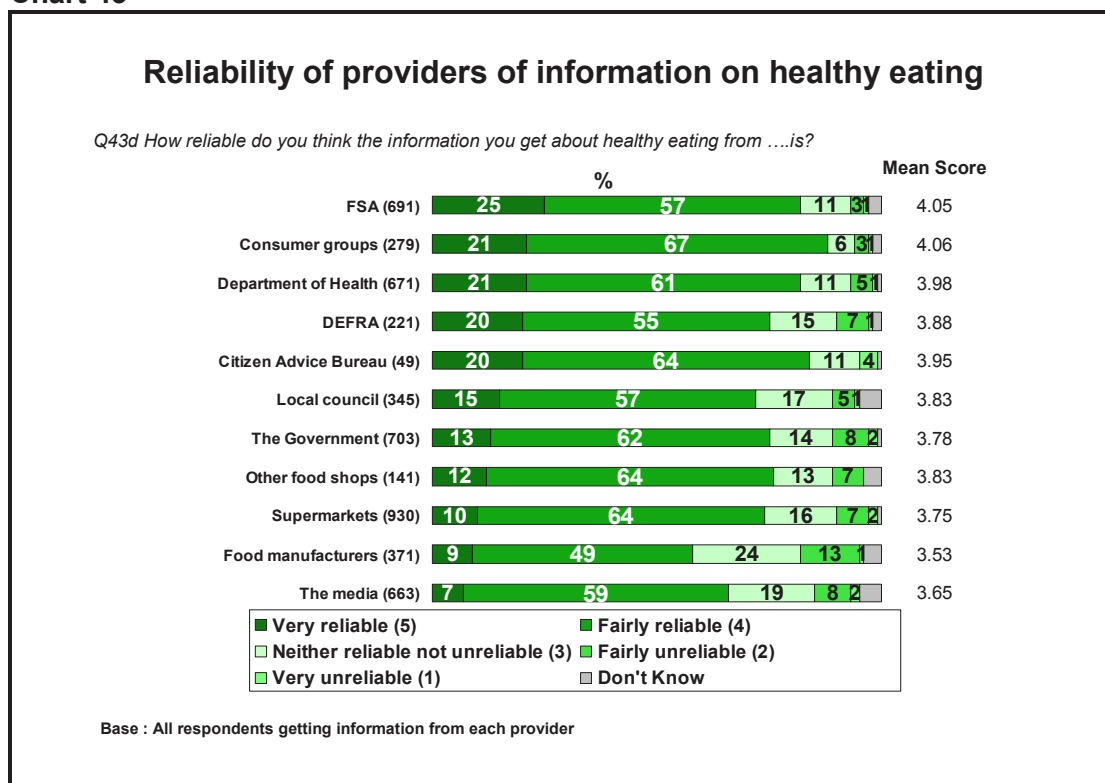
Most of the sources – the FSA, other official sources and non-official ones were all cited by more of those in England versus other countries.

7.5 Reliability of information provided – healthy eating

Users of each provider were also asked to rate the reliability of the information provided by that source, using a five-point scale ranging from ‘very reliable’ to ‘very unreliable’.

Chart 43 shows the distribution of responses on this scale for each provider used.

Chart 43



Most organisations, including the FSA, were considered to be reliable by the majority of their users. The FSA was described as ‘very/fairly reliable’ by 83% of those who used the FSA and as such was among the most reliable of all the options. Of those who had used it, only 4% considered the FSA to be unreliable.

Consumers using food manufacturers were less certain about their reliability – 58% deemed them to be reliable and more respondents than for any provider chose the ‘neither reliable nor unreliable’ central point of the scale (24%).

It appears that there is a disconnect here between the providers that are seen as most reliable and those which are most likely to be used. In particular, supermarkets are seen as the most prevalent provider of information despite being seen as one of the less (relative to other providers) reliable sources of information. Clearly individuals spend a large proportion of their time in supermarkets whereas interaction with Central Government is likely to be limited on a day to day level.

There was very little sub-group variation at this question.

8 Awareness and perceptions of the Food Standards Agency

This section measured awareness of the Food Standards Agency (prompted by name). The public's perception of the Agency was addressed and respondents were asked how confident they were about the role played by the Food Standards Agency.

New questions this year addressed what consumers perceived the main role of the FSA to be and any areas where they wished for more or better information from the Agency.

Key findings:

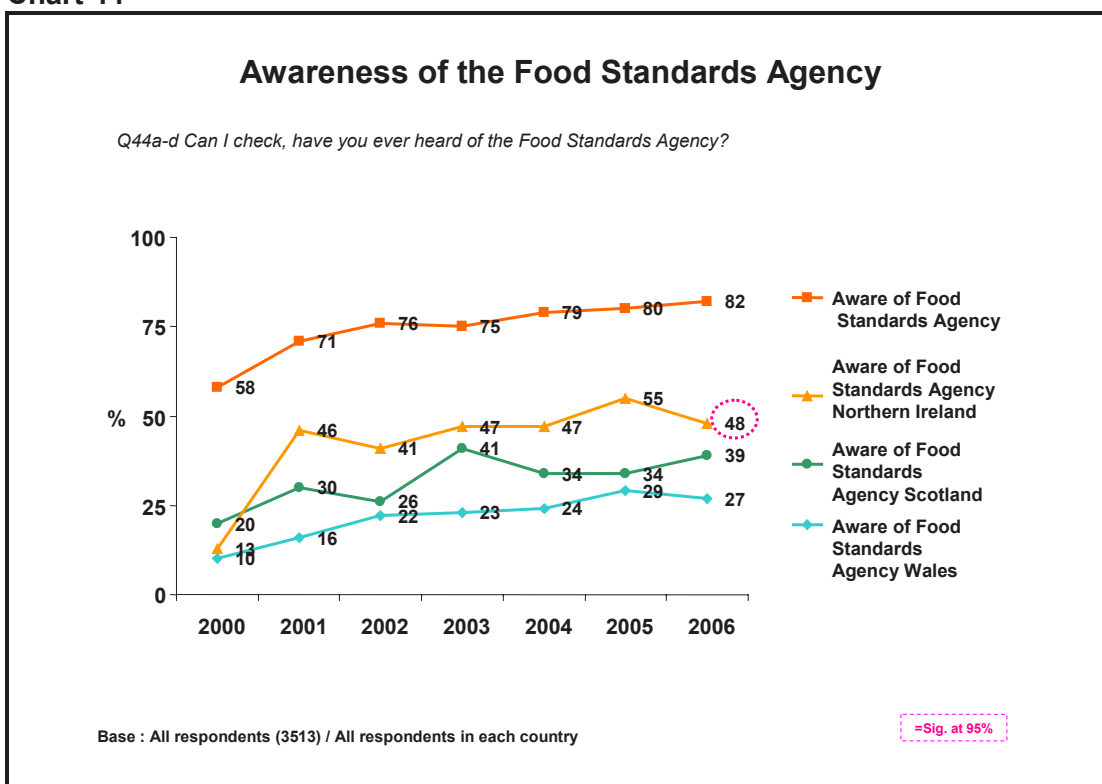
- Awareness of the FSA continues to grow – up to a high of 82% in 2006.
- The FSA's main role is perceived as monitoring/checking food standards, making sure food is fresh and providing information and advice about the health and safety of food.
- The organisation continues to be viewed positively in terms of the clarity of the information and advice it provides, with 52% giving it a positive rating on this measure. In addition, more respondents this year considered the FSA to be 'an organisation I trust' (now 61%).
- The perception of the FSA's attitude towards consumers has improved significantly compared to 2005 – 54% of the sample gave the Agency a positive rating in terms of 'putting consumers first' (up from 49% in 2005).
- Perceptions that the FSA reflects the views of the food industry and Government increased this year, with 28% and 31% respectively agreeing this applied to the Agency. One-third (33%) agreed that the FSA provides information that is independent and unbiased.
- There were spontaneous requests from consumers for the FSA to 'put across its message more strongly' and to enable better and clearer labelling.

8.1 Prompted awareness

Towards the end of the interview respondents were asked whether they had ever heard of the Food Standards Agency. (At this point they had seen the Agency's name as part of a list of possible sources of information, though no particular attention had been drawn to it.)

Chart 44 shows awareness of the FSA among all UK respondents and awareness of e.g. FSA Scotland, among those in Scotland.

Chart 44



Awareness of 'the Food Standards Agency' (asked of everyone) increased again this year, to a new high of 82% of UK respondents aware.

The age groups once again demonstrated a familiar pattern – awareness was lower among the extreme age groups i.e. the 16-25 and 66+ year-olds (awareness of 74% and 75% respectively, compared to at least 84% among all other age groups), among whom food safety and standards seem to have less salience.

As in previous studies, awareness was lower among those of DE social grade (73%, versus 91% among AB's and 84% among C1C2's) and among those of non-white ethnic origin (60%, as against 84% among their white counterparts).

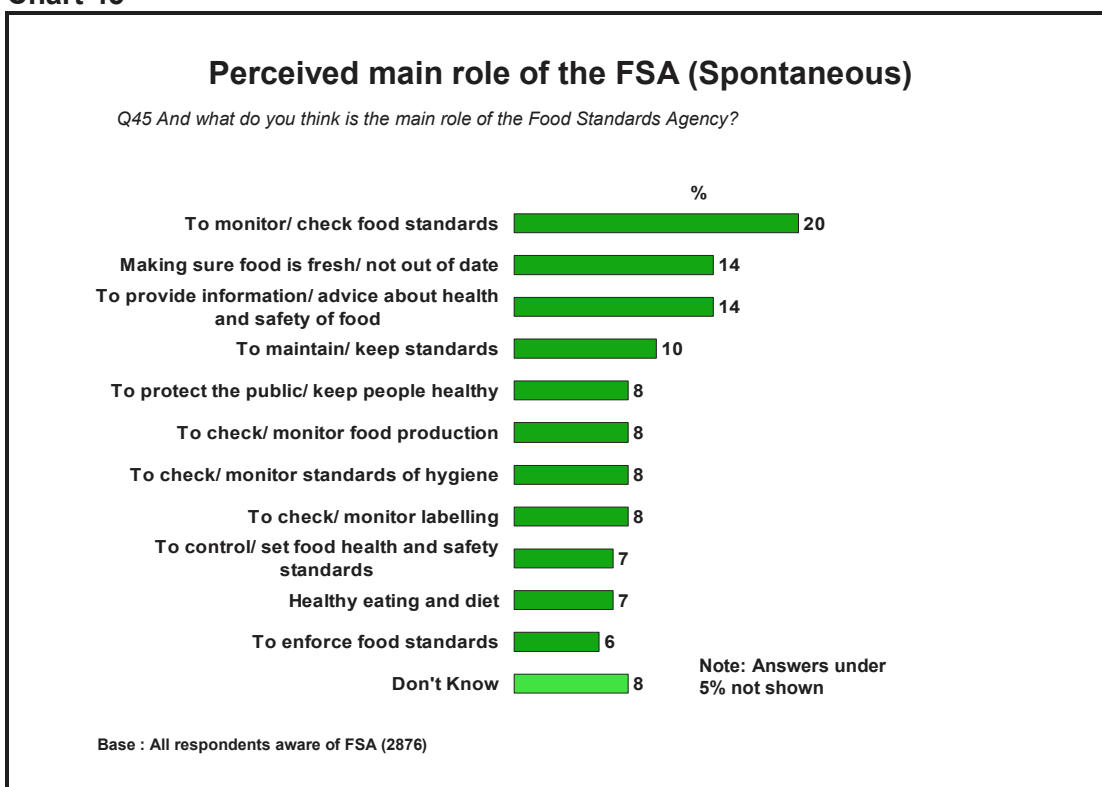
Awareness of the Food Standards Agency Northern Ireland declined this year (to 48%), returning to the level seen in 2004 (47%). Nevertheless Northern Ireland once again achieved the highest level of awareness of all three devolved organisations.

Awareness of each of the FSA Scotland and the FSA Wales was somewhat lower than that of the FSA Northern Ireland, but both nevertheless show the same broad pattern of increasing awareness over time.

8.2 Perceived main role of the FSA

After the prompted awareness question all respondents were asked spontaneously to state what they thought the main role of the Agency was. Chart 45 shows the comments made in descending order of mentions.

Chart 45



UK respondents most commonly described the FSA's role as monitoring and checking food standards (20%) – clearly to some extent simply playing back the name. This was followed by ensuring that food is fresh/not out of date (14%) and providing information and advice about health and safety relative to food (also 14%).

All other roles were mentioned by one in ten UK respondents or less. These included maintaining standards (10%), protecting the public (8%) and monitoring labelling (8%).

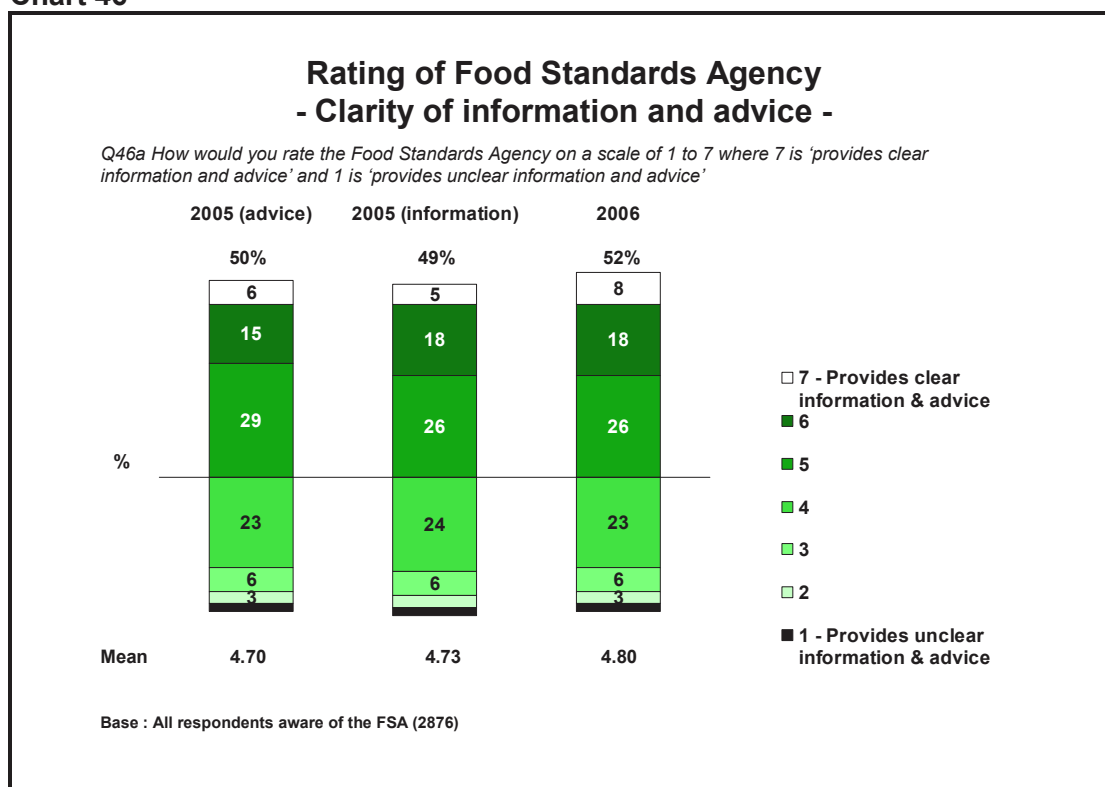
There was very little variation across the demographic sub-groups at this question. There were some variations by country, but overall no consistent picture emerged of any country having a more developed or markedly different view from any other.

8.3 Ratings of the Food Standards Agency

Respondents who were aware of the FSA were then asked to rate it on various aspects of the service it provides, in order to provide more detail on their perceptions of the Agency.

Respondents were asked about the clarity of information and advice provided by the Agency. In 2005 one question focused on 'information' and a separate one on 'advice', but in 2006 these were combined into a single measure. Chart 46 below shows the data from the two separate questions in 2005 alongside the combined 2006 measure.

Chart 46

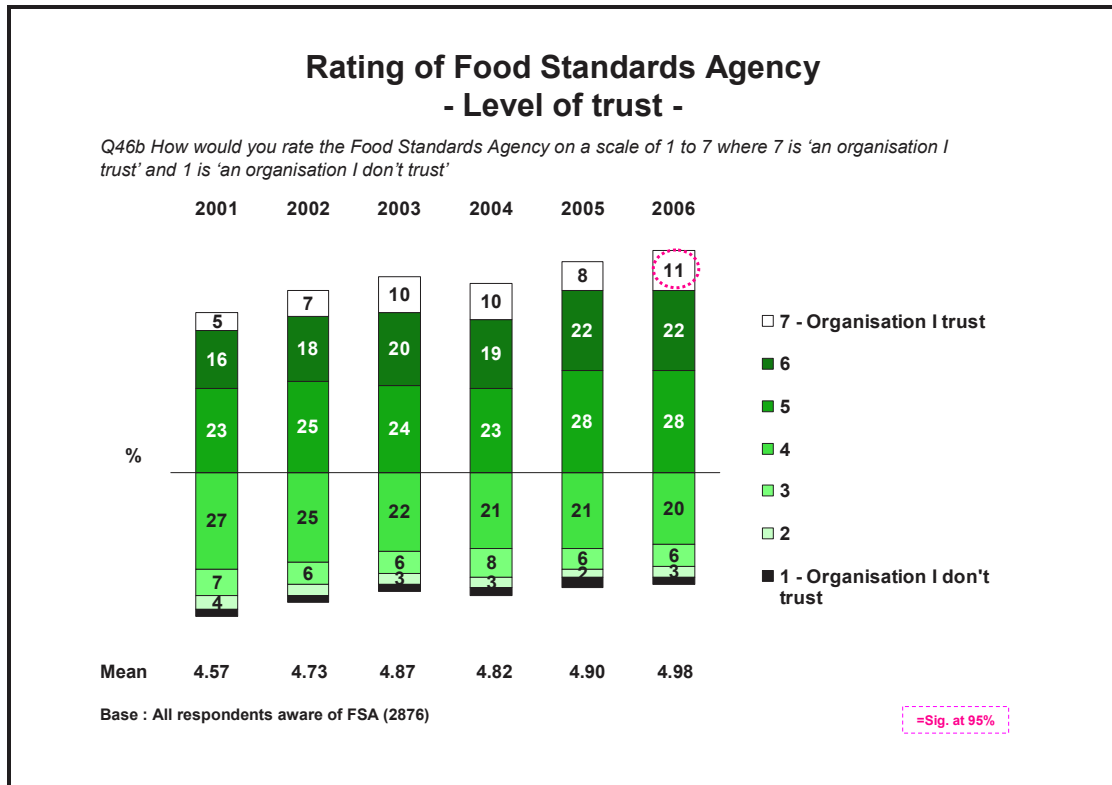


Despite the change to the question there was little movement this year. The majority of UK respondents (52%) opted for points on the positive side of the scale i.e. 'provides clear information and advice'.

Only 11% opted for points on the side of 'unclear information and advice' on the scale. It should be noted, though, that a substantial group (23%) chose the mid-point of the scale – indicating that they had no strong view either way. In addition, some 14% answered 'don't know' at this question, so while the balance of opinion is strongly towards 'clear information and advice', there remained a sizeable group who were aware of the Agency, but had no view on this issue.

There were very few differences between the mean scores of the various key sub-groups this year. Those in Northern Ireland gave a higher mean score response (5.02) compared to respondents in England (4.79) or Scotland (4.84). This was also the case in 2005 on the separate 'advice' and 'information' measures, although last year the Northern Ireland scores were also significantly higher than those of Wales.

Chart 47



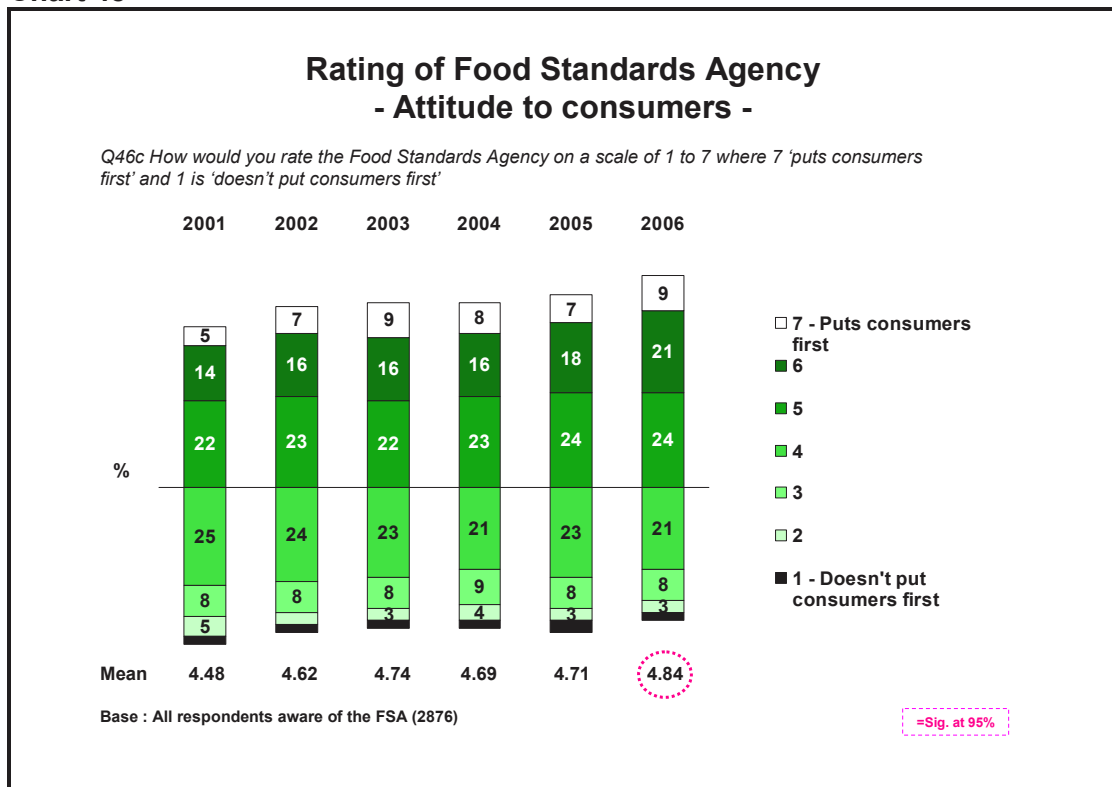
On the rating 'an organisation I trust', a very similar picture emerged.

Those respondents who were aware of the FSA gave a positive rating overall on this scale and again there was an increase over the previous year in the number of people doing so (61% versus 58% in 2005, 52% in 2004 and 54% in 2003) – driven this year by more people choosing the most positive point on the scale.

As for the previous measure a substantial proportion chose the neutral mid-point (20%) and a further group (9%) answered 'don't know'.

There was little variation in the responses of the key sub-groups or the countries. However, those in the youngest age group (16-25 – means score of 5.26) gave a higher rating for "level of trust" compared with the 50-65 (4.81) and 66+ (4.80) age bands.

Chart 48



In terms of 'putting consumers first' the pattern of responses was again very similar to that seen consistently so far – a generally positive rating by those aware of the Agency. This year, however, there was a significant increase in the number rating the Agency positively – up to 54%, compared to 49% in 2005.

Those in Northern Ireland gave a higher rating on this measure (mean score = 5.05) compared to those in England (4.82) and Scotland (4.87). Across the age groups, the 16-25 year-olds once again generated a higher score (5.14) than their older counterparts.

Younger respondents gave a slightly more positive view of the Agency on the measure, as shown in the table below.

Table U

KEY SUB-GROUPS – ATTITUDE TO CONSUMERS (2006)

	16–25	26-35	36-49	50-65	66+
	(358)	(425)	(794)	(762)	(537)
	%	%	%	%	%
Rating 6 or 7	39	33	30	25	27

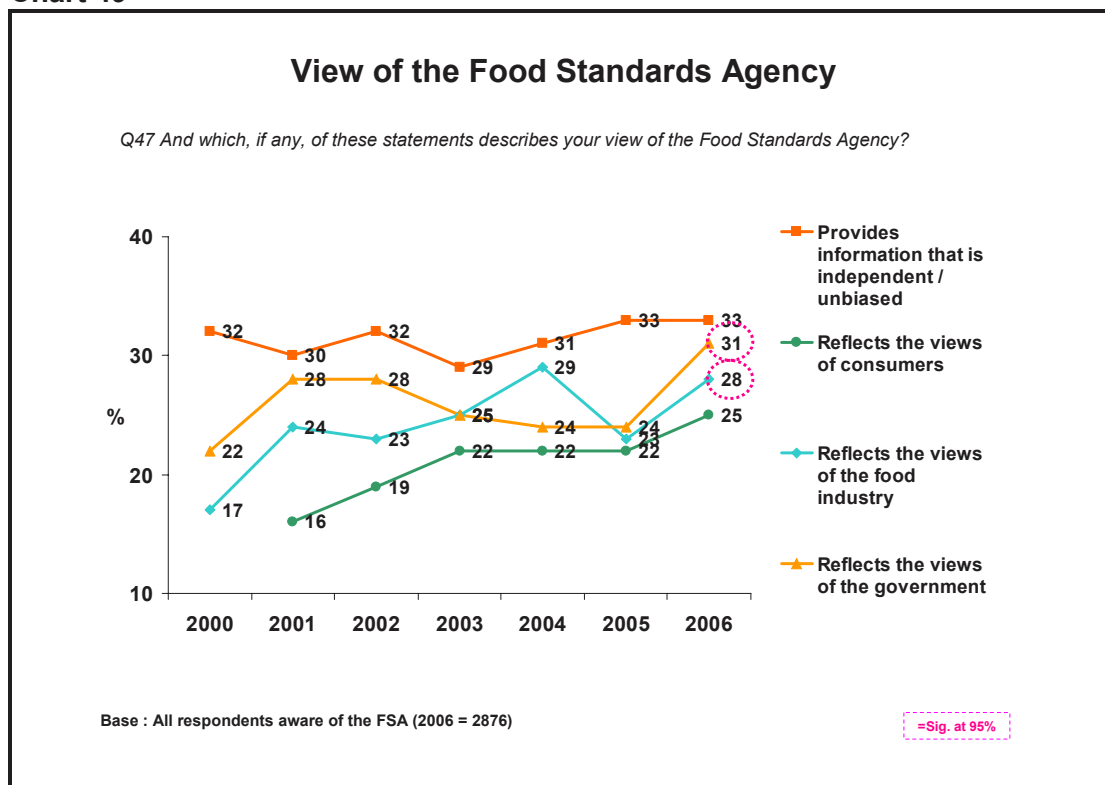
Base: All respondents aware of FSA

Bold indicates a finding that is significantly different from at least one other age group.

8.4 Perceptions of the Food Standards Agency

Those respondents who were aware of the FSA were shown a list of statements and asked to choose those that reflected their view of the Agency. One statement – ‘reflects the views of consumers’ – was added to this question in 2001.

Chart 49



As in all previous years of the survey the most commonly used descriptor was ‘provides information that is independent/unbiased’, which around a third of respondents selected in each year. While there has been some fluctuation year-on-year in the number selecting this statement, there has been no discernable upward or downward trend.

There were, however, significant increases this year in the number agreeing that the FSA reflects the views of the food industry (now 28%) and Government (now 31%). There was also a directional, though not significant increase in the proportion who considered that the FSA reflects the views of consumers (25%).

There was a strong relationship between the level of trust in the Food Standards Agency (see section 8.3) and the perception that the FSA reflects views of Government. Of those who had low trust in the FSA (rated 1 or 2 out of 7), 61% felt the Agency reflected the views of Government. However, of those who had strong trust in the Agency (rating 6 or 7 out of 7) only 24% felt it reflected the views of Government.

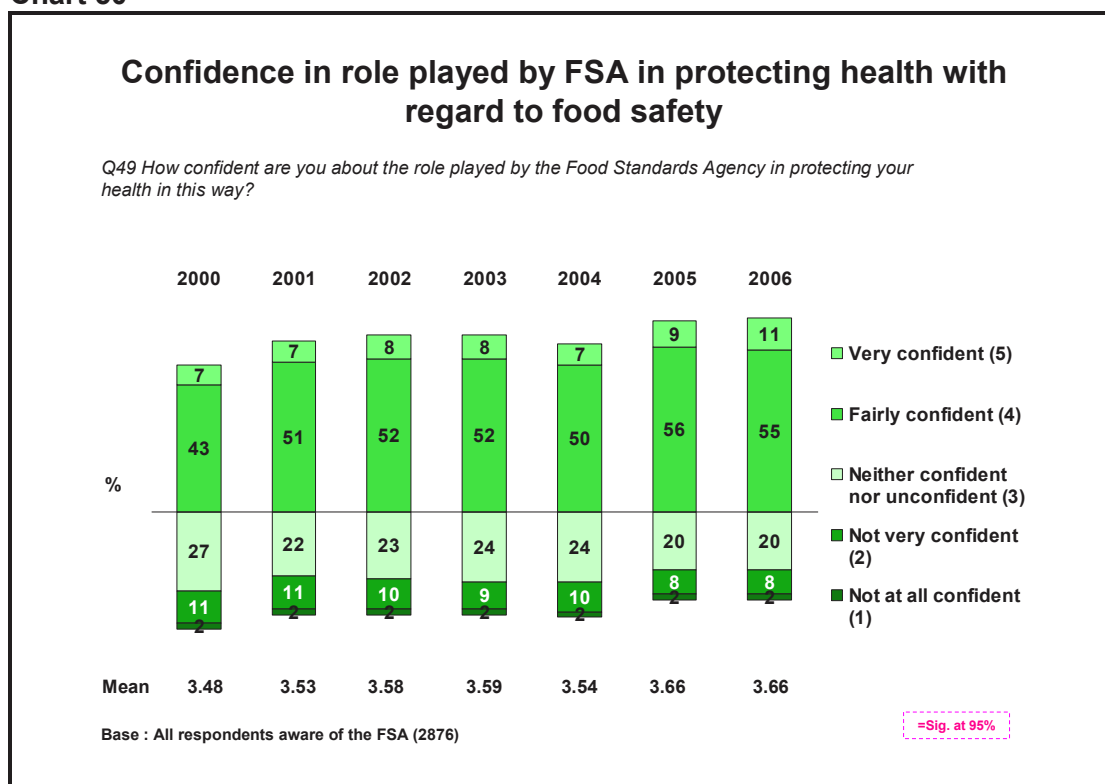
There was very little variation across the sub-groups on these measures. Those of DE social grade were less likely to say that the FSA reflects the views Government, while the AB’s were less likely to agree that it reflects the views of consumers.

8.5 Confidence in Food Standards Agency

In the final section of the questionnaire respondents were provided with an outline of the Food Standard Agency's remit. They were then asked how confident they were about the role played by the Food Standards Agency.

As for general confidence in current measures pertaining to food safety, a five-point scale was used to assess the level of confidence in the Food Standards Agency and the responses in the UK are shown in Chart 50.

Chart 50



There was no change this year. In 2005 a new high of 65% of UK respondents described themselves as confident about the Agency's role and in 2006 this was maintained.

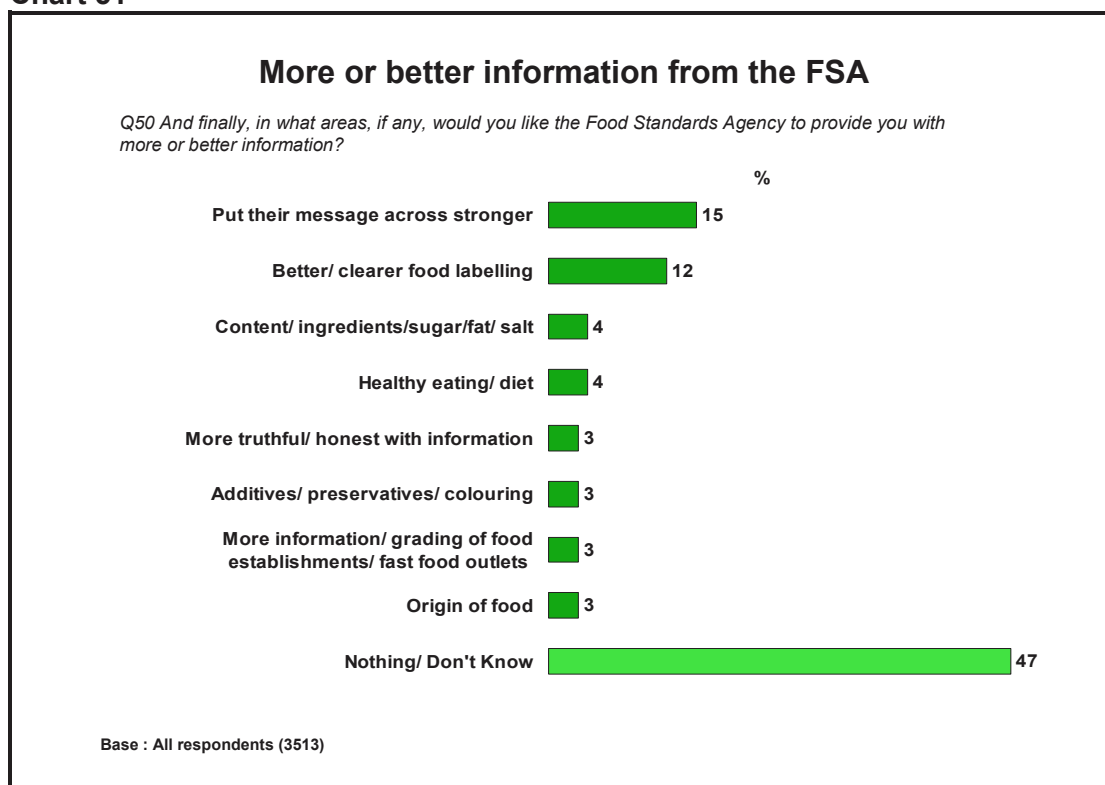
There was a difference between Northern Ireland and all other countries, with a higher level of confidence in the FSA being expressed in Northern Ireland compared to elsewhere (Northern Ireland – mean score of 3.82; Wales – 3.66; England – 3.65; Scotland – 3.71).

It is worth noting that confidence in the FSA as expressed in the summary measure of the mean score has consistently been higher than confidence in 'all organisations' (see Section 7.3).

8.6 Information requirements

The survey had previously included a prompted question on what information was required from the FSA. This year the question was changed to a spontaneous one and consumers were asked in what areas, if any, they wanted the Agency to provide them with more or better information.

Chart 51



Just over half of the UK sample (53%) spontaneously requested some type of information. The two key issues were for the FSA to 'put across its message more strongly' (mentioned by 15%) and to enable better and clearer food labelling (12%).

The top mention regarding putting across their message more strongly included such comments as:

- 'More TV coverage'
- 'Need more advertising'
- 'More leaflets about healthy eating'

The issue of food labelling is particularly pertinent given the importance of the issue for consumers as shown in section 5.

There was very little variation between the demographic sub-groups or the countries. However those aged 36-65 did express more interest in better/clearer labelling than their older or younger counterparts.

APPENDIX 1

Questionnaire

**Food Standards Agency - Consumer Attitudes Survey 2006
Quantitative Research Questionnaire
FINAL**

**TNS Consumer Job No. 146626
4 August**

CLASSIFICATION

We're interested in talking to people about a number of issues related to food.

Firstly, we'd like to ask you about the people in your household and your responsibility for food shopping.

Q1 How many people are there living in your household (including yourself)? TYPE IN NUMBER (MINIMUM 1)

IF MORE THAN ONE ASK Q2; OTHERS GO TO Q4

Q2 How many people are there in the household who are aged 16 or over (including yourself)? TYPE IN NUMBER (MAXIMUM = Q1, MINIMUM 1)

IF NUMBER AT Q2 MATCHES NUMBER AT Q1 GO TO Q4; OTHERS ASK Q3

Q3 And how many children aged 15 or less are there living in the household?

TYPE IN NUMBER AND CODE AGES:

1. 0-4 years
2. 5-9 years
3. 10-12 years
4. 13-15 years

[Q1-Q3 CHECKED FOR INTERNAL CONSISTENCY]

ASK ALL

Q4 Can I just check your age? TYPE IN AND CODE RANGE

1. 16-17
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65-74
8. 75+

IF MORE THAN ONE AT Q2 ASK Q5; OTHERS GO TO Q6

Q5 And is there anyone (else) over 65 in your household? TYPE IN NUMBER

CONTEXTUAL QUESTION

SHOW SCREEN

Q6 Looking at the screen which of the following are the major concerns facing you today? Please select your top three concerns

RANDOMIZE ORDER, (ALLOW D/K - DO NOT SHOW)

- 01: Traffic congestion
 - 02: Standards in education
 - 03: Drugs
 - 04: Food safety
 - 05: Pollution/environmental issues
 - 06: Crime levels
 - 07: Healthy eating
 - 08: Provision of health services/NHS
 - 09: Terrorism
 - 10: Pensions
 - 11: The economy
 - 12: House prices
 - 13: Household finances
 - 14: Other (please specify)
-

Q7 Are there any issues related to food that you have concerns about? CLARIFY: What else? CLARIFY FULLY

TYPE IN VERBATIM IN FULL

SHOW SCREEN

Q8 Generally speaking which of these statements best describes your attitude to food safety issues?
SINGLECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

1. I am very concerned about food safety issues
 2. I am fairly concerned about food safety issues
 3. I am neither concerned/nor unconcerned about food safety issues
 4. I am fairly unconcerned about food safety issues
 5. I am not at all concerned about food safety issues
-

SHOPPING HABITS

SHOW SCREEN

Q9 Thinking about food/grocery shopping, which of these best describes the level of responsibility you have for the shopping in your household?

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

- 01: Responsible for all or most of the food/ grocery shopping
- 02: Responsible for about half of the food/ grocery shopping
- 03: Responsible for less than half of the food/grocery shopping
- 04: Not responsible for any of the food/grocery shopping

IF RESPONSIBLE FOR ANY FOOD AND GROCERY SHOPPING (CODES 1-3) AT Q9 ASK Q10A, Q10B Q11 AND Q12; OTHERS GO TO Q13

SHOW SCREEN

Q10a Where do you buy most of your household food shopping?

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

- 01: Large supermarkets
 - 02: Supermarket chain local shops (e.g. Tesco Metro, Sainsbury Local)
 - 03: Small grocery stores or corner shops
 - 04: Local specialist shops (e.g. butchers, green grocers)
 - 05: Over the internet (e.g. Ocado, Tesco online)
 - 06: Street markets
 - 07: Farmers markets
 - 08: Farm shops
 - 09: Other (specify)
-

SHOWSCREEN

Q10b And which others do you also use for your household food shopping?
MULTICHOICE (Exclude code mentioned at Q10a) (ALLOW D/K - DO NOT SHOW)

(list as at Q10a + None)

SHOW SCREEN

Q11 How often do you do a **main** shop for your household food shopping?

- 01: Every day
- 02: Every 2-3 days
- 03: About once a week
- 04: A couple of times a month
- 05: Once a month
- 06: Less often
- 07: Never

SHOW SCREEN

Q12 And how often, if at all, do you do 'top up' shops for your household food shopping, that is in addition to your main shop?

(responses as at Q11)

EATING HABITS

SHOWSCREEN

Q13 How often do you eat the following types of meals?

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

....Completely homemade meals (prepared from scratch), for example roast dinners, "meat and two veg", casseroles or dishes using a homemade sauce e.g. curry, stir-fry and pasta dishes.

....Meals at home made partly from pre-prepared store bought ingredients and partly from scratch. For example curry, stir-fry or pasta dishes using a store-bought sauce, store-bought pies/quiches/breadcrumb-coated chicken/fish with home-prepared salad or vegetables.

....Meals at home made completely from pre-prepared store bought ingredients. For example burger and oven chips, pizzas, ready-made/complete meals bought from the chiller or freezer cabinet.

....Meals consumed outside the home, for example in restaurants, cafes or pubs

....Take away meals, for example fish and chips, curry, kebabs

....Takeaway sandwiches, wraps & salads

....Breakfast cereals, toast & other packaged breakfast products

01: Two or more times a day

02: Once a day

03: Most days

04: A few times a week

05: About once a week

06: A few times a month

07: About once a month

08: Less often

09: Never

(Ask all)

SHOW SCREEN

Q14 Which of these statements best describes who is responsible for preparing and cooking meals in your household?

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

01: Myself only

02: Myself mainly

03: Someone else only

04: Someone else mainly

05: Myself and someone else equally

SHOW SCREEN

PLEASE RANDOMISE ORDER OF THE STATEMENTS

Q15 Please tell me how much you agree or disagree with the following statements

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

...I really enjoy cooking

...I'll make time so I can cook proper meals

...Convenience food is not that bad for you

...Eating healthily is very important to me

...These days it's not that important that families sit down together for meals

...It's too expensive to cook healthy meals

...I'm really concerned about food safety and hygiene

...I find it difficult to know if a food product is healthy from the labelling

...I would like to have more information about the food that I buy

...Parents should be strict with children and make them eat healthy food

...Even if you are on a limited budget you can still eat healthily

...I really enjoy watching cooking programmes on TV

...It's difficult to find healthy alternatives that taste nice

01: Agree strongly

02: Agree slightly

03: Neither agree nor disagree

04: Disagree slightly

05: Disagree strongly

Q16 Which, if any of the following applies to you? Please state all that apply.

MULTICODED

- 01: I am completely vegetarian
 - 02: I am partly vegetarian
 - 03: I am a vegan
 - 04: I am allergic to certain food
 - 05: I am on a diet trying to lose weight
 - 06: I avoid certain food for religious reasons
 - 07: I avoid certain food for medical reasons
 - 08: Other (please specify)
-

DO NOT SHOW SCREEN

Ask Q17a if coded 2 at Q16

MULTICODED

Q17a And what foods do you avoid because you are partly vegetarian?

- 01: Beef
 - 02: Pork
 - 03: Lamb
 - 04: Red meat (not specified)
 - 05: Meat (not specified)
 - 06: Chicken
 - 07: Other poultry
 - 08: Fish
 - 09: Other (please specify)
-

DO NOT SHOW SCREEN

MULTICODED

Ask Q17b if coded 4 at Q16

Q17b And what foods are you allergic to?

- 01: Dairy products
 - 02: Eggs
 - 03: Wheat
 - 04: Nuts
 - 05: Shellfish/fish
 - 06: Soy
 - 07: Fruits
 - 08: Caffeine
 - 09: Other (please specify)
-

DO NOT SHOW SCREEN
MULTICODED

Ask Q17c if coded 5 at Q16

Q17c And what foods do you avoid to lose weight?

- 01: Cakes/biscuits/bakery products
- 02: Confectionery/sweets/chocolate
- 03: Convenience/take-away food/junk food
- 04: Bread
- 05: Chips
- 06: Fried foods
- 07: Foods containing fat/saturated fat/high in fat
- 08: Foods containing sugar/high in sugar
- 09: Foods containing salt/high in salt
- 10: Other (please specify)

DO NOT SHOW SCREEN
MULTICODED

Ask Q17d if coded 6 at Q16

Q17d And what foods do you avoid for religious reasons?

- 01: Pork
- 02: Beef
- 03: Lamb
- 04: Poultry
- 05: Non-halal meat
- 06: Non kosher meat
- 07: Any meat
- 08: Shellfish
- 09: Eggs
- 10: Onions/root vegetables
- 11: Other (please specify)

DO NOT SHOW SCREEN
MULTICODED

Ask Q17e if coded 7 at Q16

Q17e And what foods do you avoid for medical reasons?

- 01: White bread
 - 02: Confectionery/sweets/chocolate
 - 03: Fried foods
 - 04: Ready made/take-away meals
 - 05: Foods containing fat//high in fat
 - 06: Foods containing saturated fat
 - 07: Foods containing sugar/high in sugar
 - 08: Foods containing salt/high in salt
 - 09: Foods/drinks containing caffeine
 - 10: Other (please specify)
-

SHOW SCREEN

Q18 And which of these types of food do you eat **every day or most days**?

MULTICODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

- 01: Eggs
- 02: Dairy products (e.g. milk, butter, cheese)
- 03: White fish (e.g. cod, haddock, plaice)
- 04: Oily fish (e.g. salmon, trout, mackerel)
- 05: Poultry (e.g. chicken, turkey)
- 06: Red meat (e.g. lamb, beef)
- 07: Bacon/ham/pork
- 08: Organic foods
- 09: Fresh fruit
- 10: Fresh vegetables (not including potatoes)
- 11: Fresh salad
- 12: Nuts/beans/chickpeas/lentils
- 13: Store-bought sausages/burgers/pies containing meat
- 14: Store-bought coated chicken/fish e.g. in breadcrumbs
- 15: Ready made/pre-made meals from the in-store chiller cabinet e.g. pizzas, pasta dishes, curries, Chinese dishes
- 16: Ready made/pre-made meals from the in-store freezer cabinet e.g. pizzas, pasta dishes, curries, chinese dishes.
- 17: White bread
- 18: Wholemeal/wholewheat/wholegrain bread
- 19: Brown (wheatmeal) bread
- 20: Crisps/savoury snacks
- 21: Chocolate bars
- 22: Sweets, confectionery
- 23: Fizzy drinks e.g. cola, lemonade
- 24: None

SHOW SCREEN

Q19 And which do you eat **regularly**, that it is a few times a week?

MULTICODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

Show foods minus those coded at Q18

SHOW SCREEN

Q20 And which do you eat **occasionally**, that is a few times a month?

MULTICODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

Show foods minus those coded at Q18 and Q19

Foods not coded at Q20 will be deemed to be consumed 'less often'

DO NOT SHOW SCREEN

Q21 Are you making a special effort to **avoid or reduce** your consumption of any types of food at the moment?

MULTICODE, (ALLOW D/K - DO NOT SHOW)

- Foods containing sugar e.g. sweets, biscuits, chocolate
 - Drinks containing sugar e.g. sugar in tea/coffee
 - Foods containing fat e.g. fried foods, crisps, butter, mayonnaise
 - Red meat (e.g. beef, lamb)
 - Ready meals
 - Salt (either in a food product, added in cooking or added at the table)
 - Fizzy drinks
 - Other (please specify)
 - None
-

DO NOT SHOW SCREEN

Q22 And are you making a special effort to **include or eat more** of any types of food?

MULTICODE, (ALLOW D/K - DO NOT SHOW)

- Fresh fruit
 - Fresh vegetables (not including potatoes)
 - Fresh salad
 - Nuts/beans/chickpeas/lentils
 - White fish (e.g. cod, haddock, plaice)
 - Oily fish (e.g. salmon, trout, mackerel)
 - Organic food
 - Wholemeal / wholewheat / wholegrain bread
 - Brown (wheatmeal) bread
 - Yogurts
 - Other (please specify)
 - None
-

ONLY ASK THOSE THAT HAVE CHILDREN IN HOUSEHOLD

DO NOT SHOW SCREEN

Q23 Are you making a special effort to **avoid or reduce** your children's consumption of any types of food at the moment?

MULTICODE (ALLOW D/K - DO NOT SHOW)

- Foods containing sugar e.g. sweets, biscuits, chocolate
- Drinks containing sugar e.g. sugar in tea/coffee
- Foods containing fat e.g. fried foods, crisps, butter, mayonnaise
- Red meat (e.g. beef, lamb)
- Ready meals

- Salt in your food (either in a food product, added in cooking or added at the table)
- Fizzy drinks
- Other (please specify)
- None

ONLY ASK THOSE THAT HAVE CHILDREN IN HOUSEHOLD

DO NOT SHOW SCREEN

Q24 And are you making a special effort to **make your children eat more** of any types of food?

MULTICODE (ALLOW D/K - DO NOT SHOW)

- Fresh fruit
- Fresh vegetables (not including potatoes)
- Fresh salad
- Nuts/beans/chickpeas/lentils
- White fish (e.g. cod, haddock, plaice)
- Oily fish (e.g. salmon, trout, mackerel)
- Organic food
- Wholemeal / wholewheat / wholegrain bread
- Brown (wheatmeal) bread
- Yogurts
- Other (please specify)
- None

SHOW SCREEN

Q25 Looking at these different types of fruit and vegetables please indicate how much you ate of each type yesterday. TYPE IN NUMBER FOR EACH FOOD TYPE

(ALLOW D/K - DO NOT SHOW), MAXIMUM - 10

FOOD TYPE

Vegetables, raw, cooked,
frozen or canned (number of tablespoonfuls)

Salad (number of dessert bowlful)

Grapefruit/ avocado pear (number of fruits)

Apples, bananas, oranges
and other citrus fruit (number of fruits)

Plums and similar sized fruit (number of fruits)

Grapes, cherries and berries (number of full cups)

Fresh fruit salad, stewed or canned fruit (number of tablespoonfuls)

Dried fruit e.g. raisins, apricots etc (number of tablespoonfuls)

Fruit juice (number of glasses) – (Editor: this only counts as one portion no matter how much you drink)

Q26 How many portions of fruit and vegetables do you think you **should** eat every day? TYPE IN NUMBER
(ALLOW D/K - DO NOT SHOW) MAXIMUM - 20

SINGLECODED

Q27 And did you eat breakfast yesterday?

- 01: Yes
- 02: No
- 03: DK

SINGLECODED

Q28 And did you eat between the meals you had yesterday?

- 01: Yes
- 02: No
- 03: DK

If yes (code 1) at Q28 ask Q29 others go to Q30

DO NOT SHOW SCREEN, MULTICODE. (ALLOW DK)

Q29 And can I ask what did you eat between the meals you had yesterday?

- 01: Fresh fruit
- 02: Dried fruit
- 03: Biscuits, cakes and bakery products
- 04: Chocolate bars
- 05: Vegetables (e.g. carrot sticks)
- 06: Confectionery
- 07: Crisps/savoury snacks
- 08: Yogurts
- 09: Nuts
- 10: Muesli bar
- 11: Ice cream
- 12: Bread/toast
- 13: Other (please specify)

LABELLING

Now I would like to ask you a few questions about food packaging and labelling.

ASK ALL

SHOW SCREEN

Q30 Thinking just about products that you purchase **for the first time** how frequently, if at all, do you refer to the labelling information?

SINGLECODE (ALLOW D/K - DO NOT SHOW)

1. Never
 2. Rarely
 3. Occasionally
 4. Usually
 5. Always
 6. Do not purchase food
-

IF EVER REFER (CODES 2-5 AT Q30) ASK Q31; OTHERS GO TO Q32
DO NOT SHOW SCREEN

Q31 Still thinking about the products you buy for the first time what information do you usually look for?

MULTICODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

Nutritional Information

1. The amount of **salt** (sodium)
2. The amount of **fat**
3. The amount of **saturated fat**
4. The amount of **sugar**
5. **Vitamins**
6. **Calories**
7. **GDA** (Guideline daily amounts)

Information about Ingredients

8. **Additives** (e.g. colours and preservatives)
9. **Quantity** of the main ingredients
10. The list of **ingredients** for allergy reasons
11. The list of **ingredients** for special **dietary** reasons (medical, religious or dieting)
12. The list of **ingredients** for **other reasons**
13. Suitability for a **vegetarian** diet

- 14. Whether the product is of **GM/non-GM** origin
- 15. Whether the products are **organic**

Ethical Information

- 16. **Free range**/Animal welfare
- 17. **Fair trade**

General Information

- 18. The **name** of the food
- 19. **Country** of origin
- 20. The best before/Use by **date**
- 21. Cooking/Storage **instructions**
- 22. **Health claims** such as 'low fat', or 'good for your heart'
- 23. Name of **producer**
- 24. Other (WRITE IN)

SHOW SCREEN

Q32 What do you think about the amount of information that is provided for on food labels?
SINGLECODE (ALLOW DK – DO NOT SHOW)

- 01: There is generally too much information
- 02: The amount of information is about right
- 03: There is not enough information on food labels

SHOW SCREEN

Q33 And how easy do you personally find it to read the labelling on food products in terms of the size of the print?

SINGLECODE (ALLOW DK – DO NOT SHOW)

- 01: Very easy to read
 - 02: Quite easy to read
 - 03: Quite hard to read
 - 04: Very hard to read
-

SHOW SCREEN

Q34 And how easy do you personally find food labels to understand?

SINGLECODE (ALLOW DK – DO NOT SHOW)

01: Very easy to understand

02: Quite easy to understand

03: Quite hard to understand

04: Very hard to understand

ASK ALL

ROTATE ORDER OF ASKING Q35 AND Q36

SHOW SCREEN

Q35 Thinking about specific information on food labelling what do you understand the term 'use by date' on a food product to mean

SINGLECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

1. It will be safe to eat up to this date, if stored properly, but should not be eaten past this date.
2. It will be at its best quality before this date but is not necessarily unsafe to eat past this date
3. It depends on the food

SHOW SCREEN

Q36 And what do you understand the term 'best before date' on a food product to

SINGLECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

1. It will be safe to eat up to this date, if stored properly, but should not be eaten past this date
 2. It will be at its best quality before this date but is not necessarily unsafe to eat past this date
 3. It depends on the food
-

FOOD SAFETY

SHOW SCREEN

Q37 Have you been concerned about hygiene in any of the following places in the last 12 months?

MULTICODE, INVERTED RANDOMLY

- 01: Restaurants / cafes / pubs and wine bars
- 02: Supermarkets
- 03: Local butchers
- 04: Other shops
- 05: Market stalls
- 06: Takeaway/fast food outlets
- 07: Other (please specify)
- 08: None
- 09: DK

If coded 1 – 7 at Q37 go to Q38 others go to Q39

SHOW SCREEN

Q38 And the last time you were concerned about hygiene did you report your concerns to anyone?

- 01: Yes, to the local council / environmental health officer / trading standards officer
- 02: Yes, to the staff at the outlet
- 03: Yes, to someone else (specify)
- 04: No

DO NOT SHOW SCREEN

Q39 Do you have concerns about the safety of any particular types of foods? PROBE FULLY. MULTICODE, (ALLOW D/K - DO NOT SHOW)

- 1. Raw Pork
- 2. Raw Lamb
- 3. Raw Beef
- 4. Raw Chicken
- 5. Other raw meat/poultry (WRITE IN)
- 6. Cooked Meat/poultry
- 7. Processed meat/poultry (e.g. sausages, burgers)
- 8. Meat (unspecified)
- 9. Eggs
- 10. Milk
- 11. Other dairy product (WRITE IN)
- 12. Dairy Products (unspecified)
- 13. Fish
- 14. Shellfish

15. Fresh fruit/vegetables
 16. Tinned foods
 17. Frozen foods
 18. Dried foods
 19. Ready made meals
 20. Foods with GM ingredients
 21. Baby foods
 22. Oils and sauces
 23. Organic fruit/vegetables
 24. Organic meat
 25. Organic foods (unspecified)
 26. Soft drinks
 27. Bottled waters
 28. Other (WRITE IN)
 29. None
-

SHOW SCREEN

Q40 And are you concerned about any of the following food issues?
MULTICODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT
SHOW)

1. Food poisoning such as a Salmonella and E. Coli
2. GM foods
3. BSE
4. The feed given to livestock
5. Antibiotics in meat
6. Conditions in which food animals are raised
7. The use of pesticides to grow food
8. The use of additives (such as preservatives and colouring) in food products
9. Food allergies and intolerance
10. The amount of salt in food
11. The amount of sugar in food
12. The amount of fat in food
13. The amount of saturated fat
14. Food miles (i.e. the distance food travels)
15. Bird/Avian flu
16. Nutritional content of school meals
17. Hormones and steroids in meat
18. Trans fats
19. The way animals are slaughtered

- 20. Foods aimed at children
 - 21. The addition of folic acid to flour
 - 22. Other
None
-

SOURCES OF INFORMATION

ROTATE ORDER OF ASKING Q41 – 42 AND 43A-D

SHOW SCREEN

Q41a Where, if anywhere, do you get information on **food safety and food scares**?

MULTICODE (ALLOW D/K - DO NOT SHOW)

- 01: the internet
- 02: television ads
- 03: TV news
- 04: TV programmes
- 05: radio ads
- 06: radio news
- 07: newspapers
- 08: leaflets from government sources
- 09: leaflets in health settings (e.g. doctors surgeries)
- 10: supermarkets/food stores
- 11: contact relevant organisation
- 12: Friends and family
- 13: Other (please specify)
- 14: None

IF NONE (CODE 14) GO TO Q42 OTHERS GO TO Q41B

DO NOT SHOW SCREEN

Q41b And what sources or organisations provide this information you get on **food safety and food scares**? PROBE: Where else?

MULTICODE (ALLOW D/K)

- 1. Supermarkets
- 2. Other food shops
- 3. Food Manufacturers
- 4. Consumer groups e.g. Consumers' Association/Which?
- 5. The Government
- 6. Local Council – include Environmental Health/ Consumer protection/Trading Standards Officer
- 7. The Department of Environment, Food & Rural Affairs (DEFRA)

8. The Department of Health
9. The Foods Standards Agency
10. Citizens Advice Bureau
11. The media (e.g. TV news, newspapers etc)
12. Other (WRITE IN)

When interviewing in Northern Ireland, add the following to the list;

The Northern Ireland Assembly (no specific Department)
The Northern Ireland Department of Agriculture and Rural Development
The Northern Ireland Department of Health, Social Services and Public Safety
The Food Standards Agency Northern Ireland
General Consumer Council for Northern Ireland
Food Safety Promotion Board
Health Promotion Agency

When interviewing in Scotland, add the following to the list;

The Scottish Executive (no specific department)
The Scottish Executive Environment & Rural Affairs Department
The Scottish Executive Health Department
The Food Standards Agency Scotland
Scottish Food Advisory Committee
Scottish Consumer Council
The Health Education Board for Scotland (HEBS)

When interviewing in Wales, add the following to the list;

The National Assembly for Wales (no specific Department)
The National Assembly for Wales Agriculture Department
The National Assembly for Wales Health Department
The Food Standards Agency Wales
Welsh Consumer Council

SHOW SCREEN

Q41c And do you get information about **food safety and food scares** from any of these providers?

MULTICODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

LIST MINUS THOSE CODED AT Q41b and minus Media (code 11)

None

IF NONE GO TO Q42

SHOW SCREEN

Q41d How reliable do you think the information you get about **food safety and food scares** from is?

SINGLECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

1. Very reliable
2. Fairly reliable
3. Neither reliable not unreliable
4. Fairly unreliable
5. Very unreliable

ASK Q41d FOR ALL INFORMATION SOURCES MENTIONED AT Q41b/c

SHOW SCREEN

Q42 Overall, how confident are you about the current measures taken by all organisations involved in protecting your health with regards to food safety?

SINGLECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

1. Very confident
2. Fairly confident
3. Neither confident or not confident
4. Not very confident
5. Not at all confident

SHOW SCREEN

Q43a Where, if anywhere, do you get information on **healthy eating**?

MULTICODE (ALLOW D/K - DO NOT SHOW)

- 01: the internet
- 02: television ads
- 03: TV news
- 04: TV programmes
- 05: radio ads
- 06: radio news
- 07: newspapers
- 08: leaflets from Government sources
- 09: leaflets in health settings (e.g. doctors surgeries)
- 10: supermarkets/food stores
- 11: magazines
- 12: cookery books
- 13: Family and friends
- 14: Other (please specify)
- 15: None

IF NONE (CODE 15) GO TO Q44 OTHERS GO TO Q43B

DO NOT SHOW SCREEN

Q43b And what sources or organisations provide you with this information about **healthy eating**? PROBE: Where else?

MULTICODE, (ALLOW D/K)

1. Supermarkets
 2. Other food shops
 3. Food Manufacturers
 4. Consumer groups e.g. Consumers' Association/Which?
 5. The Government
 6. Local Council – include Environmental Health/ Consumer protection/Trading Standards Officer
 7. The Department of Environment, Food & Rural Affairs (DEFRA)
 8. The Department of Health
 9. The Foods Standards Agency
 10. Citizens Advice Bureau
 11. The media (TV news, newspapers etc)
 12. OTHER (Write in)
-

SHOW SCREEN

Q43c And do you get information about **healthy eating** from any of these providers?

MULTIECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

List minus those mentioned a Q43b and minus Media (code 11)

IF NONE GO TO Q44a

SHOW SCREEN

Q43d How reliable do you think the information you get about **healthy eating** from... is?

SINGLECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

1. Very reliable
2. Fairly reliable
3. Neither reliable not unreliable
4. Fairly unreliable
5. Very unreliable

ASK Q43d FOR ALL INFORMATION SOURCES MENTIONED AT Q43b/c

Section 7: Awareness of the Food Standards Agency

Q44a Can I check, have you ever heard of the Food Standards Agency?
SINGLECODE, (ALLOW D/K - DO NOT SHOW)

1. Yes
2. No

RESPONDENTS IN ENGLAND: GO TO ROUTING INSTRUCTION ABOVE Q45, OTHERS ASK Q44b/c/d AS APPROPRIATE

Q44b And have you ever heard of the Food Standards Agency Scotland?
(RESPONDENTS IN SCOTLAND ONLY)

Q44c And have you ever heard of the Food Standards Agency Wales?
(RESPONDENTS IN WALES ONLY)

Q44d And have you ever heard of the Food Standards Agency Northern Ireland? (RESPONDENTS IN NORTHERN IRELAND ONLY)
SINGLECODE, (ALLOW D/K - DO NOT SHOW)

1. Yes
2. No

ONLY ASK Q44, Q45a-c and Q46 OF RESPONDENTS AWARE OF THE FSA AT Q43a/b/c/d

DO NOT SHOW SCREEN

Q45 And what do you think is the main role of the Food Standards Agency?

OPEN ENDED. PROBE: What else? PROBE FULLY

TYPE IN VERBATIM IN FULL

ROTATE ORDER OF ASKING Q46a-Q46c

SHOW SCREEN

Q46a How would you rate the Food Standards Agency on a scale of 1 to 7 where 7 is 'provides clear information and advice' and 1 is 'provides unclear information and advice'
SINGLECODE, (ALLOW D/K - DO NOT SHOW)

Provides unclear information and advice	1	2	3	4	5	6	7	Provides clear information and advice
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SHOW SCREEN

Q46b How would you rate the Food Standards Agency on a scale of 1 to 7 where 7 is 'an organisation I trust' and 1 is 'an organisation I don't trust'
SINGLECODE, (ALLOW D/K - DO NOT SHOW)

An organisation I don't trust	1	2	3	4	5	6	7	An organisation I trust
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SHOW SCREEN

Q46c How would you rate the Food Standards Agency on a scale of 1 to 7 where 7 'puts consumers first' and 1 is 'doesn't put consumers first'
SINGLECODE, (ALLOW D/K - DO NOT SHOW)

Doesn't put consumers first	1	2	3	4	5	6	7	Puts consumers first
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SHOW SCREEN

Q47 And which, if any, of these statements describes your view of the Food Standards Agency? Please state all that apply. CODE ALL THAT APPLY
MULTICODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

- Provides information that is independent and unbiased
- Reflects the views of consumers
- Reflects the views of the food industry
- Reflects the views of the government
- None

If coded more than one at Q47 go to Q48 others go to Q49

SHOW SCREEN

Q48 And which one statement best describes your view of the Food Standards Agency?

- Provides information that is independent and unbiased
- Reflects the views of consumers
- Reflects the views of the food industry
- Reflects the views of the government
- None

ASK ALL

The Food Standards Agency is a Government Department which was set up to 'protect people's health and the interests of consumers in relation to food'. It provides information on food safety, food standards and labelling, nutrition and healthy eating. It may intervene on these issues if necessary.

SHOW SCREEN

Q49 How confident are you about the role played by the Food Standards Agency in protecting your health in this way?

SINGLECODE, INVERTED RANDOMLY, (ALLOW D/K - DO NOT SHOW)

1. Very confident
2. Fairly confident
3. Neither confident or not confident
4. Not very confident
5. Not at all confident
6. Don't know

Q50 And finally, in what areas, if any, would like the Food Standards Agency to provide you with more or better information?

OPEN ENDED, PROBE FULLY

TYPE IN VERBATIM IN FULL

Thank you for taking part in this study which has been conducted on behalf of the Food Standards Agency. Here is the leaflet to explain the role of the agency.

INTERVIEWER: HAND OUT LEAFLET TO RESPONDENT

CLASSIFICATION

Finally, a few questions about yourself....

QD1 Sex of Respondent

1. MALE
2. FEMALE

QD2 Marital status of respondent

1. MARRIED\LIVING AS MARRIED
2. SINGLE
3. WIDOWED\DIVORCED\SEPARATED
4. REFUSED

QD3 Tenure

1. OWN OUTRIGHT
2. OWN WITH A MORTGAGE
3. RENT FROM COUNCIL
4. RENT PRIVATELY
5. OTHER
6. REFUSED

SHOWSCREEN

QD4 Which of these best describes your ethnic group?

Choose one section from (A) to (E) then tick the appropriate box to indicate your cultural background.

- a) White
 - British
 - Irish
 - Any other White background please write in below
- b) Mixed
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background please write in below
- c) Asian or Asian British
 - Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background please write in below
- d) Black or Black British
 - Caribbean
 - African
 - Any other Black background please write in below
- e) Chinese or Other ethnic group
 - Chinese
 - Any other please write in below

QD5 Working status

- 1 FULL-TIME PAID WORK (30+ HOURS PER WEEK)
- 2 PART-TIME PAID WORK (8-29 HOURS PER WEEK)
- 3 PART-TIME PAID WORK (UNDER 8 HOURS PER WEEK)
- 4 RETIRED
- 5 STILL AT SCHOOL
- 6 IN FULL TIME HIGHER EDUCATION
- 7 UNEMPLOYED (SEEKING WORK)
- 8 NOT IN PAID EMPLOYMENT (NOT SEEKING WORK)

QD6 Social Class

- 1 A
- 2 B
- 3 C1
- 4 C2
5. D
6. E

QD7 Confirmation of postcode

QD8 Finally, in some studies it is helpful if we can re-contact certain respondents to help us to understand particular findings within the study. Would you be willing to be re-contacted for this study if the need arose?

1. Yes
2. No

RECORD SIGNATURE

APPENDIX 2

Sample Profile

2000 SAMPLE PROFILE (WEIGHTED)

	UK (3152) %	England (1017) %	Scotland (707) %	Wales (729) %	N. Ireland (699) %
Sex:					
Male	49	49	48	48	48
Female	51	51	52	52	52
Age:					
16 - 25	15	15	14	14	20
26 - 35	21	20	22	19	20
36 - 49	24	24	24	24	26
50 - 65	22	22	23	23	20
66+	18	18	17	20	15
Social Grade:					
AB	18	19	16	15	16
C1	30	30	28	24	24
C2	21	21	21	26	25
DE	31	30	36	35	36
Working Status:					
Full-time (30+ hours per week)	40	41	39	36	39
Part-time (8 - 29 hrs. per wk.)	12	13	11	10	9
Part-time (under 8 hrs. per wk.)	1	1	1	1	1
Retired	24	24	25	27	19
Still at school	1	1	*	1	2
In full-time higher education	4	5	4	3	4
Unemployed (seeking work)	4	4	5	4	8
Not in paid employment (not seeking work)	13	12	13	19	18
Marital Status					
Married/living as married	60	60	58	63	57
Single	23	23	24	19	31
Widowed/divorced/separated	16	16	18	18	12
Presence of Children:					
None	65	65	68	65	62
Any aged 0 - 15	35	35	32	35	38
Any aged 0 - 4	15	15	14	14	18
Any aged 5 - 9	18	18	15	16	19
Any aged 10 - 12	12	12	12	11	13
Any aged 13 -15	9	8	9	12	10
Ethnic Group:					
White	90	88	97	99	93
BME	10	11	3	1	4

2001 SAMPLE PROFILE (WEIGHTED)

	UK (3120) %	England (1000) %	Scotland (702) %	Wales (713) %	N. Ireland (705) %
Sex:					
Male	49	49	48	48	48
Female	51	51	52	52	52
Age:					
16 - 25	15	15	15	14	18
26 - 35	21	21	21	19	22
36 - 49	24	24	24	24	24
50 - 65	22	22	22	23	21
66+	18	18	17	20	15
Social Grade:					
AB	18	19	17	15	16
C1	29	29	27	24	28
C2	22	22	20	26	21
DE	31	30	36	35	36
Working Status:					
Full-time (30+ hours per week)	45	45	45	41	46
Part-time (8 - 29 hrs. per wk.)	9	10	9	9	8
Part-time (under 8 hrs. per wk.)	1	1	*	*	1
Retired	23	23	24	25	18
Still at school	*	*	1	1	1
In full-time higher education	4	4	4	3	4
Unemployed (seeking work)	4	3	4	4	6
Not in paid employment (not seeking work)	14	14	14	17	16
Marital Status					
Married/living as married	62	63	58	63	59
Single	24	24	23	20	25
Widowed/divorced/separated	14	13	19	16	15
Presence of Children:					
None	66	66	68	65	63
Any aged 0 - 15	34	34	32	35	37
Any aged 0 - 4	15	15	13	15	18
Any aged 5 - 9	16	16	15	16	16
Any aged 10 - 12	10	9	11	11	12
Any aged 13 -15	9	9	10	10	12
Ethnic Group:					
White	92	91	98	89	99
BME	8	9	2	10	1

2002 SAMPLE PROFILE (WEIGHTED)

	UK (3173) %	England (1004) %	Scotland (704) %	Wales (723) %	N. Ireland (742) %
Sex:					
Male	49	49	48	48	48
Female	51	51	52	52	52
Age:					
16 - 25	16	16	16	15	19
26 - 35	20	20	20	18	21
36 - 49	24	24	24	24	24
50 - 65	22	22	22	23	21
66+	18	18	17	20	15
Social Grade:					
AB	19	19	17	15	16
C1	30	31	28	24	22
C2	21	21	19	26	26
DE	31	30	36	35	36
Working Status:					
Full-time (30+ hours per week)	44	44	45	41	46
Part-time (8 - 29 hrs. per wk.)	10	10	9	9	7
Part-time (under 8 hrs. per wk.)	*	*	*	*	*
Retired	23	23	23	26	17
Still at school	*	*	1	1	1
In full-time higher education	6	6	5	3	5
Unemployed (seeking work)	4	4	5	3	4
Not in paid employment (not seeking work)	13	13	12	16	20
Marital Status					
Married/living as married	57	57	54	61	57
Single	25	25	24	21	29
Widowed/divorced/separated	18	18	21	18	14
Presence of Children:					
None	67	67	71	67	59
Any aged 0 - 15	33	33	29	33	41
Any aged 0 - 4	14	14	10	15	14
Any aged 5 - 9	15	14	15	12	22
Any aged 10 - 12	10	10	8	11	15
Any aged 13 -15	10	10	8	11	17
Ethnic Group:					
White	91	90	98	89	99
BME	9	9	2	11	1

2003 SAMPLE PROFILE (WEIGHTED)

	UK (3121) %	England (997) %	Scotland (702) %	Wales (716) %	N. Ireland (706) %
Sex:					
Male	49	49	48	48	48
Female	51	51	52	52	52
Age:					
16 - 25	16	16	15	15	19
26 - 35	20	20	21	18	20
36 - 49	24	24	24	24	24
50 - 65	22	22	23	23	21
66+	18	18	17	20	15
Social Grade:					
AB	18	19	17	15	16
C1	29	29	28	27	19
C2	22	22	20	23	30
DE	31	30	36	35	36
Working Status:					
Full-time (30+ hours per week)	46	46	48	42	46
Part-time (8 - 29 hrs. per wk.)	10	10	9	8	7
Part-time (under 8 hrs. per wk.)	1	1	*	*	*
Retired	22	23	22	26	17
Still at school	*	*	1	*	1
In full-time higher education	4	4	4	3	4
Unemployed (seeking work)	3	3	5	4	5
Not in paid employment (not seeking work)	13	13	12	16	18
Marital Status					
Married/living as married	59	59	57	59	54
Single	26	26	26	23	31
Widowed/divorced/separated	15	15	18	18	15
Presence of Children:					
None	67	67	71	65	60
Any aged 0 - 15	33	33	29	35	40
Any aged 0 - 4	14	14	11	14	16
Any aged 5 - 9	15	15	14	18	20
Any aged 10 - 12	10	10	10	11	13
Any aged 13 -15	11	11	10	11	14
Ethnic Group:					
White	90	88	98	98	98
BME	10	11	2	2	2

2004 SAMPLE PROFILE (WEIGHTED)

	UK (3229) %	England (1028) %	Scotland (736) %	Wales (742) %	N. Ireland (723) %
Sex:					
Male	48	48	46	48	48
Female	52	52	54	52	52
Age:					
16 - 25	15	15	16	14	20
26 - 35	18	18	18	17	18
36 - 49	25	25	23	24	24
50 - 65	22	22	22	24	21
66+	18	18	20	20	15
Social Grade:					
AB	21	22	18	18	17
C1	25	26	20	23	35
C2	20	19	23	22	16
DE	33	33	39	37	32
Working Status:					
Full-time (30+ hours per week)	41	42	39	31	43
Part-time (8 - 29 hrs. per wk.)	11	10	10	10	10
Part-time (under 8 hrs. per wk.)	1	1	1	1	1
Retired	25	24	27	30	21
Still at school	*	*	1	1	1
In full-time higher education	5	5	5	4	3
Unemployed (seeking work)	4	4	5	5	5
Not in paid employment (not seeking work)	14	13	12	18	16
Marital Status					
Married/living as married	58	59	53	58	56
Single	24	24	25	22	28
Widowed/divorced/separated	18	17	22	21	15
Presence of Children:					
None	65	65	71	65	61
Any aged 0 - 15	35	35	29	35	39
Any aged 0 - 4	16	16	15	14	17
Any aged 5 - 9	11	11	9	10	13
Any aged 10 - 12	11	11	8	11	13
Any aged 13 -15	16	16	13	17	18
Ethnic Group:					
White	92	91	98	98	99
BME	8	9	2	2	*

2005 SAMPLE PROFILE (WEIGHTED)

	UK (3143) %	England (1003) %	Scotland (713) %	Wales (719) %	N. Ireland (708) %
Sex:					
Male	49	49	48	48	48
Female	51	51	52	52	52
Age:					
16 - 25	16	15	18	16	19
26 - 35	20	20	18	17	20
36 - 49	24	24	24	24	23
50 - 65	22	22	22	23	21
66+	18	18	17	20	16
Social Grade:					
AB	18	19	17	15	16
C1	31	31	29	23	29
C2	20	20	19	27	20
DE	31	29	34	35	35
Working Status:					
Full-time (30+ hours per week)	43	44	40	41	45
Part-time (8 - 29 hrs. per wk.)	10	10	11	9	7
Part-time (under 8 hrs. per wk.)	1	*	1	1	1
Retired	24	24	23	26	21
Still at school	1	1	1	1	*
In full-time higher education	5	5	5	4	4
Unemployed (seeking work)	5	5	7	4	5
Not in paid employment (not seeking work)	12	12	12	15	17
Marital Status					
Married/living as married	58	59	52	57	56
Single	26	26	29	23	32
Widowed/divorced/separated	16	15	19	20	12
Presence of Children:					
None	66	66	68	66	66
Any aged 0 - 15	34	34	32	34	34
Any aged 0 - 4	16	16	13	14	18
Any aged 5 - 9	17	17	15	15	14
Any aged 10 - 12	11	11	8	12	8
Any aged 13 -15	11	11	9	10	11
Ethnic Group:					
White	89	88	99	97	98
BME	10	12	1	3	1

2006 SAMPLE PROFILE (WEIGHTED)

	UK (3143) %	England (1003) %	Scotland (713) %	Wales (719) %	N. Ireland (708) %
Sex:					
Male	49	49	48	48	48
Female	51	51	52	52	52
Age:					
16 - 25	15	15	16	14	20
26 - 35	20	20	20	19	20
36 - 49	24	24	24	24	24
50 - 65	22	22	22	23	21
66+	18	18	17	20	15
Social Grade:					
AB	18	19	17	15	15
C1	30	30	27	28	27
C2	21	21	21	22	21
DE	31	30	36	36	35
Working Status:					
Full-time (30+ hours per week)	46	46	47	43	47
Part-time (8 - 29 hrs. per wk.)	9	9	18	9	7
Part-time (under 8 hrs. per wk.)	*	*	1	*	*
Retired	23	23	21	25	20
Still at school	*	1	1	*	1
In full-time higher education	5	5	3	4	5
Unemployed (seeking work)	5	4	7	4	4
Not in paid employment (not seeking work)	12	12	11	15	16
Marital Status					
Married/living as married	58	58	56	56	58
Single	26	25	25	25	28
Widowed/divorced/separated	16	16	19	18	14
Presence of Children:					
None	65	66	64	69	62
Any aged 0 - 15	35	35	36	31	38
Any aged 0 - 4	15	15	15	15	16
Any aged 5 - 9	15	15	17	14	17
Any aged 10 - 12	11	11	12	10	13
Any aged 13 -15	10	10	9	7	14
Ethnic Group:					
White	90	89	96	97	98
BME	10	11	4	3	2

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