
Biannual Public Attitudes Tracker

Wave 16, May 2018

Food Standards Agency

August 2018

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Summary

The Food Standards Agency (FSA) has placed questions biannually on the regular TNS (now part of Kantar Public)¹ face-to-face Omnibus survey to monitor key Agency issues, since 2001.

After a review in 2010, the Tracker was redeveloped in full and since then has run on a biannual basis. Questions cover several topics of interest for the Agency, including: concern about food safety issues, awareness of food hygiene standards, awareness of the FSA and its responsibilities, trust in the FSA and the food industry, and confidence in food labelling. In Wave 15², 16 new questions were included and respondents were asked 22 questions which remained part of the questionnaire for the current wave.

Fieldwork for this Wave took place from 9th May to 20th May 2018, with a representative sample of 2,004 adults interviewed in England, Wales and Northern Ireland. The following report presents findings from in-house analysis, including differences between socioeconomic and demographic groups, and over time from Waves 1-16 of the series.

Official Statistics

The Food Standards Agency's Head of Statistics, Clifton Gay, has approved that the statistics presented in this report meet the requirements of the UK Code of Practice for Official Statistics.

Further information and guidance on Official Statistics can be found on the UK Statistics Authority website³.

¹ <http://www.tnsglobal.com/>

² <https://www.food.gov.uk/about-us/biannual-public-attitudes-tracker>

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

Symbols guide

If you're interested in particular issues, then look for their symbols throughout the report:



Food safety in restaurants, pubs, cafés and takeaways



Ensuring the food you buy is safe to eat



Food safety in shops and supermarkets



Promoting food safety in the home



Awareness of the hygiene standards of places when buying and eating food



Promoting and enabling healthy eating and healthy lifestyles



Hygiene stickers



Ensuring food is sustainable, e.g. reducing greenhouse emissions



Hygiene certificates



Nutrition labelling information, e.g. traffic light labelling



Awareness of the FSA (England, Wales, Northern Ireland)



Country of origin labels, which identify where food comes from



Trust in the FSA



Trust in food industry regulation



Food poisoning such as Salmonella and *E. coli*



Food not being what the label says it is



Genetically Modified (GM) foods



The amount of salt in food



BSE ('mad cow disease')



The amount of sugar in food



Feed given to livestock



The amount of fat in food



Use of pesticides to grow food



The amount of saturated fat in food



Use of additives (e.g. preservatives, colouring) in food products



Foods aimed at children including school meals



Hormones / steroids / antibiotics in food



Animal welfare



Date labels, e.g. "best before" and "use by" labels



Food prices



Food hygiene when eating out



Food waste



Food hygiene at home



Food miles (e.g. the distance food travels)



Chemicals from the environment (e.g. lead) in food



Allergens



Important information for reading this report

Only statistically significant differences at the 5% level are reported. **Statistically significant variations between groups of people that are 10% or bigger are listed in descending order.**

‘Concern’ describes ‘reported concern’. ‘Total concern’ describes ‘spontaneous plus prompted responses’. Respondents are first asked to state spontaneously which food issues they are concerned about, and then asked to select food issues of concern from prompted lists.

The main report covers headline issues (e.g. top issues of concern). See Annex A for issues not in the main report; Annex B for Wave 16 sample bases; Annex C for Methodology; and Annex D for the Wave 16 Questionnaire.

The full data tables for Wave 16 are here: <https://www.food.gov.uk/about-us/biannual-public-attitudes-tracker>

Data tables from before Wave 12 are available on request. For these, or to discuss the survey, please contact attitudetracker@food.gov.uk

Key findings at Wave 16 (May 2018)

The top food safety issues of concern were food hygiene when eating out (33%), chemicals from the environment such as lead in food (30%), food additives (29%) and food poisoning (28%).

The top wider issues of concern were the amount of sugar in food (55%), food waste (51%), food prices (43%), and animal welfare (42%).

When asked about the level of concern they had about food safety in food outlets, 45% of respondents reported concern about food safety in UK restaurants, pubs, cafes and takeaways and 43% of respondents reported concern about food safety in UK shops and supermarkets.

82%⁴ of respondents reported that they were aware of hygiene standards in places they eat out at or buy food from.

The main ways these respondents were aware of hygiene standards were via hygiene stickers/certificates (61%) and the general appearance of the premises (61%).

The main issue respondents thought the FSA was responsible for was ensuring food bought is safe to eat (89%).

Of the 79% of respondents aware of the FSA, 69% trusted the FSA to do its job and 72% trusted the FSA to tell the truth in the information it provides.

Salmonella and E-coli were by far the most commonly known types of food poisoning (total awareness of 91% and 85% respectively).

Perceived most likely sources of food poisoning were raw chicken or turkey (79%), followed by shellfish (55%), reheated take-away food (46%) and eggs (37%).

15% of respondents were aware of specific rules about allergens, and 11% reported that they have a food intolerance and / or allergy themselves.

⁴ Figure represents the net proportion of respondents who reported 'yes – always' and 'yes – sometimes'

Most people (71%-78%⁵) reported feeling confident⁶ to ask members of staff at food outlets for more information about ingredients in food because of a concern about possible allergens/food intolerance.

88% of respondents agreed that making the right food choices is their responsibility, and 87% feel empowered to make such decisions.

The majority reported that they trust that food is what it says it is and is accurately labelled (75%) and 73% trusted the authenticity of ingredients / origin / quality of food.

41% of respondents trusted that people who produce and sell food have their best interests at heart.

⁵ Varies by outlet type

⁶ Figure represents the net proportion of respondents who reported feeling either 'somewhat confident' or 'very confident'.

ATTITUDES TRACKER

SURVEY WAVE: 16 (MAY 2018)



Concern about food safety issues

The top food safety issues of concern were food hygiene when eating out (33%), chemicals from the environment (30%), additives in food products (29%) and food poisoning (28%).



Concern about wider food issues

The top wider food issues of concern were the amount of sugar in food (55%), food waste (51%), food prices (43%), and animal welfare (42%).



Food hygiene standards awareness

Of the 82% of people aware of food hygiene standards outside of the home, 61% reported being aware via hygiene stickers / certificates and 61% by the general appearance of the premises.



Trust in the FSA and wider food regulation

Of those aware of FSA, 72% trusted it to tell the truth and 69% trusted it to do its job. At a wider level, 75% were confident that food is what it says it is and is accurately labelled, and 60% trusted that the food industry is regulated fairly.



Key changes over time: Wave 1 – Wave 16

(November 2010 – May 2018)

Food issues of concern:

Sugar replaced food price as the top concern from Waves 1-10 (November 2010 – May 2015). Concern about sugar has risen more than any other concern in this survey, from 39% at Wave 1 to 55% at Wave 16 (+16%). This is the highest concern has been since Wave 12 (May 2016) which was also at 55%.

Food price was the top issue of concern from Waves 1-10, usually at around 50%-60%. Concern started to decline after Wave 7, and has declined more than any other issue from Waves 1-13 (-11%). However, at Wave 14 concern about food prices increased 4% from Wave 13 to 46%, staying consistent at Wave 15, but decreasing slightly at Wave 16 (-3%).

Other than sugar and food price, the biggest changes in concerns at Wave 16 relate to: food waste (+9%), from 42% at Wave 1 to 51% at Wave 16; foods aimed at children (+7%), from 22% at Wave 1 to 29% at Wave 16 (although, concern has tended to stay around 26%-27% for most waves); hormones / steroids / antibiotics in food (+6%), from 20% at Wave 1 to 26% at Wave 16.

How respondents are aware of hygiene standards when buying and eating food outside the home

Awareness of hygiene standards when buying and eating food outside the home had risen slightly (+6%), from 80% at Wave 1 to 86% at Wave 14, but has decreased slightly at Wave 16 to 82% (-4%).

Of the 82% of respondents aware of hygiene standards, awareness of hygiene standards via food hygiene stickers/certificates has risen (+28%), from 33% at Wave 1 to 61% at Wave 16. Awareness of hygiene standards via websites has also risen (+9%), from 5% at Wave 1 to 14% at Wave 16. Meanwhile, awareness of hygiene standards via staff appearance has declined (-9%) from 51% at Wave 1 to 42% at Wave 16, similar to previous waves from Wave 13 onwards. In addition to this, awareness via the general appearance of the premises has also declined (-4%), from 65% at Wave 1 to 61% at Wave 16.

Awareness of the FSA's responsibilities and trust in the FSA:

Thinking the FSA is responsible for ensuring food bought is safe to eat has risen (+7%), from 82% at Wave 1 to 89% at Wave 16. In addition to this, thinking the FSA is responsible for nutrition labelling has also risen (+5%), from 54% at Wave 1 to 59% at Wave 16. Trust in the FSA to do its job has risen over time (+7%), from 62% at Wave 1, reaching 70% at Wave 15 and remaining similar at 69% at Wave 16.

Concern about food issues

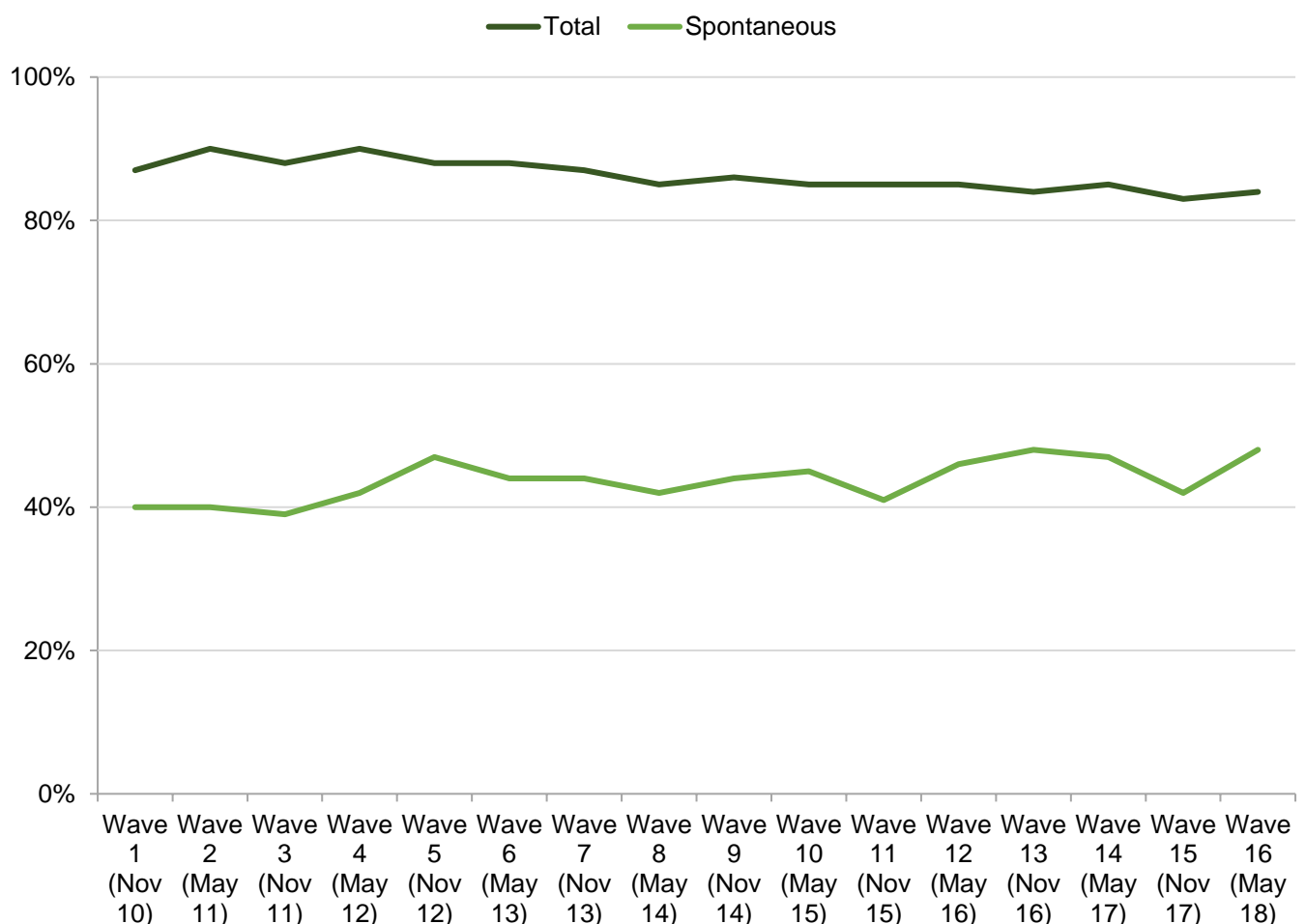
Wave 16 Key Findings

The top food safety issues of concern were food hygiene when eating out (33%), chemicals from the environment such as lead in food (30%), food additives (29%), and food poisoning (28%).

The top wider food issues of concern were the amount of sugar in food (55%), food waste (51%), food prices (43%), and animal welfare (42%).

In the current Wave, for all food issues of concern, 84% of respondents reported concern⁷, remaining consistent with Waves 10 to 15 (85%-83%). However, the general trend throughout the waves indicate that the total concern for all food issues has decreased.

Concern about any food issues (November 2010 – May 2018)



⁷ Throughout this report, 'total' concern refers to combined 'spontaneous' and 'prompted' responses.

Food safety issues of concern

To help the FSA monitor public perceptions of food safety issues, respondents are first asked to state spontaneously which food issues they are concerned about, and then asked to select food issues of concern from prompted lists:

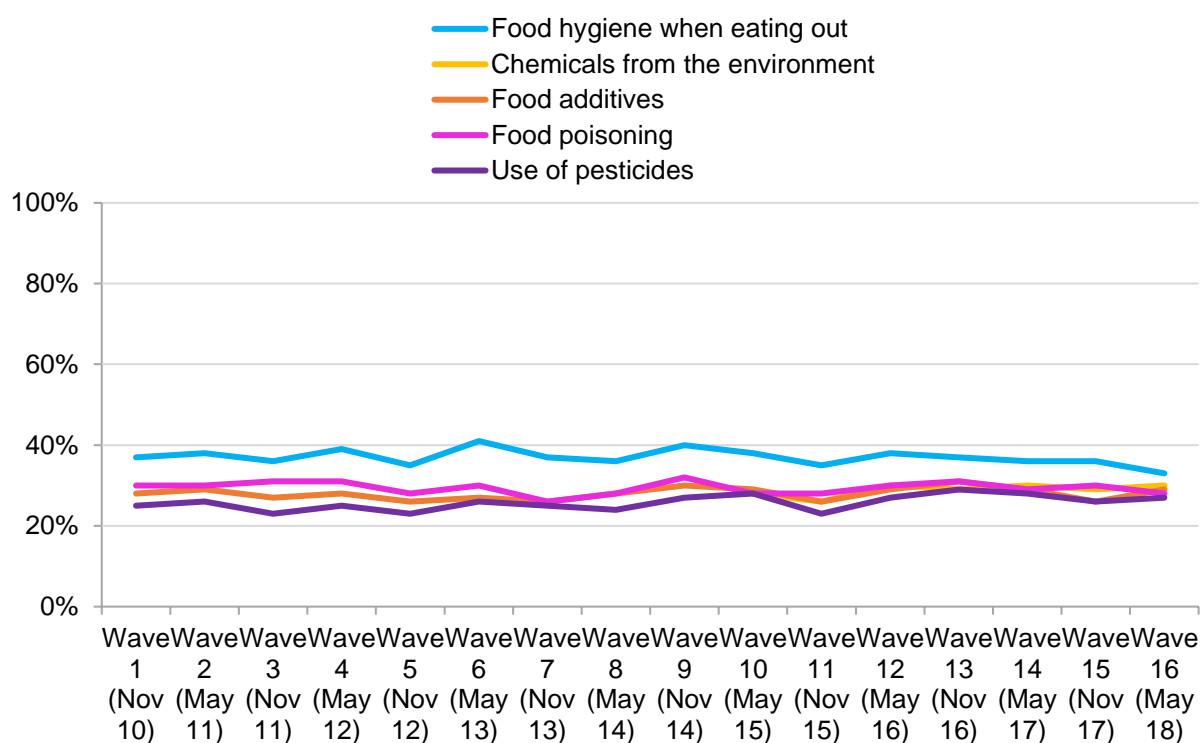
Q1a What food issues, if any, are you concerned about? Which others?

Q1b And which of these food issues are you concerned about, if any? Please select all that apply. Which others?

- Food poisoning such as Salmonella and *E. coli*
- Genetically Modified (GM) foods
- BSE ('mad cow disease')
- The feed given to livestock
- The use of pesticides to grow food
- The use of additives (such as preservatives and colouring) in food products
- Hormones\steroids\antibiotics in food
- Date labels, such as "best before" and "use by" labels
- Food hygiene when eating out
- Food hygiene at home
- Chemicals from the environment, such as lead, in food
- Food not being what the label says it is
- None of these

At Wave 16, the most frequently reported issues of total concern relating to food safety were food hygiene when eating out (33%), chemicals from the environment (30%), food additives (29%), and food poisoning (28%).

Total concern about food safety issues of concern (November 2010 – May 2018)



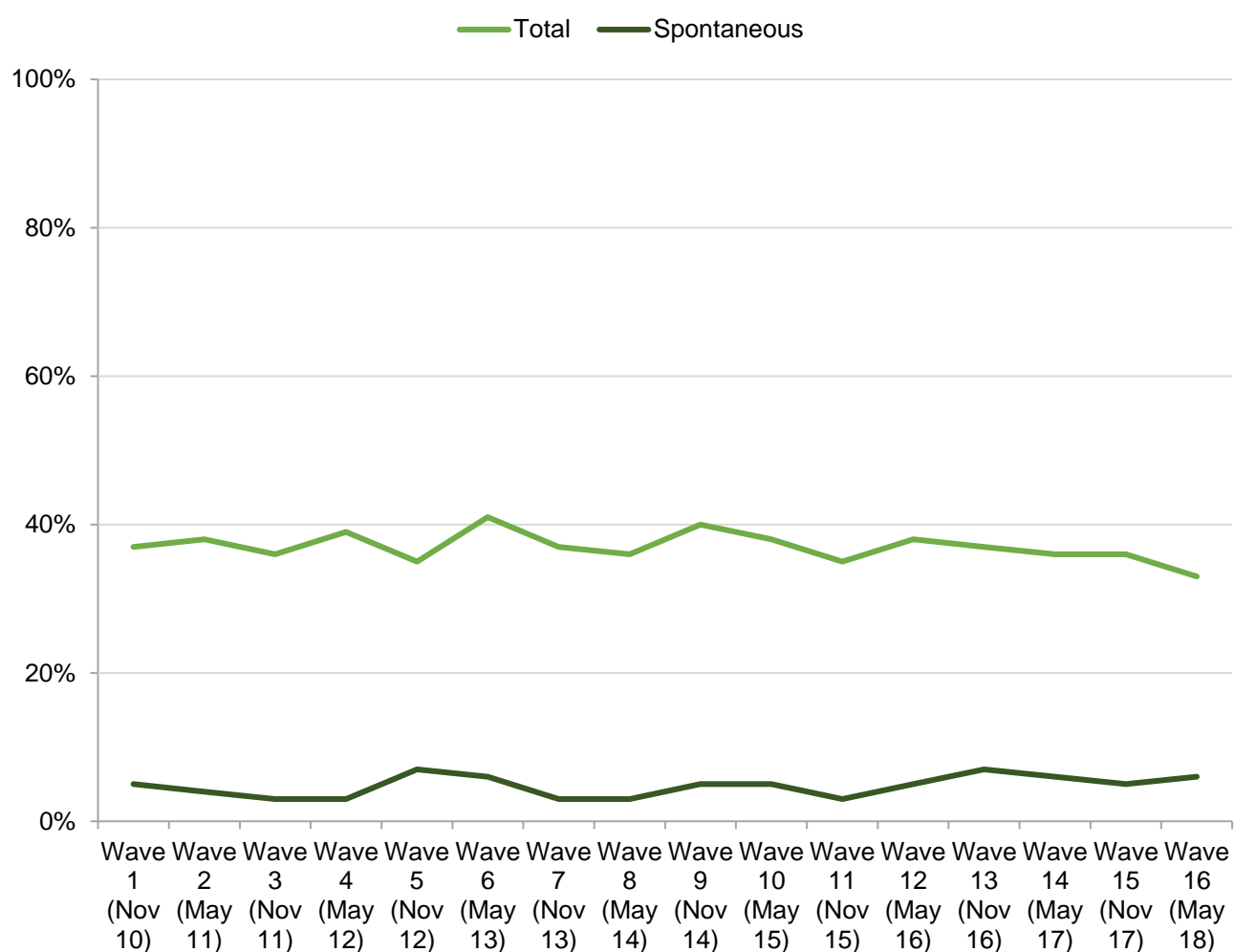


Food hygiene when eating out

At Wave 16, 33% of respondents reported concern about food hygiene when eating out. Concern about food hygiene when eating out has tended to fluctuate slightly across previous waves (33%-41%). Concern varied between groups of people, particularly between:

- Those in England (35%) compared to those in Northern Ireland (23%).

Concern about food hygiene when eating out (November 2010 – May 2018)



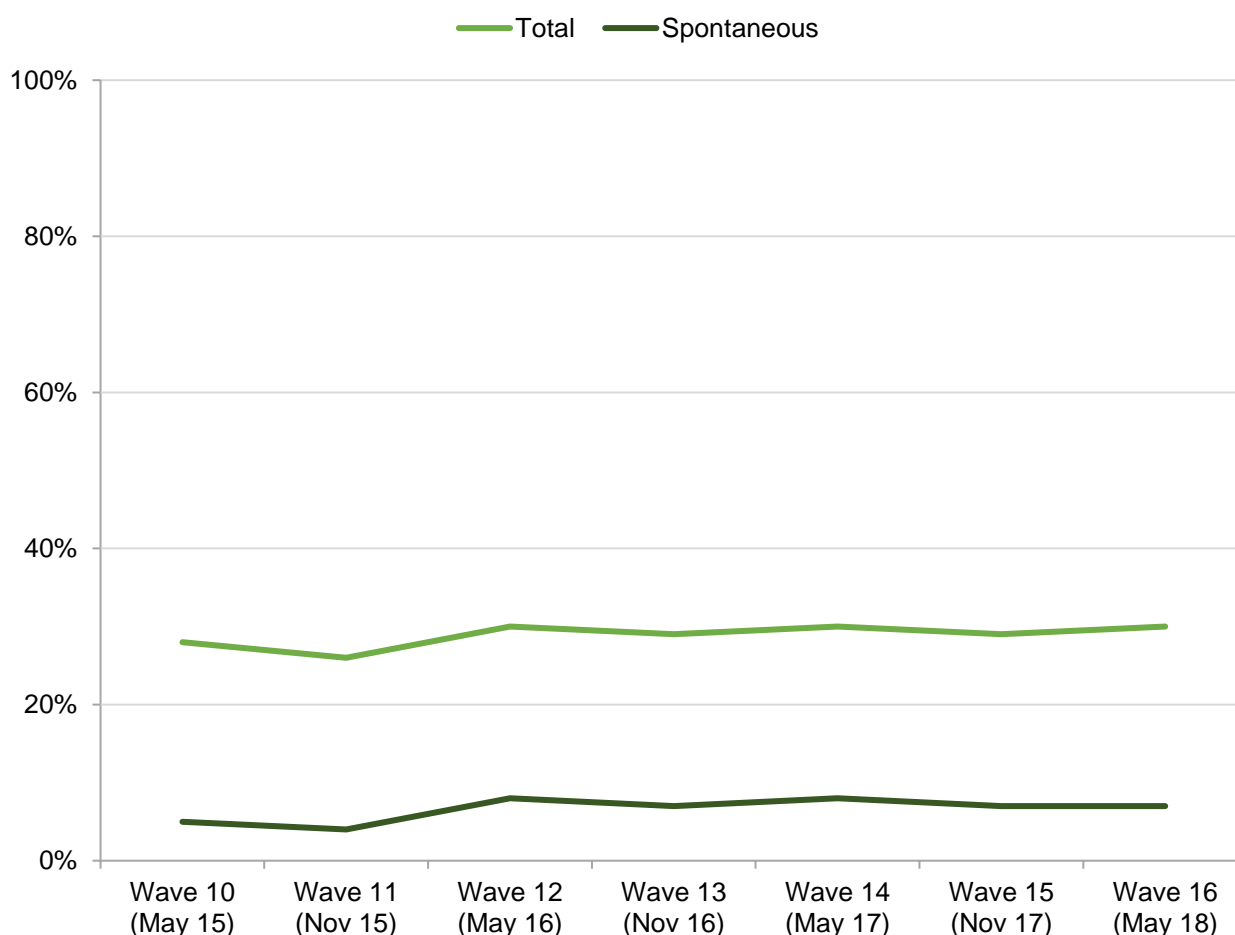


Chemicals from the environment

At Wave 16, 30% of respondents reported concern about chemicals from the environment, such as lead, in food⁸. The trend in this concern has stayed consistent since it was first included in the response options in May 2015 (26%-30%). Concern varied between groups of people, particularly between:

- Those in social grade⁹ AB (45%) compared to those in social grades C1 (32%), C2 (24%), and DE (22%).
- Those in Northern Ireland (37%) compared to those in Wales (22%).

Concern about chemicals from the environment in food (May 2015 – May 2018)



⁸ N.B. This was a new response option for questions 1a and 1b from Wave 10 onwards.

⁹ Social grades are explained in Annex C.



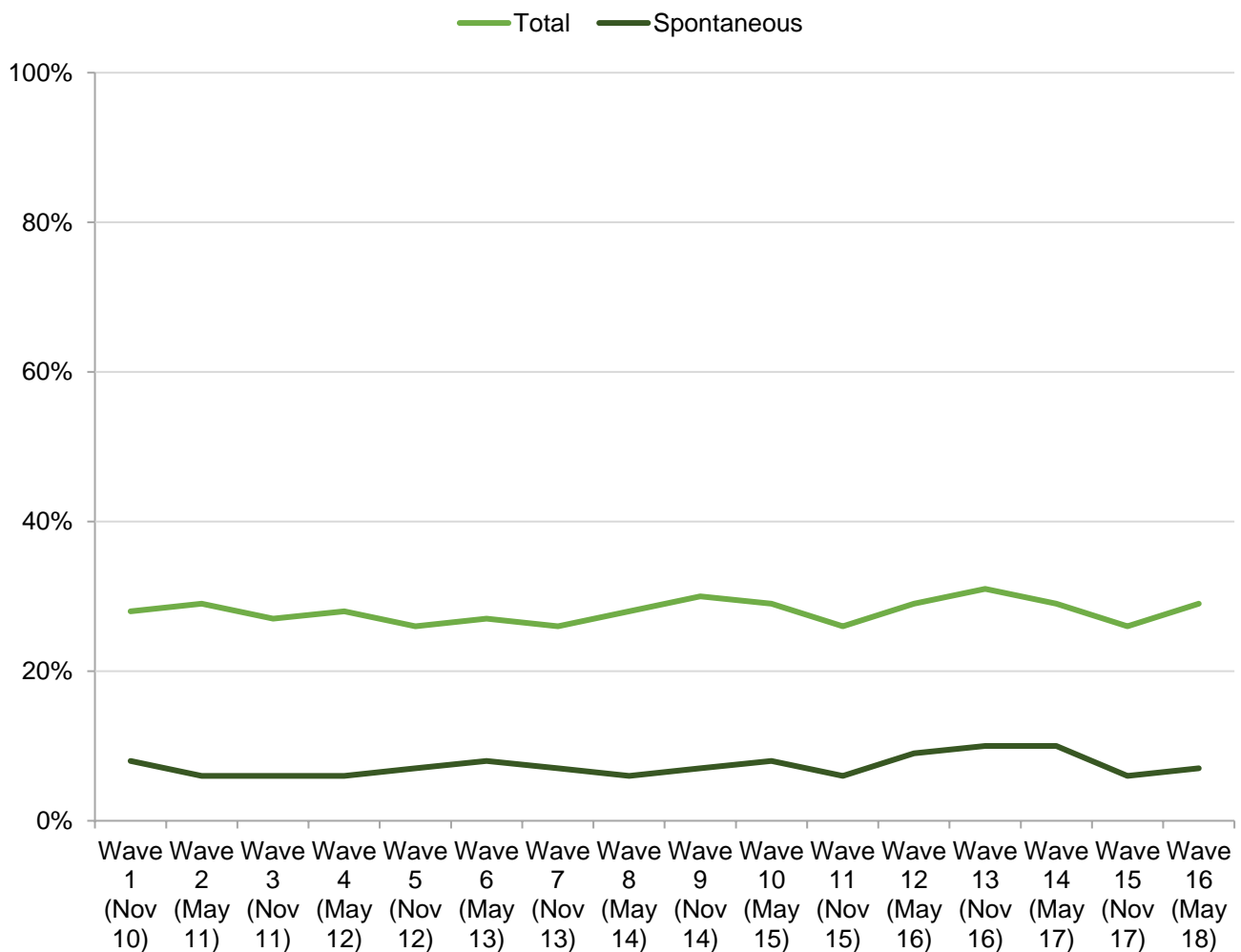
Additives

At Wave 16, 29% of respondents reported concern about the use of additives in food.

Concern varied between groups of people, particularly:

- Those in social grades AB (39%) compared to those in social grades DE (24%) and C2 (23%).

Concern about additives (November 2010 – May 2018)

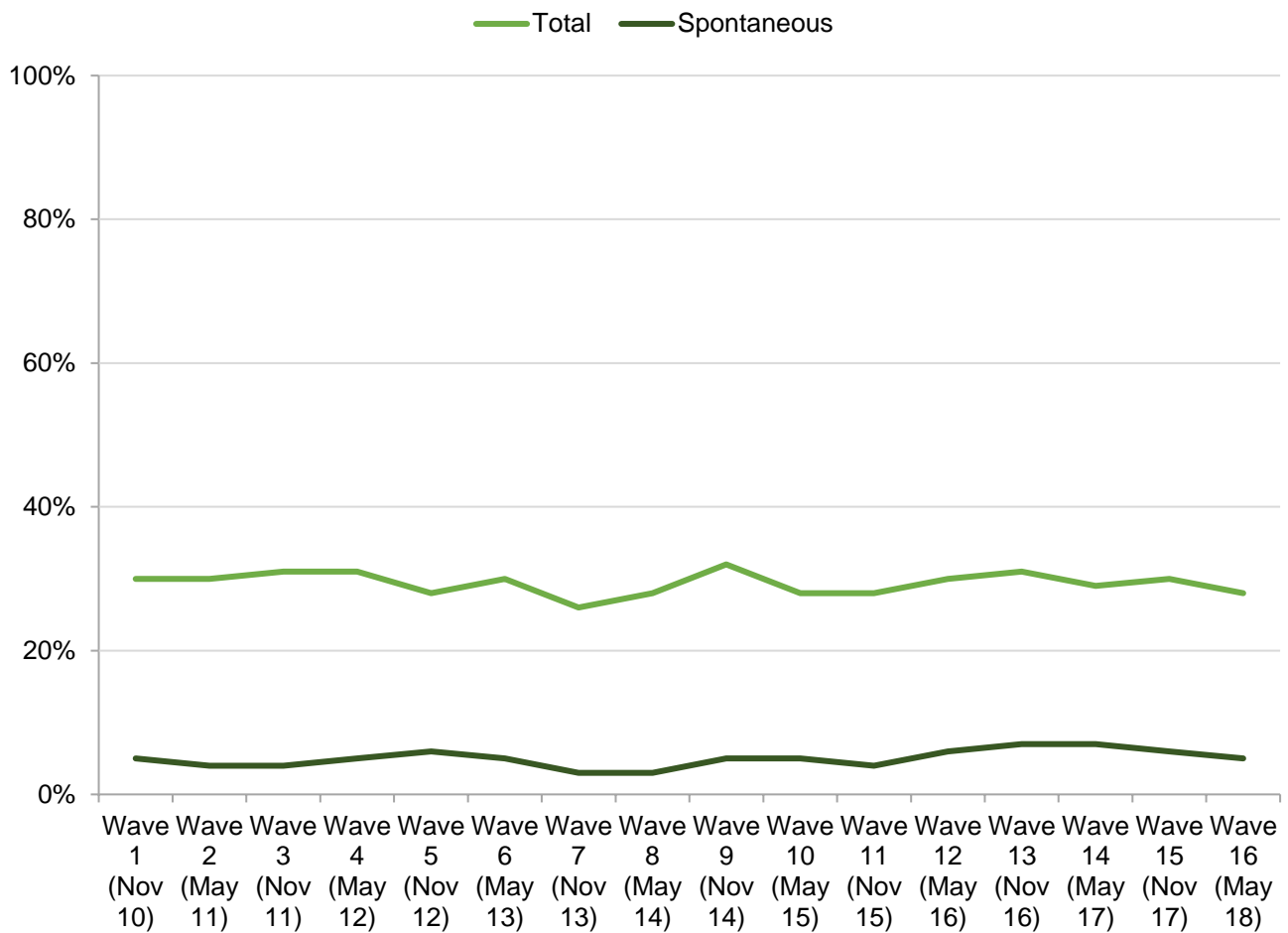




Food poisoning

At Wave 16, 28% of respondents reported concern about food poisoning. Concern has tended to fluctuate across previous waves (26%-32%). Concern did not vary between groups of people in this wave.

Concern about food poisoning (November 2010 – May 2018)



Wider food issues of concern

In order to situate concern for food safety issues in the wider food context, respondents were prompted to consider food issues of concern in wider areas through the following questions:

Q1c And which of THESE food issues are you concerned about, if any? Please select all that apply. Which others?

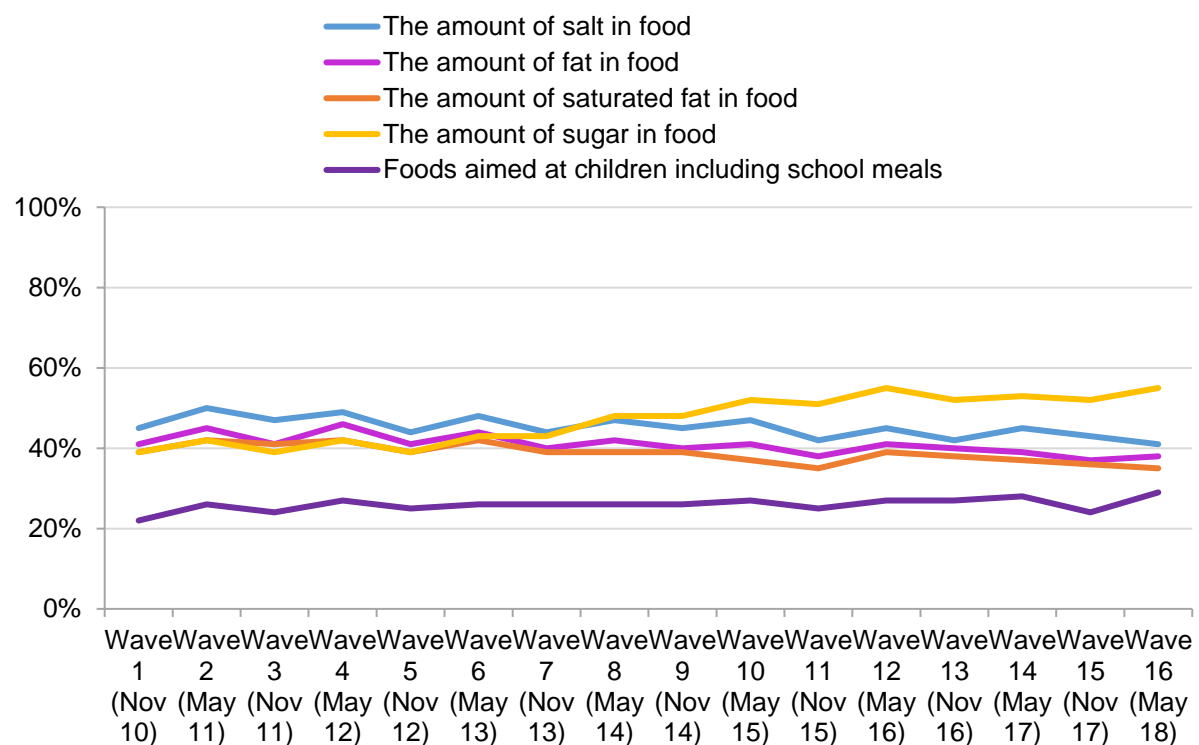
- The amount of salt in food
- The amount of sugar in food
- The amount of fat in food
- The amount of saturated fat in food
- Foods aimed at children including school meals
- None of these
- Don't know

Q1d And, finally in this section, which of THESE food issues are you concerned about, if any? Please select all that apply. Which others?

- Animal welfare
- Food prices
- Food waste
- Food miles (e.g. the distance food travels)
- None of these
- Don't know

At Wave 16, respondents were most concerned about the amount of sugar in food (55%), food waste (51%), food prices (43%), and animal welfare (42%).

Total wider issues of concern (November 2010 – May 2018)





Sugar

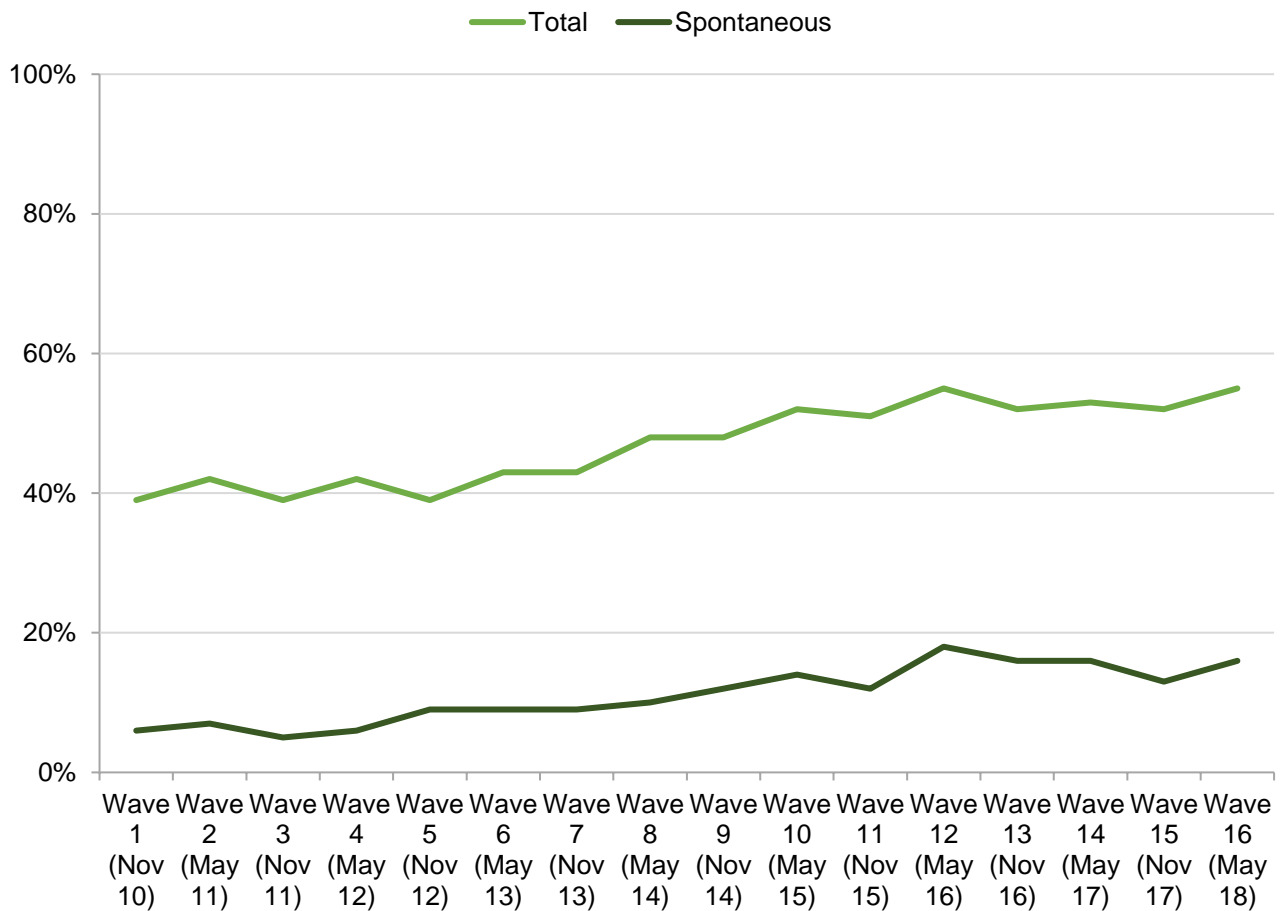
At Wave 16, 55% of respondents reported concern about the amount of sugar in food.

Concern varied between groups of people, particularly:

- Those aged 16-25 (29%) compared to all other age groups (54%-64%).
- Those in social grades AB (68%) and C1 (57%) compared to those in social grades C2 (47%) and DE (49%).

Although the trend fluctuates, there has been an overall increase in the proportion of respondents reporting concern about sugar in food throughout previous waves (39%-55%).

Concern about the amount of sugar in food (November 2010 – May 2018)





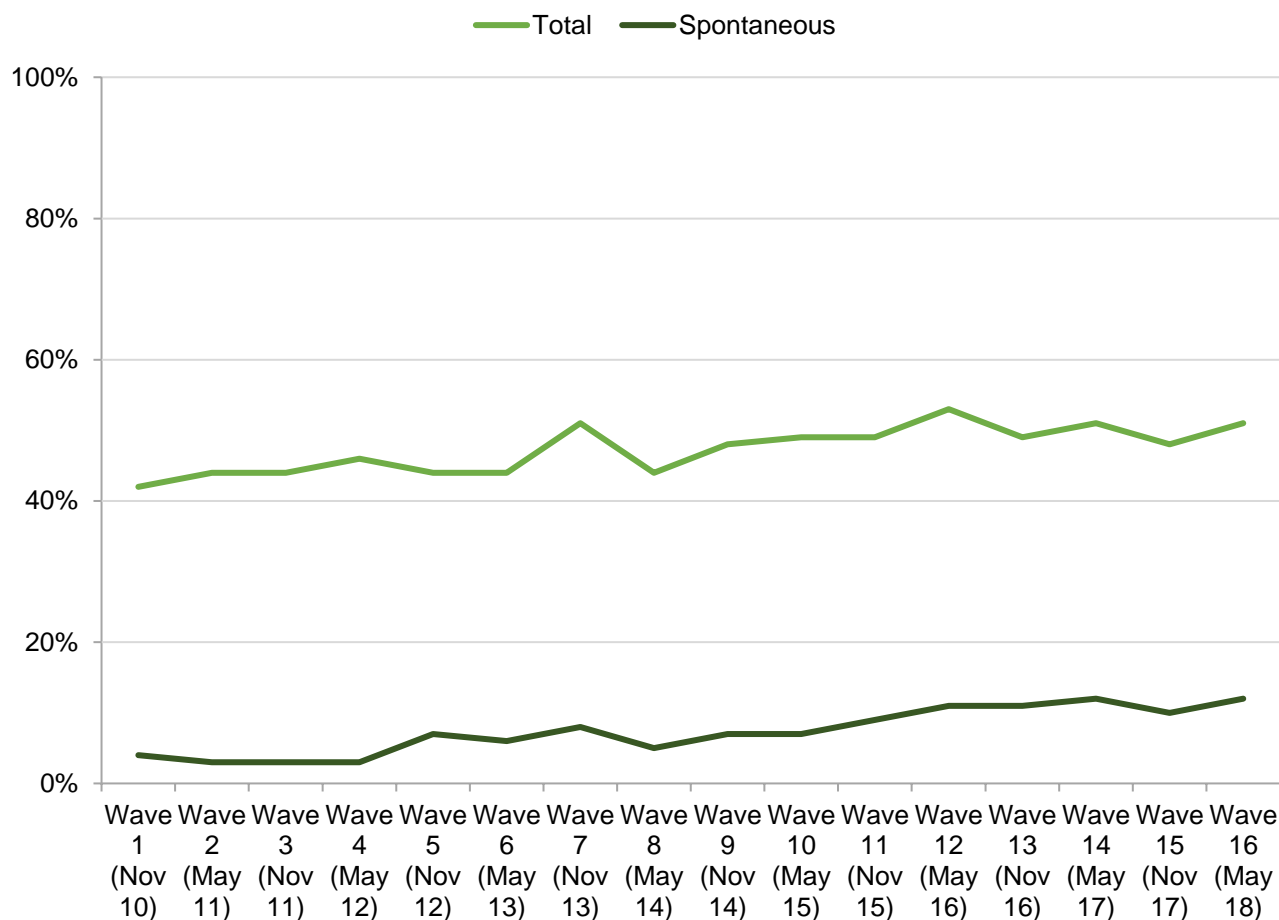
Food waste

At Wave 16, 51% of respondents reported concern about food waste. Concern varied between groups of people, particularly between:

- Those aged 16-25 (37%) compared to all other age groups (51%-58%).
- Those in social grades AB (62%) and C1 (54%) compared to those in C2 (47%) and DE (44%).

Although the trend of concern about food waste has fluctuated over the previous waves (42%-53%), the overall trend appears to be on the increase.

Concern about food waste (November 2010 – May 2018)





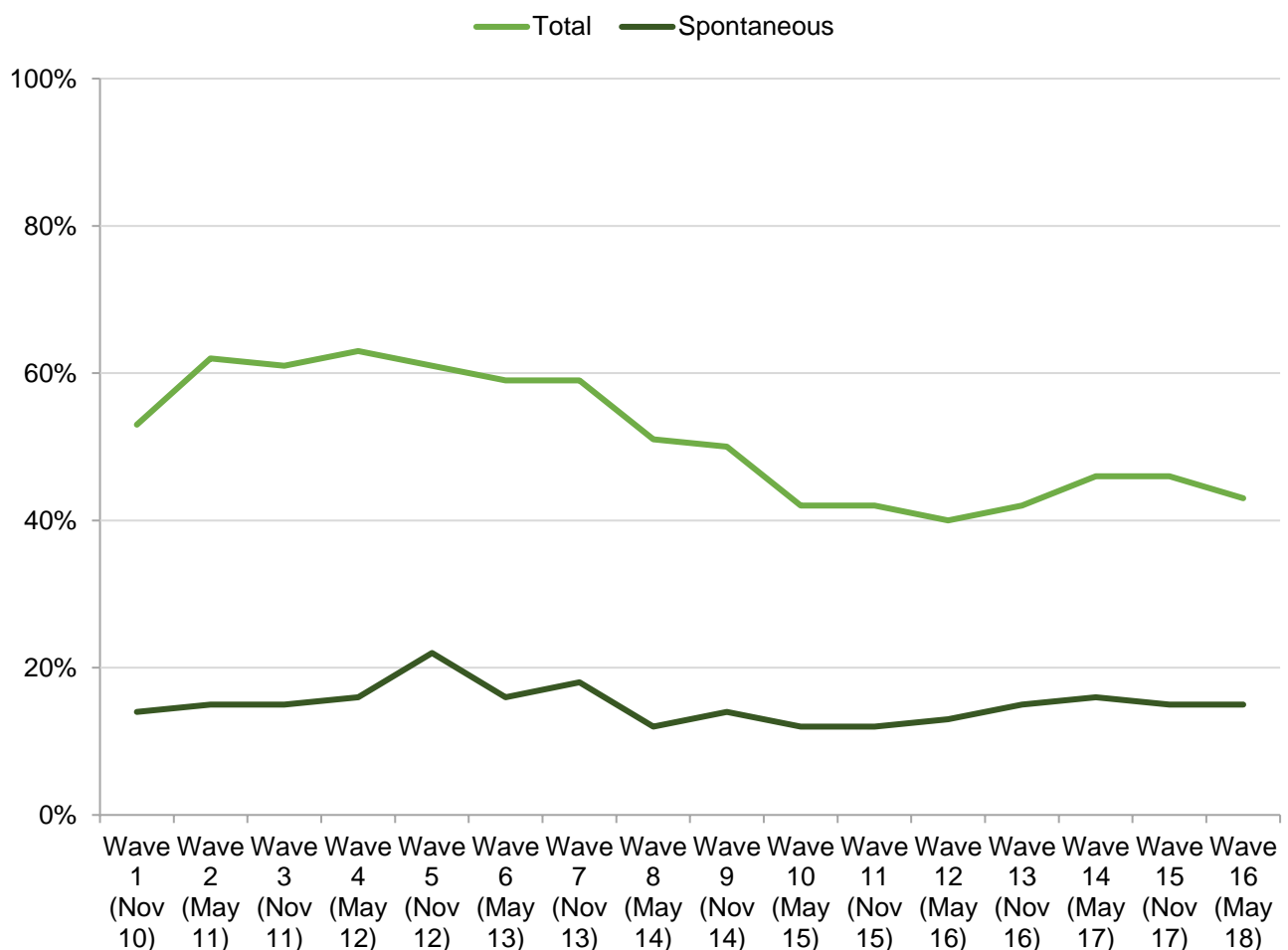
Food prices

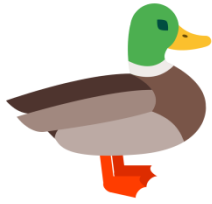
At Wave 16, 43% of respondents reported concern about food prices. Concern varied between groups of people, particularly:

- Those in Northern Ireland (57%) compared to England (42%) and Wales (33%).
- Those aged 26-35 (50%) compared to all other age groups (37%-43%).

The trend for concern about food prices has fluctuated throughout the waves (40%-63%), but has shown an overall general decrease in concern.

Concern about food prices (November 2010 – May 2018)



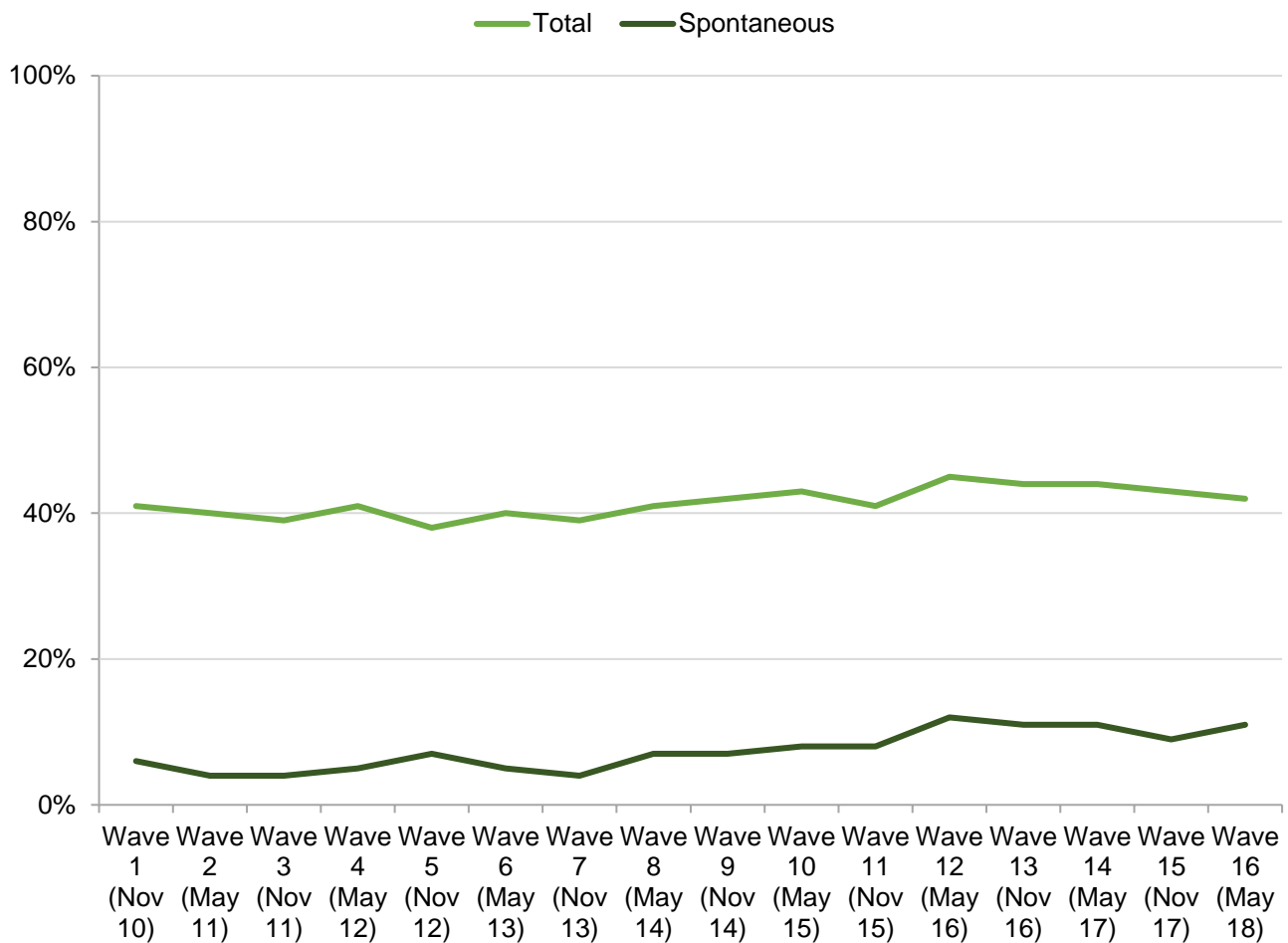


Animal welfare

At Wave 16, 42% of respondents reported concern about animal welfare. Concern varied between groups of people, particularly between:

- Those in Northern Ireland (58%) compared to those in England (41%) and Wales (34%).
- Those in social grades AB (53%) and C1 (46%) compared to those in social grade C2 (35%) and DE (36%).
- Those aged 50-65 (51%) compared to all other age groups (37%-42%).

Concern about animal welfare (November 2010 – May 2018)



Concern about food safety in food outlets

Wave 16 Key Findings

45% of respondents reported concern about food safety in UK restaurants, pubs, cafes and takeaways.

43% of respondents reported concern about food safety in UK shops and supermarkets.

To examine concern about food safety issues in more detail, respondents were asked:

Q2a How concerned or unconcerned are you about the safety of ALL food that is sold in UK restaurants, pubs, cafes and takeaways?

- I am very concerned
- I am fairly concerned
- I am neither concerned nor unconcerned
- I am fairly unconcerned
- I am very unconcerned

Q2b How concerned or unconcerned are you about the safety of ALL food that is sold in UK shops and supermarkets?

- I am very concerned
- I am fairly concerned
- I am neither concerned nor unconcerned
- I am fairly unconcerned
- I am very unconcerned

At Wave 16, 45% of respondents were concerned¹⁰ about the safety of food sold in UK restaurants, pubs, cafes and takeaways. For comparison (as reported earlier) 33% of respondents reported they were concerned about food hygiene when eating out. The different responses to these similar questions may be due to factors such as question phrasing.

At Wave 16, concern varied between groups of people, particularly between:

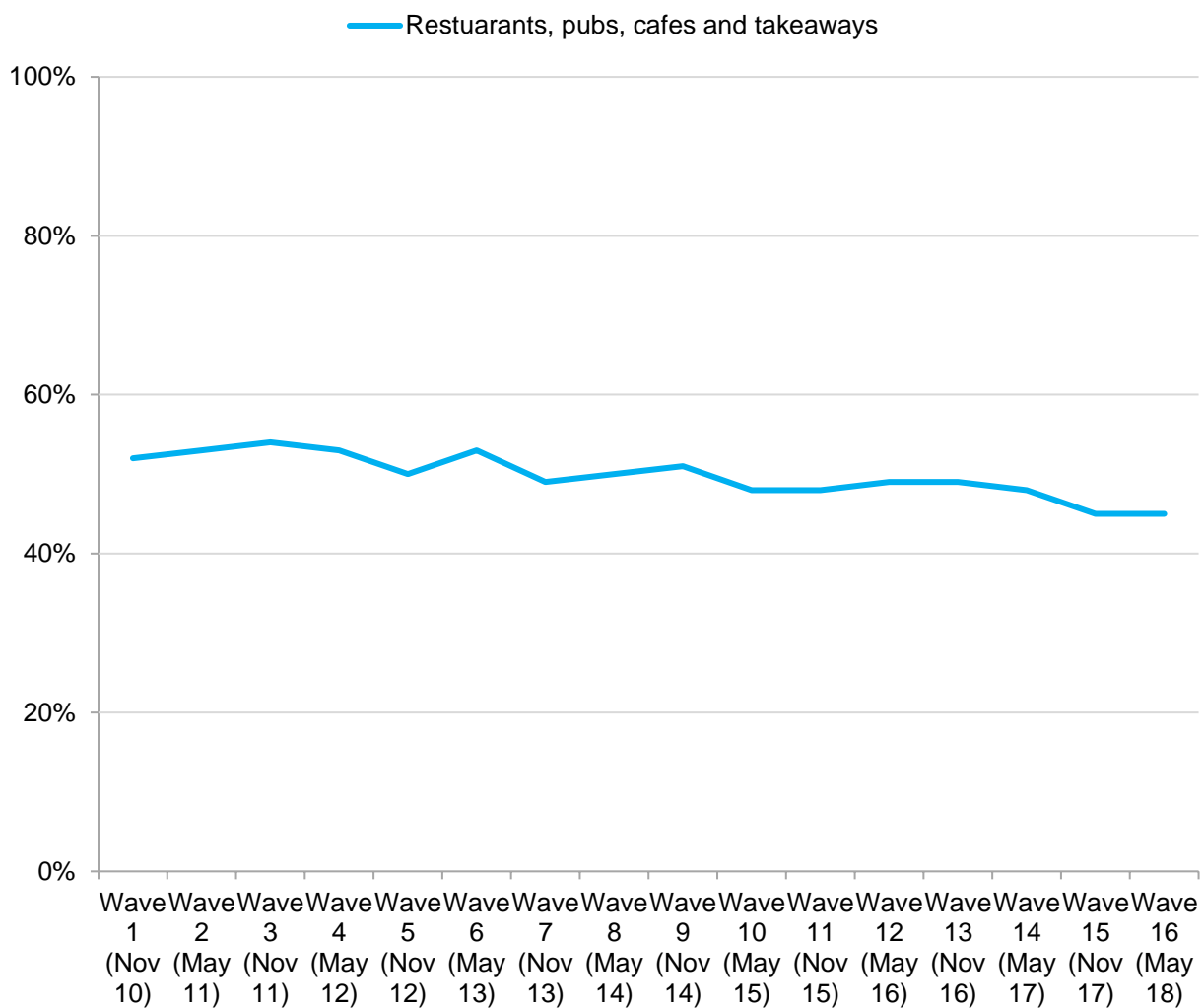
- Those in England (47%) and Wales (36%) compared to those in Northern Ireland (29%).
- Those living in urban areas compared to rural (48% v 35%).
- Those aged 50-65 (50%) compared to those aged 16-25 (38%).

¹⁰ 'Concern' refers to the net proportion of respondents reporting 'fairly concerned' and 'very concerned'

Concern about food safety in UK restaurants, pubs, cafes, and takeaways has tended to fluctuate throughout previous waves from 45%-54%. There has been no change from the last wave (45%).



Concern about food safety in restaurants, pubs, cafes and takeaways (November 2010 – May 2018)





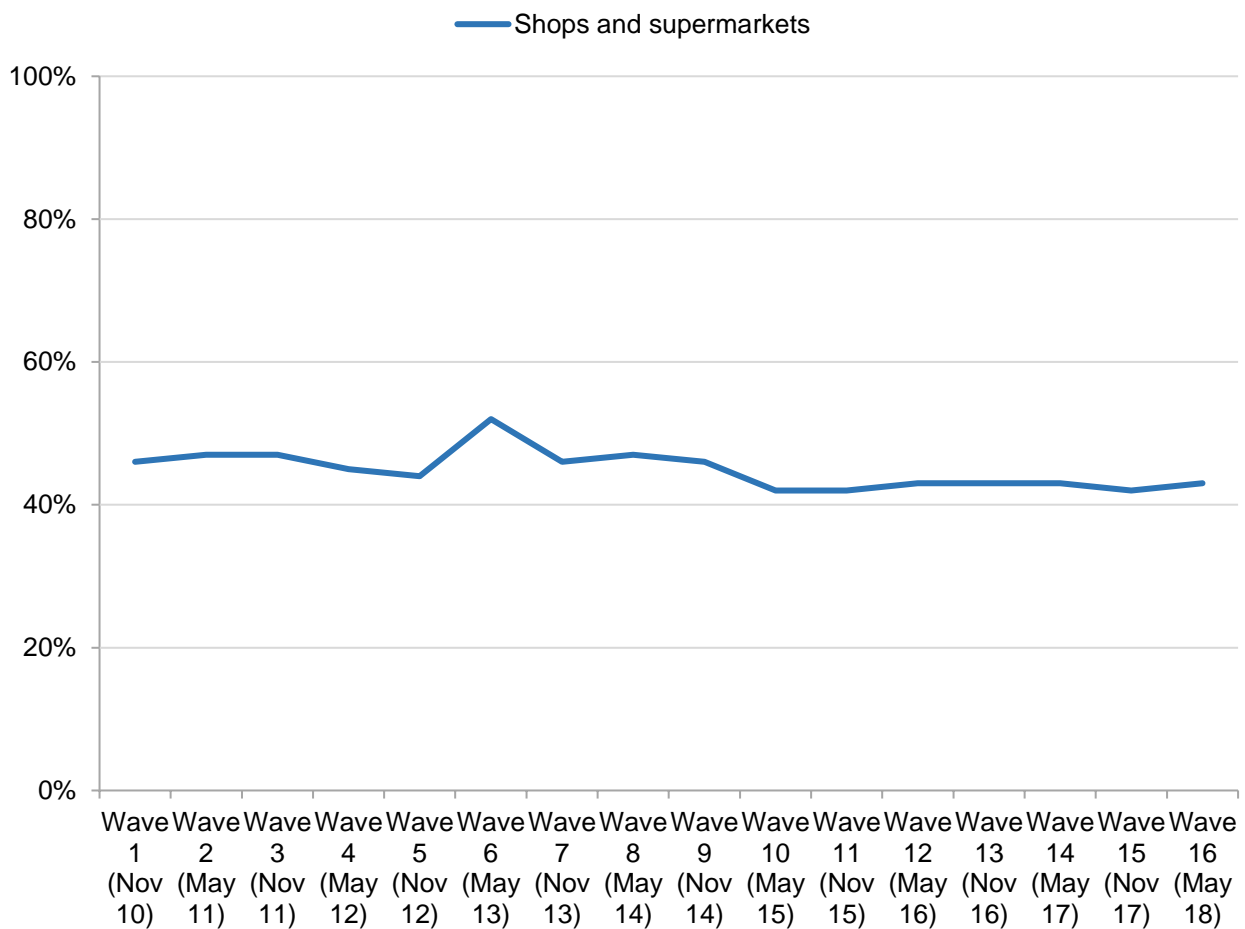
Shops and supermarkets

At Wave 16, 43% of respondents were concerned about the safety of the food sold in UK shops and supermarkets. Concern varied between groups of people, particularly between:

- Those in England (45%) compared to those in Wales (34%) and Northern Ireland (23%).
- Those living in urban areas (45%) compared to those in rural areas (32%).

Concern has remained largely stable throughout recent waves.

Concern about food safety in shops and supermarkets (November 2010 – May 2018)



Awareness of food hygiene standards

Wave 16 Key Findings

82% of respondents reported that they were aware of hygiene standards in places they eat out at or buy food from.

The main ways these respondents were aware of hygiene standards were via hygiene stickers/certificates (61%) and the general appearance of the premises (61%).

One of the FSA's strategic objectives is to ensure consumers have the information and understanding to make informed choices about where and what they eat. To help monitor performance against this objective, respondents were asked:

Q3 When you buy food in shops or supermarkets, or eat at restaurants, cafes, pubs and takeaways, do you tend to be aware of the standards of hygiene of these places?

- Yes – always
- Yes – sometimes
- No
- Don't know

At Wave 16, 82% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from (when combining 'yes – always' and 'yes – sometimes' responses). This figure is similar to previous waves since Wave 4.

Respondents who reported being aware of hygiene standards in the places they eat out at or buy food from were then asked:

Q3b How do you know about the hygiene standards of the places you buy food from or eat out at? Please select all that apply. How else?

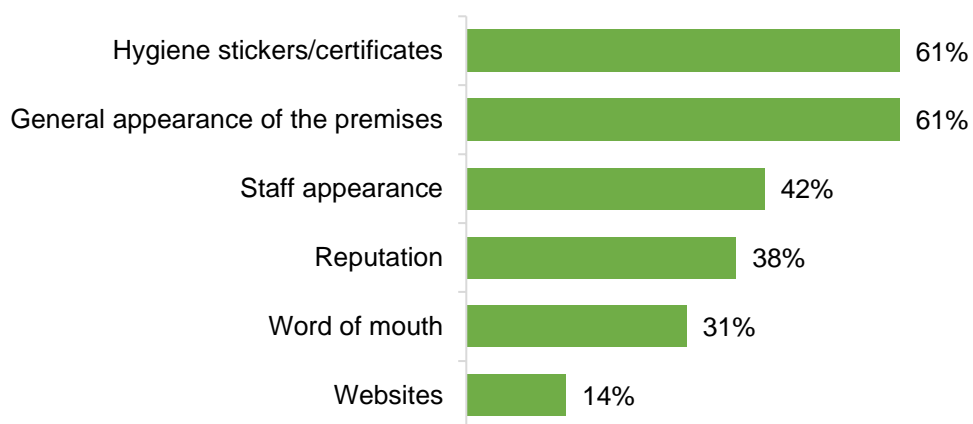
- Word of mouth
- Reputation
- Appearance of people working there
- General appearance of shop\restaurant\cafe\pub\takeaway
- Hygiene sticker
- Hygiene certificate
- Websites
- Other (specify)



Ways respondents are aware of food hygiene standards

The most commonly mentioned ways in which the respondents reported being aware of hygiene standards were hygiene stickers/certificates (61%) and the general appearance of premises (61%).

Ways respondents are aware of food hygiene standards (May 2018)



Base: Respondents who reported being aware of the standards of hygiene when they buy food



Hygiene stickers / certificates

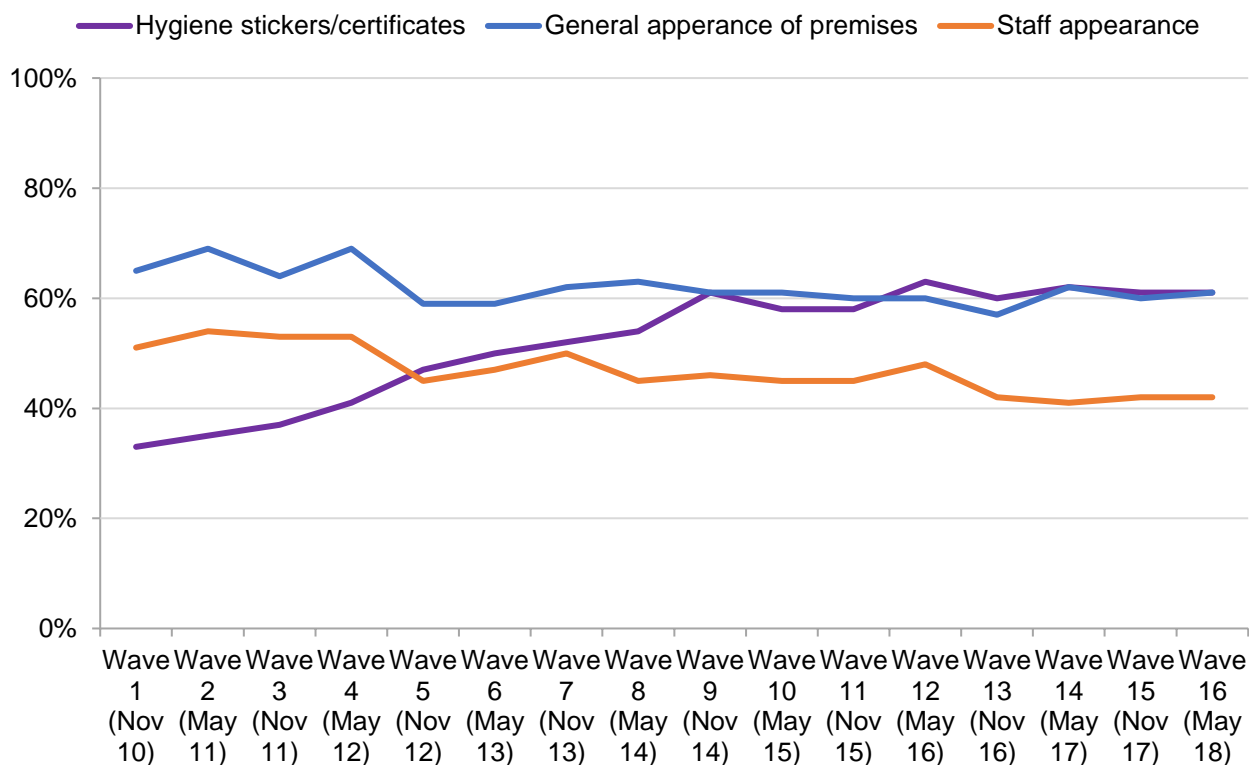
After Wave 13, the separate response options 'Hygiene sticker' and 'Hygiene certificate' at question 3b were combined into one response option 'Hygiene sticker / certificate'. More detail is included in the History section.

At Wave 16, awareness of hygiene standards via hygiene stickers/certificates varied between groups of people, particularly between:

- Those living in Wales (81%) compared to England (60%) and Northern Ireland (56%).
- Those aged 66+ (44%) compared to all other age groups (60%-68%).
- Those in social grade AB and C1 (66%-70%) compared to those in C2 and DE (52%-55%).
- Those with children in the household (70%) compared to those without (56%).

The use of hygiene stickers and certificates has increased from Wave 1 to Wave 16 (+28%).

Ways respondents are aware of food hygiene standards (November 2010 – May 2018)



Base: Respondents who reported being aware of hygiene standards when they food

Awareness of, and trust in, the FSA

Wave 16 Key findings

79% of respondents in England, Wales and Northern Ireland reported being aware of the FSA, similar to previous waves (74% 83%).

67% of respondents aware of the FSA reported knowing some, or a lot of, information about the FSA.

As in previous waves, amongst those aware of the FSA, the main responsibility of the FSA reported by respondents was ensuring food bought is safe to eat (89%).

Among those aware of the FSA, 69% of respondents reported that they trusted the FSA to do its job and 72% agreed that the FSA tells the truth in the information it provides.

60% agreed that the food industry is regulated fairly.

72% reported not always feeling confident that food is what is says it is on the label.

Respondents were asked:

Q4 Which of the following, if any, have you heard of? Please select all that apply. Which others?

Respondents are shown a list containing 11 or 12 public organisations (depending on country- full details in Annex D)

At Wave 16, 79% of respondents reported being aware of the FSA. This is similar to the previous wave (78%), though there have been fluctuations in awareness over the series (74%-83%). Awareness of the FSA varied between groups of people, particularly between:

- Those aged 16-25 (62%) compared to all other age groups (76%-88%).
- Those in social grade AB and C1 (85%-89%) compared to those in social grade C2 and DE (68%-76%).

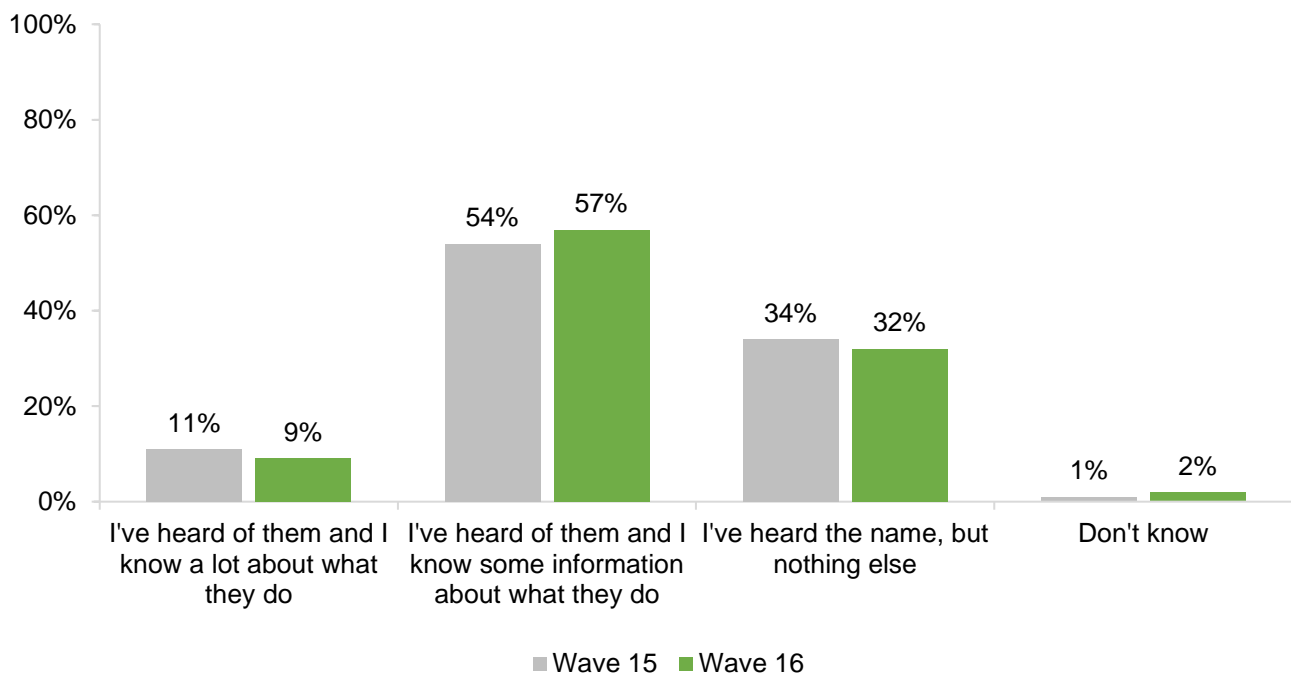
At Wave 15, Q4b was included as a new question to the tracker. At Wave 16, 67%¹¹ of respondents aware of the FSA reported knowing some, or a lot of, information about the FSA.

¹¹ This figure represents the net proportion of response options 'I've heard of them and I know some information about what they do' and 'I've heard of them and I know a lot about what they do'.

Q4b How much do you know about the Food Standards Agency, also known as the FSA?

- I've heard the name, but nothing else
- I've heard of them and I know some information about what they do
- I've heard of them and I know a lot about what they do
- Don't know

Knowledge of the FSA (November 2017 – May 2018)



Base: All respondents aware of the FSA

Q4c To the best of your knowledge, which of the following do you think best describes the FSA?

- A government department
- An independent regulator
- Arm's length government body
- Private company
- A charity
- Other
- Don't know

At Wave 15, Q4c was included as a new question to the tracker. At Wave 16, among those aware of FSA: 48% of respondents reported that they thought a “government department” best describes the FSA; 32% reported that they thought an “independent regulator” best describes the FSA (up from 26% at Wave 15); 9% reported the FSA as an “arm's length government body”; and 9% reported that they did not know.



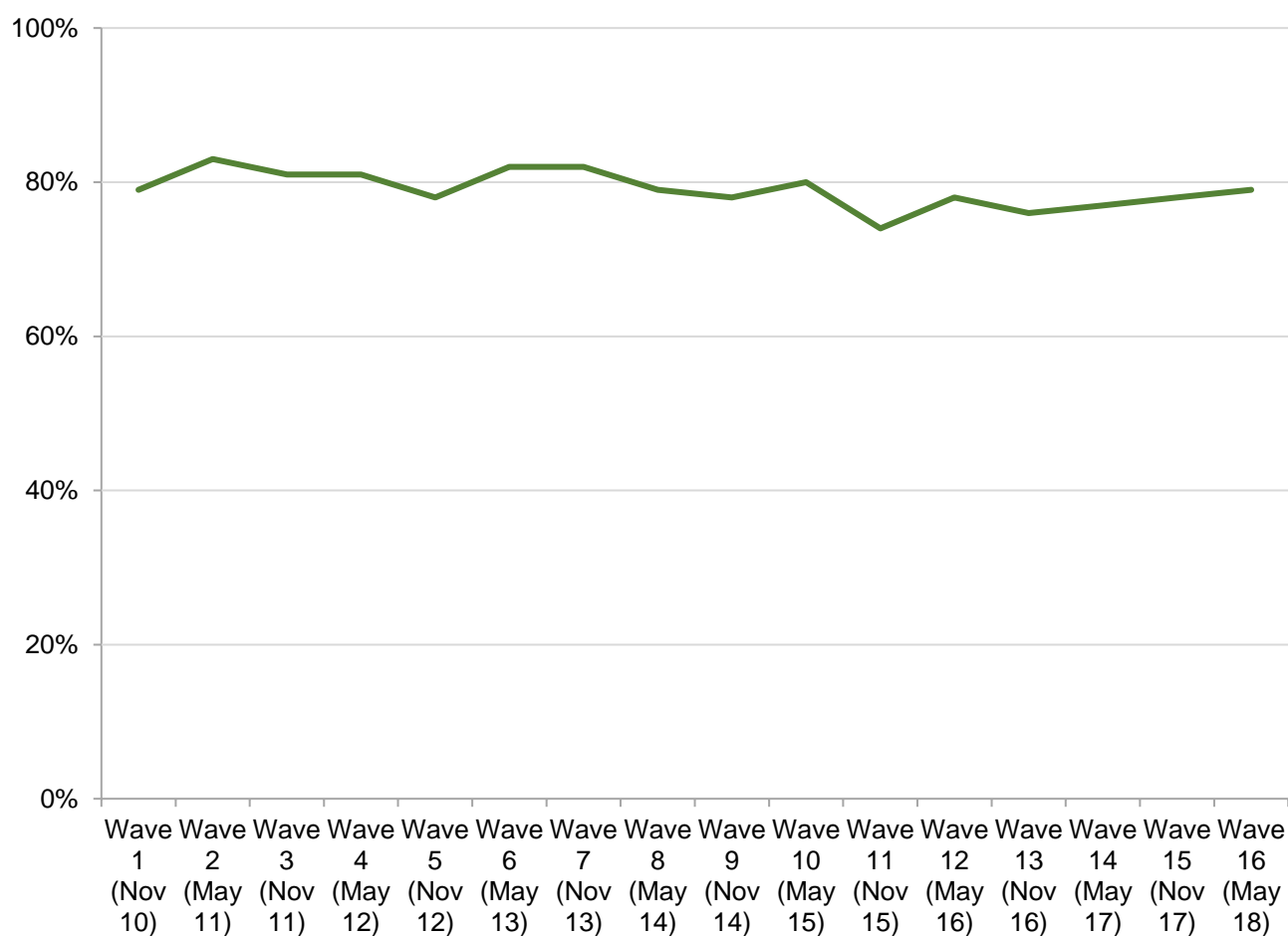
FSA England, FSA Wales, FSA Northern Ireland

The FSA has offices in England, Wales, Northern Ireland (N.B. Food Standards Scotland runs a separate survey).

At Wave 16 awareness of the FSA varied between countries:

- Respondents in Wales (82%)
- Respondents in Northern Ireland (81%)
- Respondents in England (79%)

Awareness of the FSA (November 2010 – May 2018)



Awareness of the FSA's responsibilities

In addition to many other responsibilities, in terms of food labelling the FSA is responsible for food safety and allergy labelling in England, Wales and Northern Ireland. It also holds responsibilities for wider food labelling in Wales and Northern Ireland, and for nutrition in Northern Ireland.¹²

Labelling FSA is responsible for	England	Wales	Northern Ireland
Food safety	✓	✓	✓
Wider		✓	✓
Nutrition			✓

Respondents who were aware of the FSA were asked:

Q5a Please can I check, which issues do you think the Food Standards Agency is responsible for? Which other issues? (spontaneous)

Q5b And which of these issues do you think the Food Standards Agency is responsible for?

- Ensuring the food you buy is safe to eat
- Promoting food safety in the home
- Promoting and enabling healthy eating and healthy lifestyles
- Ensuring food is sustainable – such as reducing greenhouse emissions and reducing waste when producing food
- Nutrition labelling information, such as traffic light labelling
- Date labels, such as “best before” and “use by” labels
- Country of origin labels, which identify where food comes from
- Other (specify)

The responsibilities of the FSA most commonly reported by respondents aware of the FSA were: ensuring the food you buy is safe to eat (89%), date labelling (62%), and nutrition labelling (59%)¹³.

¹² <https://www.food.gov.uk/enforcement/regulation/fir>

¹³ Total awareness, i.e. combined spontaneous and total responses

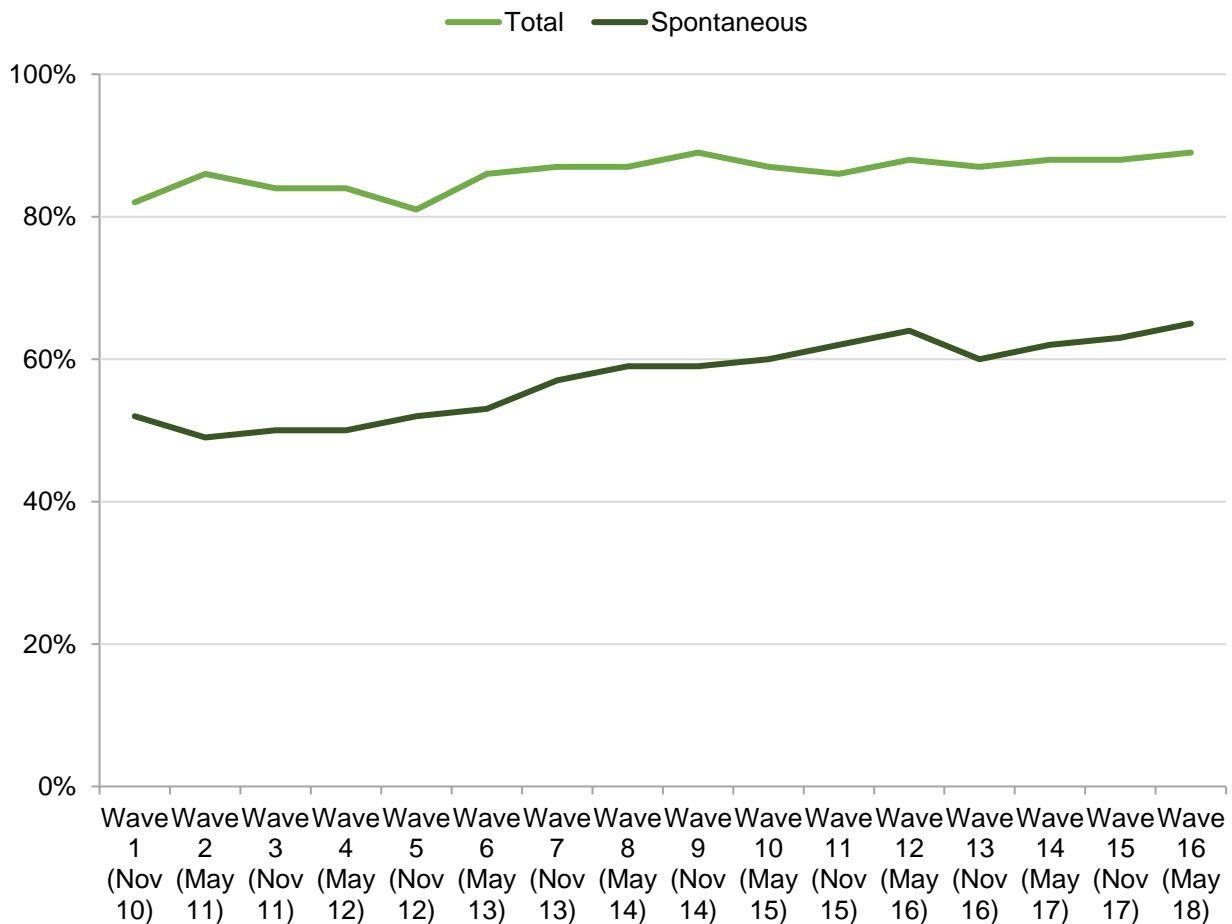


Ensuring the food you buy is safe to eat

At Wave 16, 89% of respondents reported that the FSA was responsible for 'ensuring the food you buy is safe to eat'. Viewing the FSA as responsible for ensuring the food you buy is safe to eat varied between groups of people, particularly between:

- Those in Northern Ireland (97%) compared to those in Wales (86%).

Think the FSA is responsible for ensuring food is safe to eat (November 2010 – May 2018)



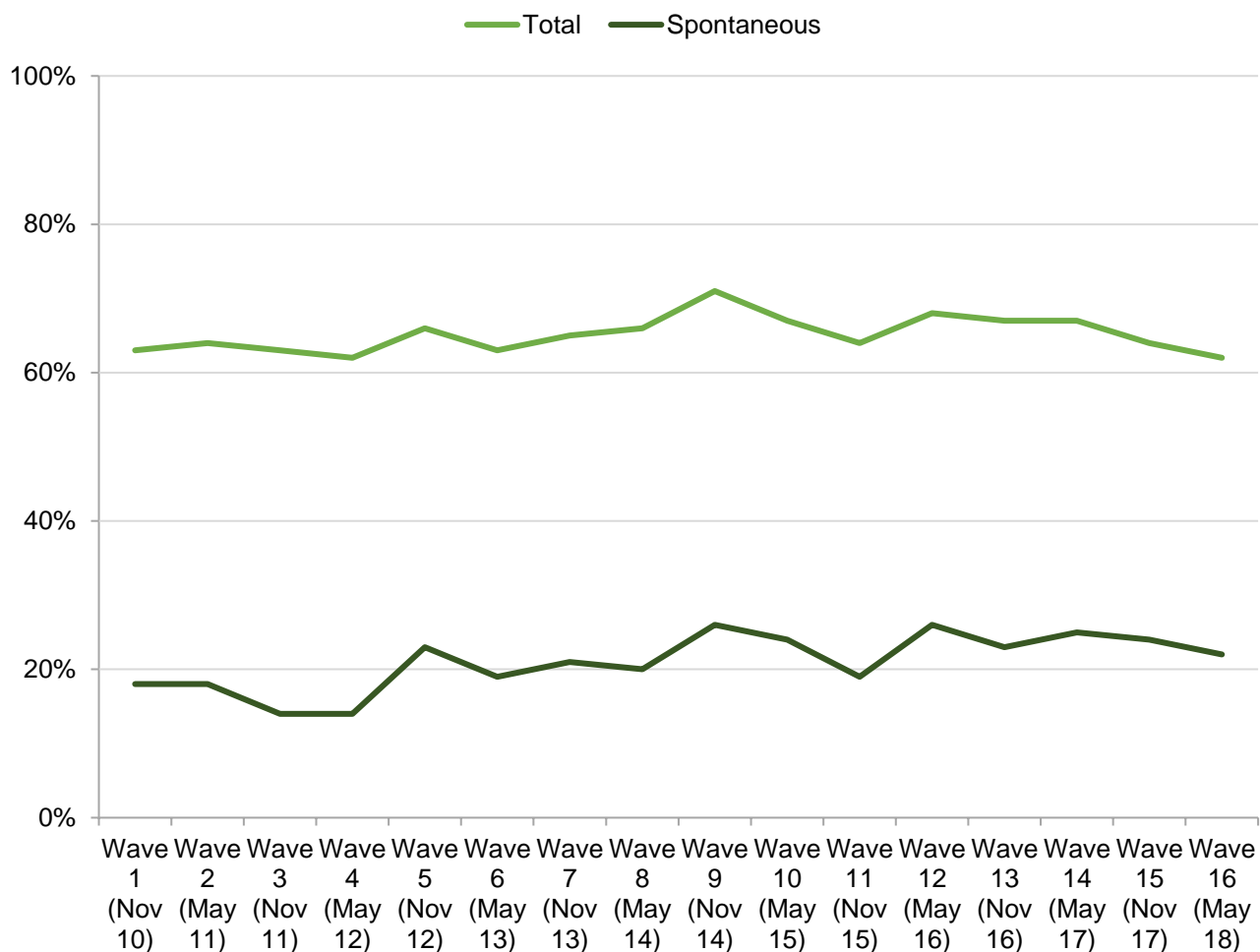


Date labels

At Wave 16, 62% of respondents considered date labelling an FSA responsibility. Viewing the FSA as responsible for date labels varied between groups of people, particularly between:

- Those in England (64%) and Wales (61%) compared to those in Northern Ireland (35%).

Think the FSA are responsible for date labelling (November 2010 – May 2018)



Base: All respondents aware of the FSA

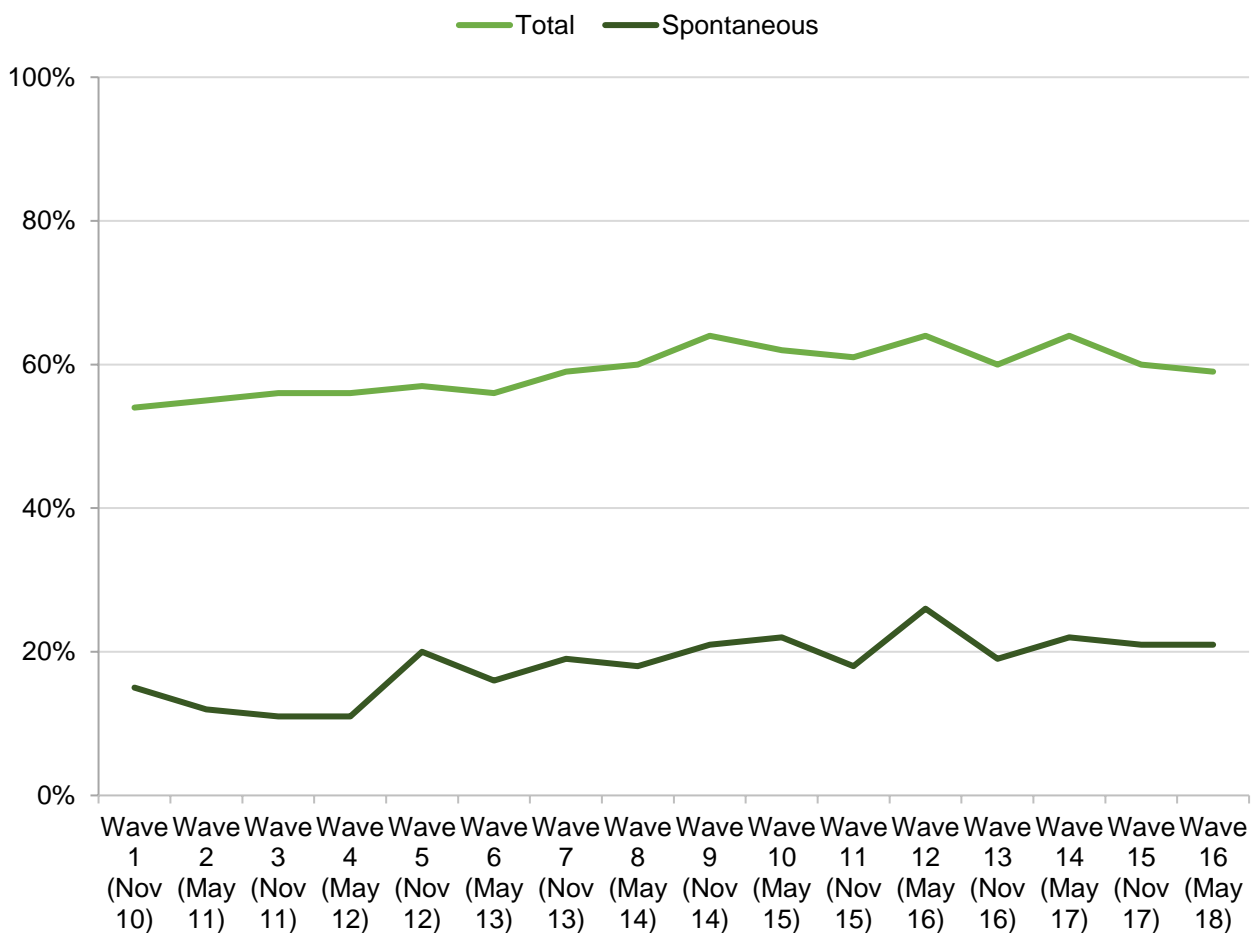


Nutrition labels

At Wave 16, 59% of respondents considered nutrition labelling an FSA responsibility. The proportion of respondents considering nutrition labelling an FSA responsibility has fluctuated throughout the previous waves, but the general trend demonstrates an increase (54%-64%). Viewing the FSA as responsible for nutrition labels varied between groups of people, particularly between:

- Those in England (61%) and Wales (62%) compared to those in Northern Ireland (30%).
- Those in social grade AB (69%) compared to all other social grade groups (52%-58%).

Think the FSA are responsible for nutrition labelling (November 2010 – May 2018)



Base: All respondents aware of the FSA

From Wave 15 an additional set of questions were included to collate respondents' views on the work and responsibilities of the FSA.

Q4d_01 To what extent do you agree or disagree that the FSA is fighting food fraud, such as selling food which isn't what it says it is

Q4d_02 To what extent do you agree or disagree that the FSA is working on my behalf

Q4d_03 To what extent do you agree or disagree that the FSA is good at explaining food safety and the science behind it

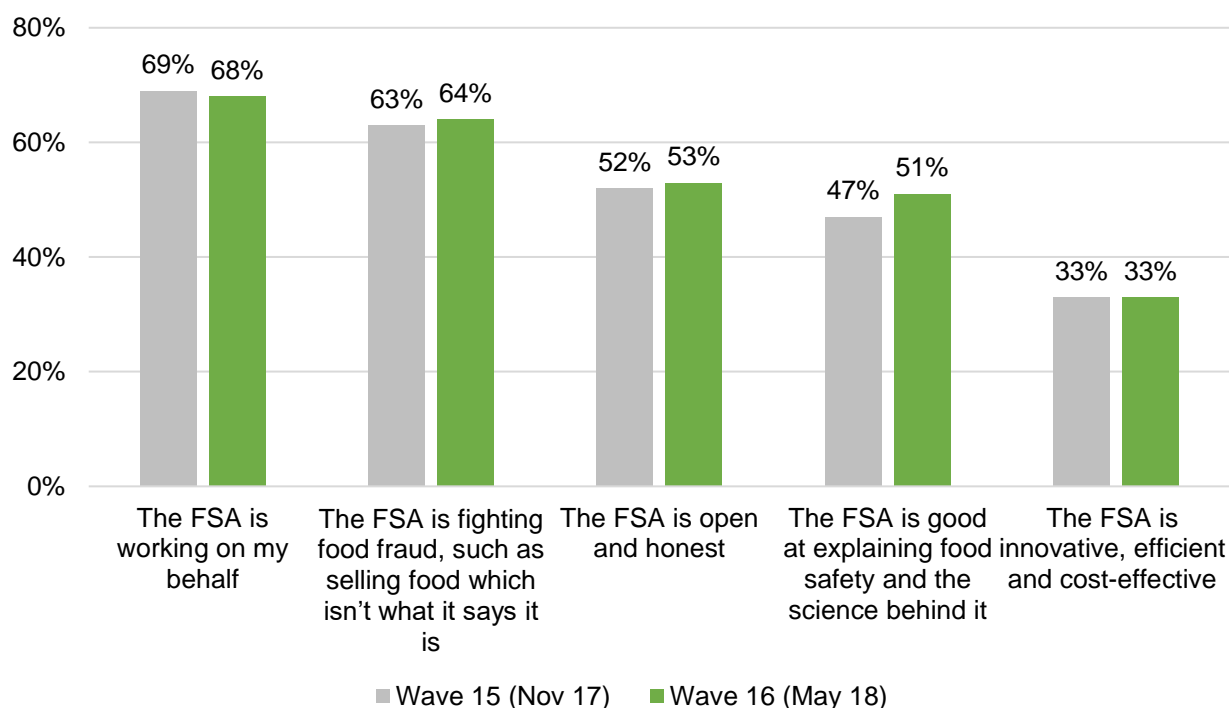
Q4d_04 To what extent do you agree or disagree that the FSA is open and honest

Q4d_05 To what extent do you agree or disagree that the FSA is innovative, efficient and cost-effective

Answer options for each statement:

- Strongly agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Strongly disagree

Agreement with FSA¹⁴ statements (November 2017 – May 2018)



Base: All respondents aware of the FSA

¹⁴ Net agreement score of strongly agree and slightly agree

Of those aware of the FSA, 64% of respondents agreed that the FSA is fighting food fraud, with agreement varying between groups of people, particularly between:

- Those in Northern Ireland (82%) compared to those in England (63%) and Wales (68%).

Of those aware of the FSA, 68% of respondents agreed that the FSA is working on their behalf, with agreement varying between groups of people, particularly between:

- Those in Northern Ireland (81%) compared to those in England (67%).
- Those aged 36-49 (71%) compared to those aged 16-25 (59%).

Of those aware of the FSA, 51% of respondents agreed that the FSA is good at explaining food safety and the science behind it, with agreement varying between groups of people, particularly between:

- Those in Northern Ireland (76%) compared to those in England (49%) and Wales (48%).

Of those aware of the FSA, 53% of respondents agreed that the FSA is open and honest, with agreement varying between groups of people, particularly between:

- Those in Northern Ireland (76%) compared to those in England (52%) and Wales (50%).

Of those aware of the FSA, 33% of respondents agreed that the FSA is innovative, efficient and cost effective, with agreement varying between groups of people, particularly between:

- Those in social grades C2 and DE (39%) compared to those in AB (23%).
- Those in Northern Ireland (68%) compared those in Wales (33%) and England (31%).

Trust in the FSA

Respondents who reported being aware of the FSA were asked:

Q6a How much do you trust or distrust the Food Standards Agency to do its job? That is, trust it to make sure the food sold in shops and restaurants is safe, and to provide advice on food safety in the home.

- I trust it a lot
- I trust it
- I neither trust nor distrust it
- I distrust it
- I distrust it a lot



Trust in the FSA

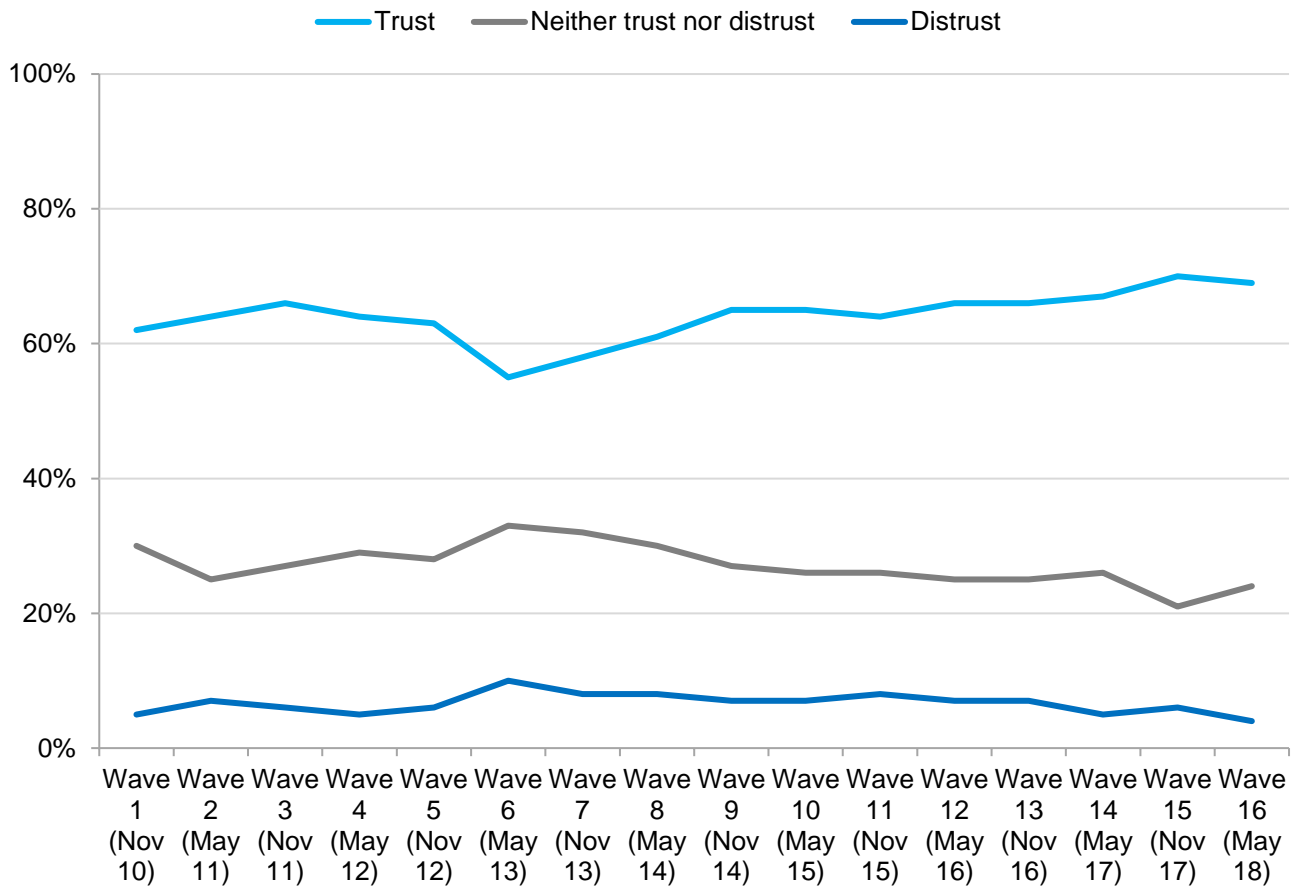
At Wave 16, 69% of respondents reported that they trusted¹⁵ the FSA to do its job (one point down from the previous wave) whilst 4% of respondents reported that they distrusted¹⁶ the FSA to do its job. Trust has tended to fluctuate across previous waves (55%-70%), but has steadily increased since 2013. Trust in the FSA varied between groups of people, particularly between:

- Those in Northern Ireland (85%) compared to those in Wales (72%) and England (67%).
- Those in social grade AB (73%) compared to those in social grade DE (62%).

¹⁵ Figure based on net proportion of respondents who reported 'I trust the FSA a lot' or 'I trust the FSA' throughout the report.

¹⁶ Figure based on net proportion of respondents who reported 'I distrust the FSA a lot' or 'I distrust the FSA' throughout the report.

Trust the FSA to do its job (November 2010 – May 2018)



Base: Respondents aware of the FSA

The previous Wave (Wave 15) included several new questions in which all respondents in England, Wales and Northern Ireland were asked:

Q6b To what extent do you agree with the following statements...

01 I trust that the FSA tell the truth in the information they provide

02 I trust that the food industry is regulated fairly

03 I trust that the people who produce and sell food in the food industry have my best interests at heart

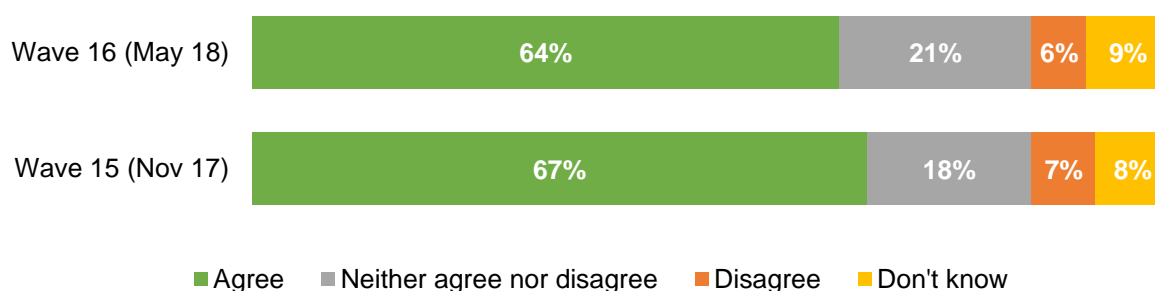
- Strongly agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Strongly disagree
- Don't know

Trust that the FSA tell the truth in the information they provide

At Wave 16, 64% of respondents agreed¹⁷ that the FSA tell the truth in the information they provide. Of those aware of the FSA, 72% agreed with this statement. Agreement varied between groups of people, particularly between:

- Those in Northern Ireland (74%) compared to those in England (63%).
- Those in social grade AB (76%) compared to those in social grades C1 (68%), C2 (63%), and DE (52%).

Trust that the FSA tell the truth in the information they provide (November 2017 – May 2018)



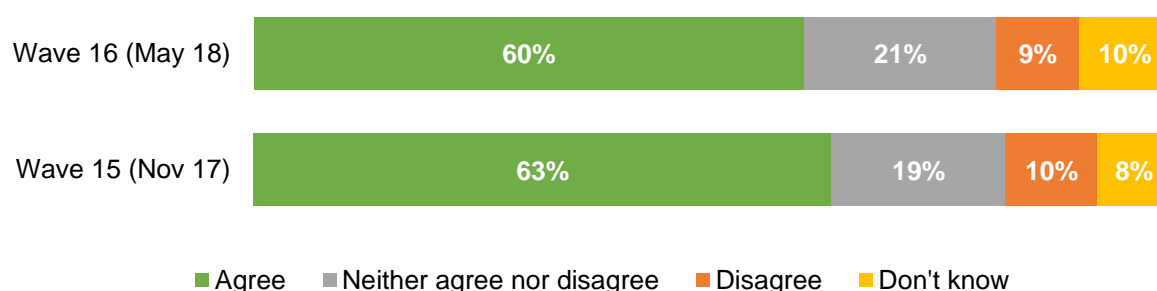
¹⁷ 'Agree' refers to the net proportion of 'strongly agree' and 'slightly agree'.

Trust that the food industry is regulated fairly

At Wave 16, 60% of respondents agreed that the food industry is regulated fairly. Trust in the food industry being regulated fairly varied between groups of people, particularly between:

- Those in Northern Ireland (77%) compared to those in England (59%) and Wales (57%).
- Those in social grade AB (64%) compared to those in social grade DE (54%).

Trust that the food industry is regulated fairly (November 2017 – May 2018)

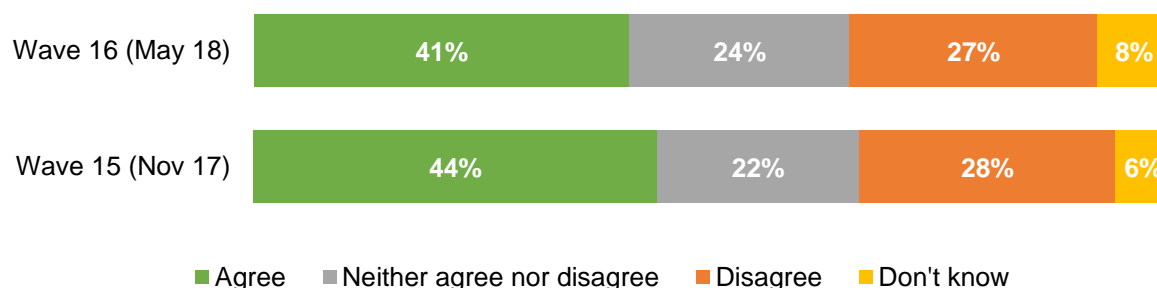


Trust that the people who produce and sell food in the food industry have my best interests at heart

At Wave 16, 41% of respondents agreed that people who produce and sell food in the food industry have their best interests at heart. This figure varied between groups of people, particularly between:

- Those in Northern Ireland (70%) compared to those in Wales (47%) and England (39%).

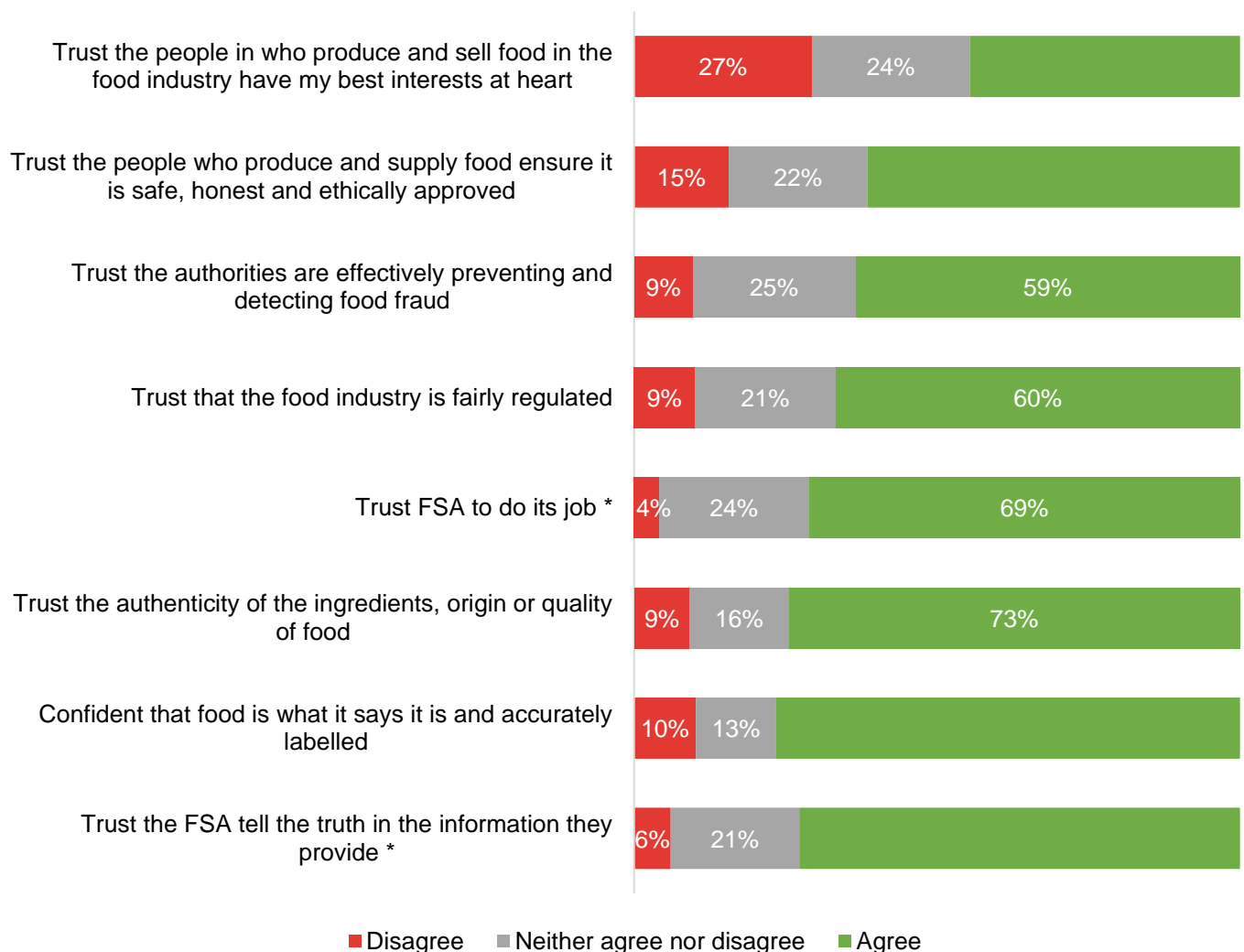
Trust that food industry workers have people's best interests at heart (November 2017 – May 2018)



Trust – Summary

Several measures around trust were included in the tracker for Wave 15, covering trust in the FSA, regulations, safety and food crime prevention. For the most part, at Wave 16, there were high levels of trust or agreement and very low levels of outright distrust or disagreement across almost all measures.

Agreement on the following statements has stayed fairly consistent in comparison with the previous wave, where these questions were first introduced. For the most part, there were high levels of trust and agreement across almost all measures. However, trust and agreement was slightly lower regarding the food industry.



Trust in food labelling

In the previous Wave (Wave 15), several new questions were asked on trust in food labelling. All respondents were asked:

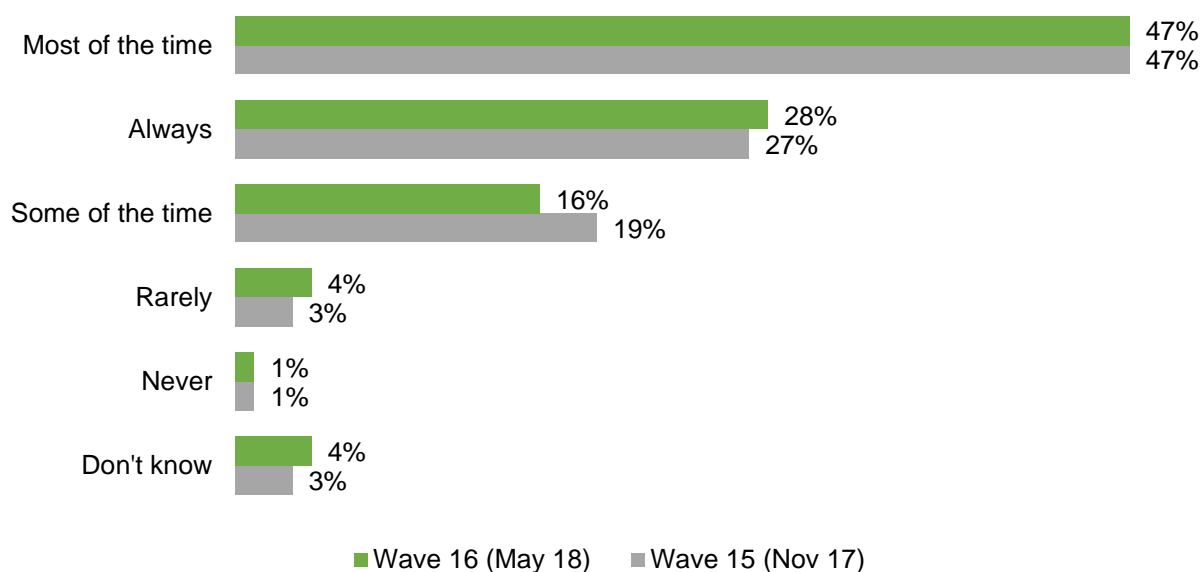
Q7a In general, when buying or eating food, how often do you feel confident that it is what it says it is on the label or the menu?

- Always
- Most of the time
- Some of the time
- Rarely
- Never
- Don't know

At Wave 16, 28% of respondents reported always feeling confident that food is what it says it is on the label or menu, and 72% reported not always feeling confident¹⁸. The proportion of respondents who reported not always feeling confident varied between groups of people, particularly between:

- Those in Wales (75%) and England (74%) compared to those in Northern Ireland (33%).
- Those in social grades AB (80%) and C1 (77%) compared to those in social grade DE (62%).

Confident that food is what it says it is on the label or menu (November 2017 – May 2018)



¹⁸ Figure based on net proportion of respondents who reported feeling confident 'most of the time', 'some of the time', 'rarely', 'never' and 'don't know' throughout the report.

All adults who reported not always feeling confident when buying or eating food were asked¹⁹:

Q7b You indicated that you are not always confident that food is what it says it is on the label or menu. What specific issues were you thinking of, if any?

- Don't believe ingredient information on labels/menus is correct
- Horse meat scandal
- Deliberately mislead, i.e. cheaper/different ingredients to label
- Labels are misleading/inaccurate
- Dates on produce labels incorrect/misleading
- Country of/ food origin/ source
- Percentage of ingredients may be inaccurate, i.e. sugar levels
- Media reports (general mentions)
- I do trust them/ believe established/ trusted supplier
- Food allergy concerns
- Food scares, i.e. chicken quality, egg quality
- Use my own judgement/ experience

At Wave 16, the most commonly reported issues reported were not believing the ingredient information on labels / menus as correct (10%), the horse meat scandal (5%), and being deliberately misled (3%).

Q7c Over the past year, have you ever done any of the following because you were not confident that food was what it says it was on the label or menu?

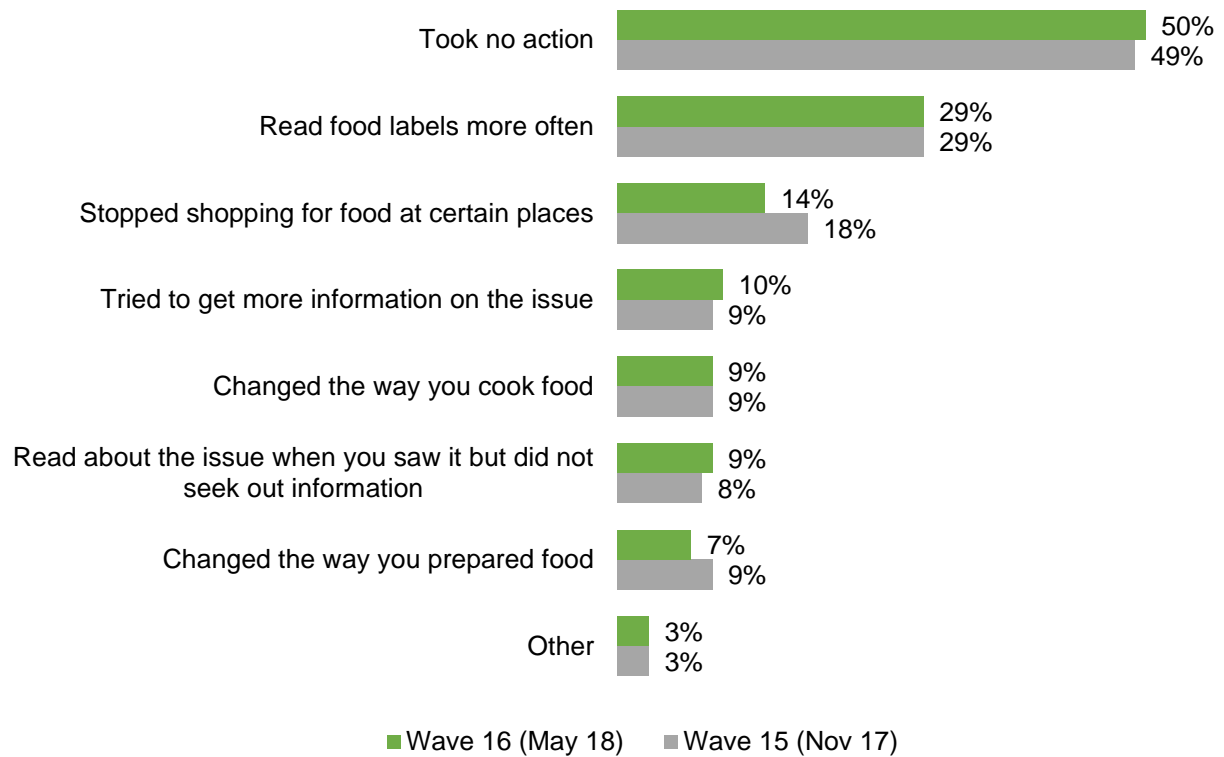
- Read food labels more often
- Stopped shopping for food at certain places
- Tried to get more information about the issue
- Changed the way you cook food
- Changed the way you prepare food
- Read about the issue when you saw it but did not seek out information
- Other
- Took no action

At Wave 16, 50% of respondents reported taking no action over the past year because they were not confident that food was what it said it was on the label or menu. This differed between groups of people, particularly between:

- Those in social grade DE (59%) compared to those in social grades C2 (45%) and C1 (44%).

¹⁹ More response options for Q7b can be found in Annex D.

Behaviours surrounding confidence in food labelling (November 2017 – May 2018)





Food Poisoning – Awareness and Attitudes

Respondents were asked:

Q8a. Do you cook and/or prepare food for any of the following?

- Myself
- Children under 5 years old
- Children aged 5-15
- Adults aged 16-24
- Adults 65 years old and over
- Other (please specify)
- No I don't cook or prepare food at all

The vast majority of respondents reported that they cook or prepare food for themselves (90%), with 17% also cooking / preparing food for children under 5 years old, and 23% catering for children aged 5-15.

Types of food poisoning

Q8ai. What types of food poisoning, if any, have you heard of? (spontaneous)

Q8aii. And which of the following types of food poisoning, if any, have you heard of?

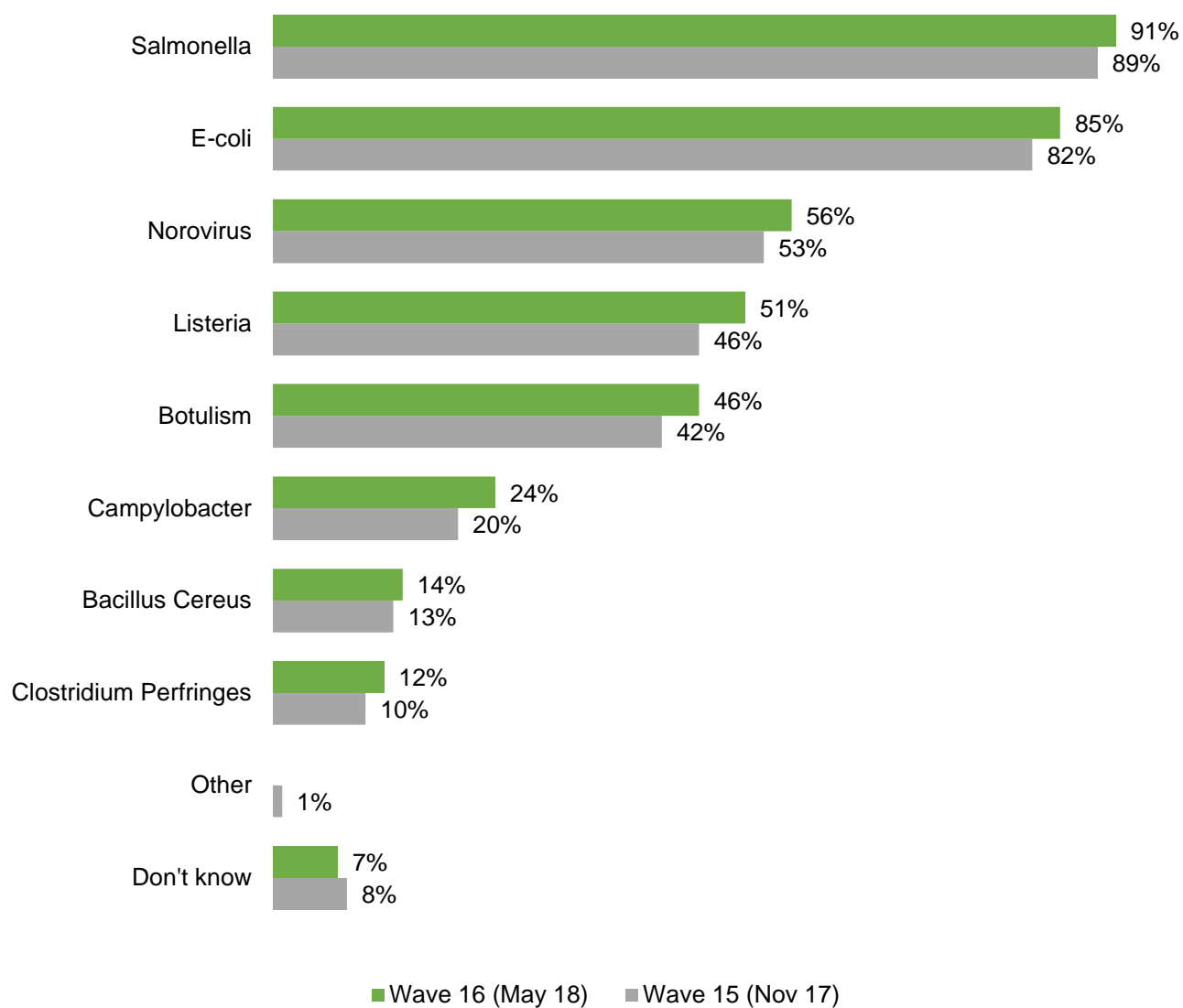
- Bacillus Cereus
- Botulism
- Campylobacter
- Clostridium Perfringes
- E-coli
- Listeria
- Norovirus
- Salmonella
- Other (Please specify)

Salmonella and E-coli were by far the most commonly known types of food poisoning (total awareness of 91% and 85% respectively).

Awareness of salmonella varied between groups of people, particularly between:

- Those in Northern Ireland (100%) compared to those in England (90%).
- Those in social grade AB (96%) compared to those in social grade DE (86%).

Awareness of types of food poisoning (November 2017 – May 2018)



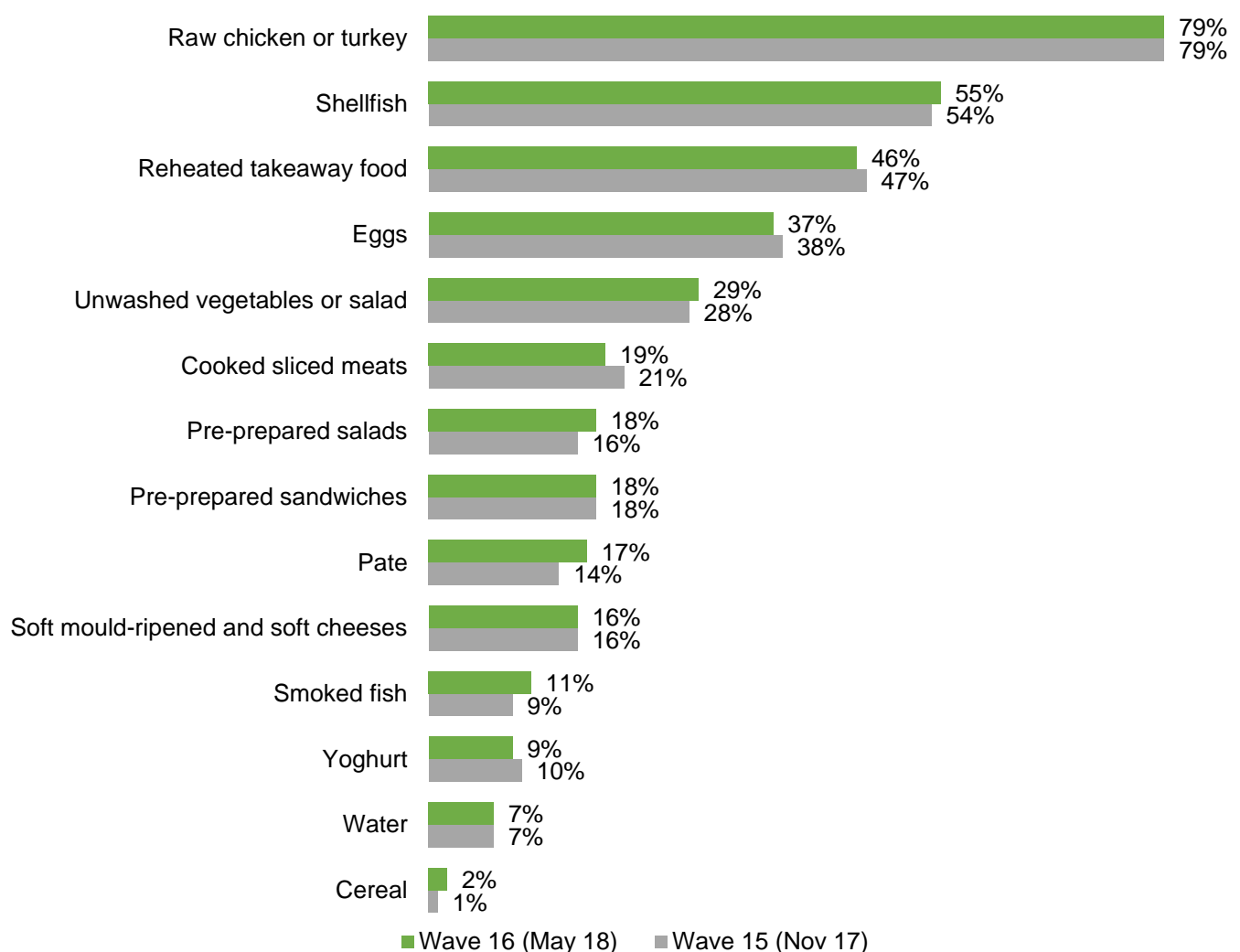
Sources of food poisoning

Q8b. In the UK, from which of the following foods do you think you are MOST LIKELY to get food poisoning from?

14 options given (see chart below for full list)

The proportion of respondents reporting the various sources of food poisoning has stayed consistent since Wave 15, when this question was first introduced.

Perceived sources of food poisoning (November 2017 – May 2018)



Activities to help avoid food poisoning

Respondents were asked which activities they believe can help avoid food poisoning.

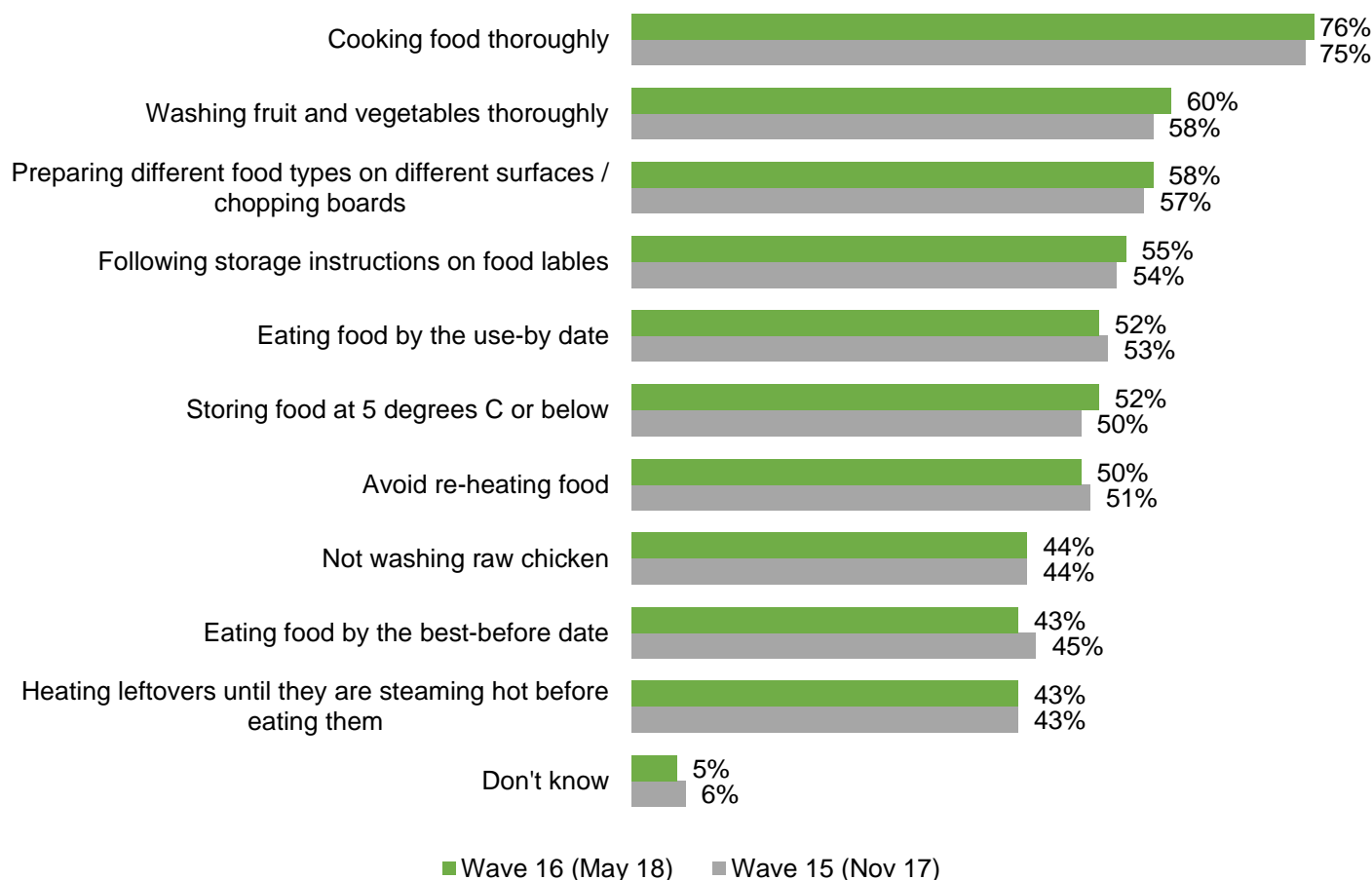
Q.8c Which of these activities, if any, do you think will help you avoid food poisoning?

10 options given (see chart below for full list)

Cooking food thoroughly was most commonly reported way of avoiding food poisoning (76%), closely followed by washing fruits and vegetables thoroughly (60%), and preparing different food types on different surfaces / chopping boards (58%), similar levels to the previous wave. The proportion of respondents reporting 'cooking food thoroughly' varied between different groups of people, particularly between:

- Those aware of the FSA (80%) compared to those not aware of the FSA (59%).
- Those in social grade AB (83%) compared to those in social grades C1 (71%) and DE (71%).
- Those in Northern Ireland (86%) compared to those in England (75%).

Perceived activities to help avoid food poisoning (November 2017 – May 2018)





Allergens – Awareness and Attitudes

Awareness of rules about allergens

Q9a. Are you aware of the rules about allergens? By rules we mean any information rule, regulation or legislation introduced relevant to this subject.

- Yes (please specify the rule(s) you are aware of)
- No
- Not sure

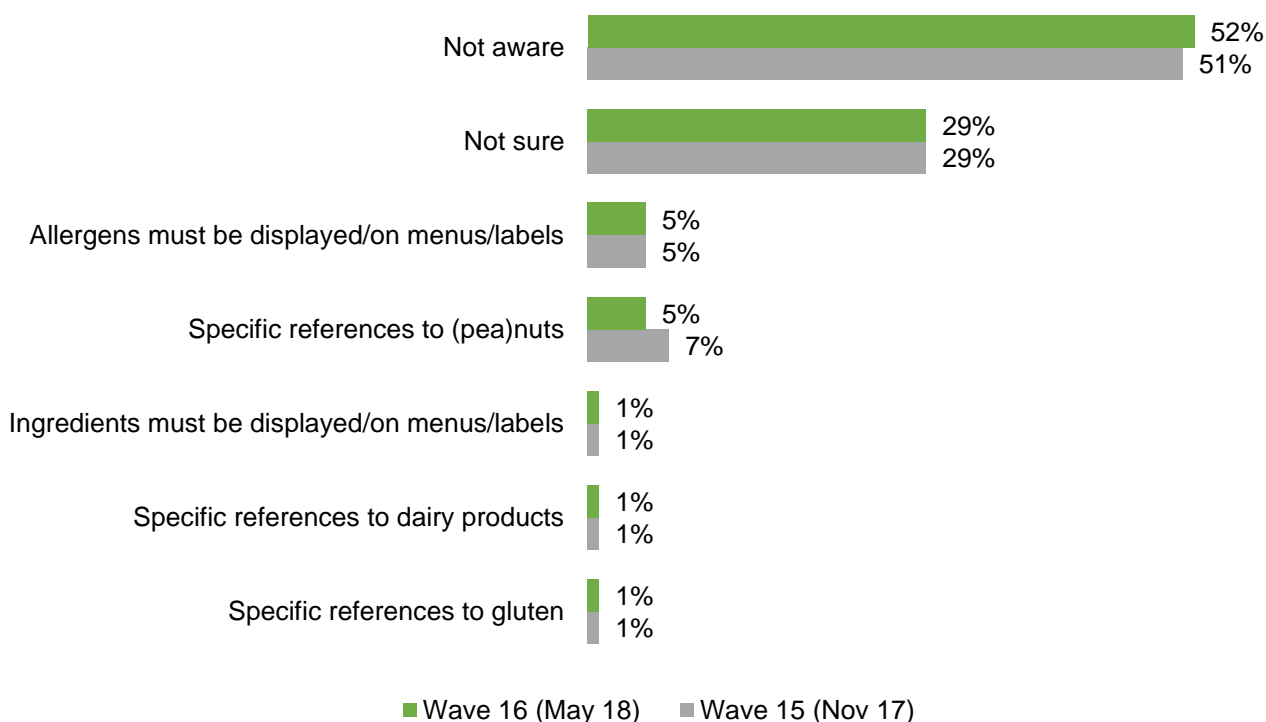
When asked about rules, regulations or legislation around allergens, 17% of respondents were aware of and able to specify a rule.

The most commonly mentioned allergen rules were references to peanuts (5%) and that allergens must be displayed / on menus / labels (5%).

52% of respondents were not aware of any rules about allergens, and 29% were not sure. The proportion of respondents reportedly not aware of any rules varied between groups of people, particularly between:

- Those aged 66+ (59%) and 16–25 (55%) compared to those aged 36–49 (46%).

Awareness of rules about allergens (November 2017 – May 2018)



Incidence of allergens

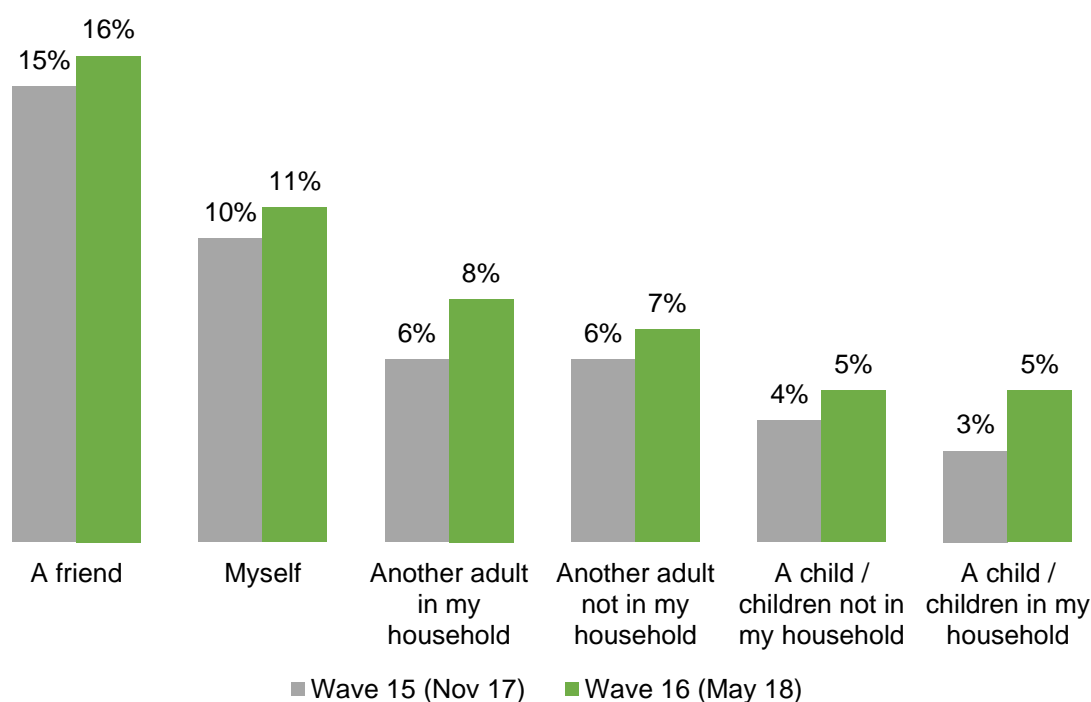
Q9b. Do you or anyone that you regularly eat out with or buy food/drink for, have food allergies or intolerances, based on the definitions below...

- Food intolerance (People with food intolerance experience symptoms such as diarrhoea and stomach cramps caused by difficulties in digesting certain substances. However, no allergic reaction takes place)
- Food allergy that has been medically diagnosed by a doctor (A food allergy is when the body's immune system reacts unusually to specific foods. Allergic reactions are often mild, but they can sometimes be very serious)
- Both a food allergy and a food intolerance
- None of these

Respondents asked the above in relation to themselves, another adult in household, children in household, children not in household (e.g. if children live elsewhere), another adult not in household (e.g. if the respondent cares for an adult who lives elsewhere, or a partner that does not live with them) and a friend.

11% of respondents reported having a food intolerance and/or allergy, with 6% reporting a food intolerance, 4% with an allergy diagnosis, and 1% with both.

Incidence of any food intolerance and / or allergy (November 2017 – May 2018)



Confidence in asking for allergen information

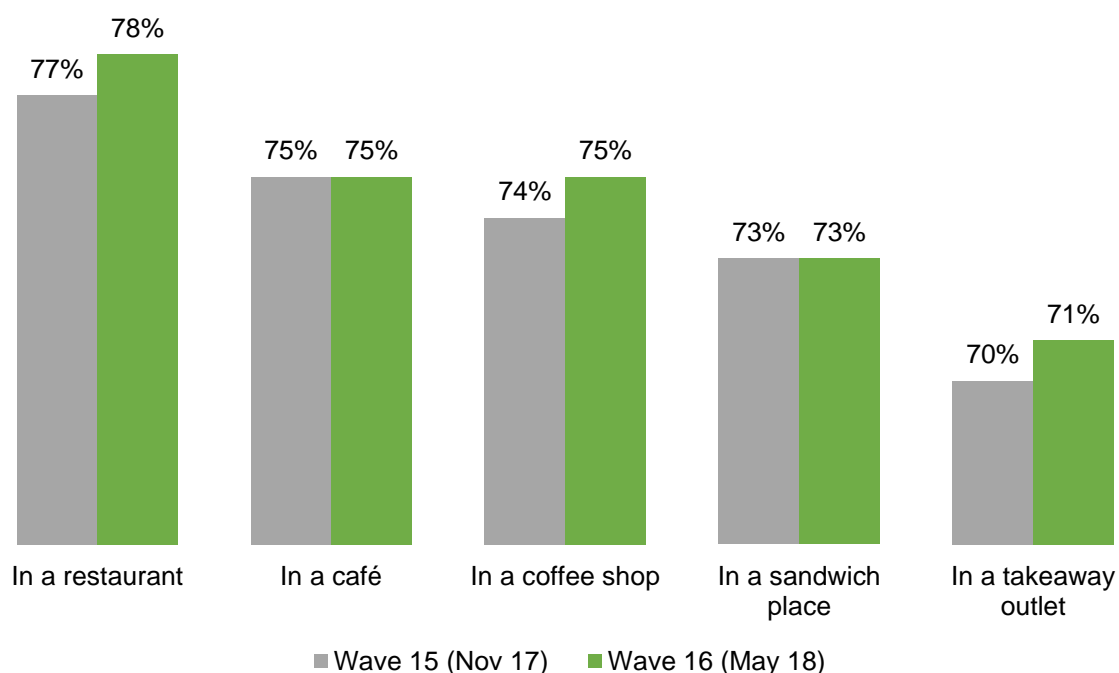
Q9c. Thinking specifically about eating out and buying food to eat, for example, from a coffee shop, restaurant, café, sandwich place, takeaway outlet etc., how confident would you feel in asking a member of staff for information about the ingredients in the foods they are selling, because of a concern about possible allergens/food intolerances?...

Respondents are asked to rate the following outlets on a scale of one to five, from 'not at all confident' to 'very confident':

- In a coffee shop
- In a café
- In a sandwich place
- In a takeaway outlet
- In a restaurant

The majority of respondents (71%-78%) reported feeling confident²⁰ to ask a member of staff for information about ingredients in food because of a concern about possible allergen / food intolerances. There was little differentiation in levels of confidence in asking between food outlet types.

Confidence in asking for information between outlet types (November 2017 – May 2018)



²⁰ Refers to the net proportion of respondents who report feeling either 'somewhat confident' or 'very confident'.

Confidence in asking for information in a restaurant varied between groups of people, particularly between:

- Those in Northern Ireland (93%) compared to those in Wales (83%) and England (77%).
- Those aged 16-25 (84%) compared to those aged 66+ (72%).

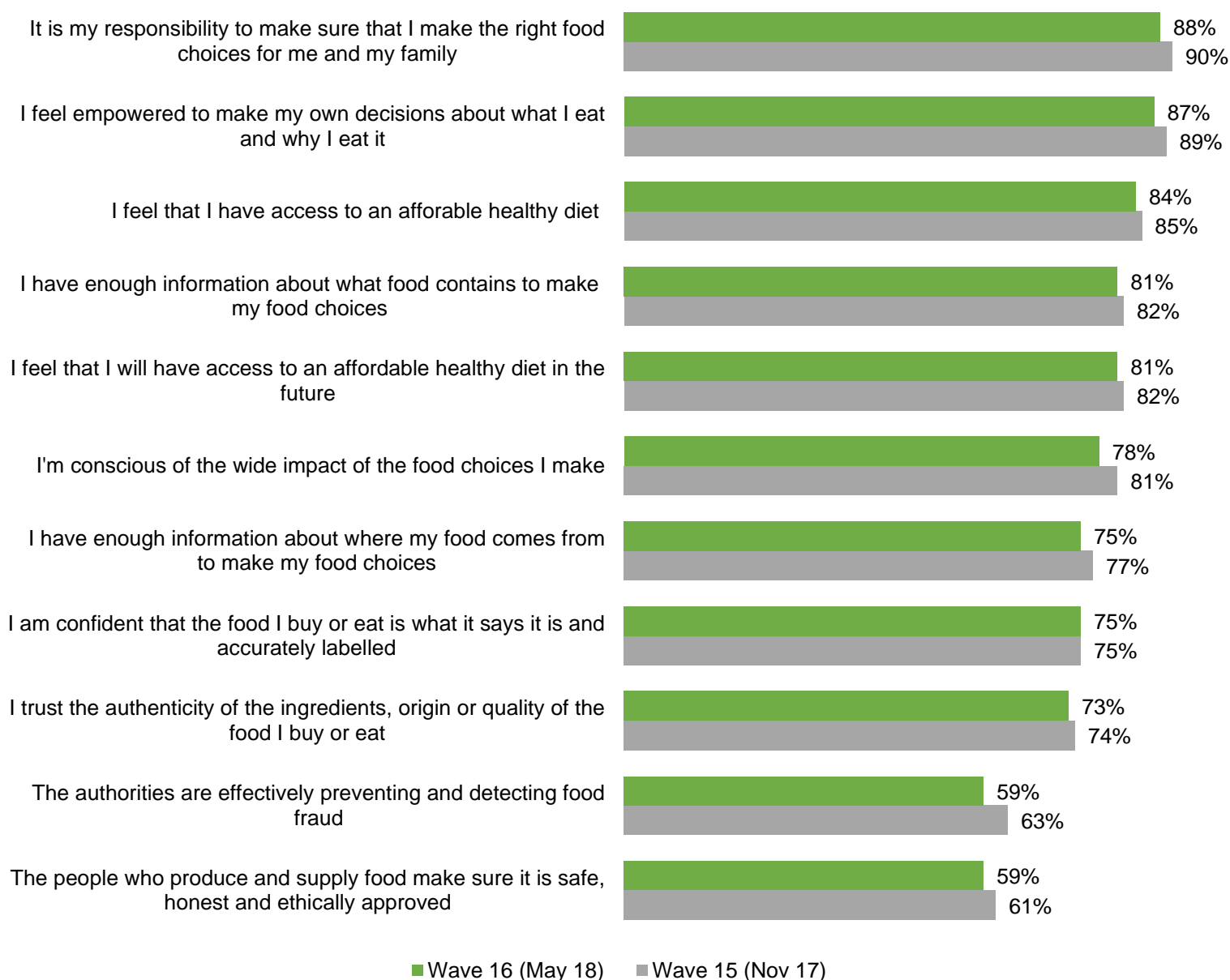
Food production, sale and labelling

Attitudes towards food production, sale and labelling

Q33. We are interested in your views about how food is produced, sold and labelled; basically everything that happens to food on the way to your table. How much do you agree or disagree with the following statements....

Respondents are asked to rate agreement with the following statements (see chart below) on a scale of one to five, from 'strongly agree' to 'strongly disagree'.

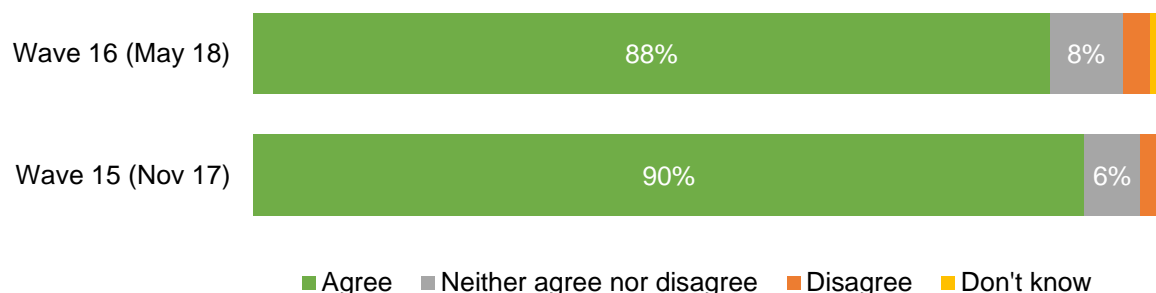
There were high levels of agreement for all statements, particularly around responsibility and empowerment. Agreement for the majority of statements has decreased slightly from the previous wave.



“It is my responsibility to make sure that I make the right food choices for me and my family” (November 2017 – May 2018)

Agreement varied between different groups of people, particularly between:

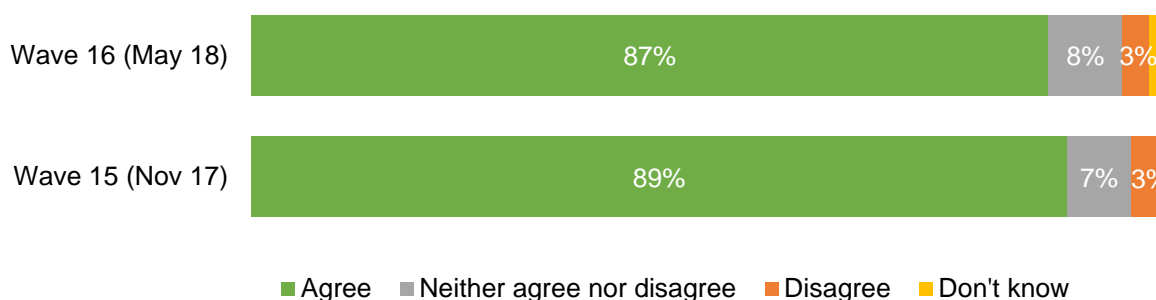
- Those in Northern Ireland (95%) compared to those in Wales (81%).



“I feel empowered to make my own decisions about what I eat and why I eat it” (November 2017 – May 2018)

Agreement varied between groups of people, particularly between:

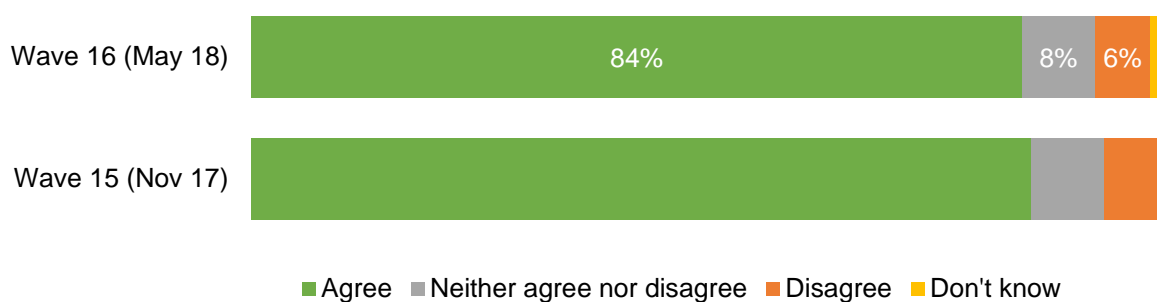
- Those in Northern Ireland (96%) compared to those in England (86%).



“I feel that I have access to an affordable healthy diet” (November 2017 – May 2018)

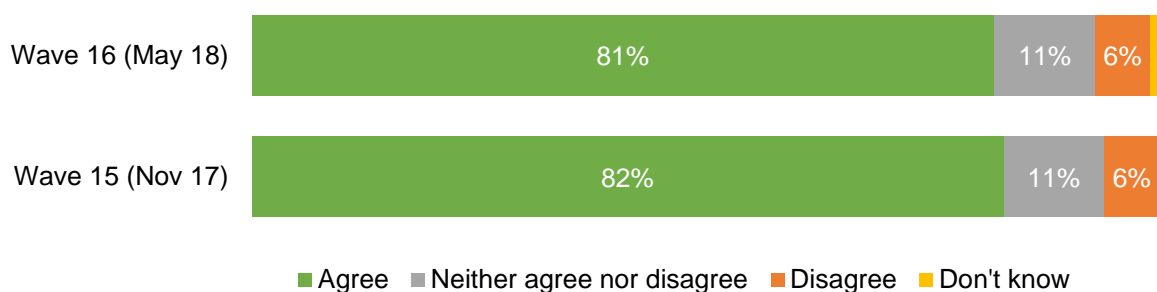
Agreement varied between groups of people, particularly between:

- Those in social grade AB (91%) compared to those in social grade DE (79%).
- Those in Northern Ireland (93%) compared to those in England (83%).



“I have enough information about what food contains to make my food choices” (November 2017 – May 2018)

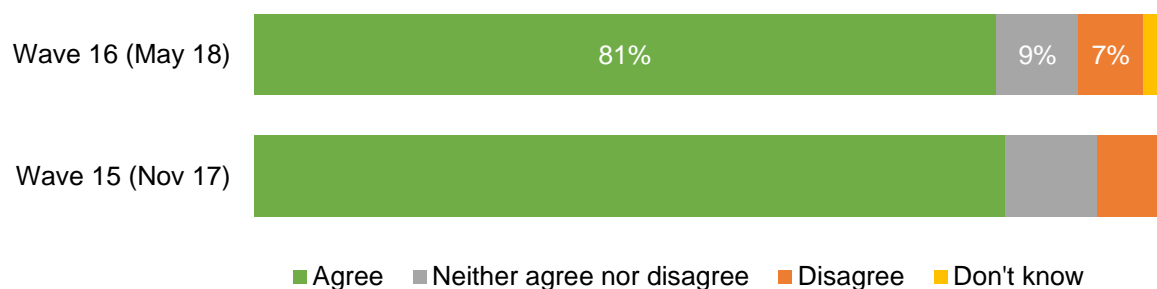
Agreement did not vary between groups of people.



“I feel that I will have access to an affordable healthy diet in the future” (November 2017 – May 2018)

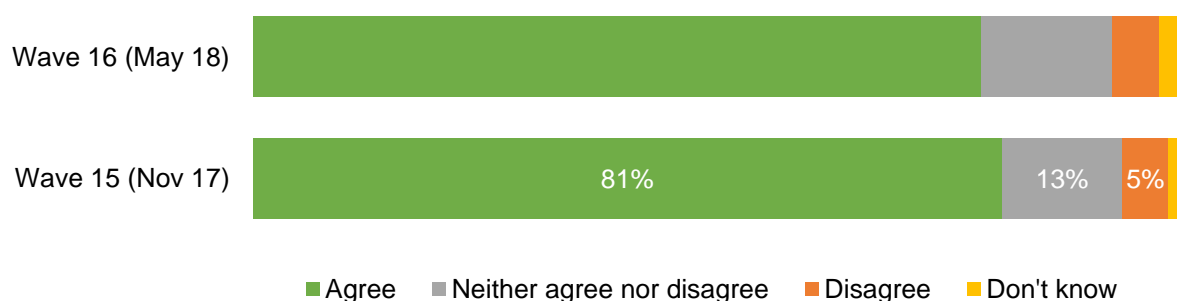
Agreement varied between groups of people, particularly between:

- Those in Northern Ireland (93%) compared to those in Wales (83%) and England (81%).
- Those in social grade AB (87%) compared to those in social grade DE (76%).



“I'm conscious of the wider impact of the food choices I make” (November 2017 – May 2018)

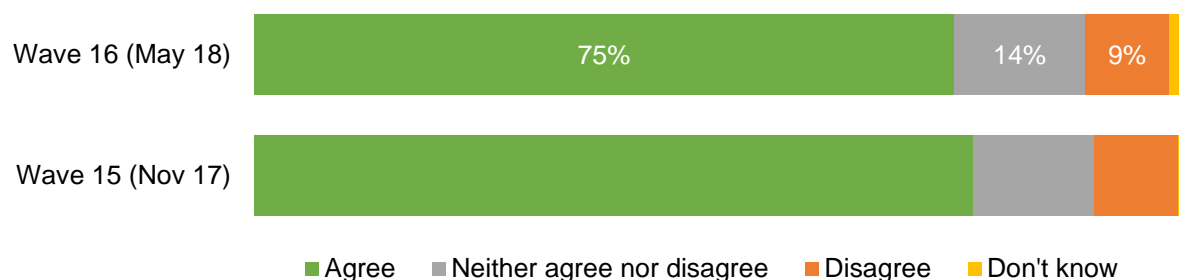
Agreement did not vary between groups of people.



“I have enough information about where my food comes from to make my food choices” (November 2017 – May 2018)

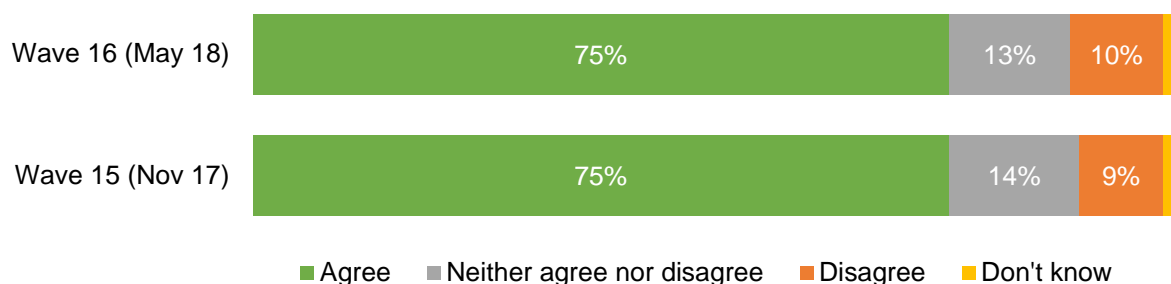
Agreement varied between groups of people, particularly between:

- Those in Northern Ireland (88%) compared to those in England (74%).



“I am confident that the food I buy or eat is what it says it is and accurately labelled” (November 2017 – May 2018)

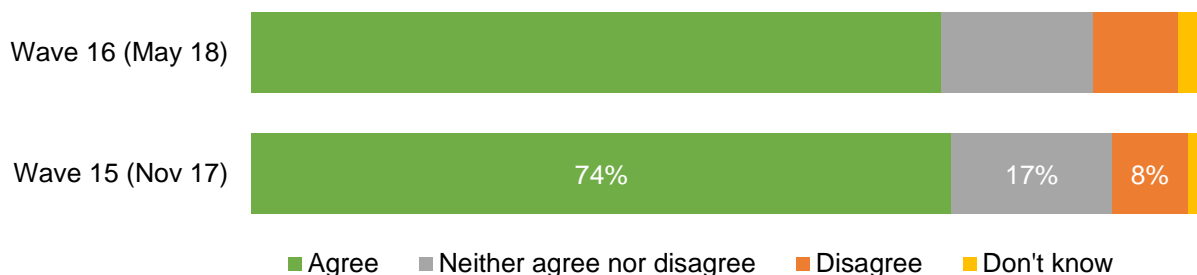
Agreement did not vary between groups of people.



“I trust the authenticity of the ingredients, origin or quality of the food I buy or eat” (November 2017 – May 2018)

Agreement varied between groups of people, particularly between:

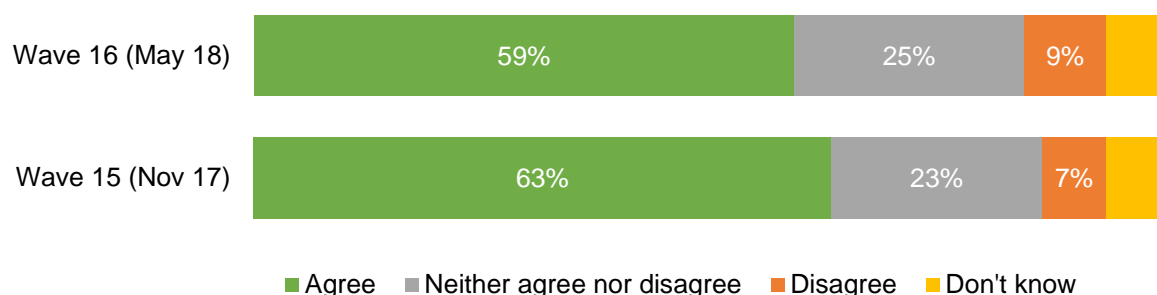
- Those in Northern Ireland (85%) compared to those in England (71%).



***“The authorities are effectively preventing and detecting food fraud (By that we mean any dishonest misdescription of products, or selling of unfit or harmful food)”
(November 2017 – May 2018)***

Agreement varied between groups of people, particularly between:

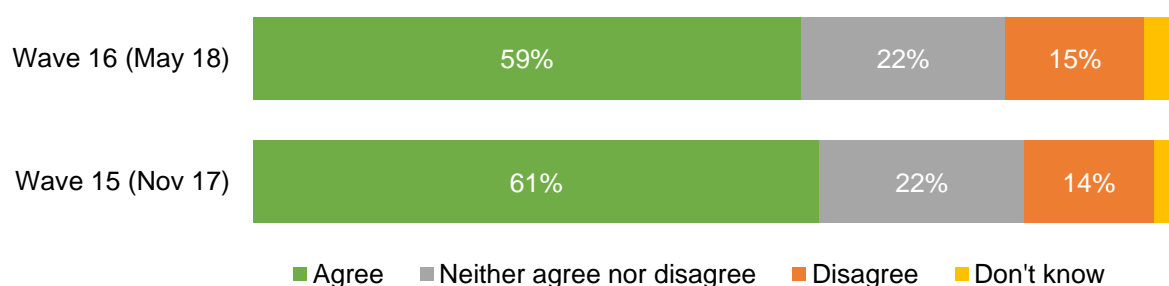
- Those in Northern Ireland (77%) compared to those in England (58%).



“The people who produce and supply food make sure it is safe, honest and ethically approved” (November 2017 – May 2018)

Agreement varied between groups of people, particularly between:

- Those in Northern Ireland (87%) compared to those in Wales (63%) and England (57%).
- Those in social grade DE (64%) compared to those in social grade AB (54%).



Conclusion

Overall, most Wave 16 findings have been fairly consistent with previous waves



The top food safety issues of concern were food hygiene when eating out (33%), chemicals from the environment (30%), food additives (29%), and food poisoning (28%). This is fairly consistent with the previous wave, but food poisoning has been replaced by chemicals from the environment and food additives in the top four concerns. Although concern for these issues has tended to fluctuate across waves, concern about food hygiene when eating out has always remained the top food safety issue of concern.



The top wider food issues of concern were the amount of sugar in food (55%), food waste (51%), food prices (43%), and animal welfare (42%). Concern about sugar has increased more than concern about any other issue, from 39% at Wave 1 to 55% at Wave 16 (+16%). Concern about food prices has tended to fluctuate (40%-63%), and has shown the greatest decrease, from 53% at Wave 1 to 43% at Wave 16.



45% of respondents reported concern about food safety in **UK restaurants, pubs, cafes and takeaways**. 43% of respondents reported concern about food safety in **UK shops and supermarkets**.



82% of respondents reported being **aware of the hygiene standards in places they eat out at or buy food from**. The main ways these respondents were aware of hygiene standards were via hygiene stickers/certificates (61%) and the general appearance of premises (61%). (N.B. after Wave 13, the two response options 'Hygiene sticker' and 'Hygiene certificate' were combined into one response option 'Hygiene sticker / certificate'. Refer to the History section for more information). Awareness of hygiene standards via hygiene stickers/certificates has risen more than for any other issue, from 33% at Wave 1 to 61% at Wave 16 (+28%).



79% of respondents reported being **aware of the FSA**, similar to previous waves. 67% of those aware of the FSA reported knowing some, or a lot of, information about the FSA, and 48% of respondents reported that they thought a "government department" best describes the FSA.

The main issue that the 79% of people aware of the FSA **thought the FSA was responsible for** was ensuring food bought is safe to eat (89%), followed by date labelling (62%), and nutrition labelling (59%), similar to the previous wave.

Regarding **perceptions of the FSA**, 68% of respondents agreed that the FSA is working on their behalf, 64% of respondents agreed that the FSA is fighting food fraud, and 53% of respondents agreed that the FSA is open and honest.

Of the 79% of people aware of the FSA, 69% **trusted the FSA to do its job**.

Of those aware of the FSA, 64% agreed that the **FSA tell the truth in the information they provide**. Agreement varied between those in Northern Ireland (74%) compared to those in England (63%).



72% of respondents reported not always feeling **confident²¹ in food labelling**. Issues surrounding confidence in food labelling included: people not believing the ingredient information on labels / menus as correct (10%); the horse meat scandal (5%); and being deliberately misled (3%). However, 50% of people **took no action** on this.



The most commonly **known types of food poisoning** were salmonella (91%) and E-coli (85%). The most reported perceived source of food poisoning was raw chicken or turkey (79%). 76% of people reported cooking food thoroughly as a **prevention activity**. Those aware of the FSA were far more likely to be aware of prevention activities (e.g. 80% mentioned cooking food thoroughly vs. 59% among those unaware of FSA).



17% of people were **aware of, and able to specify, rules about allergens**. The youngest (16-25) and oldest (66+) age groups had lowest levels of knowledge around this, with 55% and 59% respectively not knowing any rules about allergens. 11% of respondents reported **having a food intolerance and/or allergy**.



Most of the respondents (71%-78%) reported feeling **confident to ask a member of staff for ingredient information** due to concern about possible allergen / food intolerances. Those in Northern Ireland felt more

²¹ Figure based on net proportion of respondents who reported feeling confident 'most of the time', 'some of the time', 'rarely', 'never' and 'don't know' throughout the report.

confident (93%) in doing so than those in Wales (83%) and England (77%). Confidence in asking in Wales has increased since the previous wave (+20%).

88% of people agreed that **it is their responsibility to make the right food choices for themselves and their family**. 87% of people **felt empowered to make their own decisions about what they eat and why**. 84% of people **felt they have access to a healthy diet**. This was similar to the previous wave.

A few general trends over time (Waves 1 – 16) were found for variations between groups of people. These do not apply to all questions, but highlight some of the biggest variations overall in terms of concern:

- Those in Northern Ireland have tended to be more concerned than people in England and Wales.
- People in higher social grades (AB) have tended to be more aware and concerned than people in lower social grades (DE).
- Those in the youngest age bracket (16-25) have tended to be less concerned about food issues than those in the older age brackets.

Annex A: Food issues not in the main report

These issues are covered here rather in the main report, for example because they are not reported in the top reported issues of concern at this wave.

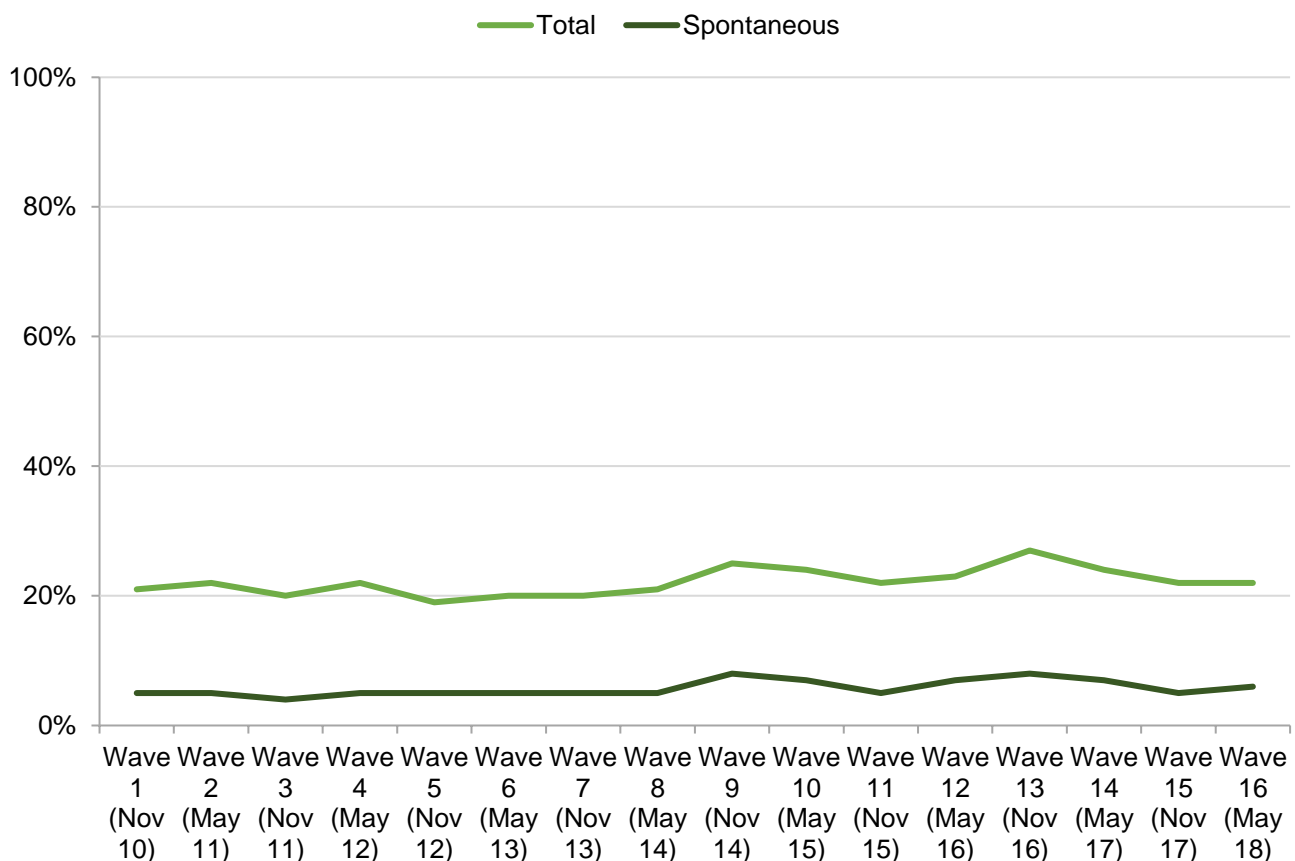


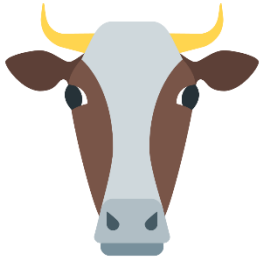
GM food

At Wave 16, 22% of respondents reported concern about GM food. Concern varied between groups of people, particularly between:

- Those in social grade AB (29%) compared to those in social grades C2 (19%) and DE (16%).

Concern about GM food (November 2010 – May 2018)



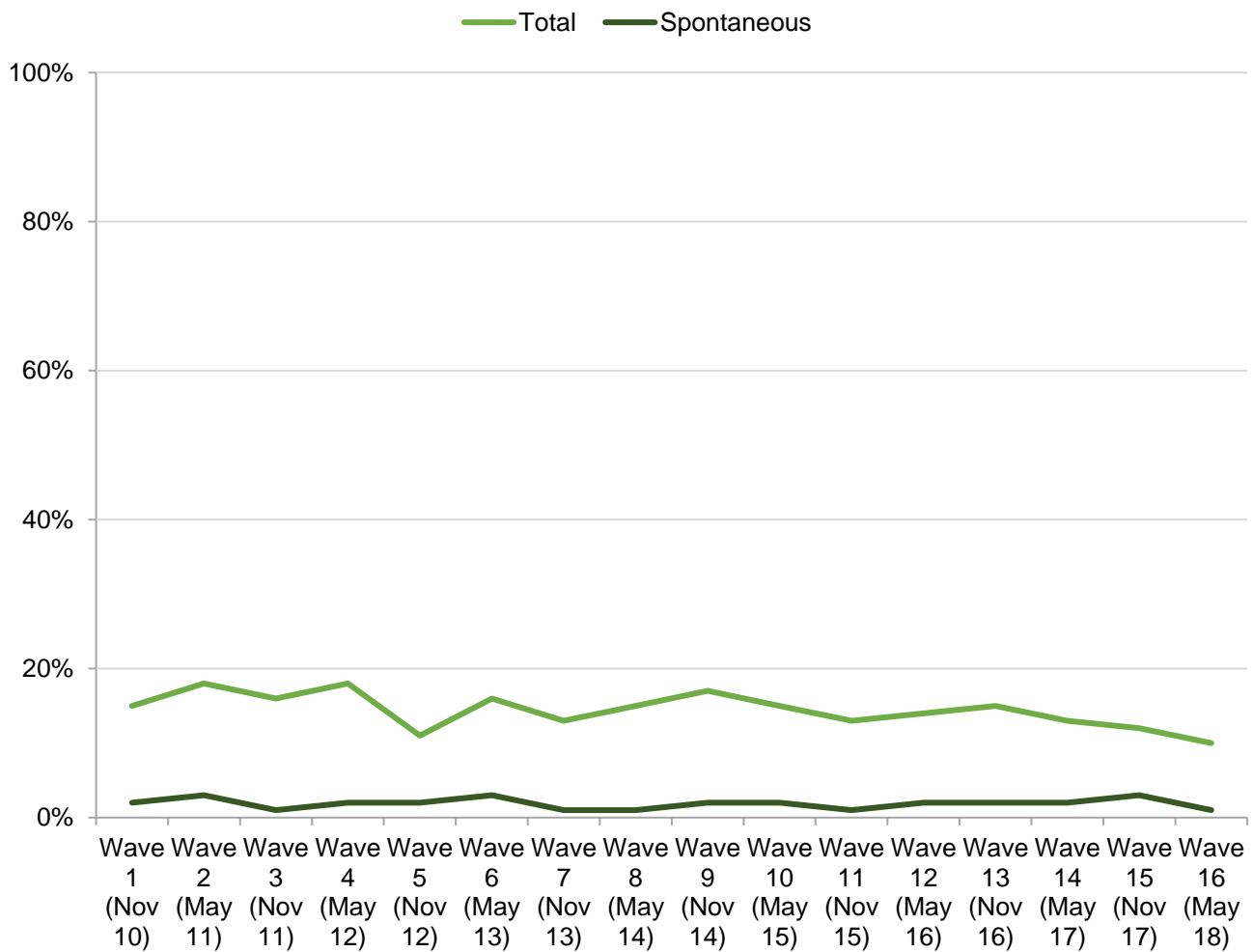


BSE

At Wave 16, 10% of respondents reported concern about BSE. Concern varied between groups of people, particularly between:

- Those in Northern Ireland (20%) compared to those in England (9%).

Concern about BSE (November 2010 – May 2018)



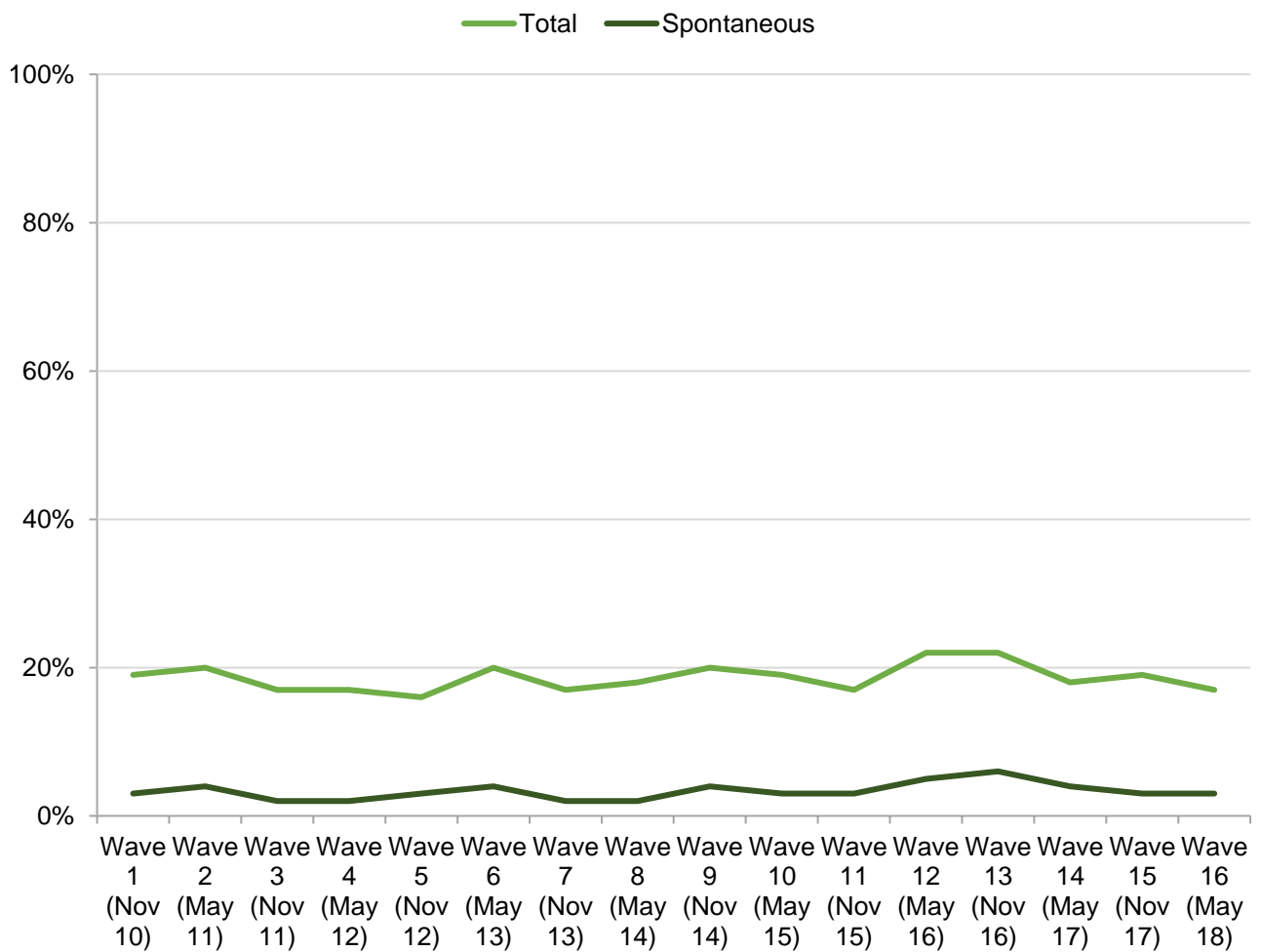


Feed given to livestock

At Wave 16, 17% of respondents reported concern about feed given to livestock. Concern varied between groups of people, particularly between:

- Those in social grade AB (25%) and those in social grades DE (14%) and C2 (12%).

Concern about feed given to livestock (November 2010 – May 2018)



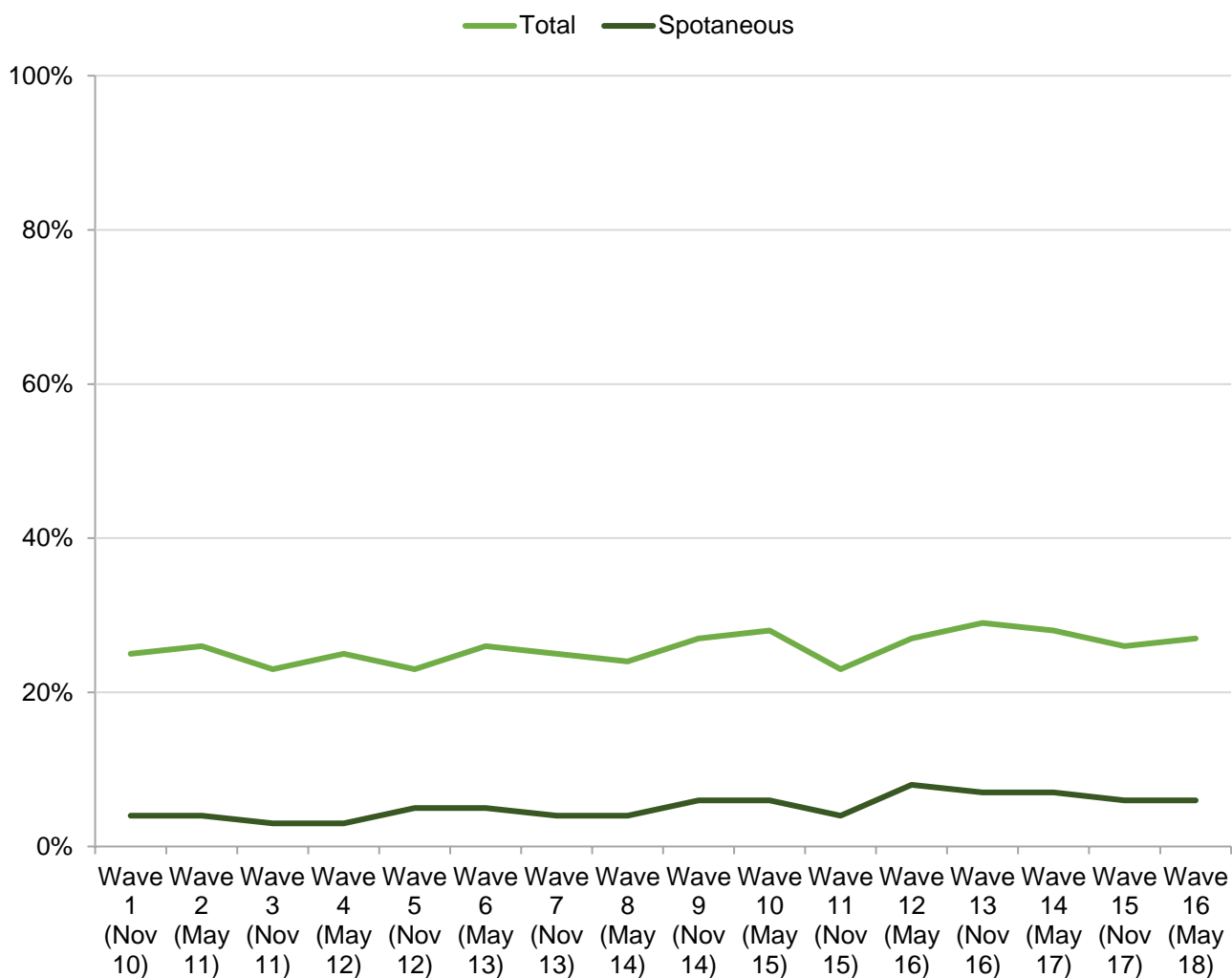


Pesticides

At Wave 16, 27% of respondents reported concern about pesticides. Concern varied between groups of people, particularly between:

- Those in social grade AB (41%) compared to those in social grades C1 (28%), C2 (21%), and DE (20%).

Concern about the use of pesticides in food (November 2010 – May 2018)



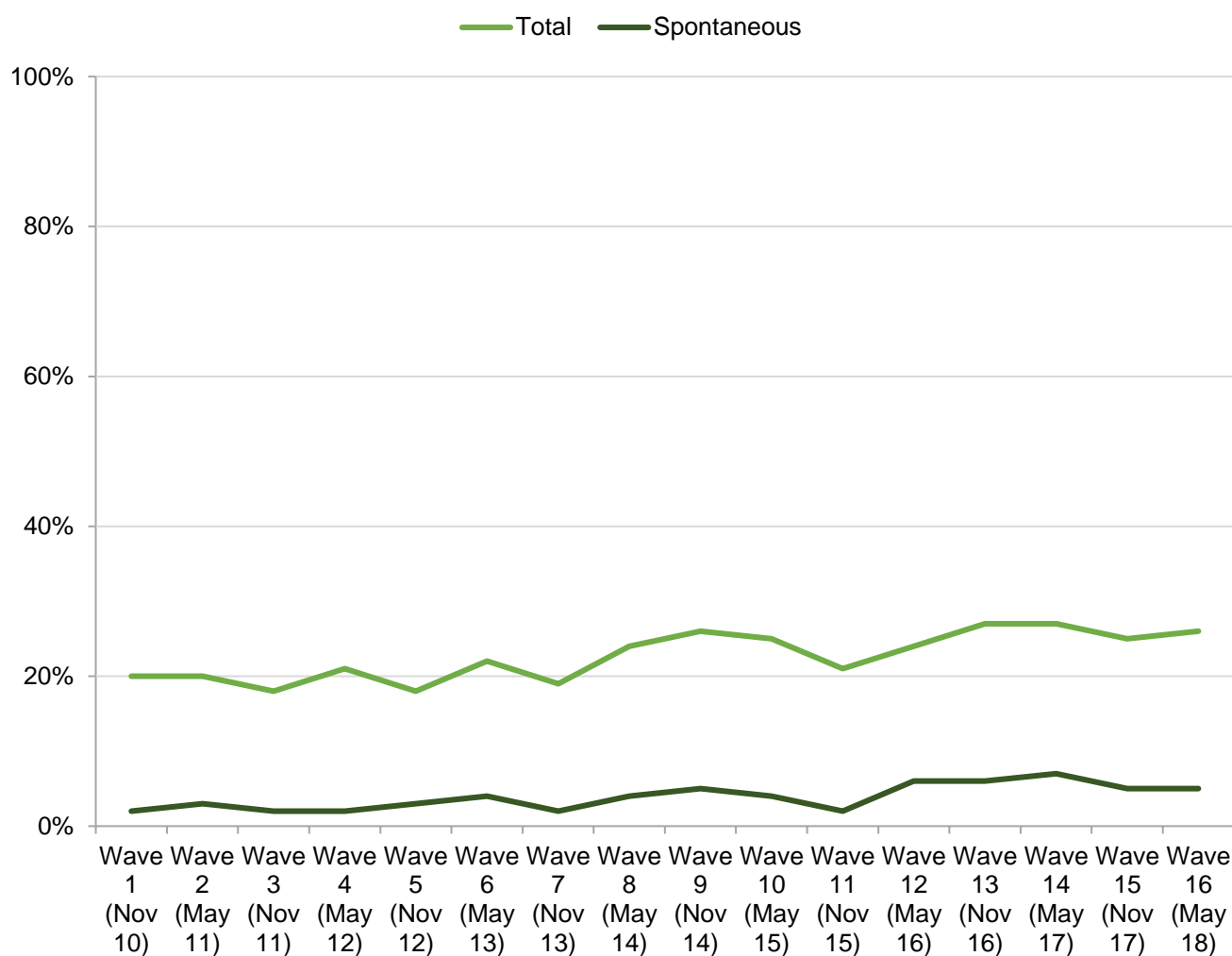


Hormones / steroids / antibiotics

At Wave 16, 26% of respondents reported concern about the use of hormones / steroids / antibiotics in food. Concern varied between groups of people, particularly between:

- Those in social grade AB (41%) compared to those in social grades C1 (27%), C2 (22%), and DE (18%).

Concern about hormones / steroids / antibiotics in food (November 2010 – May 2018)



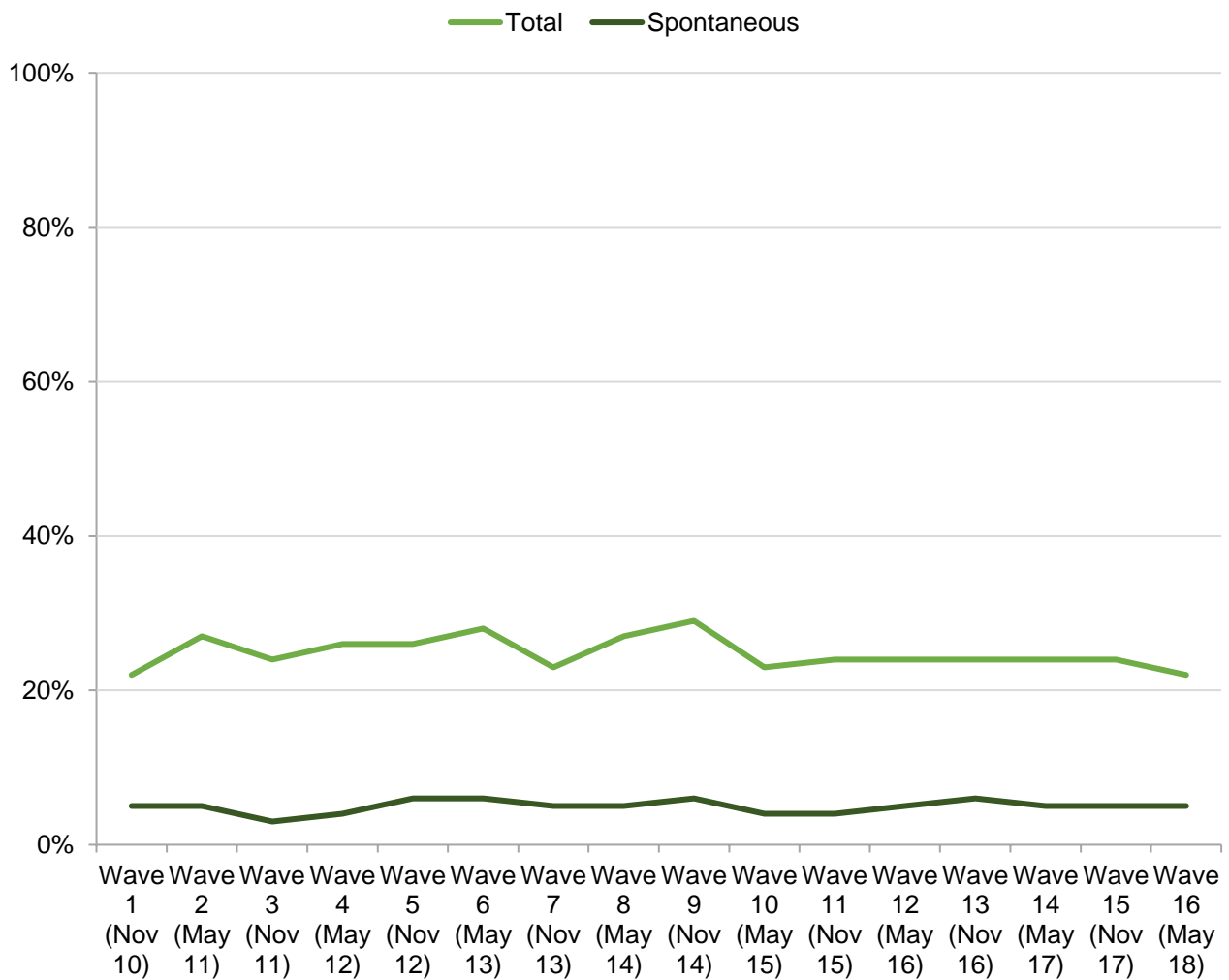


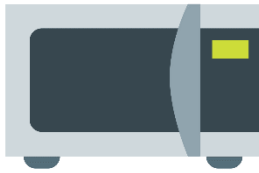
Date labels

At Wave 16, 22% of respondents reported concern about date labels such as “best before” and “use by” labels. Concern varied between groups of people, particularly between:

- Those aged 16-25 (13%) compared to all other age groups (23%-26%).

Concern about date labels (November 2010 – May 2018)



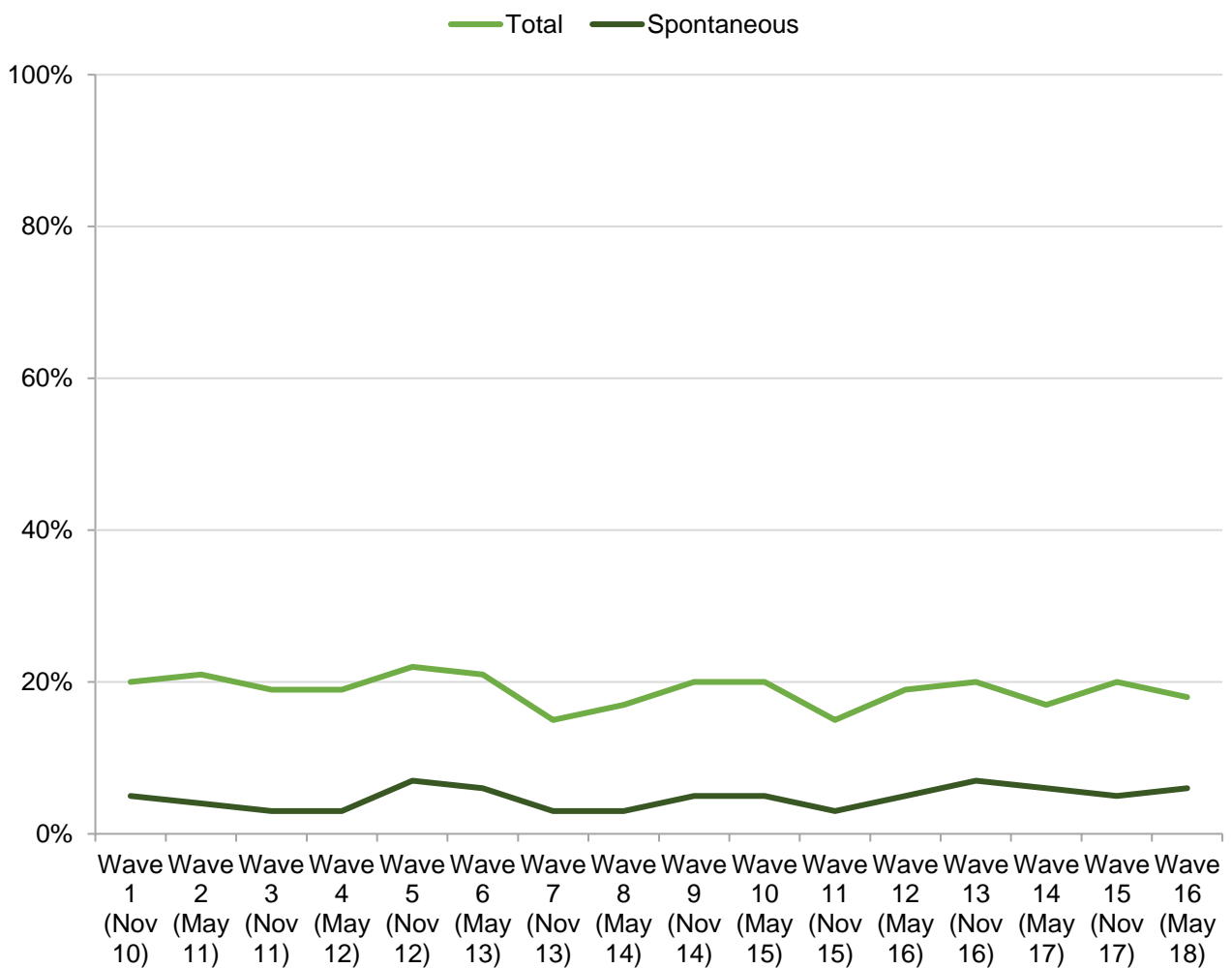


Food hygiene at home

At Wave 16, 18% of respondents reported concern about food hygiene at home. Concern varied between groups of people, particularly between:

- Those in England (19%) compared to those in Northern Ireland (8%).

Concern about food hygiene at home (November 2010 – May 2018)



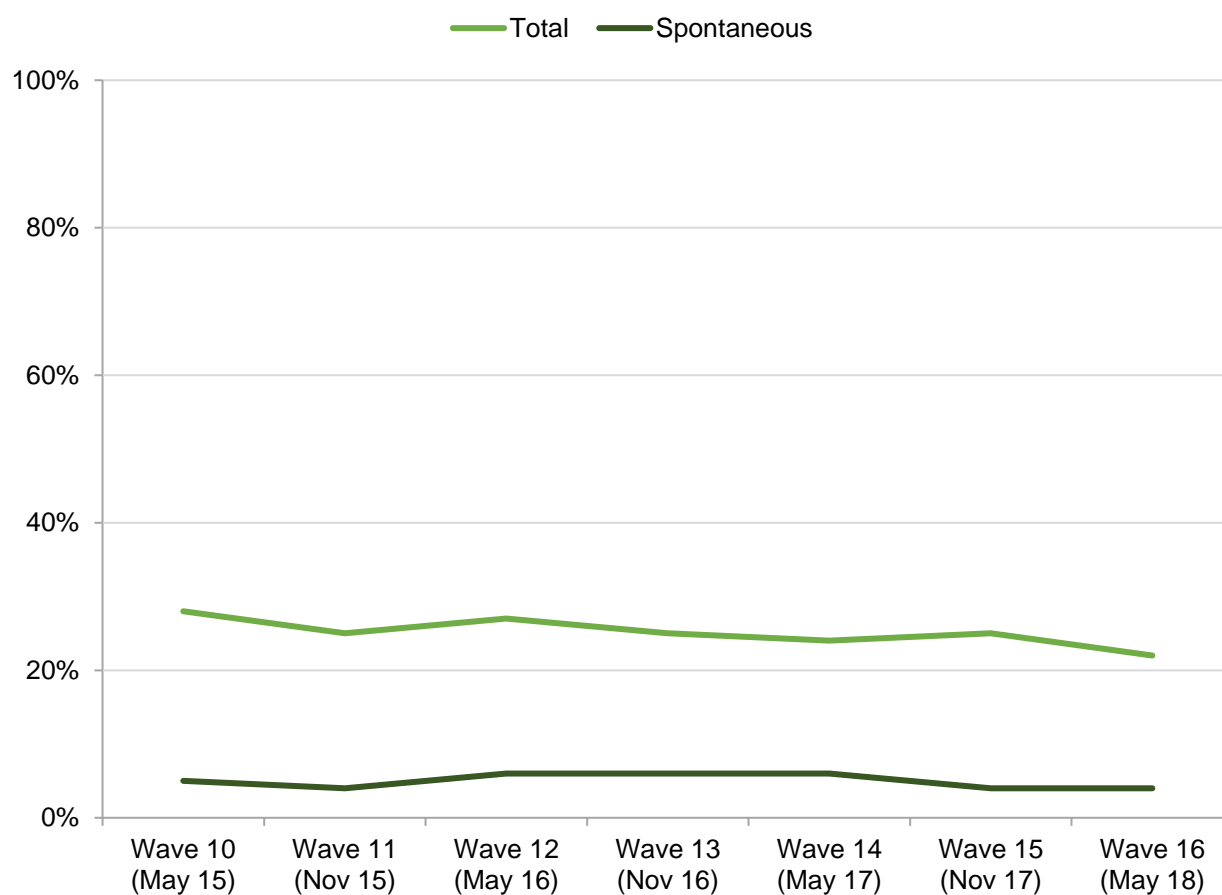


Food not being what the label says it is

At Wave 16, 22% of respondents reported concern about food not being what it says it is on the label. (N.B. At Wave 10 a new response option 'Food not being what the label says it is' was added to questions 1a and 1b). Concern varied between groups of people, particularly between:

- Those in social grade AB (28%) compared to those in social grades C2 (18%) and DE (18%).

Concern about food not being what the label says it is (May 2015 – May 2018)





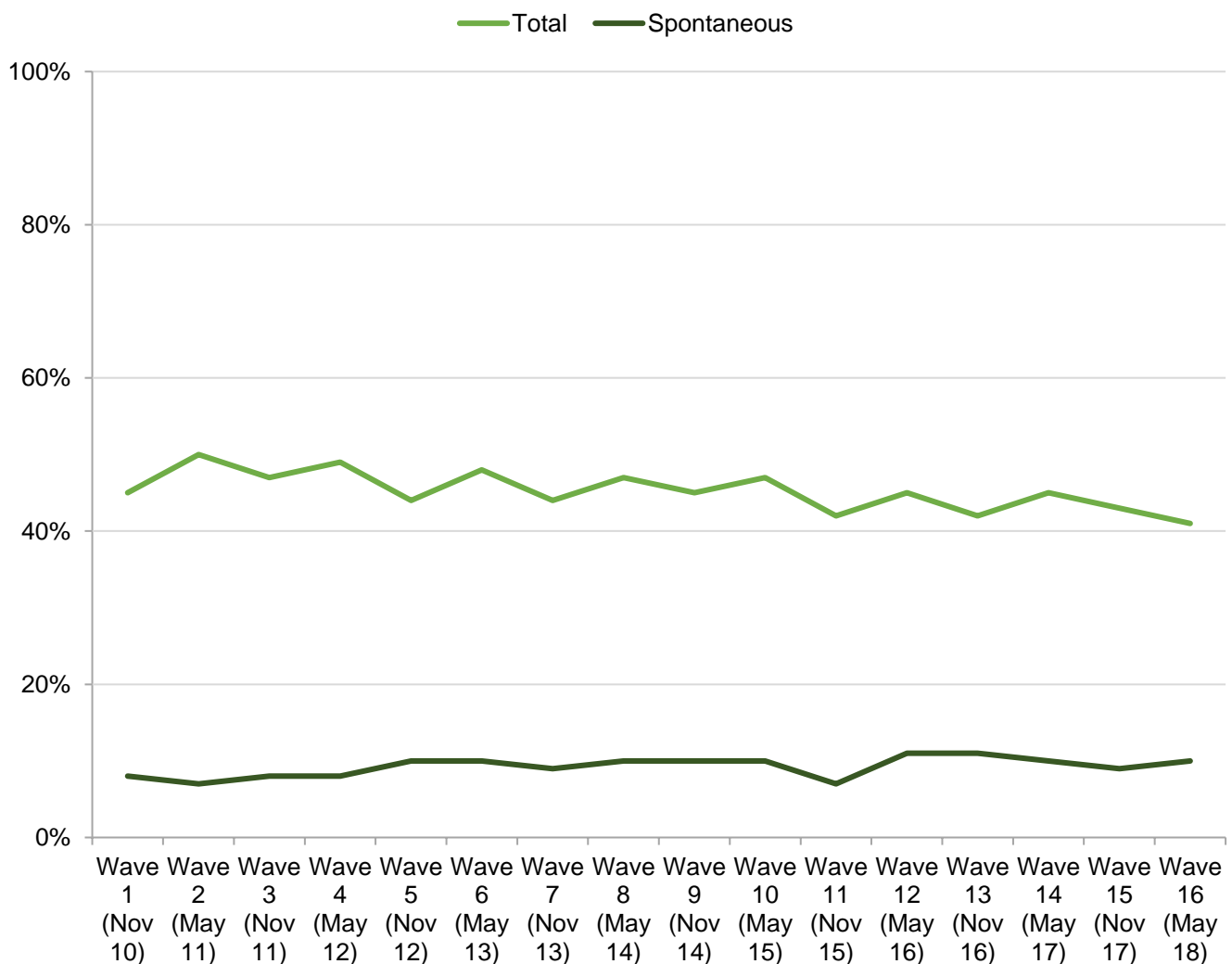
The amount of salt in food

At Wave 16, 41% of respondents reported concern about the amount of salt in food.

Concern varied between groups of people, particularly between:

- Those aged 16-25 (21%) compared to all other age groups (41%-50%).
- Those in social grade AB (53%) compared to all other groups (36%-42%).

Concern about the amount of salt in food (November 2010 – May 2018)



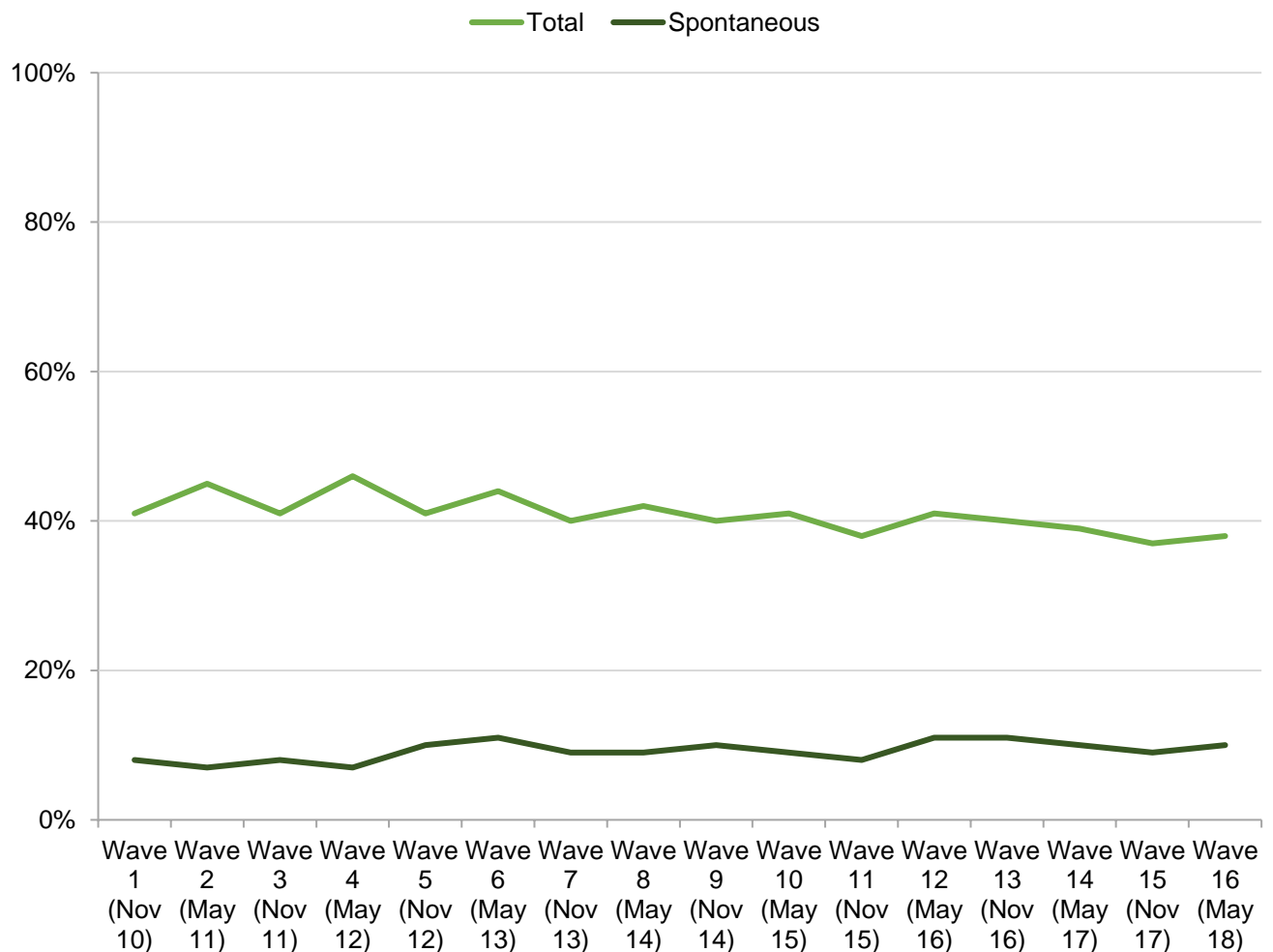


The amount of fat in food

At Wave 16, 38% of respondents reported concern about the amount of fat in food. Concern varied between groups of people, particularly between:

- Those aged 16-25 (21%) compared to all other age groups (39%-45%).
- Principal shoppers (41%) compared to those who are not (27%).

Concern about the amount of fat in food (November 2010 – May 2018)



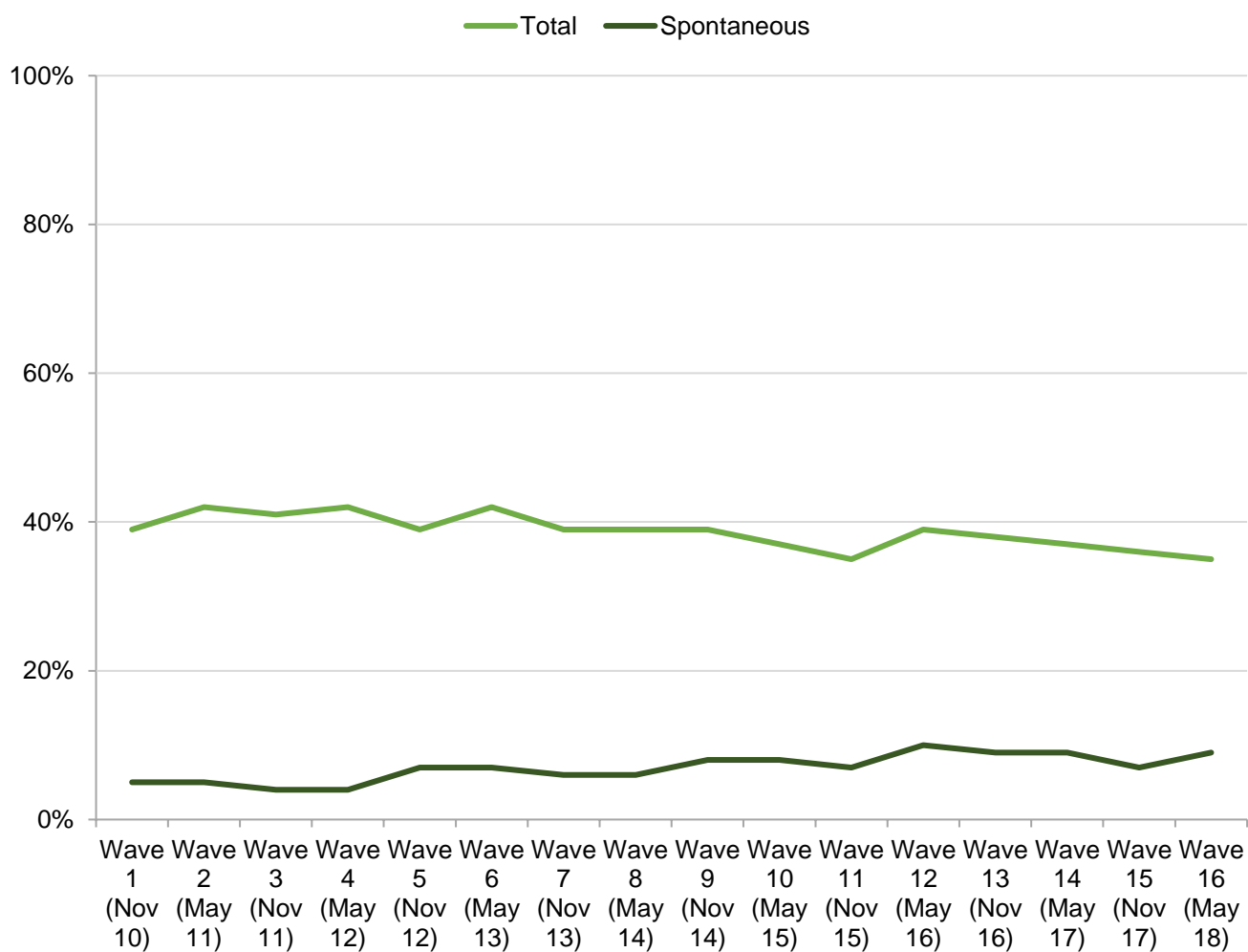


The amount of saturated fat in food

At Wave 16, 35% of respondents reported concern about the amount of saturated fat in food. Concern varied between groups of people, particularly between:

- Those aged 16-25 (20%) compared to all other age groups (35%-42%).
- Those in social grade AB (43%) compared to those in C2 and DE (29%-31%).

Concern about saturated fat in food (November 2010 – May 2018)



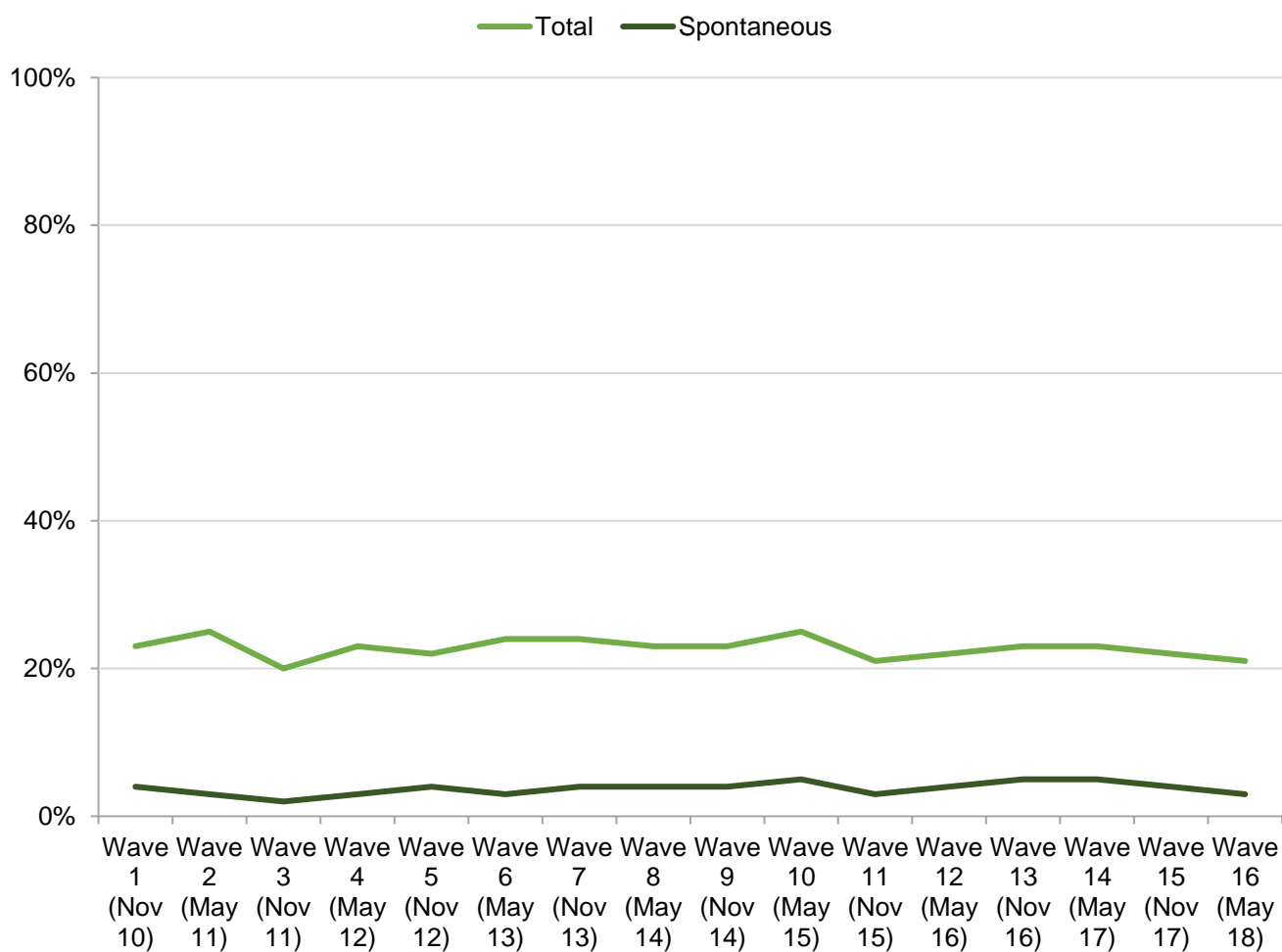


Food miles

At Wave 16, 21% of respondents reported concern about food miles. Concern varied between groups of people, particularly between:

- Those in social grade AB (32%) compared to those in social grades C2 and DE (16%).
- Those aged 50-65 (29%) compared to those aged 16-35 (14%-16%).

Concern about food miles (November 2010 – May 2018)



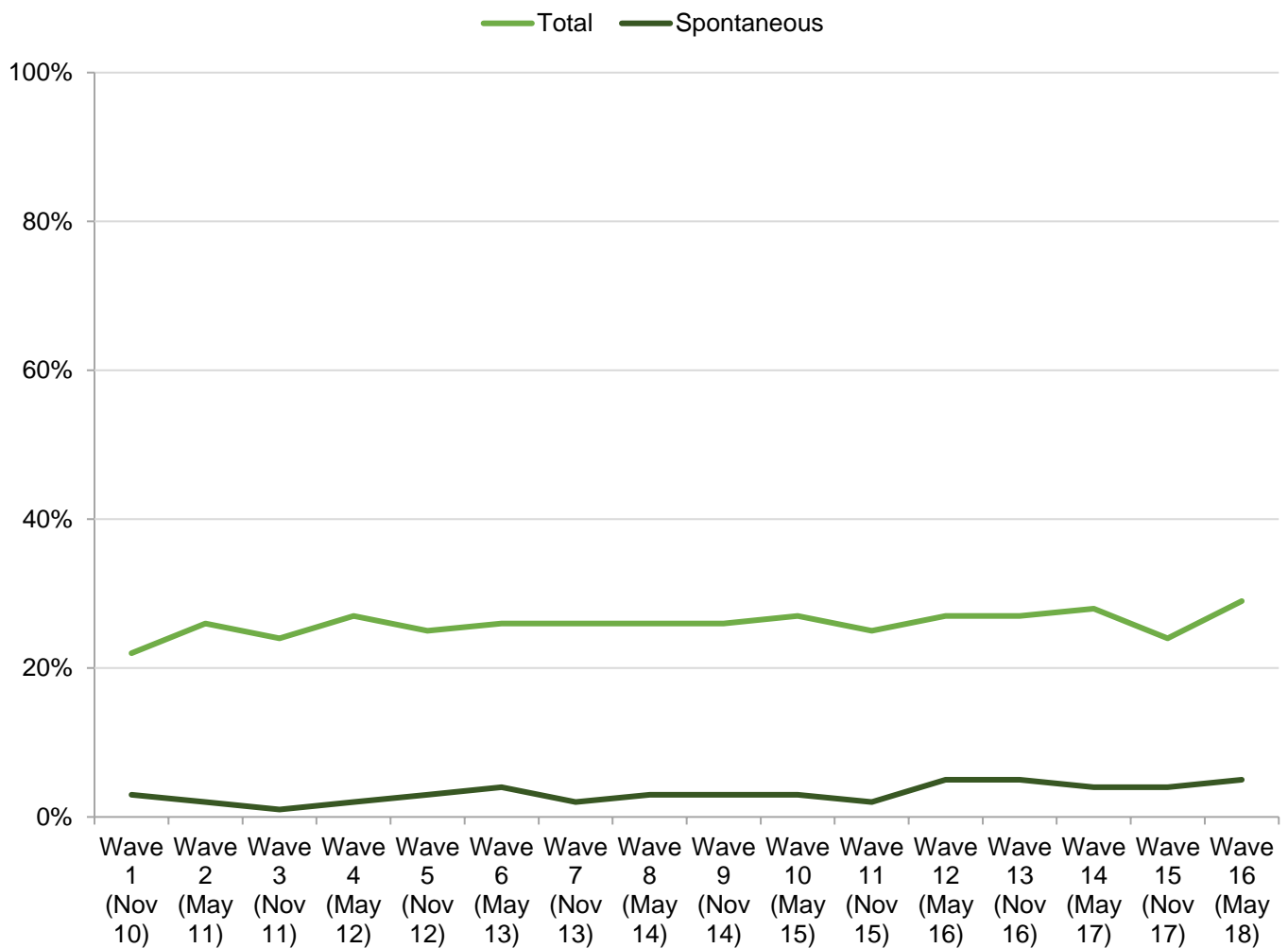


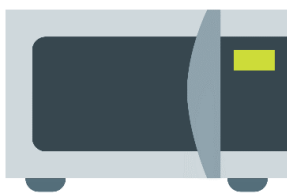
Foods aimed at children

At Wave 16, 29% of respondents reported concern about foods aimed at children. Concern varied between groups of people, particularly between:

- Those in social grade AB (44%) compared to all other groups (19%-33%).
- Those with children in the household (41%) compared to those without children in the household (24%).
- Those in Northern Ireland (41%) compared to those in England (29%) and Wales (25%).

Concern about foods aimed at children (November 2010 – May 2018)



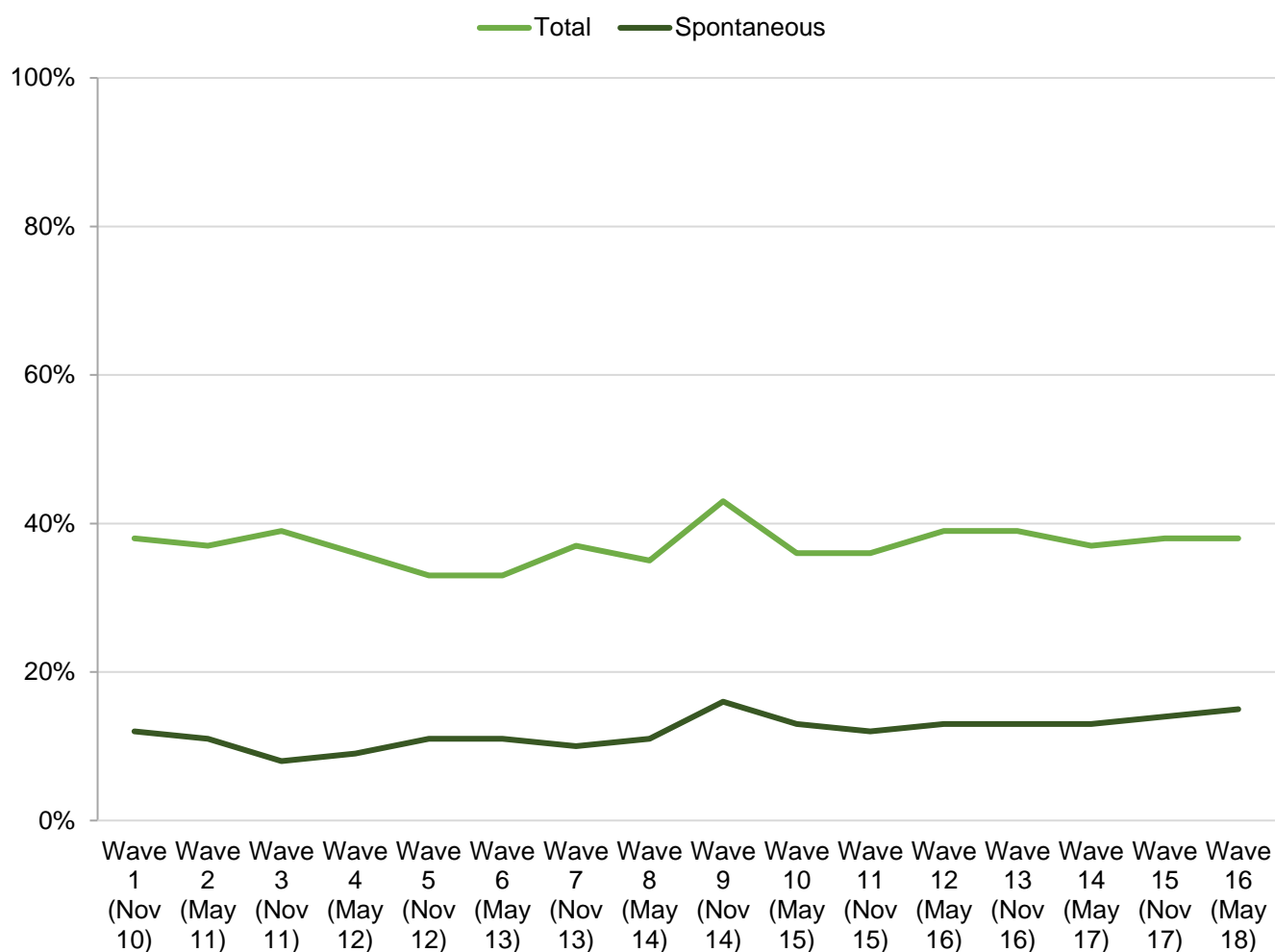


Promoting food safety in the home

At Wave 16, 38% of respondents considered promoting food safety in the home an FSA responsibility. Viewing the FSA as responsible for this varied between groups of people, particularly between:

- Those in Northern Ireland (56%) compared to those in England and Wales (both 36%).

Think FSA is responsible for promoting food safety at home (November 2010 – May 2018)

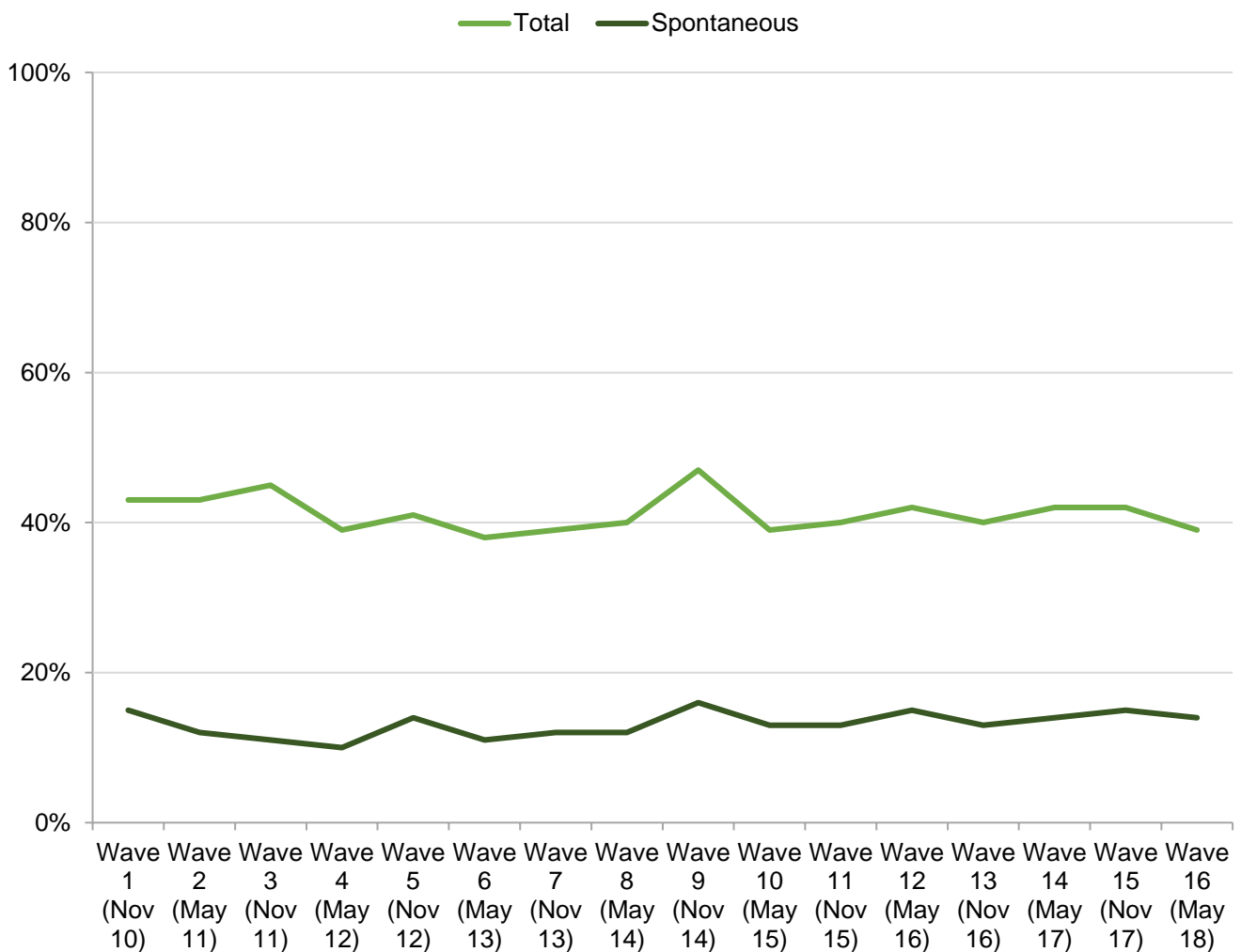




Promoting and enabling healthy eating and lifestyles

At Wave 16, 39% of respondents considered promoting and enabling healthy eating and lifestyles an FSA responsibility. This did not vary between groups of people.

Think FSA is responsible for promoting and enabling healthy eating and lifestyles (November 2010 – May 2018)



Base: Respondents aware of FSA

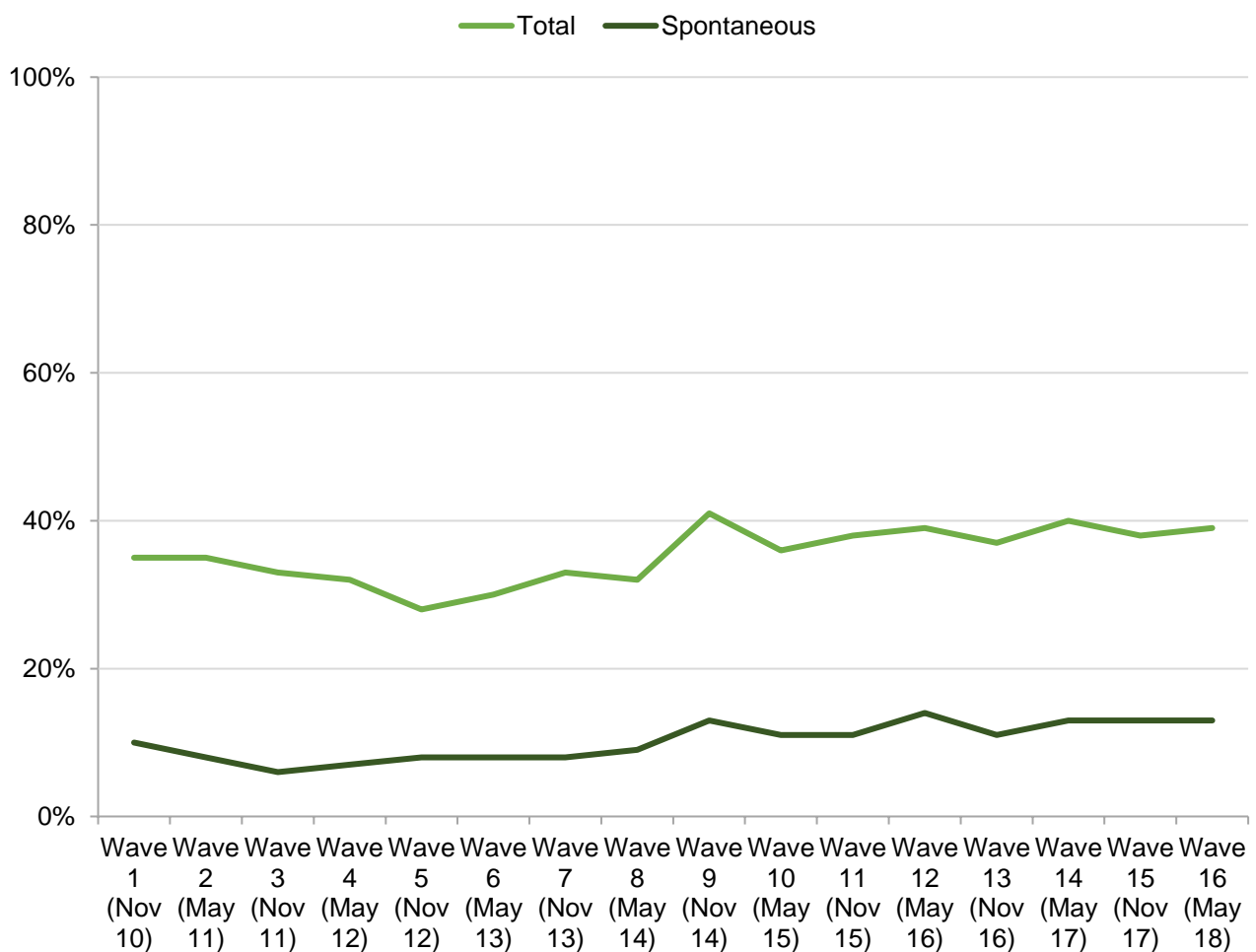


Ensuring food is sustainable

At Wave 16, 39% of respondents considered ensuring food is sustainable an FSA responsibility. Viewing this as an FSA responsibility varied between groups of people, particularly between:

- Those in England (41%) compared to those in Northern Ireland (18%).

Think FSA is responsible for ensuring food is sustainable (November 2010 – May 2018)



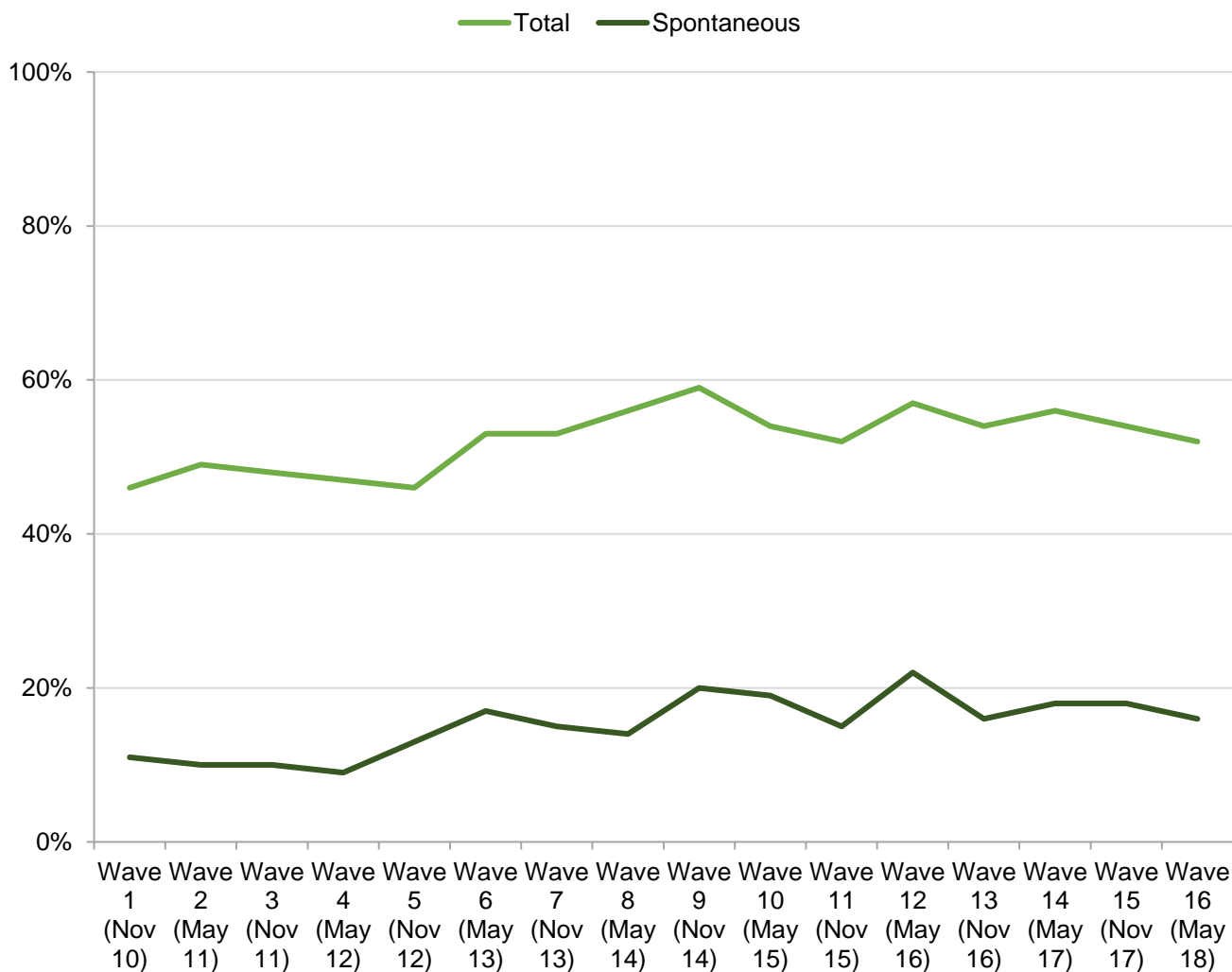


Country of origin labelling

At Wave 16, 52% of respondents considered country of origin labelling an FSA responsibility. This varied between groups of people, particularly between:

- Those in Wales (57%) and England (53%) compared to those in Northern Ireland (35%).
- Those in social grade AB (61%) compared to those in social grades C2 (51%), C1 (50%), and DE (47%).

Think FSA is responsible for country of origin labelling (November 2010 – May 2018)



Annex B: Wave 16 Sample bases

Q 1a Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 1b Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 1c Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 1d Wave 16 Weighted base (1,876), Unweighted base (2,004)

Qs 1c-d Wave 16 Weighted base (1,876), Unweighted base (2,004)

Qs 1b-d Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 2a Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 2b Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 3a Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 3b Wave 16 Weighted base (1,533), Unweighted base (1,623)

Q 4 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 4b Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 4c Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 5a Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 5b Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 4d_01 Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 4d_02 Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 4d_03 Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 4d_04 Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 4d_05 Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 6a Wave 16 Weighted base (1,479), Unweighted base (1,567)

Q 6b_01 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 6b_02 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 6b_03 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 7a Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 7b Wave 16 Weighted base (1,345), Unweighted base (1,416)

Q 7c Wave 16 Weighted base (1,345), Unweighted base (1,416)

Q 8a Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 8ai Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 8aii Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 8b Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 8c Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9a Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9b_01 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9b_02 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9b_03 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9b_04 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9b_05 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9b_06 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9c_01 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9c_02 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9c_03 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9c_04 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 9c_05 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_01 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_02 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_03 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_04 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_05 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_06 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_07 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_08 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_09 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_10 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Q 33_11 Wave 16 Weighted base (1,876), Unweighted base (2,004)

Annex C: Methodology

Background

From 2001 – 2010, the Tracker was largely run quarterly and consisted of 6 questions. These questions were redeveloped in Spring 2010, and since then the Tracker has run on a biannual basis.²² From Waves 3-5, 4 new questions were added to measure awareness of initiatives and schemes concerning the hygiene standards in places people eat out at or shop for food. This included questions on the Food Hygiene Rating Scheme (FHRS) and the Food Hygiene Information Scheme (FHIS).²³ At Wave 9, these 4 questions were removed and instead included in the FHRS Tracker survey²⁴. At Wave 10, 2 additional response options were added: 'Food not being what the label says it is' and 'Chemicals from the environment, such as lead, in food'.

For the previous Wave (Wave 15), several response options for Question 4 were removed, and 16 new questions were added. The topics for the additional questions included: how much respondents know about the FSA, trust in the FSA and the food industry, confidence in food labelling, food poisoning, allergens, and views on food production, sale and labelling. This has stayed the same for the current Wave (Wave 16).

Reporting

The main report presents top-line findings from in-house analysis. The report covers trends for Wave 1 (November 2010) – Wave 16 (May 2018) of the biannual series. Unless stated otherwise, where comparisons are made in the text between different population groups, variables²⁵, or over time, only those differences found to be statistically significant at the 5% level are reported. So, there is a maximum 5% probability that differences as large as those reported have occurred by chance.

In this report, differences by variable such as gender, age, social grade, working status, ethnicity, location, and presence of children in the household have been considered. Whilst the report comments on key socioeconomic and demographic differences apparent in the survey findings, other differences may also be apparent in the data. Full data tables for all

²² The redesigning of the tracker was guided by a specially commissioned redevelopment report: <https://www.food.gov.uk/sites/default/files/public-attitudes-tracker-scoping.pdf>

²³ <http://ratings.food.gov.uk/> and <http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene/food-hygiene-information-scheme>

²⁴ <https://www.food.gov.uk/business-industry/hygienratings>

²⁵ A variable is a way to represent a characteristic to assist data analysis; they can be either numerical such as an exact age, or descriptive, such as social class.

Waves from Wave 12 onwards are available online alongside the published report, and full data tables for previous waves are available upon request.²⁶

For several questions, respondents were given the opportunity to provide responses spontaneously, before being prompted with a list of possible responses. Spontaneous responses give an indication of what issues are ‘top of mind’ for respondents without being shown any response options. Prompted responses illustrate which issues are important to respondents when provided with a number of different response options to select from.²⁷

Methodology

This is Wave 16 of the redeveloped Tracker. Fieldwork for this Wave took place from 9th May to 20th May 2018, with a representative sample of 2,004 adults interviewed in England, Wales and Northern Ireland. The research was conducted through the regular TNS Omnibus survey which uses face-to-face interviews, employing face-to-face Computer Assisted Personal Interviewing (CAPI), and selects respondents using a random location sampling method.

From Waves 14 onwards, no research was undertaken in Scotland, which has a separate Tracker. Consequently, this report only presents findings for England, Wales and Northern Ireland. To ensure that comparisons from the current wave to previous waves are valid, Scottish responses have been removed from the previous waves – ensuring that findings from England, Wales and Northern Ireland are being compared with findings from the same countries. This means that figures presented in the current report may differ from ones presented previously.

The Omnibus uses a Random Location Quota sample. The sample design involves dividing Great Britain into 600 sampling points, using the 2001 Census small area statistics and Postcode Address File (PAF). The sample is drawn in two stages: at the first stage sample points (Primary Sample units) are selected probability proportionate to size; at the second stage, blocks of addresses are selected at random within the sampled PSU. The number of sampling points issued varies between 143 – 208 each week, depending upon the length of the questionnaire. Interviewing is conducted by professional interviewers who work exclusively for Kantar TNS. 10 – 15 interviews are conducted in each area, depending upon the questionnaire length. All interviewers must leave 3 doors between each successful

²⁶ Data is collected on the following socioeconomic and demographic features of respondents: gender, age, ethnicity, social grade, marital status, working status, area of residence, whether they have children and whether they are the household’s principal shopper.

²⁷ Throughout the report, all responses cited are the combined total of prompted and spontaneous responses unless it specifically clarified that a figure only relates to spontaneous responses.

interview. The Random Location Quota sampling method means that response rates are not calculated for the survey. However, weighting is applied to weight the sample back to the population.

History

The Tracker survey has been conducted since 2001. The frequency of fieldwork for the Tracker has changed since 2001:

- *April 2001 – December 2001*: quarterly;
- *October 2001 – September 2002*: monthly;
- *December 2002 – March 2010*: quarterly;
- *November 2010 – May 2018 (this report)*: biannually.

From April 2001 to June 2006, data was collected from a representative sample of adults aged 16 and over in Great Britain (i.e. England, Scotland and Wales). From September 2006 the sample was extended to be representative of the United Kingdom (i.e. England, Scotland, Wales and Northern Ireland).

From September 2008 – March 2010, in addition to a question that measured confidence in the FSA, a question was included to measure trust in the FSA. This question asked how people would rate their trust in the FSA on a scale from 1-7. This question had previously been asked in the FSA annual Consumer Attitudes Survey (CAS), which was last conducted in 2007.

Due to observed fluctuations in responses to this question on trust, in Autumn 2010 the Tracker was fully redeveloped. A redeveloped question on trust asked respondents how much they trusted or distrusted the FSA. However, in order to monitor the impact of the questionnaire changes, Wave 1 (Nov 2010) and Wave 2 (May 2011) of the redeveloped Tracker ran both the old question monitoring trust (that had been included since September 2008), and the redeveloped question using a split run (50:50) of respondents.²⁸ The old question on trust was removed at Wave 3 (Nov 2011), once there was sufficient data to establish how the change in question formulation had affected responses.

At Wave 3 (Nov 2011), 3 new questions were added to the end of the survey to measure awareness of initiatives or schemes concerning the hygiene standards in places where people eat out or shop for food. The survey also originally included a question asking if

²⁸ This was a recommendation from the development work for the new biannual Tracker, available at: <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>

respondents were willing to be re-contacted at a later date to answer follow up questions related to the survey. At Wave 5, this re-contact question was removed, and one new question was added to the end of the survey. This question asked respondents in England, Wales and Northern Ireland whether they had seen the FHRs certificate and/or sticker, and respondents in Scotland whether they had seen the FHIS certificate and/or sticker before.

At Wave 9 the survey's final 4 questions, which measured awareness of formal initiatives or schemes concerning the hygiene standards in places where people eat out or shop for food (including FHRs and FHIS), were removed and included in a separate survey.

At Wave 10 two new response options 'Chemicals from the environment, such as lead, in food' and 'Food not being what the label says it is' were added to questions 1a and 1b.

At Wave 12, no sample boosts were undertaken in Scotland. Although fieldwork took place with a small number of Scottish respondents, without boosts, numbers would be insufficient to make any conclusions about Scottish respondents in general. Consequently, this report only presents findings for England, Wales and Northern Ireland. To ensure that comparisons from the current wave to previous waves are valid, Scottish responses have been removed from the previous waves – ensuring that findings from England Wales and Northern Ireland are being compared with findings from the same countries. This means that figures presented in the current report may differ from ones presented previously.

After Wave 12, the decision was taken to stop undertaking fieldwork in Scotland due to the insufficiency of the data without sample boosts. At Wave 13 no fieldwork was undertaken in Scotland, which conducts its own Tracker.

After Wave 13, the two response options 'Hygiene sticker' and 'Hygiene certificate' at question 3b were combined into one response option 'Hygiene sticker / certificate', and the findings presented at Wave 14. This decision was made because the FSA discontinued certificates in favour of stickers, but some respondents still reported using certificates, perhaps because they conflated them with stickers.

At Wave 15, several changes were made to the Tracker, including several response options for Question 4 being removed, and an additional 16 questions being included. Additional questions can be found in Annex D in the full questionnaire, with the new questions asking respondents about their knowledge of the FSA, agreement of statements relating to the FSA's priorities and strategic objectives, trust in the FSA and the food industry as a whole,

confidence in food labelling, food poisoning, allergens, and respondents' views on how food is produced, sold, and labelled. Wave 16 has not changed, using the same questions as Wave 15.

Occupational Groupings²⁹

Grade	Approximate percentage of population	General description	Retiree description
A	3	These are professional people, or are very senior in business or commerce or are top level civil servants	Retired people, previously grade A, and their widows
B	20	Middle management executives in large organisations, with appropriate qualifications Top management or owners of small business	Retired people, previously grade B, and their widows.
C1	28	Junior management owners of small establishments: and all others in non-manual Positions Jobs in this group have very varied responsibilities and educational needs	Retired people previously grade C1, and their widows.
C2	21	All skilled manual workers, and those manual workers with responsibility for other people	Retired people previously grade C2, with a pension from their job Widows if receiving pensions from their late husband's job
D	18	All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers	Retired people previously grade D, with a pension from their job Widows if receiving pensions from their late husband's job
E	10	All those entirely dependent on the state long term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding 6 months (otherwise classify on previous occupation) Casual workers and those without a regular income Only households without a chief wage earner will be coded in this group	N/A

²⁹ Social grade is weighted according to BARB data: <http://www.barb.co.uk/>.

Annex D: Wave 16 Questionnaire

Q.1a What food issues, if any, are you concerned about? Which others? (Base: All adults England, Wales, and Northern Ireland)

(Spontaneous)

Q.1b And which of these food issues are you concerned about, if any? Please select all that apply. Which others? (Base: All adults England, Wales, and Northern Ireland)

Food poisoning such as Salmonella and *E. coli*

Genetically Modified (GM) foods

BSE ('mad cow disease')

The feed given to livestock

The use of pesticides to grow food

The use of additives (such as preservatives and colouring) in food products

Hormones\steroids\antibiotics in food

Date labels, such as "best before" and "use by" labels

Food hygiene when eating out

Food hygiene at home

Chemicals from the environment, such as lead, in food

Food not being what the label says it is

None of these

(DK)

Q.1c And which of THESE food issues are you concerned about, if any? Please select all that apply. Which others? (Base: All adults England, Wales, and Northern Ireland)

The amount of salt in food

The amount of sugar in food

The amount of fat in food

The amount of saturated fat in food

Foods aimed at children including school meals

None of these

(DK)

Q.1d And, finally in this section, which of THESE food issues are you concerned about, if any? Please select all that apply. Which others? (Base: All adults England, Wales, and Northern Ireland)

Animal welfare

Food prices

Food waste

Food miles (e.g. the distance food travels)

None of these

(DK)

Q.2a How concerned or unconcerned are you about the safety of ALL food that is sold in UK restaurants, pubs, cafes and takeaways? (Base: All adults England, Wales, and Northern Ireland)

I am very concerned

I am fairly concerned

I am neither concerned nor unconcerned

I am fairly unconcerned

I am very unconcerned

(DK)

Q.2b How concerned or unconcerned are you about the safety of ALL food that is sold in UK shops and supermarkets? (Base: All adults England, Wales, and Northern Ireland)

I am very concerned

I am fairly concerned

I am neither concerned nor unconcerned

I am fairly unconcerned

I am very unconcerned

(DK)

Q.3a When you buy food in shops or supermarkets, or eat at restaurants, cafes, pubs and takeaways, do you tend to be aware of the standards of hygiene of these places? (Base: All adults England, Wales, and Northern Ireland)

Yes – always

Yes – sometimes

No

(DK)

Q.3b How do you know about the hygiene standards of the places you buy food from or eat out at? Please select all that apply. How else? (Base: All adults who are at all aware of the standards of hygiene when they buy food UK)

Word of mouth

Reputation

Appearance of people working there

General appearance of shop\restaurant\cafe\pub\takeaway

Hygiene sticker / certificate

Websites

Other (specify)

(DK)

Q.4 Which of the following, if any, have you heard of?

Please select all that apply.

Department of Health (*only show if England*)

Department for Health, Social Services and Public Safety (DHSSPS) (*only show if NI*)

Public Health Agency (PHA) (*only show if NI*)

Food Standards Agency (FSA) (*only show if England, Wales or NI*)

Safefood (*only show if NI*)

Department for Environment, Food and Rural Affairs (DEFRA) (*only show if England*)

Department for Rural Affairs (*only show if Wales*)

Department of Agriculture and Rural Development (DARD) (*only show if NI*)

Health & Safety Executive

World Health Organisation (WHO)

Q.4b How much do you know about the Food Standards Agency, also known as the FSA?

I've heard the name, but nothing else

I've heard of them and I know some information about what they do

I've heard of them and I know a lot about what they do

Q.4c To the best of your knowledge, which of the following do you think best describes the FSA?

A government department

An independent regulator

A charity

Arm's length government body

Private company

Other [Please specify]

Q.5a And please can I check, which issues do you think the Food Standards Agency is responsible for?

Ensuring the food you buy is safe to eat

Promoting food safety in the home

Promoting and enabling healthy eating and healthy lifestyles

Ensuring food is sustainable - such as reducing green house emissions and reducing waste when producing food

Nutrition labelling information, such as traffic light labelling

Date labels, such as "best before" and "use by" labels

Country of origin labels, which identify where food comes from

Other

*Q.5b And which of these issues do you think the Food Standards Agency is responsible for?
Please select all that apply*

Ensuring the food you buy is safe to eat

Promoting food safety in the home

Promoting and enabling healthy eating and healthy lifestyles

Ensuring food is sustainable - such as reducing green house emissions and reducing waste when producing food

Nutrition labelling information, such as traffic light labelling

Date labels, such as "best before" and "use by" labels

Country of origin labels, which identify where food comes from

Other

.

Q.4d To what extent do you agree or disagree that the FSA is the following...

Q.4d_01 ...Fighting food fraud, such as selling food which isn't what it says it is

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.4d_02 ...Working on my behalf

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.4d_03 ...Good at explaining food safety and the science behind it

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.4d_04 ...Open and honest

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.4d_05 ...Innovative, efficient and cost effective

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree
Strongly disagree

Q.6a How much do you trust or distrust the Food Standards Agency to do its job? That is, trust it to make sure the food sold in shops and restaurants is safe, and to provide advice on food safety in the home.

I trust it a lot
I trust it
I neither trust nor distrust it
I distrust it
I distrust it a lot

Q.6b To what extent do you agree or disagree with the following statements...

Q.6b_01 ... I trust that the FSA tell the truth in the information they provide.

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q.6b_02 ... I trust that the food industry is regulated fairly.

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q.6b_03 ... I trust that the people who produce and sell food in the food industry have my best interests at heart.

Strongly agree

Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q7a In general, when buying or eating food, how often do you feel confident that it is what it says it is on the label or the menu?

Always
Most of the time
Some of the time
Rarely
Never

Q.7b You indicated that you are not always confident that food is what it says it is on the label or menu. What specific issues were you thinking of, if any?

(Spontaneous)

Q.7c Over the past year, have you ever done any of the following because you were not confident that food was what it says it was on the label or menu?

Tried to get more information about the issue
Read about the issue when you saw it but did not seek out information
Read food labels more labels
Changed the way you cook food
Changed the way you prepare food
Stopped shopping for food at certain places
Other (Please specify)
Took no action

*Q.8a Do you cook and/or prepare food for any of the following?
Please select all that apply*

Myself

Children under 5 years old

Children aged 5-15

Adults aged 16-24

Adults 65 years old and over

Other (Please specify)

No I don't cook or prepare food at all

Q.8ai What types of food poisoning, if any, have you heard of? DO NOT PROMPT

Bacillus Cereus

Botulism

Campylobacter

Clostridium Perfringes

E-coli

Listeria

Norovirus

Salmonella

None of these

Q.8aii And which of the following types of food poisoning, if any, have you heard of?

Bacillus Cereus

Botulism

Campylobacter

Clostridium Perfringes

E-coli

Listeria

Norovirus

Salmonella

Other (Please specify)

Q.8b In the UK, from which of the following foods do you think you are MOST LIKELY to get food poisoning from?

Cereal
Eggs
Raw chicken or turkey
Reheated takeaway food
Shellfish
Unwashed vegetables or salad
Water
Yoghurt
Cooked sliced meats
Smoked fish
Soft mould-ripened and soft cheeses
Pre-prepared sandwiches
Pre-prepared salads
Pate

*Q.8c Which of these activities, if any, do you think will help you avoid food poisoning?
Please select all that you think apply*

Preparing different food types on different surfaces chopping boards
Cooking food thoroughly
Storing food at 5 degrees C or below
Avoid re-heating food
Not washing raw chicken
Washing fresh fruits and vegetables thoroughly
Following storage instructions on food labels
Eating food by the use-by date
Eating food by the best-before date
Heating leftovers until they are steaming hot before eating them

Q.9a Are you aware of the rules about allergens? By rules we mean any information rule, regulation or legislation introduced relevant to this subject.

Yes (please specify the rule(s) you are aware of)
No
Not sure

Q.9b Do you or anyone that you regularly eat out with or buy food/drink for, have food allergies or intolerances, based on the definitions below...

...Myself

Food intolerance (People with food intolerance experience symptoms such as diarrhoea and stomach cramps caused by difficulties in digesting certain substances. However, no allergic reaction takes place)

Food allergy that has been medically diagnosed by a doctor (A food allergy is when the body's immune system reacts unusually to specific foods. Allergic reactions are often mild, but they can sometimes be very serious)

Both a food allergy and a food intolerance

None of these

...Another adult in my household

Food intolerance (People with food intolerance experience symptoms such as diarrhoea and stomach cramps caused by difficulties in digesting certain substances. However, no allergic reaction takes place)

Food allergy that has been medically diagnosed by a doctor (A food allergy is when the body's immune system reacts unusually to specific foods. Allergic reactions are often mild, but they can sometimes be very serious)

Both a food allergy and a food intolerance

None of these

...A child/children in my household

Food intolerance (People with food intolerance experience symptoms such as diarrhoea and stomach cramps caused by difficulties in digesting certain substances. However, no allergic reaction takes place)

Food allergy that has been medically diagnosed by a doctor (A food allergy is when the body's immune system reacts unusually to specific foods. Allergic reactions are often mild, but they can sometimes be very serious)

Both a food allergy and a food intolerance

None of these

...A child/children not in your household e.g. if your children live elsewhere

Food intolerance (People with food intolerance experience symptoms such as diarrhoea and stomach cramps caused by difficulties in digesting certain substances. However, no allergic reaction takes place)

Food allergy that has been medically diagnosed by a doctor (A food allergy is when the body's immune system reacts unusually to specific foods. Allergic reactions are often mild, but they can sometimes be very serious)

Both a food allergy and a food intolerance

None of these

...Another adult not in your household e.g. if you care for an adult who lives elsewhere, or a partner who doesn't live with you

Food intolerance (People with food intolerance experience symptoms such as diarrhoea and stomach cramps caused by difficulties in digesting certain substances. However, no allergic reaction takes place)

Food allergy that has been medically diagnosed by a doctor (A food allergy is when the body's immune system reacts unusually to specific foods. Allergic reactions are often mild, but they can sometimes be very serious)

Both a food allergy and a food intolerance

None of these

...A friend

Food intolerance (People with food intolerance experience symptoms such as diarrhoea and stomach cramps caused by difficulties in digesting certain substances. However, no allergic reaction takes place)

Food allergy that has been medically diagnosed by a doctor (A food allergy is when the body's immune system reacts unusually to specific foods. Allergic reactions are often mild, but they can sometimes be very serious)

Both a food allergy and a food intolerance

None of these

Q.9c Thinking specifically about eating out and buying food to eat, for example, from a coffee shop, restaurant, café, sandwich place, takeaway outlet etc., how confident would you feel in asking a member of staff for information about the ingredients in the foods they are selling, because of a concern about possible allergens/food intolerances?...

Q.9c_01 ...In a coffee shop

Not at all confident
Not very confident
Neither confident nor unconfident
Somewhat confident
Very confident

Q.9c_02 ...In a café

Not at all confident
Not very confident
Neither confident nor unconfident
Somewhat confident
Very confident

Q.9c_03 ...In a sandwich place

Not at all confident
Not very confident
Neither confident nor unconfident
Somewhat confident
Very confident

Q.9c_04 ...In a takeaway outlet

Not at all confident
Not very confident
Neither confident nor unconfident
Somewhat confident
Very confident

Q.9c_05 ...In a restaurant

Not at all confident
Not very confident
Neither confident nor unconfident
Somewhat confident
Very confident

*Q33. We are interested in your views about how food is produced, sold and labelled; basically everything that happens to food on the way to your table.
How much do you agree or disagree with the following statements....*

Q.33_01 ...I have enough information about what food contains to make my food choices

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.33_02 ...I have enough information about where my food comes from to make my food choices

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.33_03 ...The people who produce and supply food make sure it is safe, honest and ethically approved

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.33_04 ...It is my responsibility to make sure that I make the right food choices for me and my family

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.33_05 ...I feel that I have access to an affordable healthy diet

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q.33_06 ...I feel that I will have access to an affordable healthy diet in the future

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q.33_07 ...I'm conscious of the wider impact of the food choices I make

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q.33_08 ...I feel empowered to make my own decisions about what I eat and why I eat it

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q.33_09 ...I am confident that the food I buy or eat is what it says it is and accurately labelled

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree

Q.33_10 ...The authorities are effectively preventing and detecting food fraud (By that we mean any dishonest misdescription of products, or selling of unfit or harmful food)

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Q.33_11 I trust the authenticity of the ingredients, origin or quality of the food I buy or eat.

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree