Biannual Public Attitudes Tracker

Wave 15, November 2017

Food Standards Agency

February 2018





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Summary

The Food Standards Agency (FSA) has placed 6 questions on a biannual basis on the regular TNS (now part of Kantar Public)¹ face-to-face Omnibus survey to monitor key Agency issues. At the current Wave, respondents were asked 22 questions.

The FSA has conducted the Public Attitudes Tracker survey since 2001 in order to monitor key Agency issues. After a review in 2010, the Tracker was redeveloped in full and since then has run on a biannual basis, and has since been redeveloped again for the current Wave to include 16 new questions. 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.

Fieldwork for this Wave took place from 8th November to 19th November 2017, with a representative sample of 1,989 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 1-15 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 website².

¹ http://www.tnsglobal.com/

² 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 15 sample bases; Annex C for Methodology; and Annex D for the Wave 15 Questionnaire.

The full data tables for Wave 15 are here:

https://www.food.gov.uk/science/research/ssres/publictrackingsurvey

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

Key findings at Wave 15 (November 2017)

The top food safety issues of concern were food hygiene when eating out (36%), food poisoning (30%), chemicals from the environment such as lead in food (29%), and food additives (26%).

The top wider issues of concern were the amount of sugar in food (52%), food waste (48%), food prices (46%), and animal welfare (43%).

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

42% of respondents reported concern about food safety in UK shops and supermarkets.

84% 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 (60%).

The main issue respondents thought the FSA was responsible for was ensuring food bought is safe to eat (88%).

Of the 78% of respondents aware of the FSA, 70% trusted the FSA to do its job; 75% 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 89% and 82% respectively).

Perceived most likely sources of food poisoning were raw chicken or turkey (79%), followed by shellfish (54%), reheated take-away food (47%) and eggs (38%).

18% of respondents were aware of specific rules about allergens, and 10% reported that they have a food intolerance and / or allergy themselves.

Most people (70%-77%³) reported feeling confident⁴ to ask members of staff at food outlets for more information about ingredients in food because of a concern about possible allergens/food intolerance.

90% of respondents agreed that making the right food choices is their responsibility, and 89% 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 74% trusted the authenticity of ingredients / origin / quality of food.

44% of respondents trusted that people who produce and sell food have their best interests at heart.

³ Varies by outlet type

⁴ Refers to the net proportion of respondents who report feeling either 'somewhat confident' or 'very confident'.

ATTITUDES TRACKER

SURVEY WAVE: 15 (NOV 2017)



Concern about food safety issues

The top food safety issues of concern were food hygiene when eating out (36%), food poisoning (30%), chemicals from the environment such as lead in food (29%), and food additives (26%).









Concern about wider food issues

The top wider food issues of concern were the amount of sugar in food (52%), food waste (48%), food prices (46%), and animal welfare (43%).









Food hygiene standards awareness

Of the 84% of people aware of food hygiene standards outside of the home, 61% reported being aware via hygiene stickers / certificates and 60% by the general appearance of the premises.









Trust in the FSA and wider food regulation

Of those aware of FSA, 75% trust it to tell the truth and 70% trust it to do its job. At a wider level, 75% trust that food is what is says it is and is accurately labelled, and 63% trust that the food industry is regulated fairly.









Key changes over time: Wave 1 – Wave 15 (November 2010 – November 2017)

Generally, findings have been consistent over time. This is a summary of the key exceptions for Waves 1 to 15:

Food issues of concern

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%, and has stayed consistent in Wave 15 at 46%.

Sugar replaced food price as the top concern from Waves 1-10. Concern about sugar has risen more than any other concern in this survey (+13% to Wave 15), from 39% at Wave 1 to 52% at Wave 15.

Other than sugar and food price, the biggest changes in concerns at Wave 15 relate to: hormones/ steroids/ antibiotics in food (+5%), from 20% at Wave 1 to 25% at Wave 15; the amount of fat in food (-4%), from 41% at Wave 1 to 37% at Wave 15; and food waste (+6%), from 42% at Wave 1 to 48% at Wave 15.

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, and has stayed fairly consistent from Wave 14 to 84% at Wave 15.

For these respondents, awareness of hygiene standards via food hygiene stickers/certificates has risen significantly (+28%), from 33% at Wave 1 to 61% at Wave 15. Awareness of hygiene standards via websites has also risen significantly (+10%), from 5% at Wave 1 to 15% at Wave 15. Meanwhile, awareness of hygiene standards via staff appearance has declined (-9%), from 51% at Wave 1 to 42% at Wave 15. In addition to this, awarenss of hygiene standards via the general appearance of the premises has also declined (-5%), from 65% at Wave 1 to 60% at Wave 15.

Concern about food issues

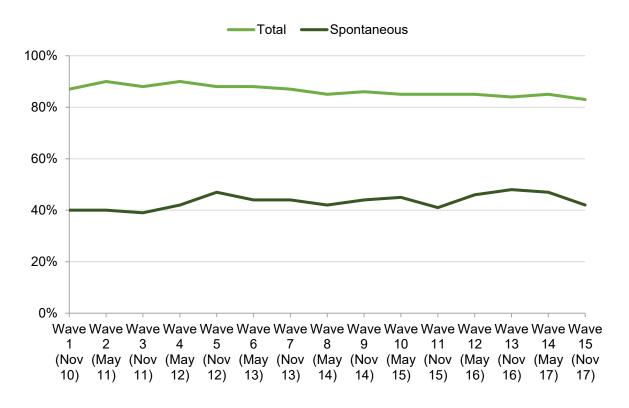
Wave 15 Key Findings

The top food safety issues of concern were food hygiene when eating out (36%), food poisoning (30%), chemicals from the environment such as lead in food (29%), and food additives (26%).

The top wider food issues of concern were the amount of sugar in food (52%), food waste (48%), food prices (46%), and animal welfare (43%).

In the current Wave, for all food issues of concern, 83% of respondents reported concern⁵, remaining consistent with Waves 10 to 15 (85%-83%). However, the general trend throughout the waves indicates that the total concern for all food issues has decreased, with the latest Wave indicating the lowest concern (83%).

Concern about any food issues (November 2010 – November 2017)



⁵ 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:

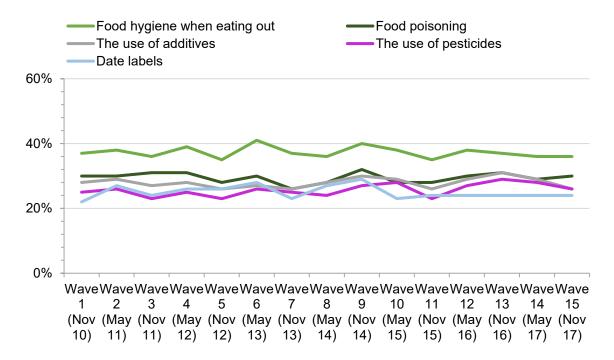
Q1a What food issues, if any, are you concerned about? Which others?

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 15, the most frequently reported issues of total concern relating to food safety were food hygiene when eating out (36%), food poisoning (30%), chemicals from the environment (29%), and use of additives (26%), similarly to previous waves.

Total concern about food safety issues of concern (November 2010 – November 2017)

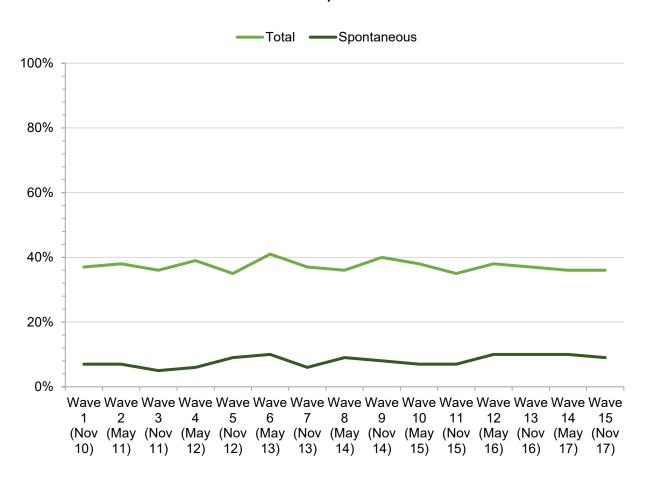




Food hygiene when eating out

At Wave 15, 36% of respondents reported concern about food hygiene when eating out. Concern about food hygiene when eating out has tended to fluctuate slightly over the waves (35%-41%).

Concern about food hygiene when eating out (November 2010 – November 2017)



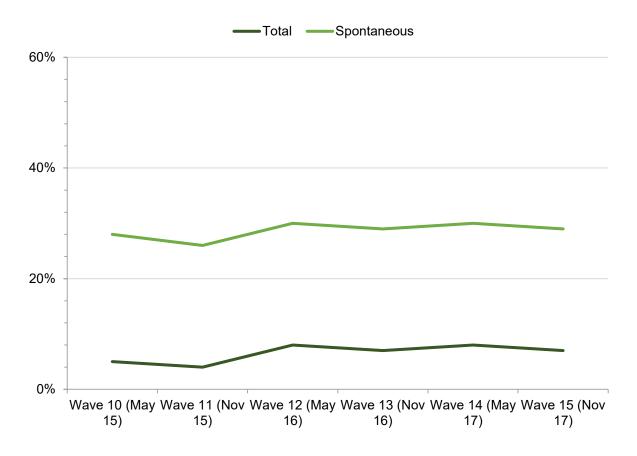


Chemicals from the environment

At Wave 15, 29% of respondents reported concern about chemicals from the environment, such as lead, in food⁶. 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 grade⁷ AB (37%) compared to those in social grades C2 (26%) and DE (25%)
- Those in Northern Ireland (43%) compared to those in England (29%) and Wales (16%)

Concern about chemicals from the environment in food (May 2015 – November 2017)



⁶ N.B. This was a new response option for questions 1a and 1b from Wave 10 onwards.

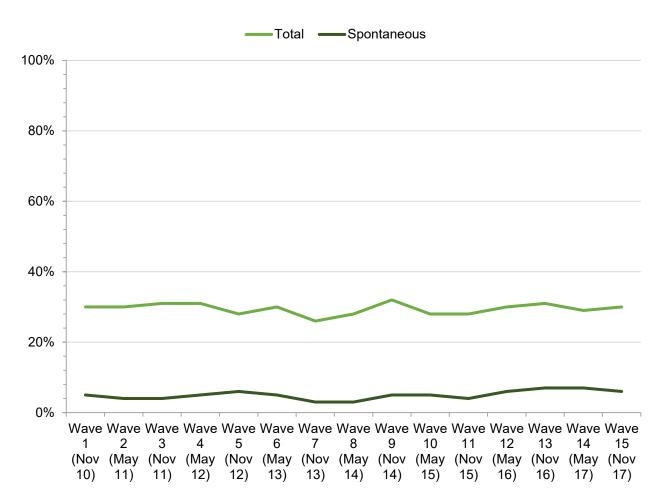
⁷ Social grades are explained in Annex C.



At Wave 15, 30% of respondents reported concern about food poisoning. Concern has tended to fluctuate over previous waves (26%-32%). Concern varied particularly between:

• Those in Northern Ireland (43%) compare to those in England (29%) and Wales (27%)

Concern about food poisoning (November 2010 – November 2017)





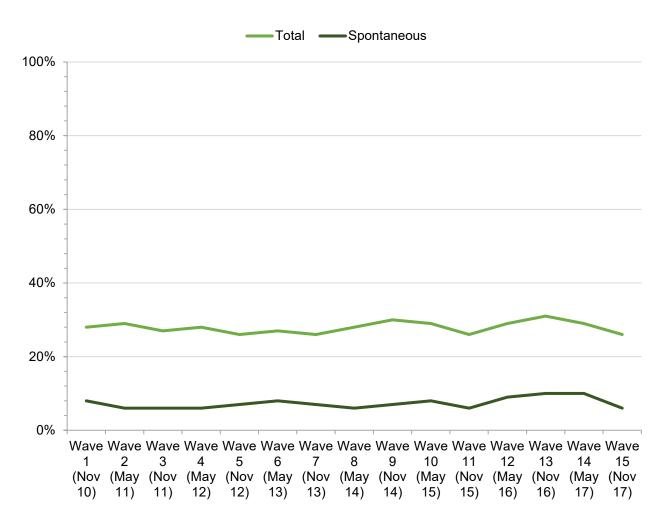
Additives

At Wave 15, 26% of respondents reported concern about the use of additives in food. Concern varied between groups of people, particularly:

• Those in social grade AB (36%) and those in social grades C2 (23%) and DE (19%)

The trend in concern about the use of additives in food has tended to fluctuate over the series (26%-31%).

Concern about additives (November 2010 – November 2017)



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?

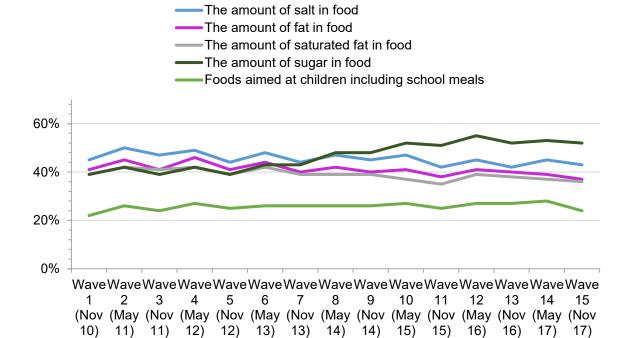
- The amount of salt in food
- The amount of sugar in food
- · The amount of fat in food
- The amount of saturated fat in food
- · Foods aimed at children including school meals
- None of these
- Don't know

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 15, respondents were most concerned about the amount of sugar in food (52%), food waste (48%), and food prices (46%).

Total wider issues of concern (November 2010 – November 2017)





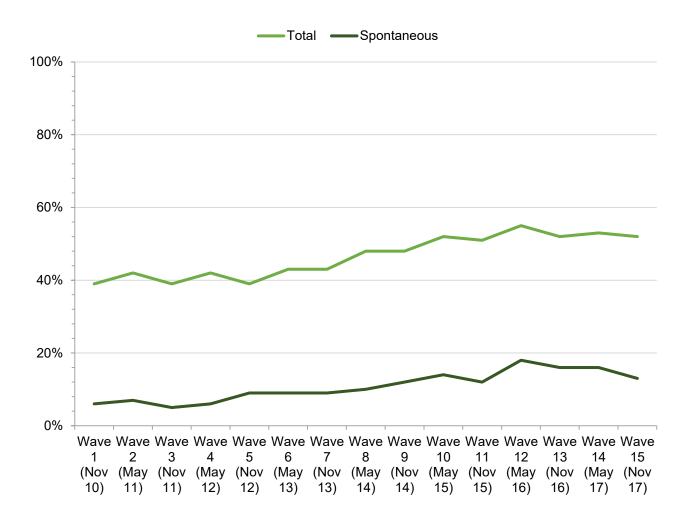
Sugar

At Wave 15, 52% of respondents reported concern about the amount of sugar in food. Concern varied between groups of people, particularly:

- Those aged 16-25 (38%) compared to all other age groups (52%-60%)
- Those in social grades AB (58%) and C1 (57%) compared to those in social grades
 C2 and DE (46%)

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 – November 2017)





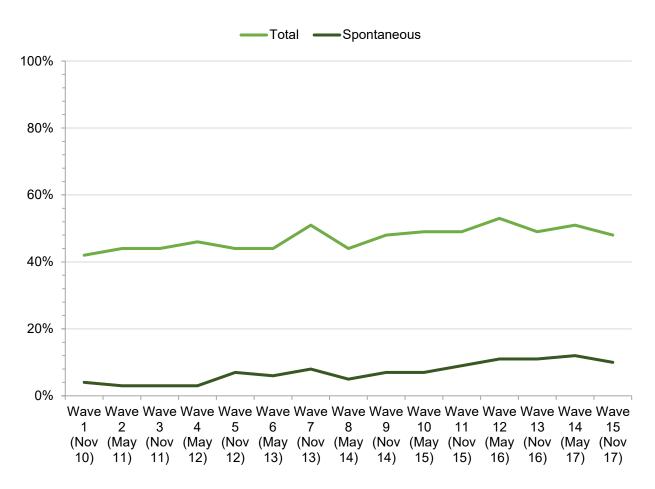
Food waste

At Wave 15, 48% of respondents reported concern about food waste. Concern varied between groups of people, particularly between:

- Those in Northern Ireland (59%) compared to those in both England (49%) and Wales (23%)
- Those in social grades AB (55%) and C1 (51%) compared to those in C2 (46%) and DE (43%)

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 – November 2017)



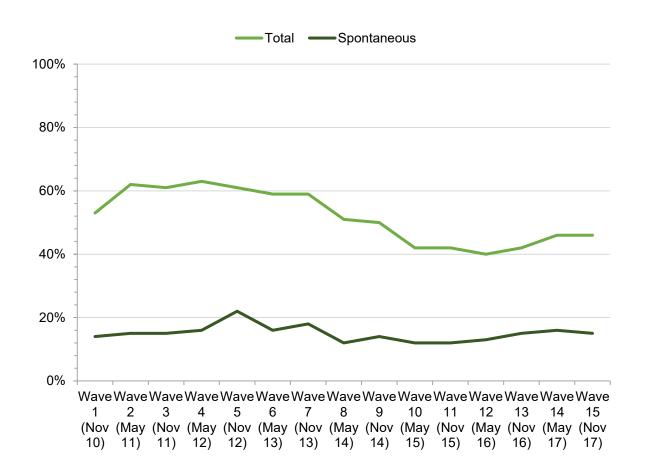


At Wave 15, 46% of respondents reported concern about food prices. Concern varied between groups of people, particularly:

 Those in social grade DE (50%) compared to those in social grades C1 (47%) and AB (39%)

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 – November 2017)



Concern about food safety in food outlets

Wave 15 Key Findings

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

42% 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 15, 45% of respondents were concerned⁸ about the safety of food sold in UK restaurants, pubs, cafes and takeaways. For comparison (as reported earlier) 36% 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 15, concern varied between groups of people, particularly between:

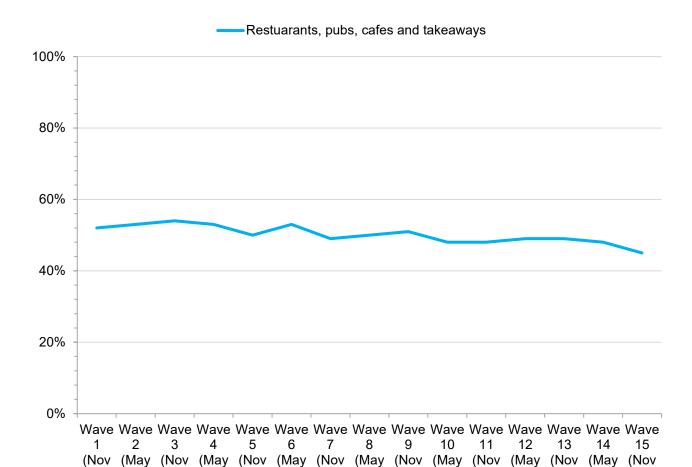
 Those in England (46%) and Wales (44%) compared to those in Northern Ireland (26%)

Concern about food safety in UK restaurants, pubs, cafes, and takeaways has tended to fluctuate throughout previous waves from 45%-54%. The current wave indicates the lowest proportion of concern throughout all waves (45%).

⁸ 'Concern' refers to the net proportion of respondents reporting 'fairly concerned' and 'very concerned'



Concern about food safety in restaurants, pubs, cafes and takeaways (November 2010 – November 2017)



14)

15)

15)

16)

16)

17)

17)

12)

11)

10) 11)

12)

13)

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14)



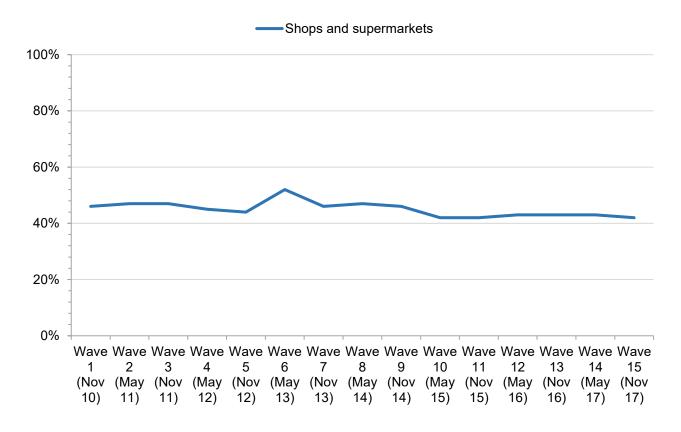
Shops and supermarkets

At Wave 15, 42% 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 social grade AB (48%) compared to those in social grades C2 (39%) and DE (38%)
- Those in England (43%) and Wales (42%) compared to those in Northern Ireland (22%)

Concern has tended to vary throughout the previous waves, but the trend has decreased overall.

Concern about food safety in shops and supermarkets (November 2010 – November 2017)



Awareness of food hygiene standards

Wave 15 Key Findings

84% 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 (60%).

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 15, 84% 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?

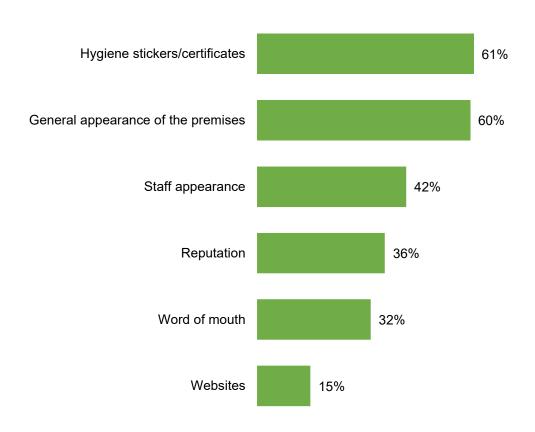
- Word of mouth
- Reputation
- Appearance of people working there
- General appearance of shop\restaurant\cafe\pub\takeaway
- Hygiene sticker
- Hygiene certificate
- Websites
- Other (specify)



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 (60%).

Ways respondents are aware of food hygiene standards (November 2017)



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



Hygiene stickers / certificates

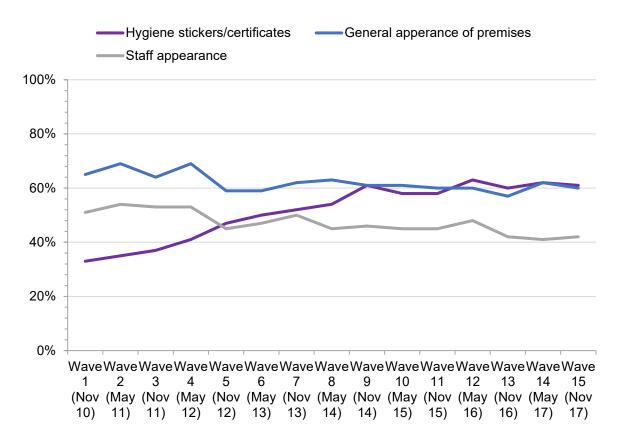
After Wave 13, the separate response options 'Hygiene sticker' and 'Hygiene certificate' at question 3b were combined into one response option 'Hygiene sticker / certificate'. More detail is included in the History section.

At Wave 15, awareness of hygiene standards via hygiene stickers/certificates varied between groups of people, particularly between:

• Those aged 66+ (44%) compared to all other age groups (62%-67%)

The use of hygiene stickers and certificates has increased from Wave 1 to Wave 15 (+28%).

Ways respondents are aware of food hygiene standards (November 2010 – November 2017)



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

Awareness of, and trust in, the FSA

Wave 15 Key findings

78% of respondents in England, Wales and Northern Ireland reported being aware of the FSA, similar to previous waves (74%-83%).

65% 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 (88%).

70% of respondents reported that they trusted the FSA to do its job; 75% of respondents aware of the FSA agreed that the FSA tells the truth in the information it provides.

63% agreed that the food industry is regulated fairly.

73% 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 15, 78% of respondents reported being aware of the FSA. This is similar to previous waves, though there have been fluctuations in awareness over the series (74%-83%). Awareness of the FSA varied between groups of people, particularly between:

- Those in social grade AB (91%) compared to those in social grade DE (63%).
- Those aged 50-65 (85%) compared to those aged 16-25 (62%).

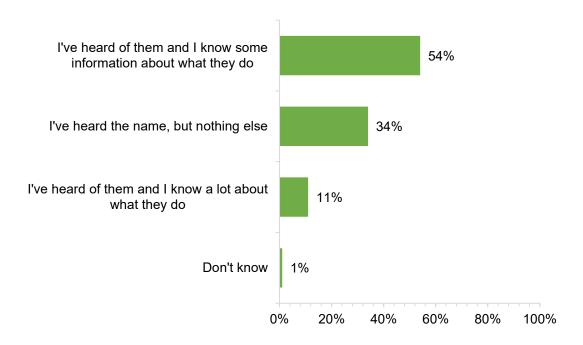
Q4b How much do you know about the Food Standards Agency, also known as the FSA?

- 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

At Wave 15, Q4b was included as a new question to the tracker, where 65% of respondents aware of the FSA reported knowing some, or a lot of, information about the FSA.

⁹ 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'.

Knowledge of the FSA (November 2017)



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, where 50% of respondents reported that they thought a "government department" best describes the FSA, 26% reported that they thought an "independent regulator" best describes the FSA, 10% reported the FSA as an "arm's length government body", and 12% reported that they did not know.

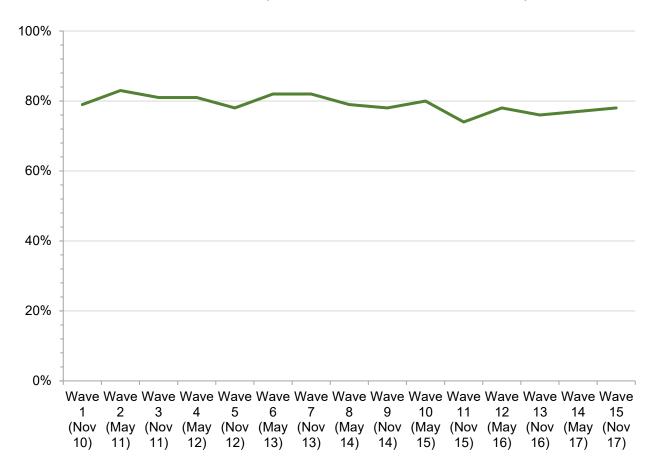


The FSA has offices in England, Wales, Northern Ireland (N.B. Food Standards Scotland runs a separate survey).

At Wave 15 awareness of the FSA varied between countries:

- Respondents in Wales (82%)
- Respondents in England (77%)
- Respondents in Northern Ireland (76%)

Awareness of the FSA (November 2010 – November 2017)



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.¹⁰

| Labelling FSA is responsible for | England | Wales | Northern Ireland |
|----------------------------------|---------|--------------|------------------|
| Food safety | ✓ | \checkmark | ✓ |
| 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 (88%), date labelling (64%), and nutrition labelling (60%)¹¹.

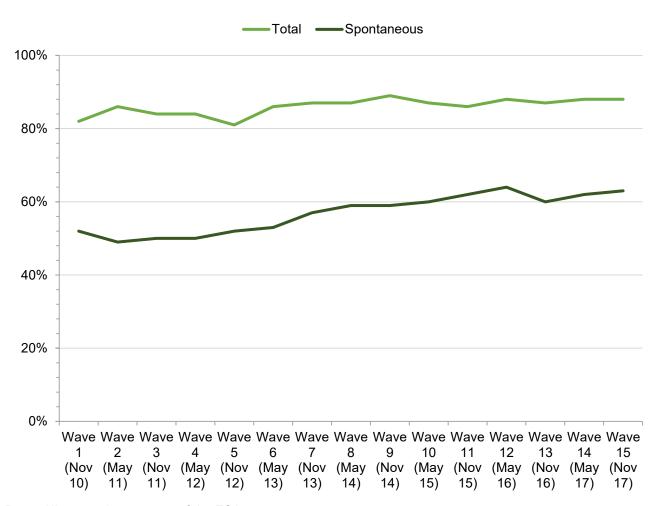
¹⁰ https://www.food.gov.uk/enforcement/regulation/fir

¹¹ Total awareness, i.e. combined spontaneous and total responses



At Wave 15, 88% of respondents reported that the FSA was responsible for 'ensuring the food you buy is safe to eat'.

Think the FSA is responsible for ensuring food is safe to eat (November 2010 – November 2017)



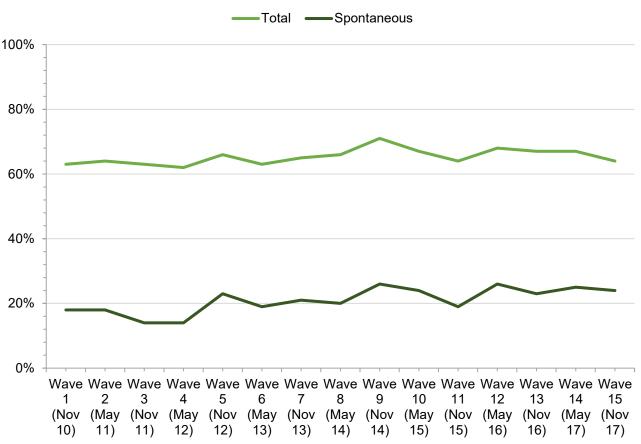
Base: All respondents aware of the FSA



At Wave 15, 64% of respondents considered date labelling an FSA responsibility. This was higher than that at most previous waves, although responses have tended to fluctuate. Viewing the FSA as responsible for date labels varied between groups of people, particularly between:

• Those in England compared to those in Northern Ireland (64% v 49%)

Think the FSA are responsible for date labelling (November 2010 – November 2017)

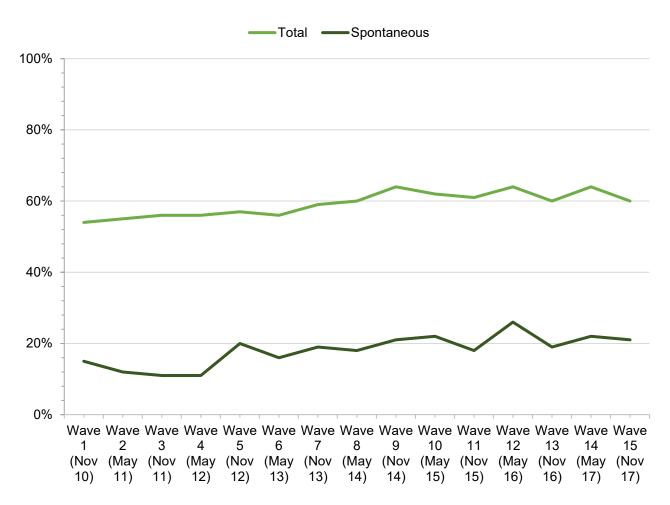


Base: All respondents aware of the FSA

Nutrition labels

At Wave 15, 60% 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%).

Think the FSA are responsible for nutrition labelling (November 2010 – November 2017)



Base: All respondents aware of the FSA

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

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

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

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

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

Of those aware of the FSA, 63% of respondents agreed that the FSA is fighting food fraud, with agreement varying between groups of people, particularly between:

 Those in Northern Ireland (81%) compared to those in England (63%) and Wales (54%)

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

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

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

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

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

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

Of those aware of the FSA, 69% of respondents agreed that the FSA is working on their behalf, with agreement varying between groups of people, particularly between:

• Those in Northern Ireland (79%) compared to those in Wales (63%)

Of those aware of the FSA, 47% 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 (75%) compared to those in England (46%) and Wales (31%)

Of those aware of the FSA, 52% 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 (51%) and Wales (48%)
- Males compared to females (56% v 48%)

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 Northern Ireland (54%) compared those in England (33%) and Wales (20%)
- Those from ethnic minority backgrounds (51%) compared to those who are white (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 15, 70% of respondents reported that they trusted ¹² the FSA to do its job whilst 6% of respondents reported that they distrusted ¹³ the FSA to do its job. Trust in the FSA varied between groups of people, particularly between:

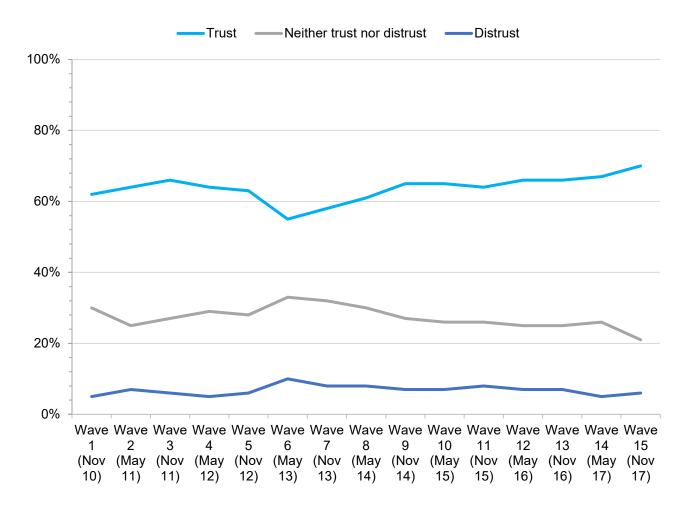
• Those in Northern Ireland (88%) compared to those in England (69%) and Wales (68%)

Although reported trust has tended to fluctuate throughout previous waves (55%-70%), at Wave 15 reported trust is at the highest it has been throughout all previous waves. The general trend is that trust in the FSA is increasing.

¹² Figure based on net proportion of respondents who reported 'I trust the FSA a lot' or 'I trust the FSA' throughout the report.

¹³ Figure based on net proportion of respondents who reported 'I distrust the FSA a lot' or 'I distrust the FSA' throughout the report.

Trust in the FSA to do its job (November 2010 – November 2017)



Base: Respondents aware of the FSA

This Wave 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...

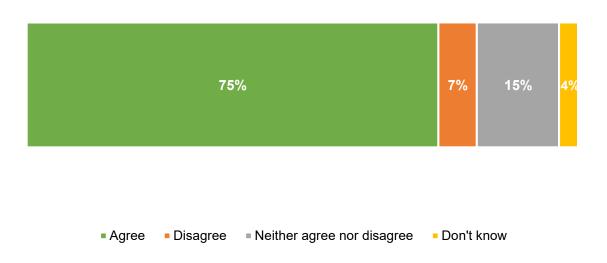
- 01 I trust that the FSA tell the truth in the information they provide
- 02 I trust that the food industry is regulated fairly
- 03 I trust that the people who produce and sell food in the food industry have my best interests at heart
 - Strongly agree
 - Slightly agree
 - Neither agree nor disagree
 - Slightly disagree
 - Strongly disagree
 - Don't know

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

At Wave 15, 67% of respondents reported that they agreed¹⁴ that the FSA tell the truth in the information they provide. Of those aware of the FSA, 75% of respondents agreed with this statement. Agreement varied between groups of people, particularly between:

- Those in social grade DE (55%) compared to all other social grades (79%-66%)
- Those in Northern Ireland (79%) compared to those in England (67%) and Wales (57%)

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



Base: Respondents aware of the FSA

-

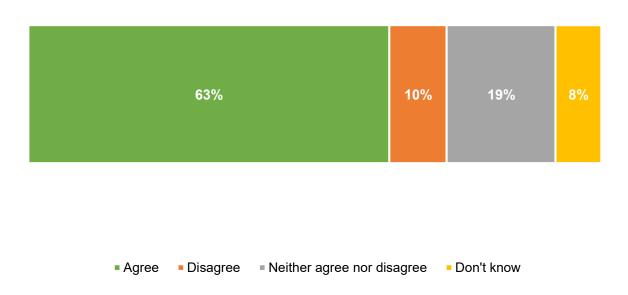
¹⁴ 'Agree' refers to the net proportion of 'strongly agree' and 'slightly agree'.

Trust that the food industry is regulated fairly

At Wave 15, 63% 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 social grades AB (71%) and C1 (64%) compared to those in social grade DE (58%)
- Those in Northern Ireland (80%) compared to those in England (62%) and Wales (50%)

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

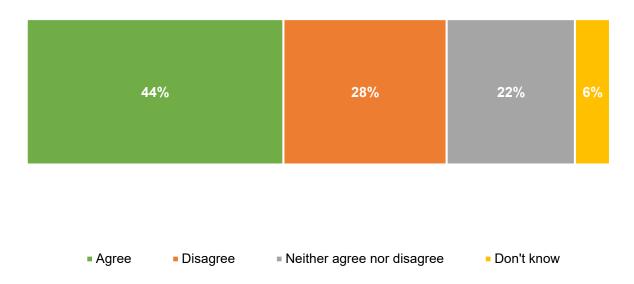


Trust that the people who produce and sell food in the food industry have my best interests at heart

At Wave 15, 44% of respondents agreed that people who produce and sell food in the food industry have their best interests at heart. This figure did not vary much between groups of people, aside from:

• Those in Northern Ireland (67%) compared to those in England (43%) and Wales (40%)

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



Trust – Summary

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

However, trust was slightly weaker around the fairness of food industry regulations, preventing and detecting food fraud and in those producing and supplying food. Trust was notably weakest in "that the people who produce and sell food in the food industry have my best interests at heart", with 28% of respondents disagreeing¹⁵ with the statement.



¹⁵ 'Disagree' refers to the net proportion of respondents who 'strongly disagree' or 'slightly disagree'.

Trust in food labelling

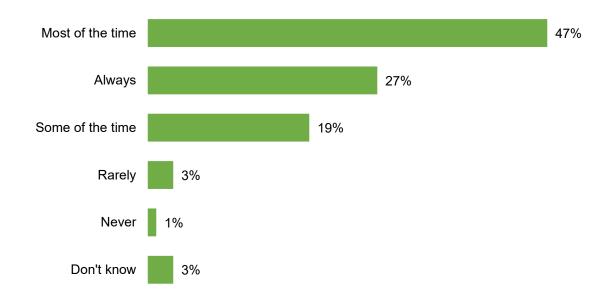
In the current Wave, several new questions were asked on trust in food labelling. All respondents were asked:

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 15, 27% of respondents reported always feeling confident that food is what it says it is on the label or menu, and 73% reported not always feeling confident on feespondents who reported not always feeling confident varied between groups of people, particularly between:

- Those in social grade AB (80%) compared to those in social grade DE (68%)
- Those in Wales (84%) and England (74%) compared to those in Northern Ireland (42%)



¹⁶ 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.

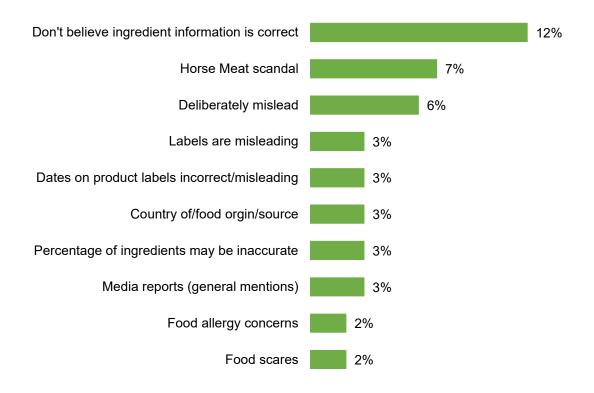
All adults who reported not always feeling confident when buying or eating food were asked¹⁷:

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 15, the most commonly reported issues reported were not believing the ingredient information on labels/menus as correct (12%), the horse meat scandal (7%), and being deliberately mislead (6%).

Issues surrounding confidence in labels (November 2017)



¹⁷ More response options for Q7b can be found in Annex D.

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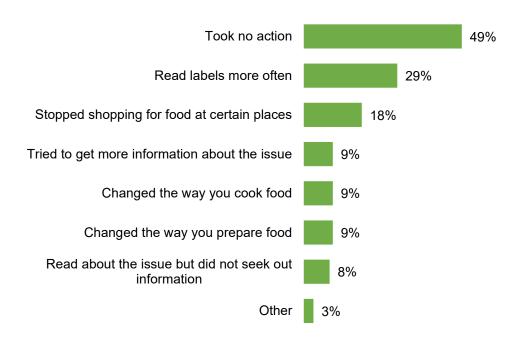
Q7c Over the past year, have you ever done any of the following because you were not confident that food was what it says it was on the label or menu?

- 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 15, 49% of respondents reported taking no action over the past year because they were not confident that food was what is says it was on the label or menu.

• Those in Wales were more likely to report taking no action (62%) compared to those in England (48%) and Northern Ireland (41%)

Behaviours surrounding confidence in food labelling (November 2017)



Base: All adults not always confident when buying or eating food

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 16% also cooking/preparing food for children under 5 years old and 23% catering for children aged 5-15.

Types of food poisoning

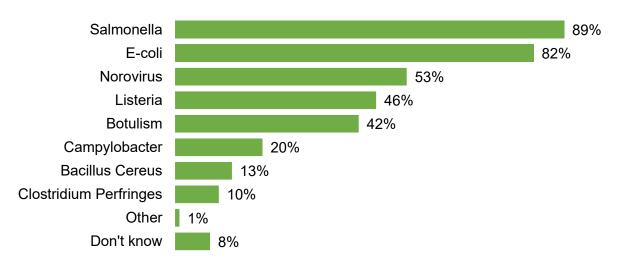
Q8ai. What types of food poisoning, if any, have you heard of? (spontaneous)

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 89% and 82% respectively).

Awareness of types of food poisoning (total mentions) (November 2017)



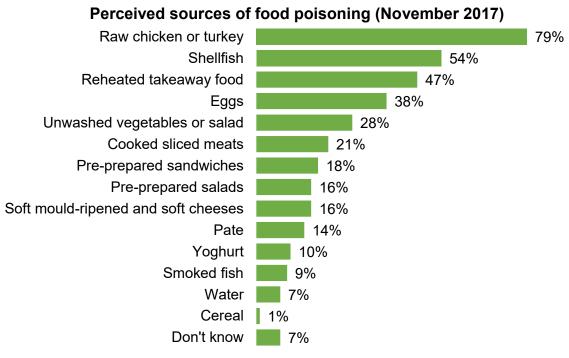
Awareness varied between groups of people, particularly between:

Those in social grade AB compared to those in social grade DE (average of 4.5 types
of food poisoning mentioned among AB vs. 3.3 among DE).

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)



Respondents with children in their household were more likely to think eggs were a likely source of food poisoning than respondents with no children in their household (43% vs. 35%).

Activities to help avoid food poisoning

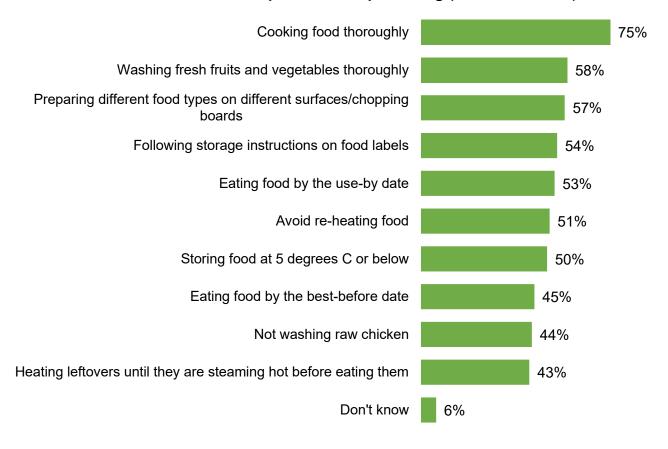
Respondents were asked which activities they believe can help avoid food poisoning.

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 associated with food poisoning prevention (75%), with all other methods at similar levels (around 50%).

Perceived activities to help avoid food poisoning (November 2017)



Respondents in social grade AB were more likely than all other groups to mention 'preparing different food types on different surfaces / chopping boards' (71% vs. 45% among DE).

Those aware of the FSA were far more likely to be aware of prevention activities (e.g. 82% mentioned cooking food thoroughly vs. 50% among those unaware of FSA).



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, 18% of respondents were aware of and able to specify a rule.

The most commonly mentioned topics were references to peanuts (7%) and that 'allergens must be displayed/on menus/labels' (5%).

51% of respondents were not aware of any rules about allergens, and 29% were unsure.

The youngest (16-25) and oldest (66+) age groups had lowest levels of knowledge around this, with 58% and 59% respectively not knowing any rules about allergens.

Incidence of allergens

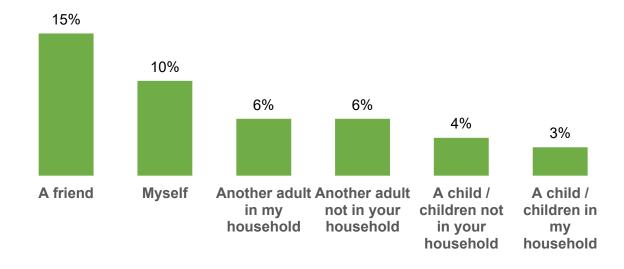
Q9b. Do you or anyone that you regularly eat out with or buy food/drink for, have food allergies or intolerances, based on the definitions below...

- 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 and a friend.

10% of respondents reported having a food intolerance and/or allergy, with 5% reporting a food intolerance, 4% with an allergy diagnosis, and 1% with both.

Incidence of any food intolerance or allergy (November 2017)



Confidence in asking for allergen information

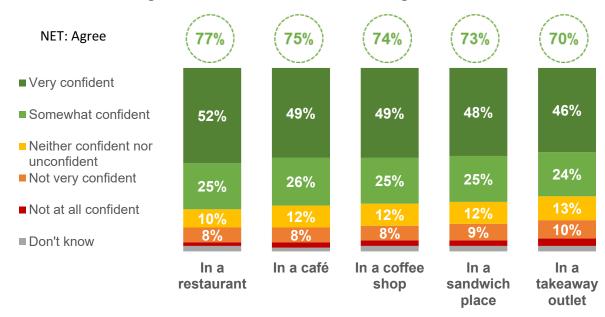
Q9c. Thinking specifically about eating out and buying food to eat, for example, from a coffee shop, restaurant, café, sandwich place, takeaway outlet etc., how confident would you feel in asking a member of staff for information about the ingredients in the foods they are selling, because of a concern 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 (70%-77%) reported feeling confident¹⁸ to ask a member of staff for information about ingredients in food because of a concern about possible allergens/food intolerances. There was little differentiation in levels of confidence between outlet types.

Confidence in asking for information because of allergen / intolerance concern



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

- Those aged 16-25 (82%) compared to those aged 66+ (66%)
- Those in Northern Ireland (90%) compared to those in England (77%) and Wales (63%)

¹⁸ Refers to the net proportion of respondents who report feeling either 'somewhat confident' or 'very confident'.

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'.

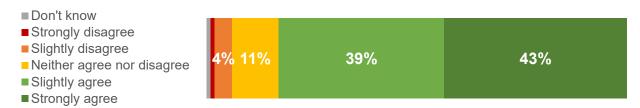
There were high levels of agreement for all statements, particularly around responsibility and empowerment.

Slightly lower levels of agreement were seen for 'The authorities are effectively preventing and detecting food fraud' and 'The people who product and supply food make sure it is safe, honest and ethically approved'.

How much do you agree or disagree with the following statements... (November 2017)



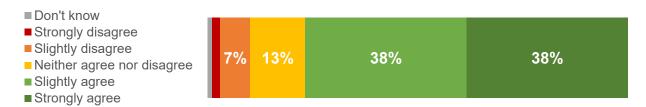
"I have enough information about what food contains to make my food choices"



Most respondents reported feeling that they have enough information about what food contains to make their food choices.

Those in social grade AB tended to feel more well informed than those in DE (88% vs. 76%).

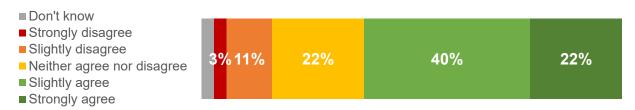
"I have enough information about where my food comes from to make my food choices"



It was a similar picture for information about where food comes from: 77% of respondents felt they had enough information to make their choices.

 Those in social grade AB and C1 were more likely to agree¹⁹ that they had enough information about where food comes from (83% and 82%) than those in C2 or DE (71% and 72%)

"The people who produce and supply food make sure it is safe, honest and ethically approved"



61% of respondents agreed that the people who produce and supply food make sure it is safe, honest and ethically approved, however only 22% strongly agreed with this.

¹⁹ Where 'agree' is mentioned, proportion includes net response for slightly agree and strongly agree

• Those in Northern Ireland were more likely to strongly agree (46% strongly agree in NI, vs. 21% in England and 16% in Wales).

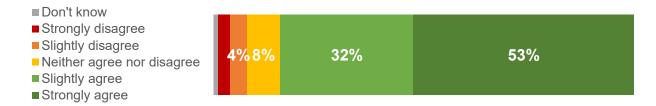
"It is my responsibility to make sure that I make the right food choices for me and my family"



Almost all respondents agreed that food choices are their responsibility, with 68% strongly agreeing.

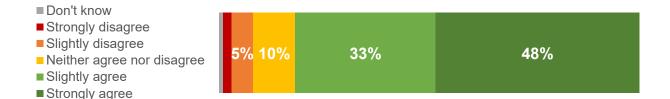
- There was a disparity between social grades, with those in AB more likely to strongly agree than those in DE (77% v 62%)
- There were also differences at a country level, with those in NI more likely to strongly agree (85%) than those in England (67%) or Wales (62%)

"I feel that I have access to an affordable healthy diet"

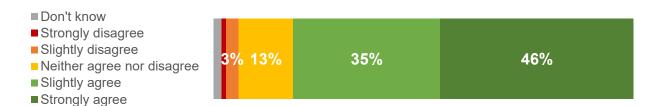


 Respondents in the 66+ age group were more likely to agree that they feel they have access to an affordable healthy diet that those who were aged 26-35 (90% vs. 79%).

"I feel that I will have access to an affordable healthy diet in the future"



"I'm conscious of the wider impact of the food choices I make"



Most respondents agreed that they were conscious of the wider impact of food choices.

- Respondents in the 39-49 age group were more likely to agree than those in the 66+ age group (85%-74%)
- Those in social grades AB were more likely to agree than those in C2 and DE (88% vs. 76%)
- Respondents in Northern Ireland were more likely to agree (94%) than those in England (80%) or Wales (75%)

"I feel empowered to make my own decisions about what I eat and why I eat it"



89% of respondents agreed that they felt empowered to make their own decisions about what they eat and why they eat it.

- Those in social grade AB were more likely to agree (96%) than those in C2 and DE (both at 86%)
- Respondents in Northern Ireland were more likely to agree (98%) than those in England (88%)

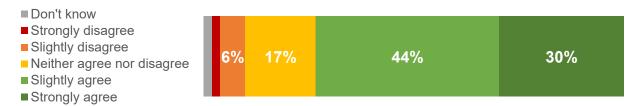
"I am confident that the food I buy or eat is what it says it is and accurately labelled"



Three quarters of respondents (75%) reported that they feel confident that the food they buy or eat is accurately labelled.

• There were higher levels of agreement in Northern Ireland (87%) than in England (75%) or Wales (66%).

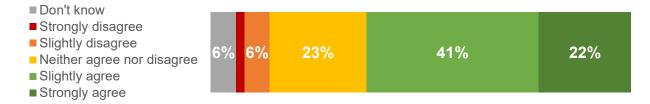
"I trust the authenticity of the ingredients, origin or quality of the food I buy or eat"



Most respondents reported that they trust the authenticity of the ingredients, origin or quality of the food they buy or eat.

- Respondents in social grade AB were more likely to agree (82%) than those in DE (69%) or C2 (71%)
- Those in Northern Ireland were more likely to agree (80%) than those in Wales (70%)

"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)"

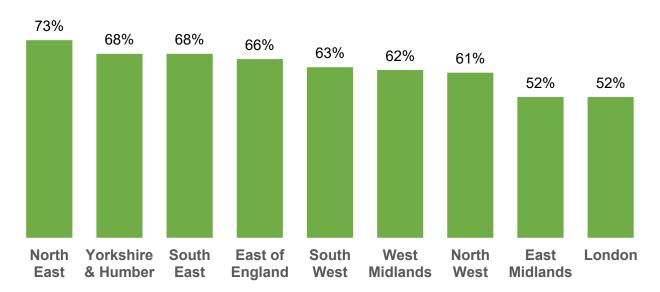


Although 63% agreed that authorities are effectively preventing and detecting food fraud, there were fairly low levels of strong agreement (22%).

- The younger age group (16-25) were less likely to agree (56%) than those aged 36-49 (65%), however this was driven by higher levels of 'neither agree nor disagree' rather than outright disagreement.
- Again, those in Northern Ireland had higher levels of agreement (75%) than England or Wales (both at 62%).

There were also disparities at a regional level:

"The authorities are effectively preventing and detecting food fraud" (slightly agree / strongly agree - by Government Region)



Conclusion

Overall, most Wave 15 findings have been fairly consistent with previous waves.



The top food safety issues of concern were food hygiene when eating out (36%), food poisoning (30%), chemicals from the environment in food (29%), and food additives (29%). This is consistent with the previous wave, and although concern about these

issues has tended to fluctuate since 2010, 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 (52%), food waste (48%), and food prices (46%). Concern about sugar has increased more than concern about any other issue, from 39% at Wave 1 to 52% at Wave 15 (+13%).



45% of respondents reported concern about food safety in **UK restaurants**, **pubs**, **cafes and takeaways**. 42% of respondents reported concern about food safety in **UK shops and supermarkets**.



84% 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 (60%). (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 15 (+28%).



78% of people were aware of the FSA, similar to previous waves. The current Wave had new additional questions, where 65% of those aware of the FSA believed they **knew some**, **or a lot of**, **information about the FSA**, and **50% thought "government department" best described the FSA**.

The main issue that people aware of the FSA thought the FSA was responsible for was **ensuring food bought is safe to eat (88%)**, followed by date labelling (64%), and nutrition labelling (60%).

This Wave saw new questions on perceptions of the FSA. 69% of people agreed that the FSA is working on their behalf, 63% agreed that the FSA is fighting food fraud, and 52% agreed the FSA is open and honest.

Of the 78% of people aware of the FSA, 70% trusted the FSA to do its job. This is the highest reported trust in all previous waves since 2010, with the general trend increasing.

Of those aware of the FSA, **67% of people agreed that the FSA tell the truth in the information they provide**. Agreement varied between those in Northern Ireland (79%) compared to those in England (67%) and Wales (57%).



73% of respondents did not always feel confident²⁰ in food labelling. Issues surrounding confidence in food labelling included; people not believing the information is correct (12%), the Horsemeat Scandal (7%), and being deliberately mislead (6%). However, **49% of people took no action** on this.



The most commonly known types of food poisoning were **salmonella** (89%) and **E-coli** (82%). The most reported perceived source of food poisoning was **raw chicken or turkey** (79%). 75% 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. 82% mentioned cooking food thoroughly vs. 50% among those unaware of FSA).



18% 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 58% and 59% respectively

not knowing any rules about allergens. 10% of respondents reported having a food intolerance and/or allergy.

Most people (70%-77%) felt confident to ask a member of staff about ingredient information due to concern about possible food allergens/intolerances. Those in Northern Ireland felt more confident doing so (90%) than those in England (77%) and Wales (63%).

90% of people agreed that it is their responsibility to make the right food choices for themselves and their family. 89% of people felt empowered to make their own decisions about what they eat and why. 85% of people felt they have access to a healthy diet.

²⁰ 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.

A few general trends over time (Waves 1 – 15) 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 tended to be more concerned than people in 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 the least concerned about food issues than those in the older age brackets.

Annex A: Food issues not in the main report

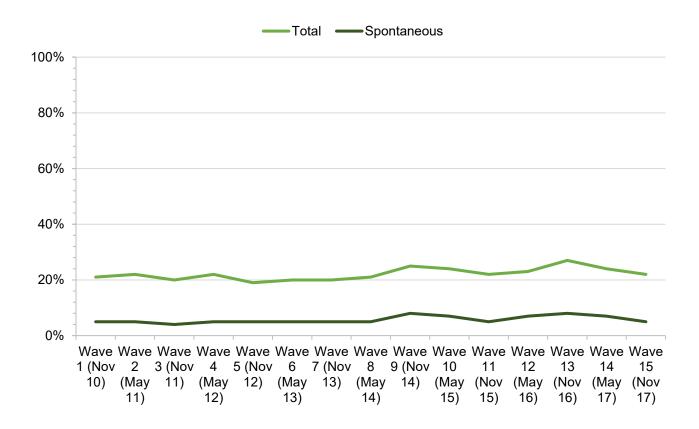
These issues are covered here rather than in the main report for Wave 15, for example because they are not the top reported issues of concern at this wave.

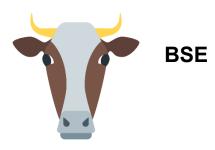


At Wave 15, 22% of respondents reported concern about GM food. Concern varied between groups of people, particularly between:

 Those in Northern Ireland (34%) compared to those in England (22%) and Wales (13%)

Concern about GM food (November 2010 – November 2017)

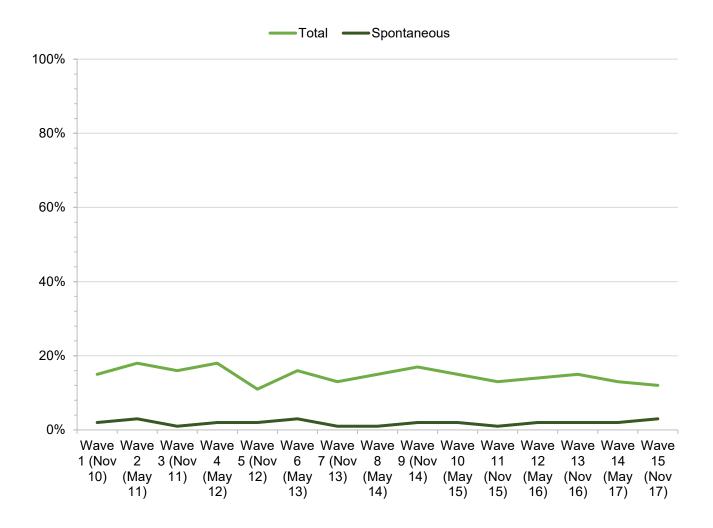




At Wave 15, 12% of respondents reported concern about BSE. Concern varied between groups of people, particularly between:

• Those in Northern Ireland (23%) compared to those in England (12%) and Wales (9%)

Concern about BSE (November 2010 – November 2017)





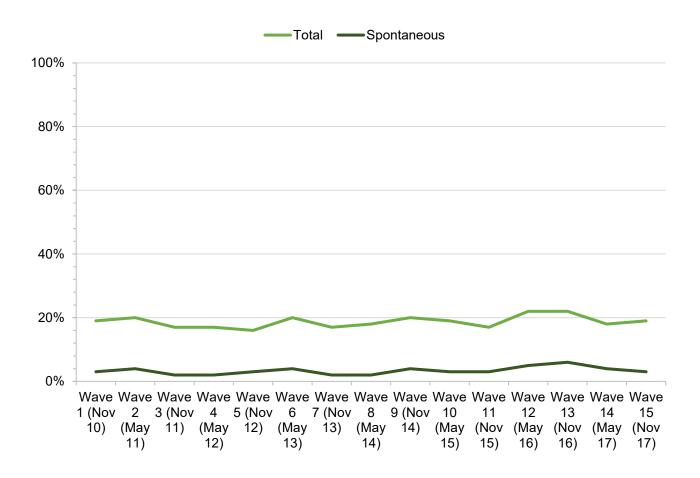
Feed given to livestock

At Wave 15, 19% of respondents reported concern about feed given to livestock.

Concern varied between groups of people, particularly between:

• Those in Northern Ireland (31%) compared to those in England (18%) and Wales (14%)

Concern about the feed given to livestock (November 2010 – November 2017)



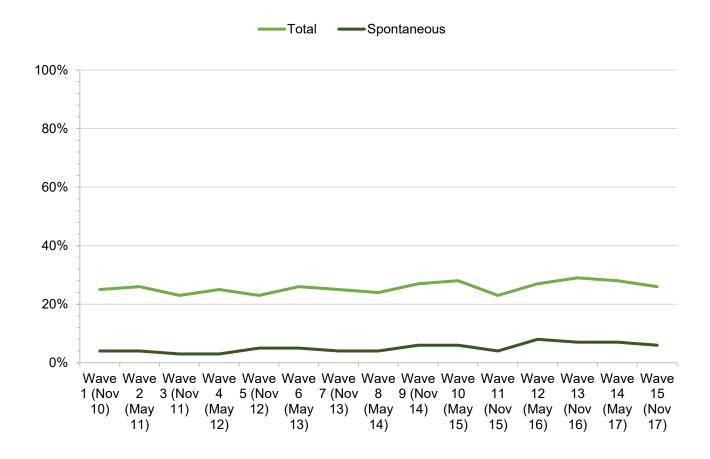


Pesticides

At Wave 15, 26% of respondents reported concern about the use of pesticides in food. Concern varied between groups of people, particularly between:

- Those in social grade AB (32%) compared to those in social grade DE (20%)
- Those aged 50-65 (32%) compared to those aged 16-25 (15%)

Concern about pesticides (November 2010 – November 2017)



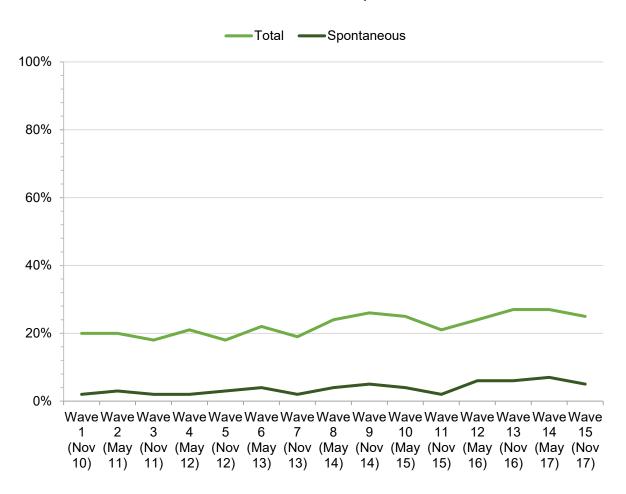


Hormones / steroids / antibiotics

At Wave 15, 25% of respondents reported concern about hormones / steroids / antibiotics. Concern varied between groups of people, particularly between:

- Those in social grade AB (33%) compared to those in social grade DE (18%)
- Those in Northern Ireland (44%) compared to those in England (25%) and Wales (14%)

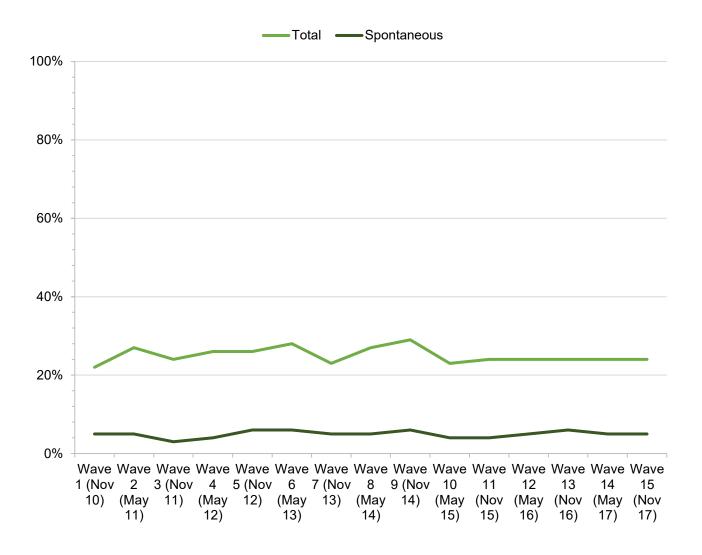
Concern about hormones / steroids / antibiotics in food (November 2010 – November 2017)





At Wave 15, 24% of respondents reported concern about date labels such as "best before" and "use by" labels.

Concern about date labels (November 2010 – November 2017)



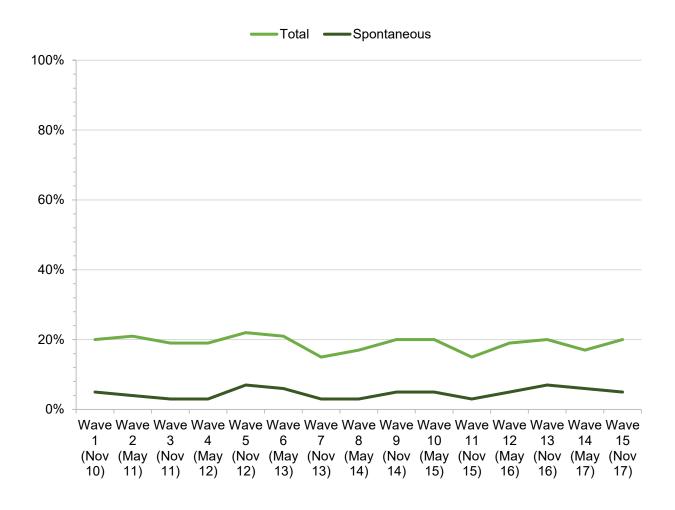


Food hygiene at home

At Wave 15, 20% of respondents reported concern about food hygiene at home. Concern varied between groups of people, particularly between:

• Those in England (21%) compared to those in Northern Ireland (11%)

Concern about food hygiene at home (November 2010 – November 2017)

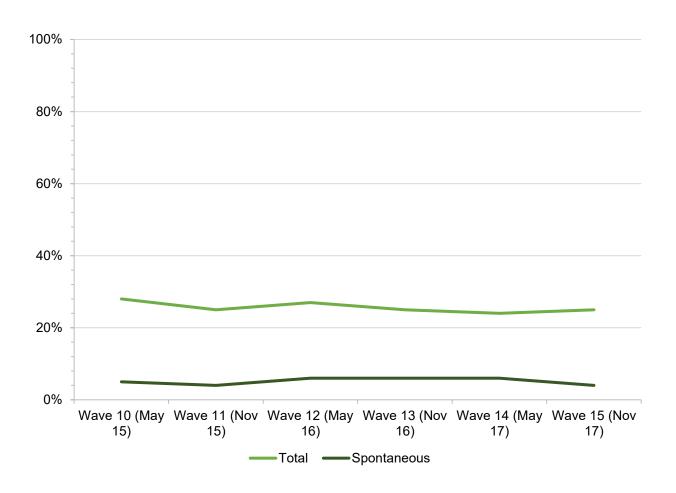




Food not being what the label says it is

At Wave 15, 25% of respondents reported concern about food not being what the label says it is. (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 about food not being what the label says it is (May 2010 – November 2017)



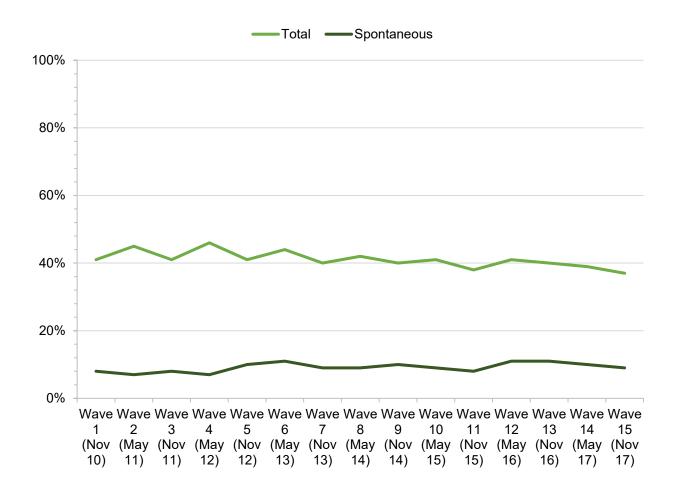


Fat

At Wave 15, 37% of respondents reported concern about the amount of fat in food. Concern varied between groups of people, particularly between:

• Those aged 50-65 (43%) compared to those aged 16-25 (27%)

Concern about the amount of fat in food (November 2010 – November 2017)



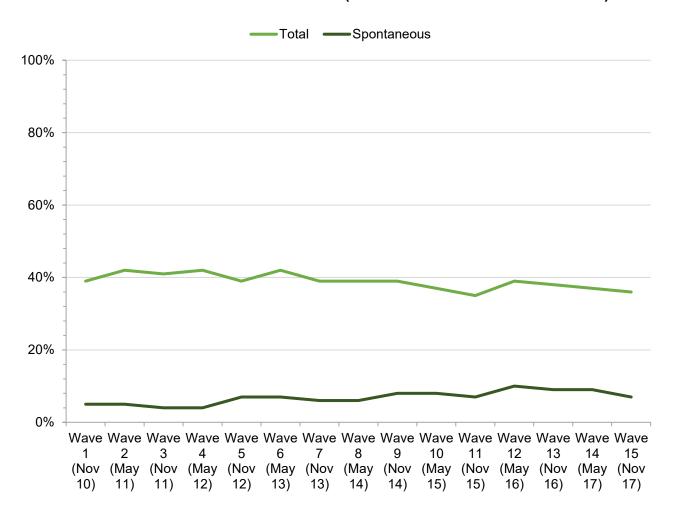


Saturated fat

At Wave 15, 36% of respondents reported concern about the amount of saturated fat in food. Concern varied between groups of people, particularly between:

 Those in Northern Ireland (44%) and England (36%) compared to those in Wales (23%).

Concern about saturated fat in food (November 2010 - November 2017)



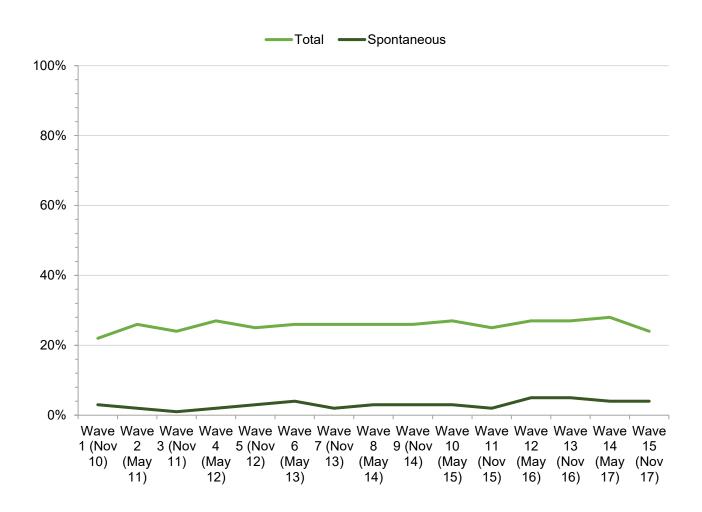


Foods aimed at children

At Wave 15, 24% of respondents reported concern about foods aimed at children. Concern varied between groups of people, particularly between:

- Those with children in the household (34%) compared to those without children in the household (19%).
- Those in Northern Ireland (40%) compared to those in England (24%) and Wales (17%).

Concern about foods aimed at children (November 2010 – November 2017)



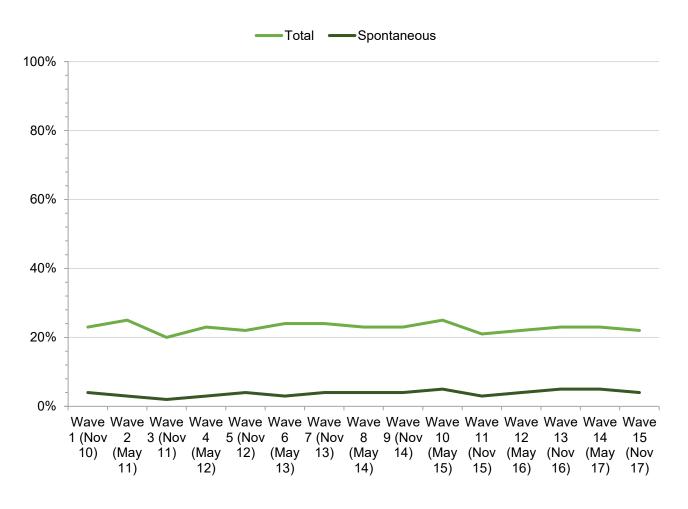


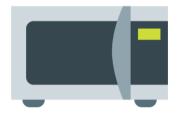
Food miles

At Wave 15, 22% of respondents reported concern about food miles. Concern varied between groups of people, particularly between:

- Those in social grade AB (30%) compared to those in social grades DE (19%) and C2 (18%).
- Those in Northern Ireland (33%) compared to those in Wales (14%).

Concern about food miles (November 2010 – November 2017)



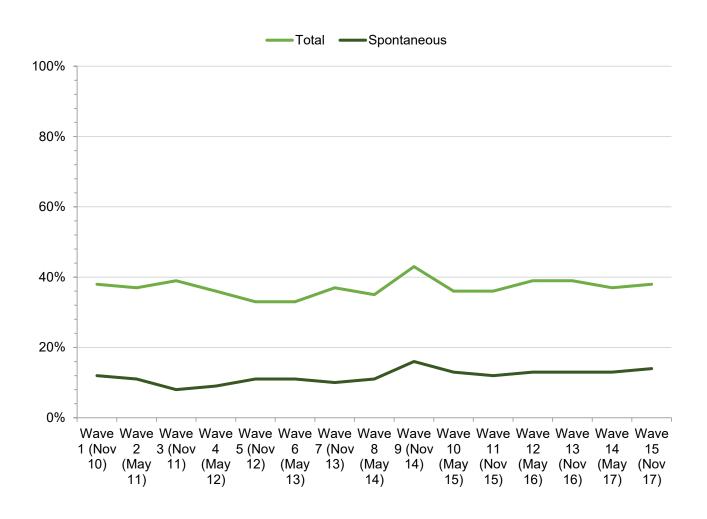


Promoting food safety in the home

At Wave 15, 38% of respondents considered promoting food safety in the home an FSA responsibility. Viewing the FSA responsible for this role varied between groups of people, particularly between:

• Those aged 50-65 (44%) and 66+ (41%) compared to those aged 16-25 (31%).

Think FSA is responsible for promoting food safety at home (November 2010 – November 2017)

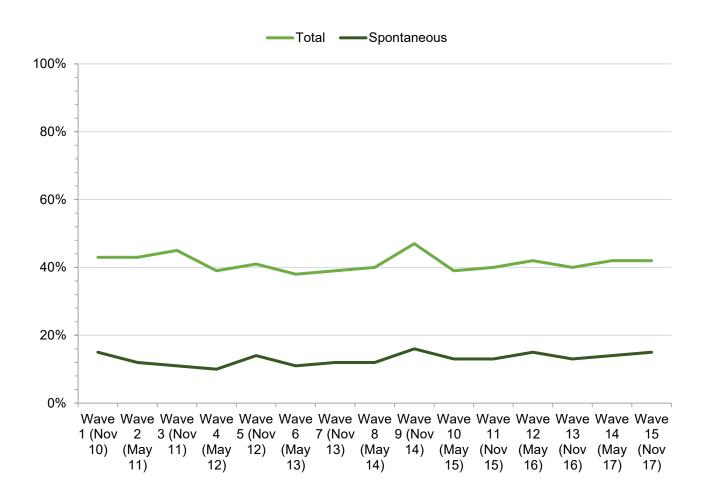




Promoting and enabling healthy eating and lifestyles

At Wave 15, 42% of respondents considered promoting and enabling healthy eating and lifestyles an FSA responsibility. This did not vary significantly between groups of people.

Think FSA is responsible for promoting and enabling healthy eating and lifestyles (November 2010 – November 2017)



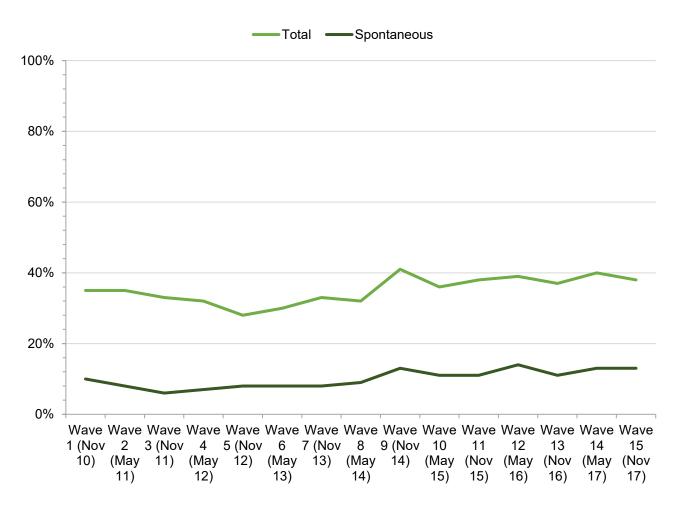


Ensuring food is sustainable

At Wave 15, 38% 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 (39%) and Wales (36%) compared to those in Northern Ireland (20%).

Think FSA is responsible for ensuring food is sustainable (November 2010 – November 2017)



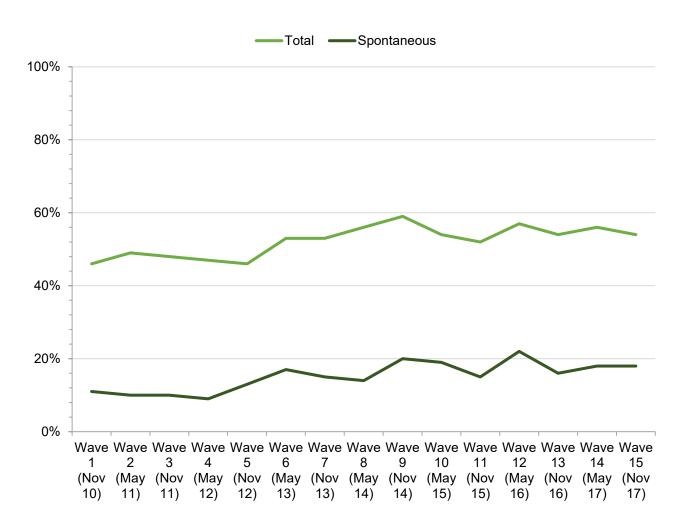


Country of origin labelling

At Wave 15, 54% of respondents considered country of origin labelling an FSA responsibility. This varied between groups of people, particularly between:

- Those in social grades AB, C1 and C2 (56%-62%) compared to those in social grade DE (40%).
- Those in England (55%) compared to those in Northern Ireland (35%).

Think country of origin labelling is an FSA responsibility (November 2010 – November 2017)



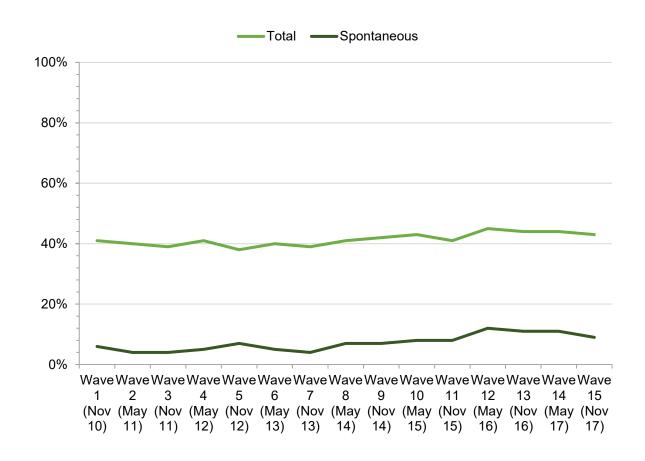


Concern about animal welfare

At Wave 15, 43% of respondents reported concern about animal welfare. Concern varied between groups of people, particularly between:

- Those aged 50-65 compared to those aged 16-25 (50% v 37%)
- Those in social grades AB, C1 and C2 (49%-42%) compared to those in social grade DE (34%)
- Those in Northern Ireland (56%) compared to those in England (43%) and Wales (37%)

Concern about animal welfare (November 2010 – November 2017)



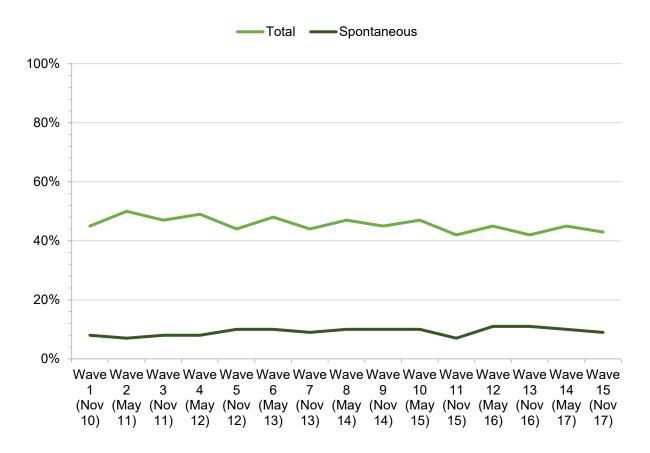


Concern about the amount of salt in food

At Wave 15, 43% of respondents reported concern about the amount of salt in food. Concern varied between groups of people, particularly between:

- Those aged 50-65 compared to those aged 16-25 (29%)
- Those in Northern Ireland (57%) compared to those in England (42%) and Wales (40%)
- Those living in London compared to those living in the East Midlands (33%)

Concern about the amount of salt in food (November 2010 – November 2017)



Annex B: Wave 15 Sample bases

Q 1a Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 1b Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 1c Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 1d Wave 14 Weighted base (1,874), Unweighted base (1,989) Qs 1c-d Wave 14 Weighted base (1,874), Unweighted base (1,989) Qs 1b-d Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 2a Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 2b Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 3a Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 3b Wave 14 Weighted base (1,581), Unweighted base (1,652) Q 4 Wave 14 Weighted base (1,874), Unweighted base (1,989) Q 4b Wave 15 Weighted base (1,453), Unweighted base (1,526) Q 4c Wave 15 Weighted base (1,453), Unweighted base (1,526) Q 5a Wave 14 Weighted base (1,453), Unweighted base (1,526) Q 5b Wave 14 Weighted base (1,453), Unweighted base (1,526) Q 4d 01 Wave 15 Weighted base (1,453), Unweighted base (1,526) Q 4d 02 Wave 15 Weighted base (1,453), Unweighted base (1,526) Q 4d 03 Wave 15 Weighted base (1,453), Unweighted base (1,526) Q 4d 04 Wave 15 Weighted base (1,453), Unweighted base (1,526) Q 4d 05 Wave 15 Weighted base (1,453), Unweighted base (1,526) Q 6a Wave 14 Weighted base (1,453), Unweighted base (1,526) Q 6b 01 Wave 15 Weighted base (1,874), Unweighted base (1,989) Q 6b_02 Wave 15 Weighted base (1,874), Unweighted base (1,989) Q 6b 03 Wave 15 Weighted base (1,874), Unweighted base (1,989)

- Q 7a Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 7b Wave 15 Weighted base (1,362), Unweighted base (1,441)
- Q 7c Wave 15 Weighted base (1,362), Unweighted base (1,441)
- Q 8a Wave 15 Weighted base ((1,874), Unweighted base (1,989)
- Q 8ai Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 8aii Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 8b Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 8c Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9a Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9b 01 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9b_02 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9b 03 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9b 04 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9b_05 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9b 06 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9c 01 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9c 02 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9c 03 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9c 04 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 9c 05 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33 01 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33 02 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33_03 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33 04 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33_05 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33 06 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33_07 Wave 15 Weighted base (1,874), Unweighted base (1,989)

- Q 33_08 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33_09 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33_10 Wave 15 Weighted base (1,874), Unweighted base (1,989)
- Q 33_11 Wave 15 Weighted base (1,874), Unweighted base (1,989)

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. 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). At Wave 9, these 4 questions were removed and instead included in the FHRS Tracker survey. 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 current Wave, 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.

Reporting

The main report presents top-line findings from in-house analysis. The report covers trends for Wave 1 (November 2010) – Wave 15 (November 2017) of the biannual series. Unless stated otherwise, where comparisons are made in the text between different population groups, variables²⁴, 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

²¹ 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

²² http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene/food-hygiene-information-scheme">http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene/food-hygiene-information-scheme

²³ https://www.food.gov.uk/business-industry/hygieneratings

²⁴ 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.

survey findings, other differences may also be apparent in the data. Full data tables for all Waves from Wave 12 onwards are available online alongside the published report, and full data tables for previous waves are available upon request.²⁵

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.²⁶

Methodology

This is Wave 15 of the redeveloped Tracker. Fieldwork for this Wave took place from 8th November to 19th November 2017. Interviews took place with a representative sample of 1,989 adults across 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.

At Waves 14 and 15, 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 2001 Census small area statistics and the Postcode Address File (PAF) were used to divide the UK into a master sampling frame of 630 sample points. The frame was then refined down to 415 points in the UK and 14 in Northern Ireland by stratifying points according to Government Office Region, Social Grade and urban/rural coverage. Sequential waves of fieldwork are conducted systematically across this sampling frame to provide maximum geographical dispersion and ensure that sample point selection remains representative for any specific fieldwork wave.

²⁵ 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.

²⁶ 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.

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 November 2017 (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.²⁷ 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 respondents were willing to be re-contacted at a later date to answer follow up questions

²⁷ This was a recommendation from the development work for the new biannual Tracker, available at: http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey

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 were removed, and an additional 16 questions were 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.

Occupational Groupings²⁸

| Grade | Approximate percentage of population | General description | Retiree description |
|-------|--------------------------------------|--|---|
| Α | 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 |
| В | 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 N/A |
| 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 | |

²⁸ Social grade is weighted according to BARB data: http://www.barb.co.uk/.

Annex D: Wave 15 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

<u>Food intolerance</u> (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)

<u>Food allergy</u> 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

<u>Food intolerance</u> (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)

<u>Food allergy</u> 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

<u>Food intolerance</u> (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)

<u>Food allergy</u> 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

<u>Food intolerance</u> (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)

<u>Food allergy</u> 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

<u>Food intolerance</u> (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)

<u>Food allergy</u> 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

<u>Food intolerance</u> (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)

<u>Food allergy</u> 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