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# Biannual Public Attitudes Tracker

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Wave 13, November 2016

Food Standards Agency

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Social Science team

February 2017

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# Contents table

Executive summary	3
Symbols guide	4
Important information for reading this report	6
Key findings at Wave 13 (November 2016)	7
Key changes over time: Wave 1 – Wave 13 (November 2010 – November 2016)	9
Concern about food issues	11
Food safety issues of concern	12
Wider food issues of concern	17
Concern about food safety in food outlets	24
Awareness of food hygiene standards	27
Awareness of and trust in the FSA	32
Awareness of the FSA	32
Awareness of the FSA's responsibilities	34
Trust in the FSA	38
Conclusion	40
Annex A: Issues not in the main report	42
Annex B: Wave 13 sample bases	59
Annex C: Methodology	60
Annex D: Wave 13 Questionnaire	66

# Executive summary

The Food Standards Agency (FSA) places 6 questions on a biannual basis on the regular TNS (now part of Kantar Public)<sup>1</sup> face-to-face Omnibus survey, to monitor key Agency issues.

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. Questions cover a number of topics of interest for the Agency, including: concern about specific food safety issues, awareness of food hygiene standards, awareness of the FSA and its responsibilities, and trust in the FSA.

Fieldwork for this wave took place from 9<sup>th</sup> to 13<sup>th</sup> November 2016, with a representative sample of 1,967 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 1–13 of the series, with Wave 1 being carried out in November 2010.

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

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<sup>1</sup> <http://www.tnsglobal.com/>

# 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



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



## Important information for reading this report

**Most variations between groups of people that are 10% or bigger are listed in descending order above each graph** (with the exception of regional differences, which have been documented separately as they are less likely to be statistically significant, due to relatively small sample sizes for each region)

‘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 13 sample bases; Annex C for Methodology; and Annex D for the Wave 13 Questionnaire.

The full data tables for Wave 13 are here:

<https://www.food.gov.uk/science/research/ssres/publictrackingsurvey/biannual-public-attitudes-tracker-survey>

Data tables from before Wave 12 are available on request. For these, or to discuss the survey, please contact [alice.john@foodstandards.gsi.gov.uk](mailto:alice.john@foodstandards.gsi.gov.uk) or [attitudetracker@foodstandards.gsi.gov.uk](mailto:attitudetracker@foodstandards.gsi.gov.uk)

## **Key findings at Wave 13 (November 2016)**

The top wider food issues of concern were the amount of sugar in food (52%), food waste (49%), and animal welfare (44%).

The top food safety issues of concern were food hygiene when eating out (37%), food poisoning (31%), and additives (31%).

49% were concerned about food safety in UK restaurants, pubs, cafes and takeaways.  
43% were concerned about food safety in shops and supermarkets.

86% 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 the general appearance of premises (57%) and staff appearance (42%).

76% reported being aware of the FSA.

The main issue these respondents thought the FSA was responsible for was ensuring food bought is safe to eat (87%).

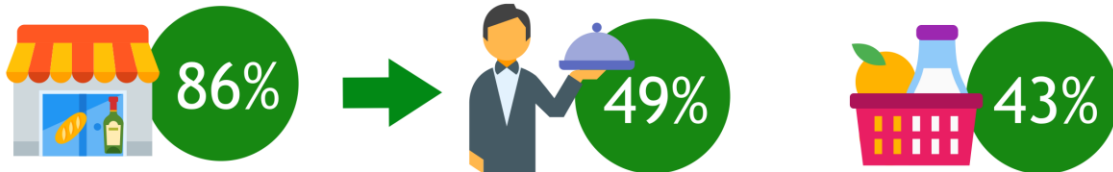
Of the 76% respondents aware of the FSA, 66% trusted the FSA to do its job.

# ATTITUDES TRACKER

## SURVEY WAVE 13 (November 2016)

### Concern about hygiene standards

Of the 86% of people aware of food hygiene standards outside the home, 49% were concerned about eating establishments, and 43% were concerned about shops



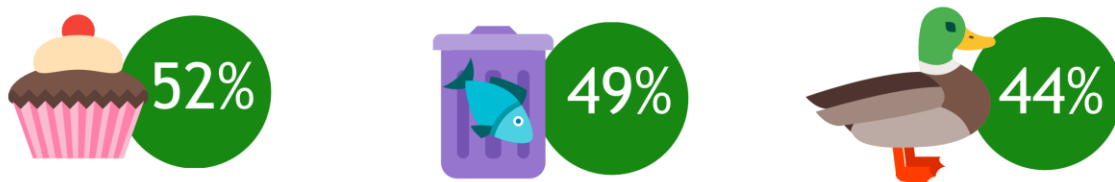
### Concern about food safety

Top concerns were food hygiene when eating out, food poisoning, and food additives



### Concern about food issues

Top concerns were sugar, food waste, and animal welfare



### Views of the Food Standards Agency

Of the 76% of people aware of the FSA, 87% thought the FSA was responsible for ensuring food is safe to eat, and 66% trusted the FSA



See more at: [www.food.gov.uk/science/research/ssres/publictrackingsurvey](http://www.food.gov.uk/science/research/ssres/publictrackingsurvey)



# **Key changes over time: Wave 1 – Wave 13 (November 2010 – November 2016)**

Generally findings have been consistent over time; this is a summary of the key exceptions Wave 1 – Wave 13:

## **Food issues of concern**

Food price was the top issue of concern from Wave 1 – Wave 7, usually at around 60%. Concern started to decline after Wave 7, and has declined more than for any other issue from Wave 1 – Wave 13 (-11%). At Wave 13 concern about food prices was 42%.

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

Other than sugar and food price, the biggest changes in concern relate to: country of origin labels (+8%), from 46% at Wave 1 to 54% at Wave 13; food waste (+7%), from 42% at Wave 1 to 49% at Wave 13; and hormones\steroids\antibiotics in food (+7%), from 20% at Wave 1 to 27% at Wave 13.

## **How respondents are aware of hygiene standards when shopping / eating out**

Awareness of hygiene standards when shopping / eating out has risen slightly (+6%), from 80% at Wave 1 to 86% at Wave 13. For these respondents, awareness of hygiene standards via food hygiene stickers has risen more than for any issue in this survey (+28%), from 12% at Wave 1 to 40% at Wave 13. Awareness of hygiene standards via food hygiene certificates has also risen (+13%), from 28% at Wave 1 to 41% at Wave 13. To a lesser extent, awareness of hygiene standards via websites has risen (+8%), from 5% at Wave 1 to 13% at Wave 13.

Meanwhile, for these respondents, awareness of hygiene standards via the following routes has declined: staff appearance (-9%), from 51% at Wave 1 to 42% at Wave 13; general appearance of premises (-8%), from 65% at Wave 1 to 57% at Wave 13; and reputation (-7%), from 42% at Wave 1 to 35% at Wave 13.

# ATTITUDES TRACKER



SURVEY WAVES 1-13  
(November 2010 - November 2016)

*Key changes Wave 1-13:*



Food price was the top issue of concern from Wave 1 - Wave 9, but has declined more than for any other issue, to 42%



Sugar replaced food price as the top concern from Wave 10 - Wave 13, and has risen more than for any other issue, to 52%



Awareness of hygiene standards via food hygiene certificates has risen, to 41% of the 86% of people aware of food hygiene standards outside the home



Awareness of hygiene standards via food hygiene stickers has risen more than for any issue, to 40% of the 86% of people aware of food hygiene standards outside the home

See more at: [www.food.gov.uk/science/research/ssres/publictrackingsurvey](http://www.food.gov.uk/science/research/ssres/publictrackingsurvey)

# Concern about food issues

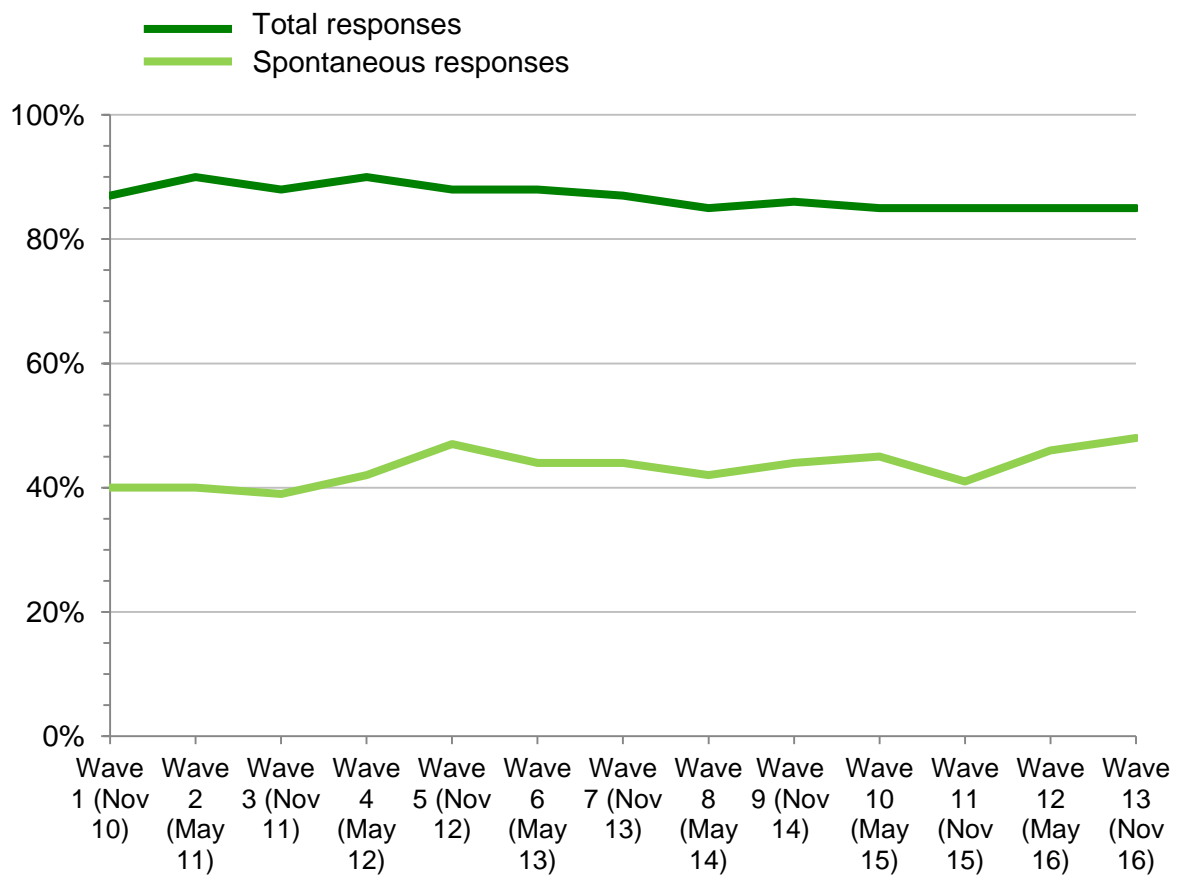
## Wave 13 Key findings

The top wider food issues of concern were the amount of sugar in food (52%), food waste (49%), and animal welfare (44%).

The top food safety issues of concern were food hygiene when eating out (37%), food poisoning (31%), and additives (31%)

At Wave 13, for all food issues of concern (not just food safety), 85% reported concern<sup>2</sup>, remaining consistent with Waves 7-12 (85%-87%). Respondents who reported concern were 14% more likely to report being aware of the FSA (88% v 74%).

### Concern about any food issues (November 2010 – November 2016)



<sup>2</sup> Throughout this report, 'total' concern means 'combined spontaneous and prompted' responses

# Food safety issues of concern

To help the FSA monitor public perceptions of food safety issues, the Tracker asks respondents:

**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

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.

At Wave 13, 69% of respondents reported concern about 1b issues. Concern varied between groups of people, particularly between:

- Those aged 36-49 compared to aged 16-25 (76% v 60%)
- Those in social grade AB compared to C2 (80% v 64%)<sup>3</sup>
- Those in Northern Ireland compared to in Wales (72% v 61%)

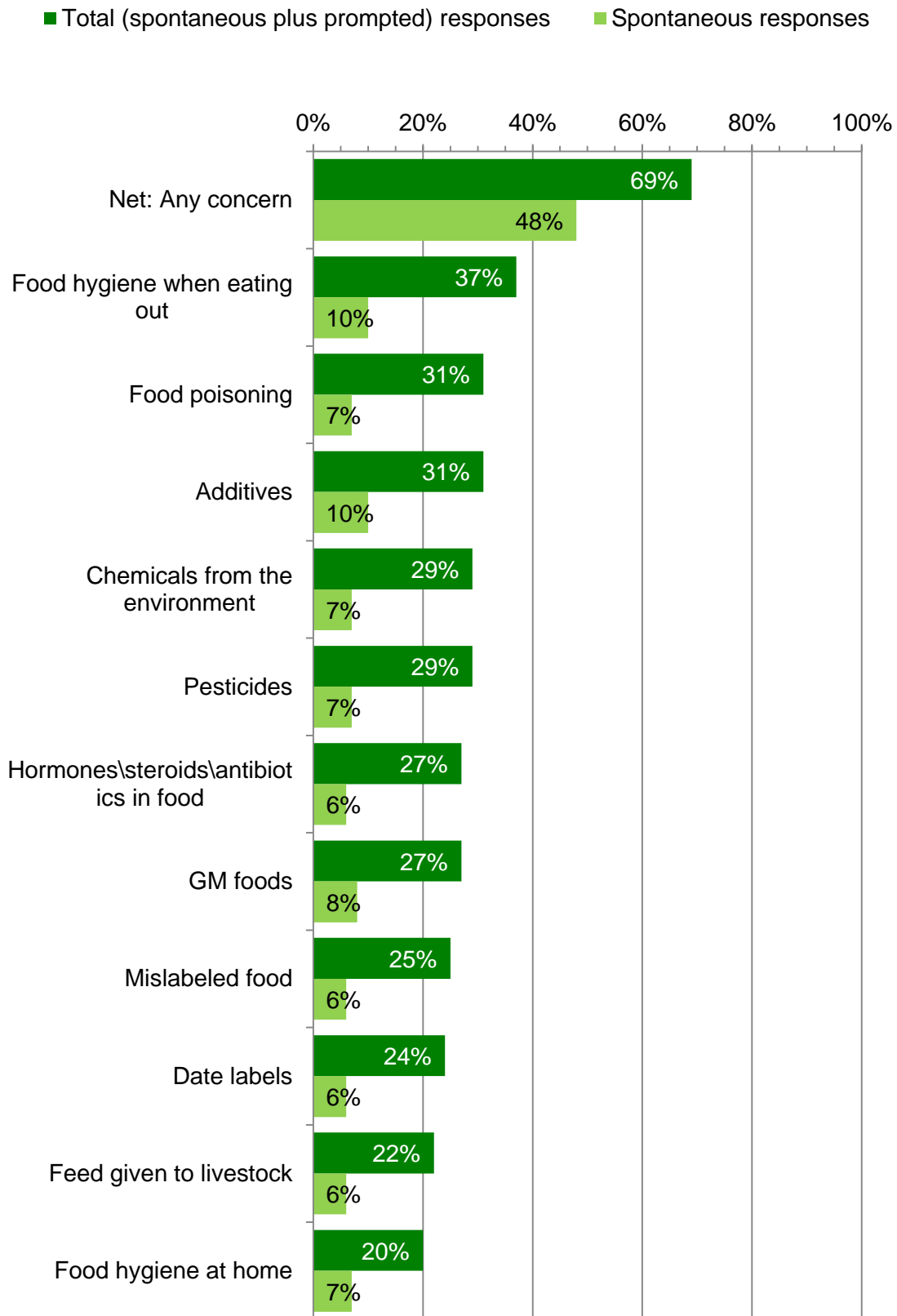
The most frequently reported issues of total concern relating to food safety were food hygiene when eating out (37%), food poisoning (31%), and additives (31%).

In terms of spontaneous responses, the most frequently reported concerns relating to food safety were food hygiene when eating out (10%) and additives (10%).

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<sup>3</sup> An explanation of social grades is in Annex C

## Food safety issues of concern (November 2016)





## Food hygiene when eating out

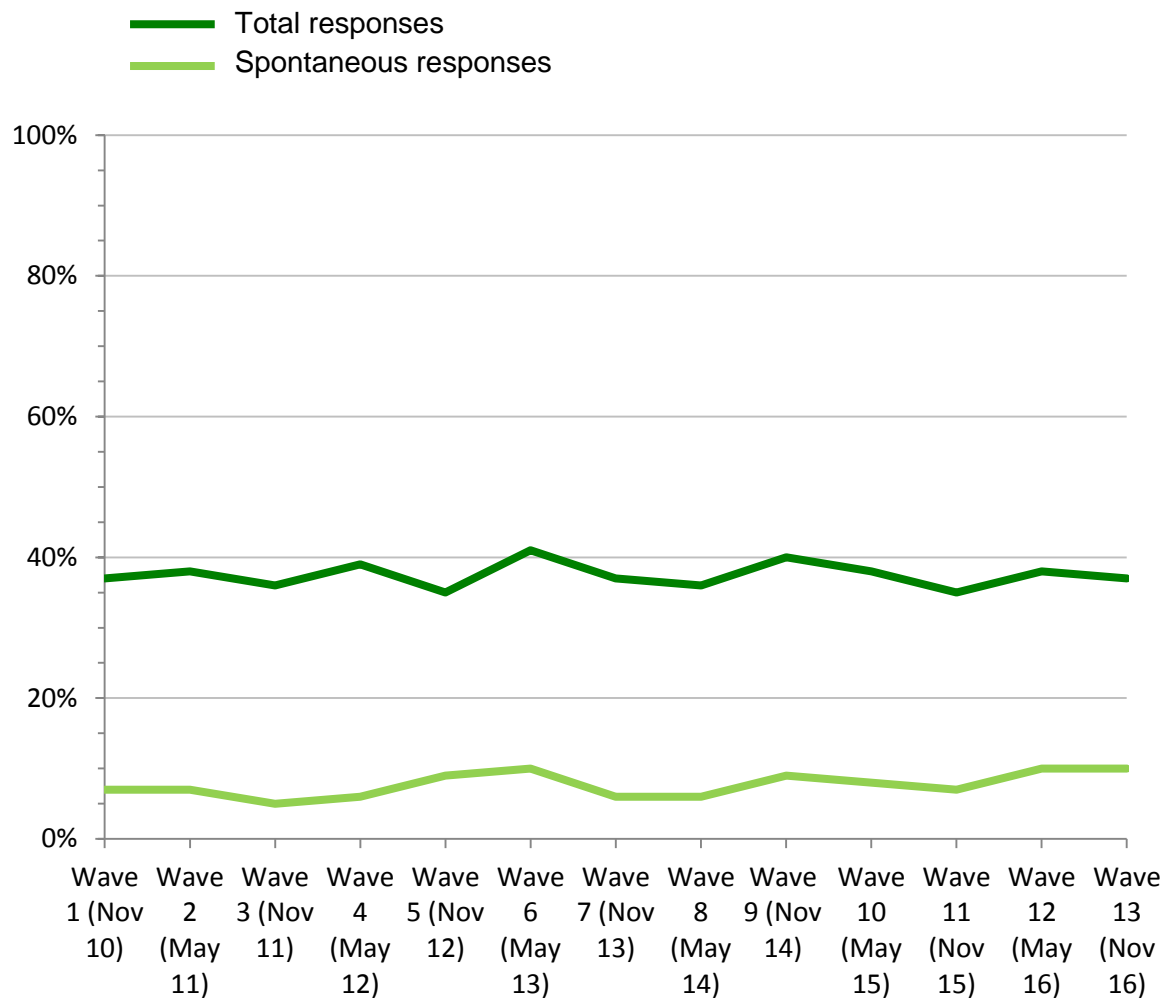
At Wave 13, 37% of respondents reported concern about food hygiene when eating out.

Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (45% v 26%)
- Those aged 36-49 compared to aged 16-25 (46% v 29%)

Concern about food hygiene when eating out has tended to fluctuate slightly over the waves (35%-41%).

### Concern about food hygiene when eating out (Nov 2010 – Nov 2016)





## Food poisoning

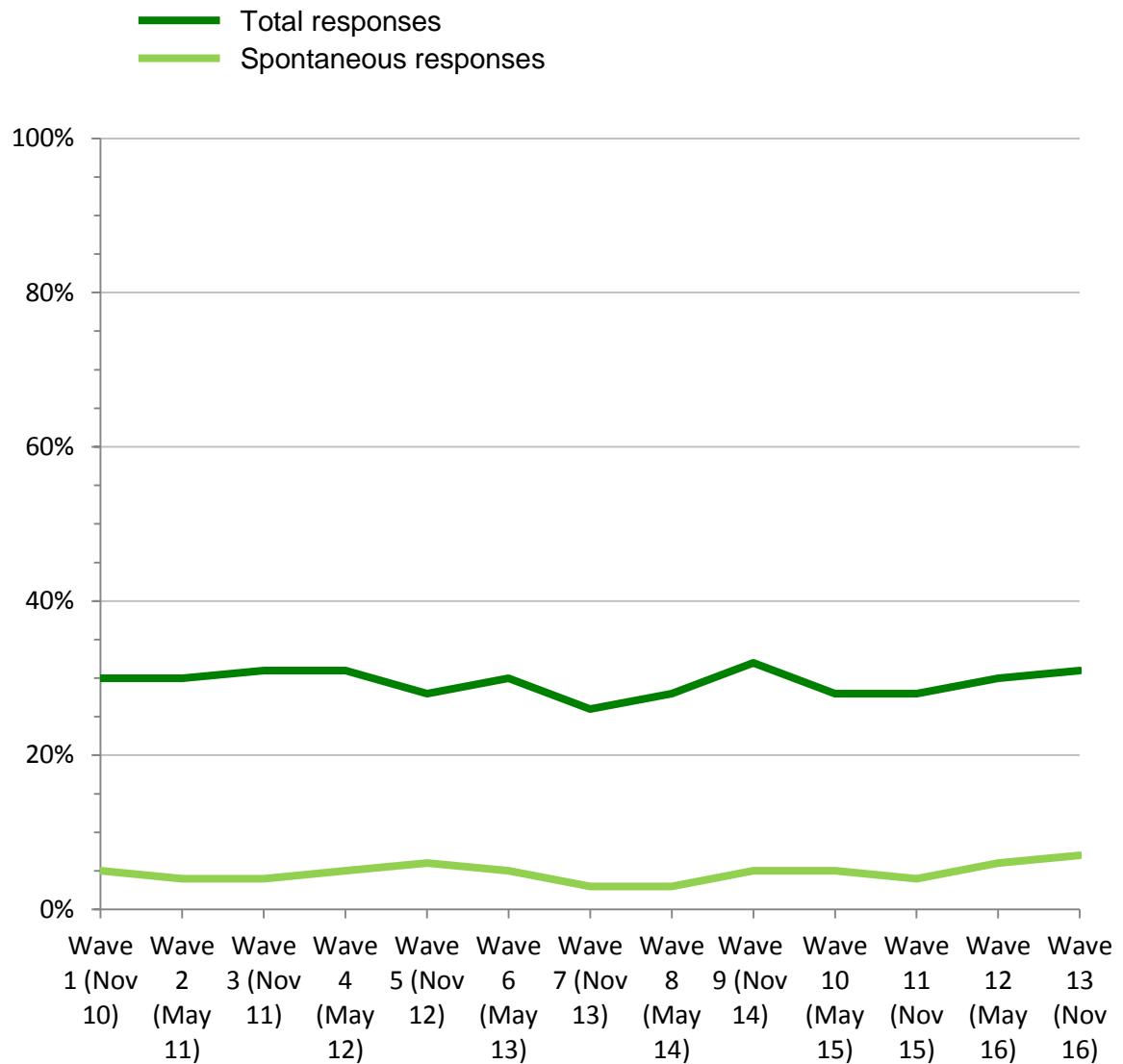
At Wave 13, 31% of respondents reported concern about food poisoning.

Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in England (47% v 30%)

Concern about food poisoning has tended to fluctuate slightly over the series (26%-32%).

### Concern about food poisoning (Nov 2010 – Nov 2016)





## Additives

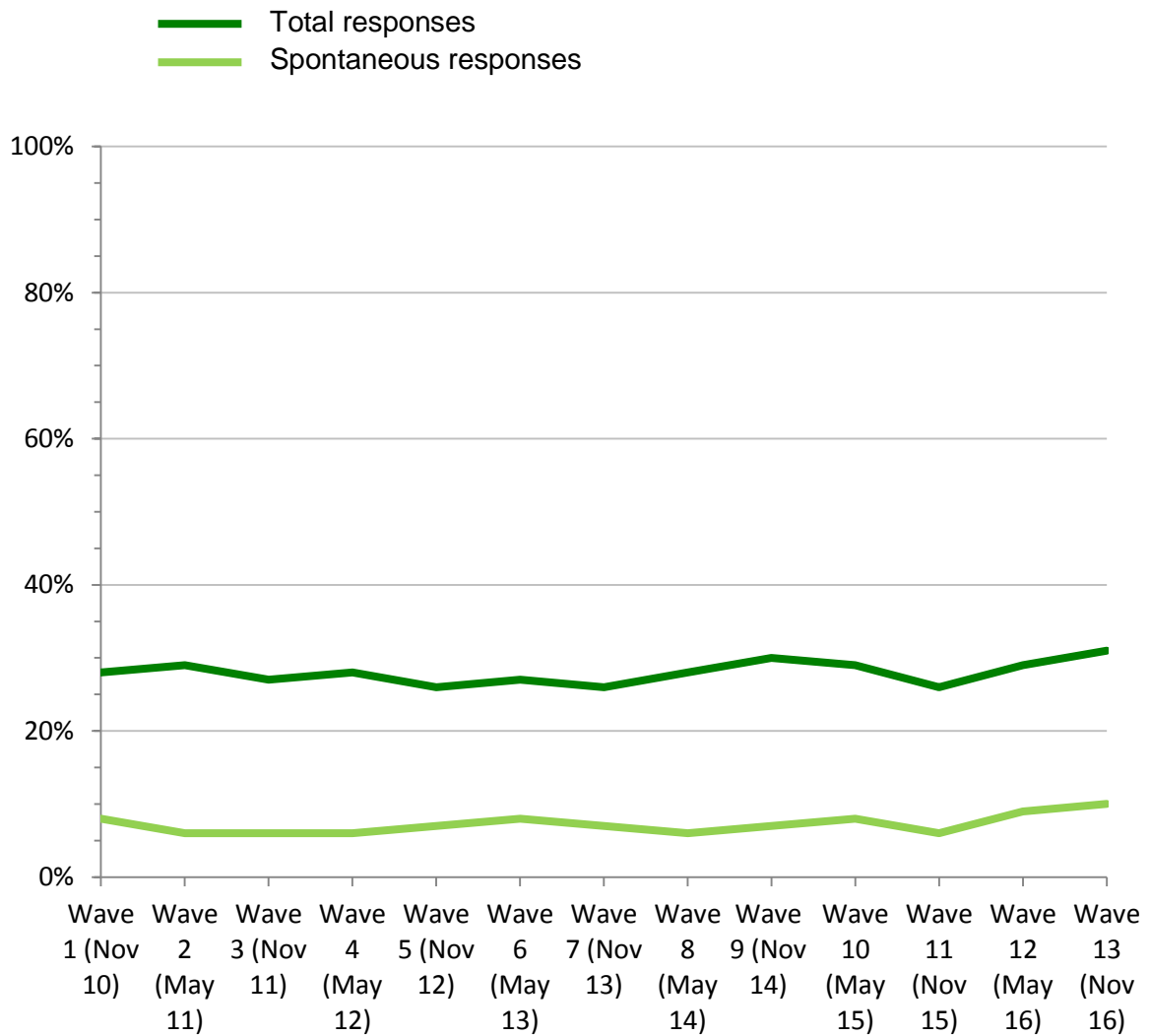
At Wave 13, 31% of respondents reported concern about additives.

Concern varied between groups of people, particularly between:

- Those aged 36-49 compared to 16-25 (39% v 20%)
- Those in social grade AB compared to DE (42% v 24%)
- Principal shoppers compared to those who were not (33% v 22%)

Concern about additives has tended to fluctuate slightly over the series (26%-31%).

### Concern about additives (Nov 2010 – Nov 2016)





# 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 two 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 13, respondents were more concerned about wider food issues than food safety issues. This is true of all waves: concern about wider food issues has ranged from 80-88%, while concern about food safety issues has ranged from 66-72%.

At Wave 13, 67% of respondents reported concern about food issues in Q1c.

Concern varied between groups of people, particularly between:

- Those aged 50-65 compared to aged 16-25 (73% v 53%)
- Those in Northern Ireland compared to in Wales (71% v 54%)
- Those in social grade AB compared to C2 and DE (77% v 61%)

At Wave 13, 73% of respondents reported concern about food issues in Q1d.

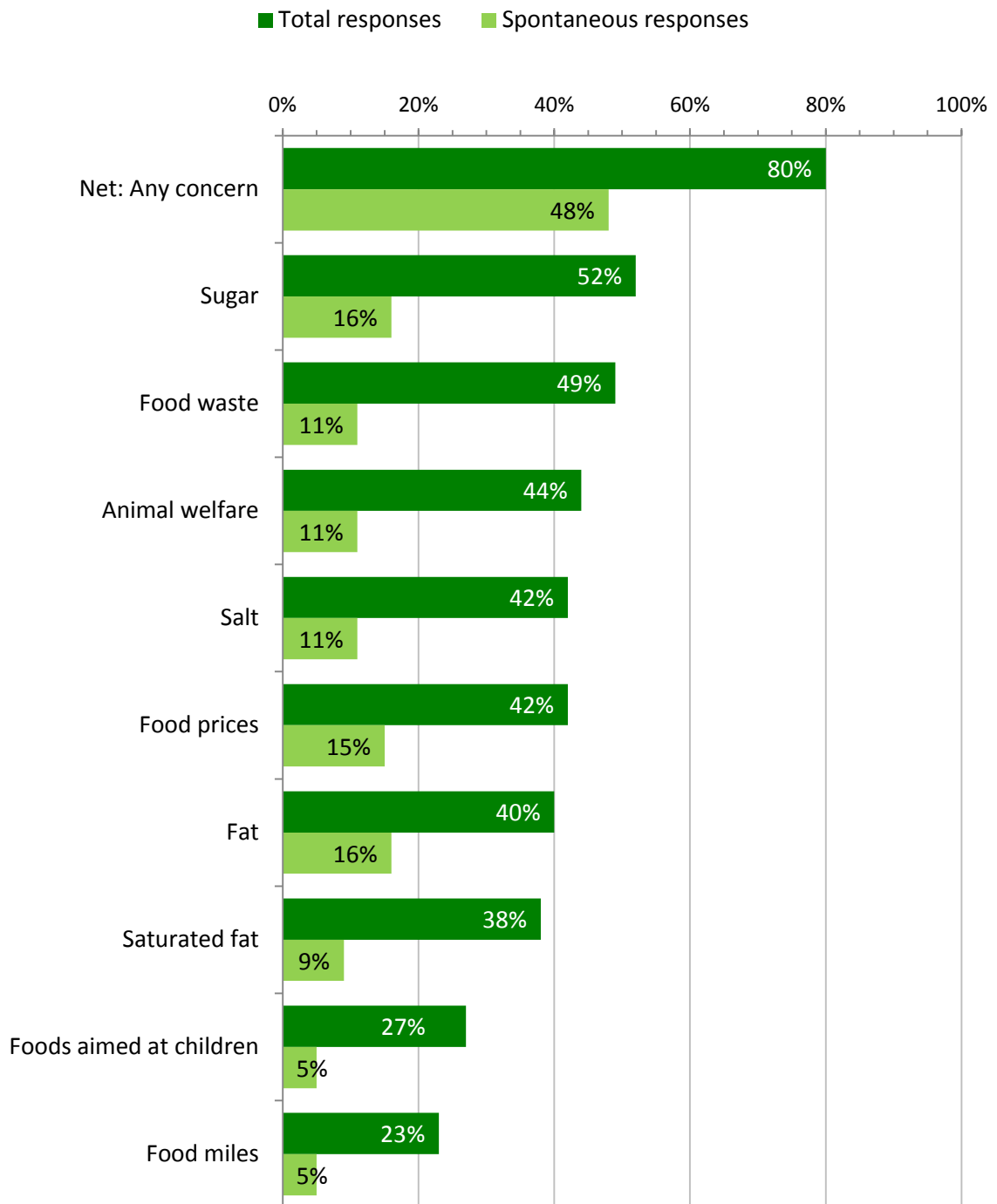
Concern varied between groups of people, particularly between:

- Those in social grade AB compared to C2 (78% v 67%)
- Those aged 36-49 compared to aged 16-25 (78% v 68%)

At Wave 13, respondents were most concerned about sugar (52%), food waste (49%), and animal welfare (44%).

The most frequently reported issues of spontaneous concern were sugar (16%) and fat (16%).

### Wider food issues of concern (Nov 2016)





## Sugar

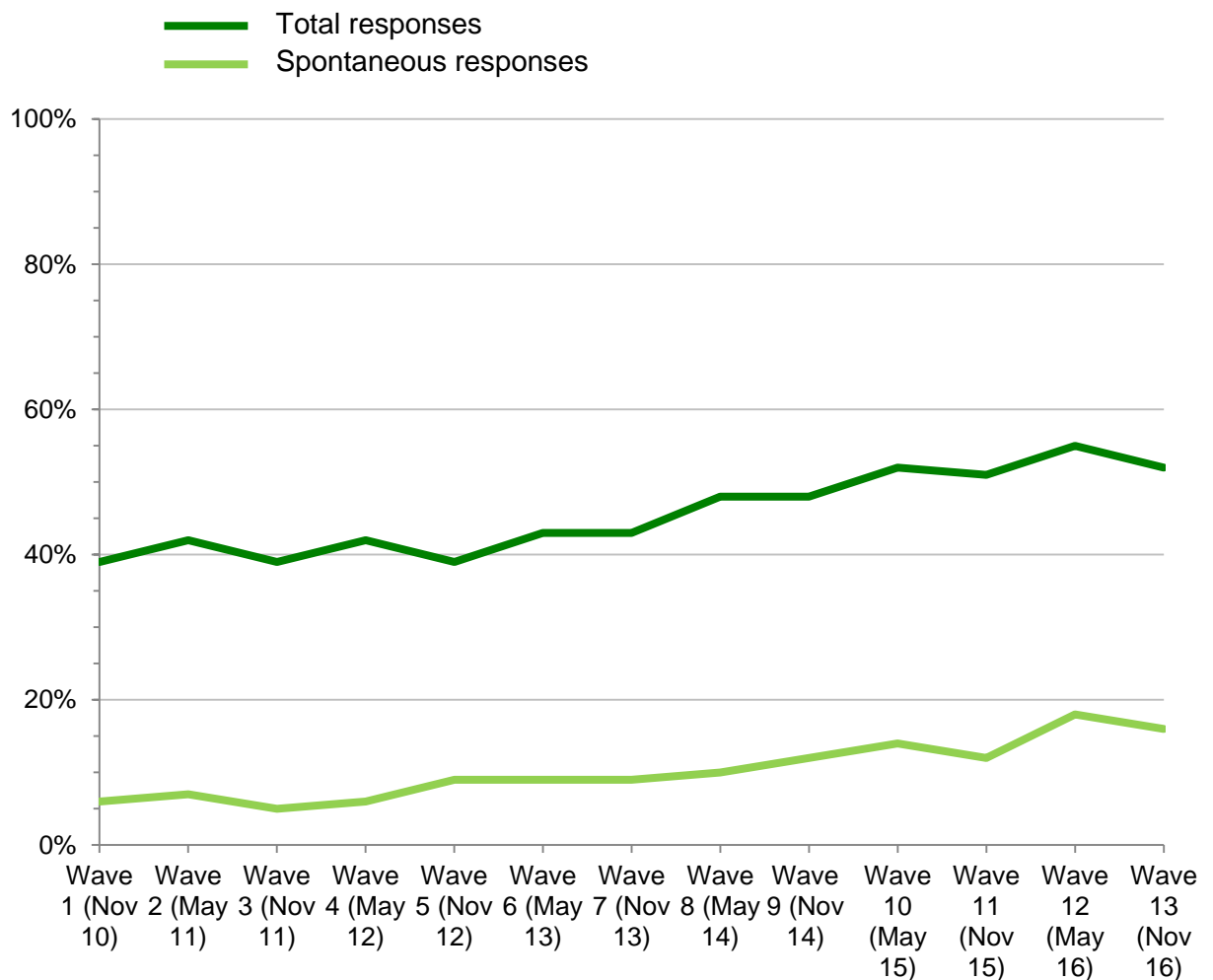
At Wave 13, 52% of respondents reported concern about the amount of sugar in food.

Concern varied between groups of people, particularly between:

- Those aged 36-49 compared to 16-25 (60% v 36%)
- Those in Northern Ireland compared to in Wales (62% v 42%)

Concern about sugar was the same, or higher than, at all previous waves except Wave 12. This was true of both total concern (52% v 39%-55%), and spontaneous concern (16% v 5%-18%). Total and spontaneous concern about sugar has tended to increase since Wave 7.

### Concern about the amount of sugar in food (November 2010 - November 2016)





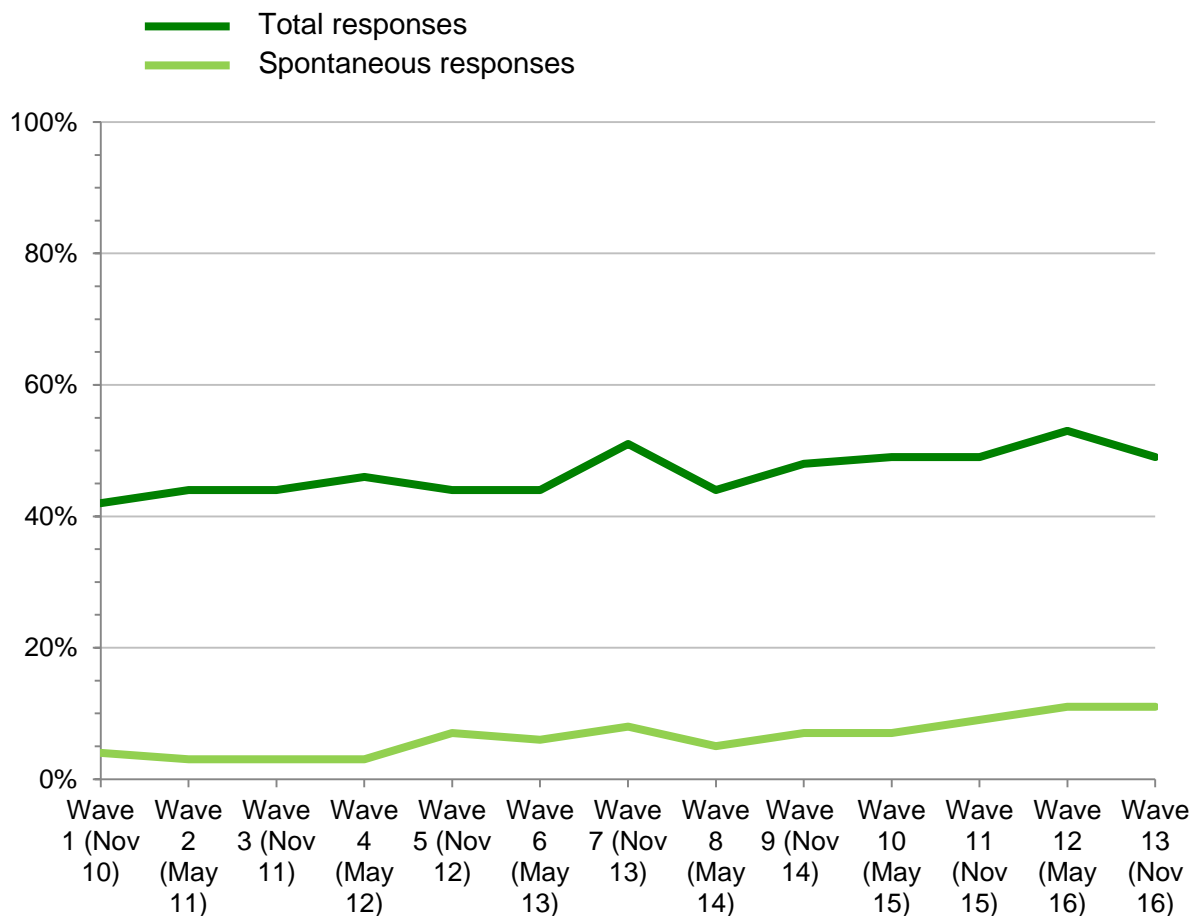
## Food waste

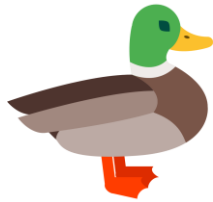
At Wave 13, 49% of respondents reported concern about food waste. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (59% v 32%)
- Those in social grade AB compared to DE (59% v 43%)
- Principal shoppers compared to those who were not (51% v 41%)

Concern about food waste was the same, or higher than, at all previous waves except Wave 12. This was true of both total concern (49% v 42%-51%), and spontaneous concern (11% v 3%-9%). Total and spontaneous concern about food waste has tended to increase since Wave 8.

### Concern about food waste (November 2010 - November 2016)





## Animal welfare

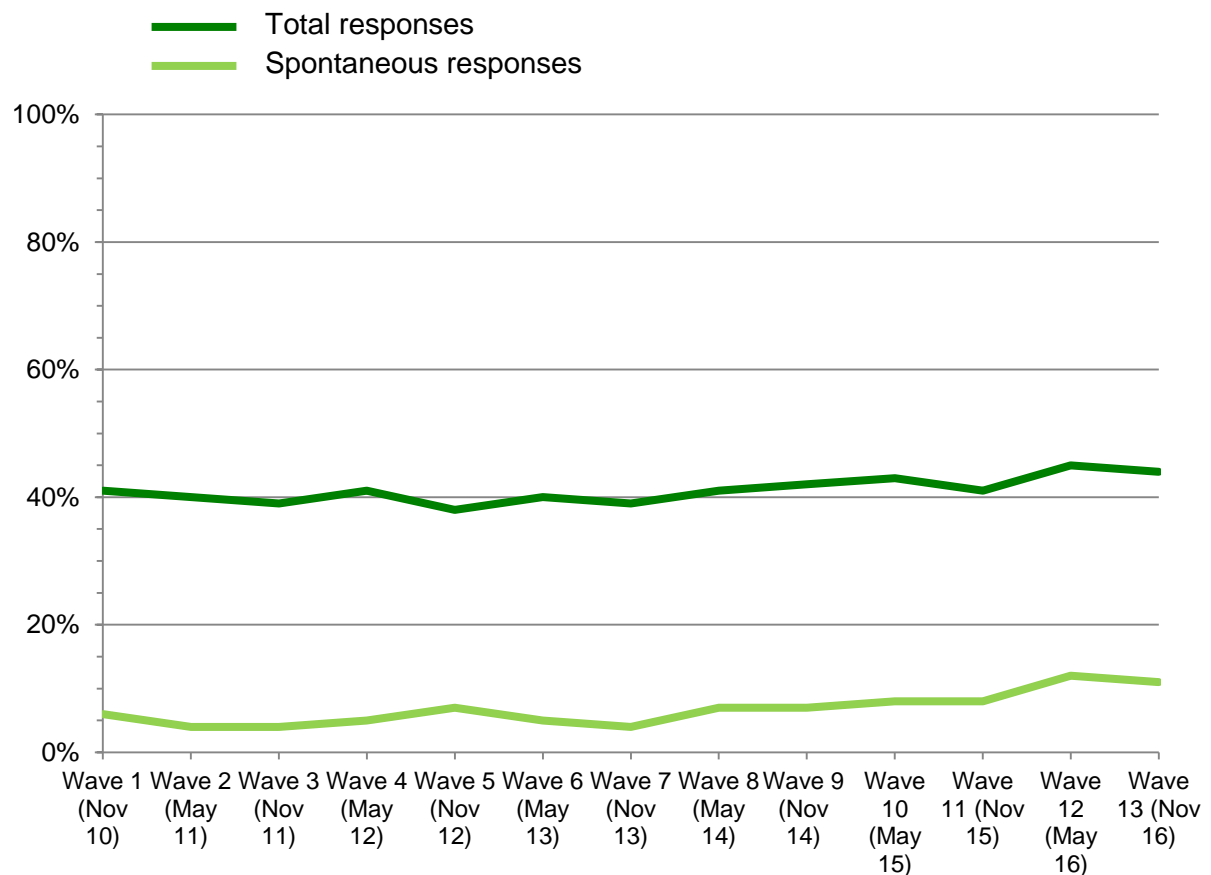
At Wave 13, 44% of respondents reported concern about animal welfare. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (63% v 33%)
- White respondents compared to BME<sup>4</sup> respondents (46% v 25%)
- Those in social grade AB compared to in social grade C2 (53% v 34%)

Concern about animal welfare was higher than at all previous waves except Wave 12.

This was true of both total concern (44% v 39%-45%), and spontaneous concern (11% v 3%-9%). Total and spontaneous concern about animal welfare has usually tended to increase since Wave 8.

### Concern about animal welfare (November 2010 - November 2016)



<sup>4</sup> BME means black and ethnic minority, or non-white



## Salt

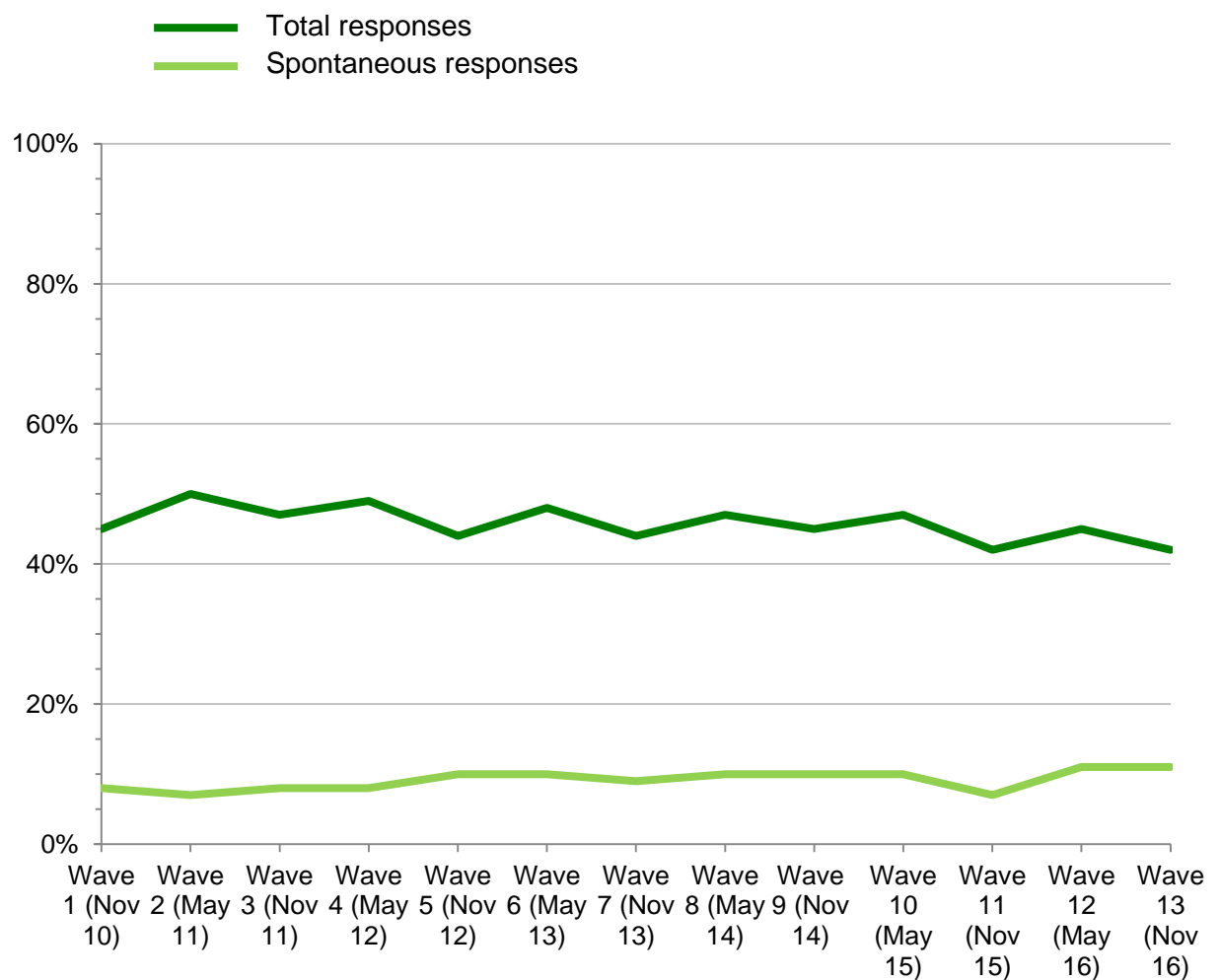
At Wave 13, 42% of respondents reported concern about the amount of salt in food.

Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (56% v 29%)
- Those aged 36-49 compared to 16-25 (50% v 28%)

Concern about salt has tended to fluctuate over the series (42% - 50%).

### Concern about the amount of salt in food (November 2010 - November 2016)





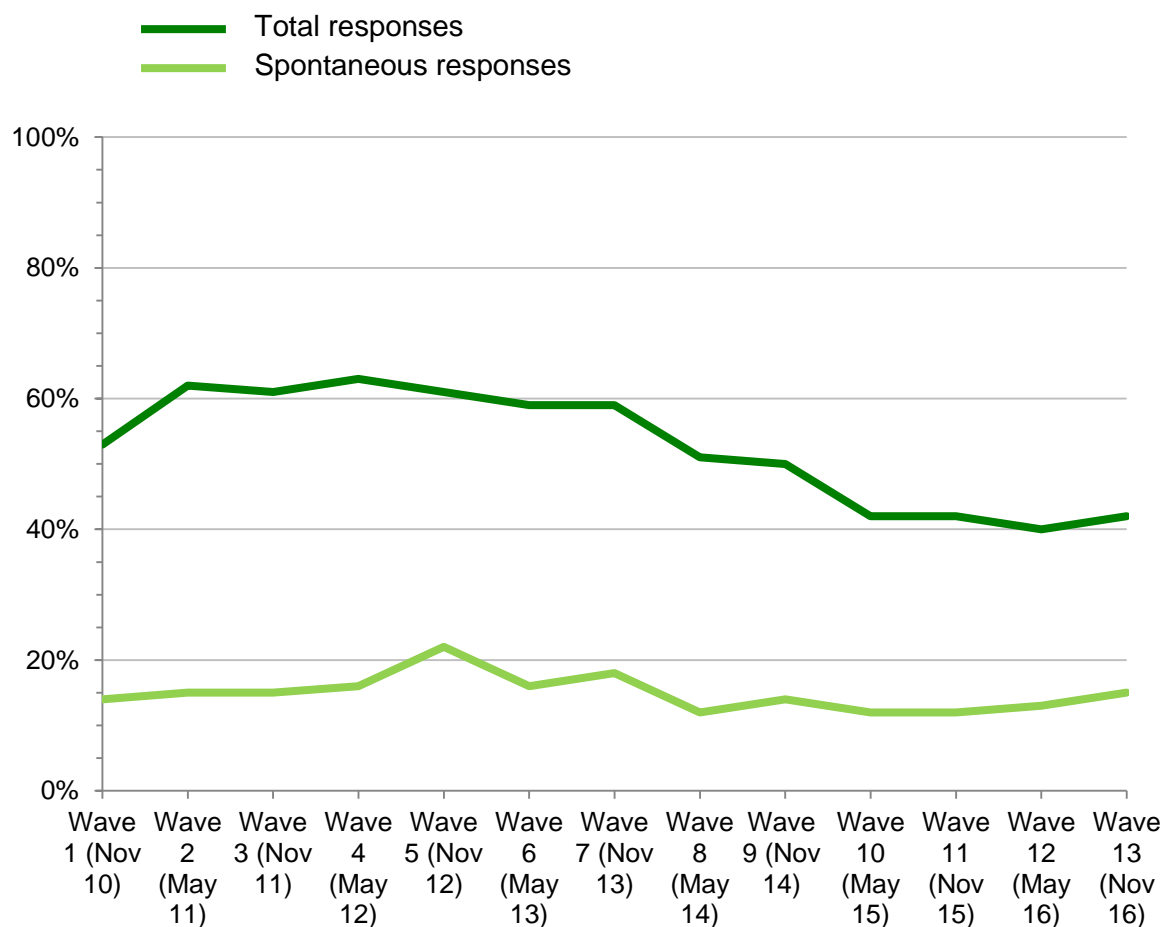
## Food prices

At Wave 13, 42% of respondents reported concern about food prices. Concern varied between groups of people, particularly between:

- Those in Wales compared to in Northern Ireland (57% v 24%)
- Those aged 36-49 compared to 16-25 (49% v 38%)
- White respondents compared to BME respondents (51% v 41%)

Concern about food prices was lower than at all previous waves except Wave 12. This continued a decrease first detected at Wave 7 (51% v 53%-63% in Waves 1-6). Once again, food prices was not the most commonly mentioned wider food issue of concern, as it was until Wave 10.

### Concern about food prices (November 2010 - November 2016)



# Concern about food safety in food outlets

## Wave 13 Key findings

49% were concerned about food safety in UK restaurants, pubs, cafes and takeaways.

43% were concerned about food safety in 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?**

*Response options as above*





## Restaurants, pubs, cafés and takeaways

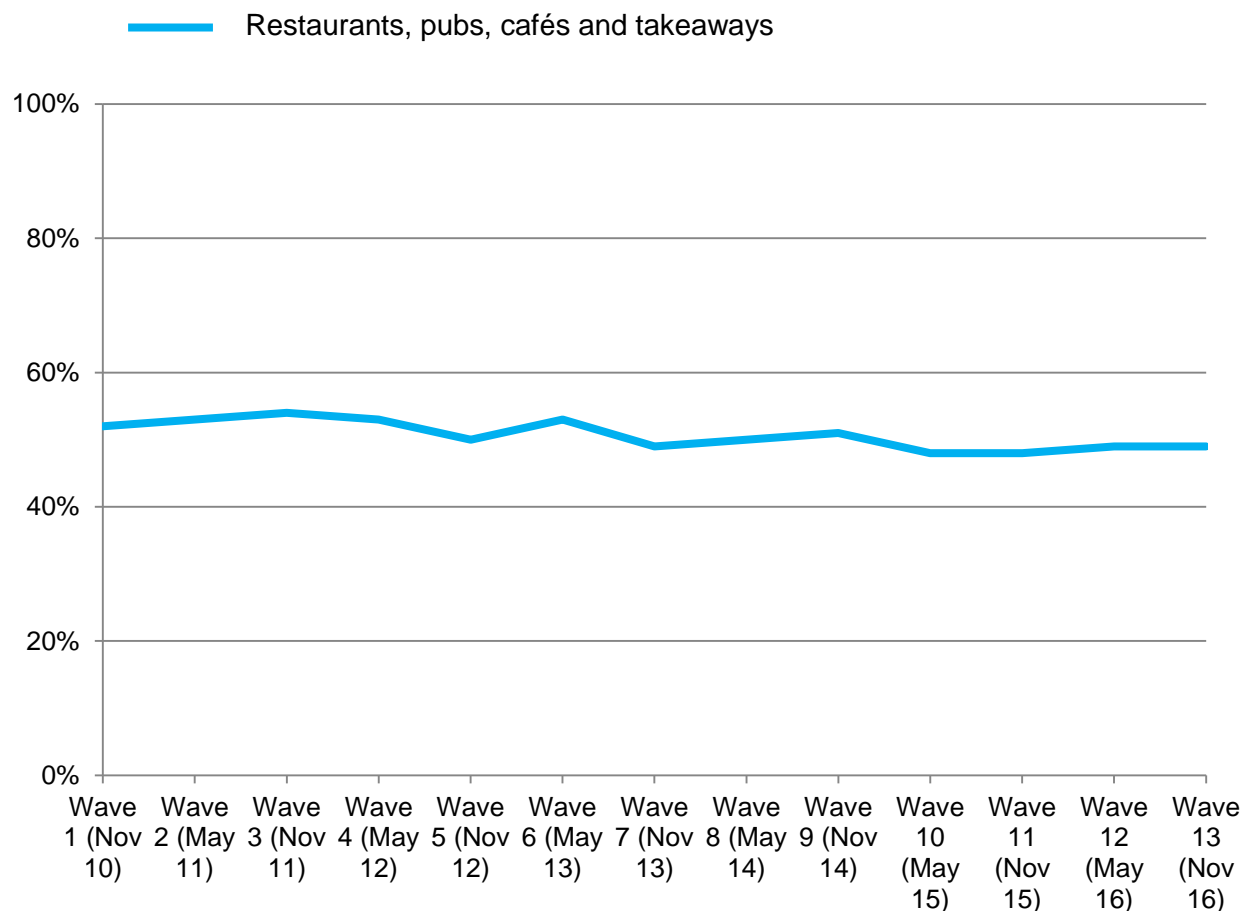
At Wave 13, 49% of respondents were concerned about the safety of food sold in UK restaurants, pubs, cafés and takeaways. For comparison (as reported earlier) 37% of respondents reported they were concerned about food hygiene when eating out. The different responses to these similar questions may be due to factors such as question phrasing.

At Wave 13, concern varied between groups of people, particularly between:

- Those in urban compared to rural areas (52% v 38%)
- Those aged 50-65 compared to aged 16-25 (54% v 43%)
- Married respondents compared to single respondents (53% v 43%)

Concern about food safety in UK restaurants, pubs, cafés and takeaways has tended to fluctuate.

### Concern about food safety in restaurants, pubs, cafés and takeaways (November 2010 - Nov 2016)





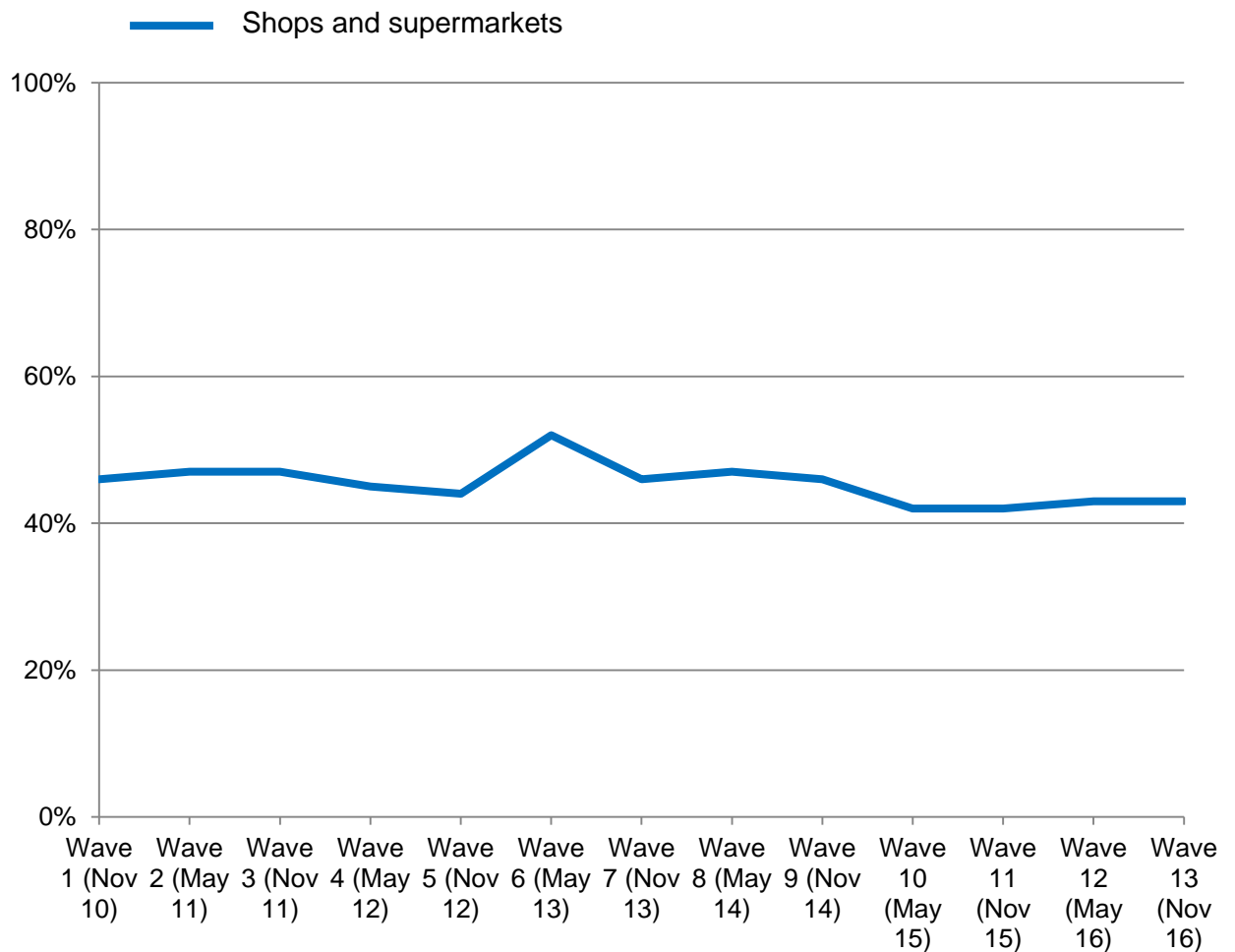
## Shops and supermarkets

At Wave 13, 43% of respondents were concerned about the safety of food sold in UK shops and supermarkets. Concern varied between groups of people, particularly between:

- Those in England compared to in Wales (45% v 29%)
- Those aged 50-65 compared to aged 16-25 (49% v 33%)
- Those in urban compared to rural areas (45% v 35%)

Concern has tended to fluctuate, but has been consistently lower than concern about food safety in restaurants and similar over the series.

### Concern about food safety in shops and supermarkets (November 2010 - Nov 2016)



# Awareness of food hygiene standards

## Wave 13 Key findings

86% 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 the general appearance of premises (57%) and staff appearance (42%).

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 13, 86% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from (i.e. a combination of '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?**

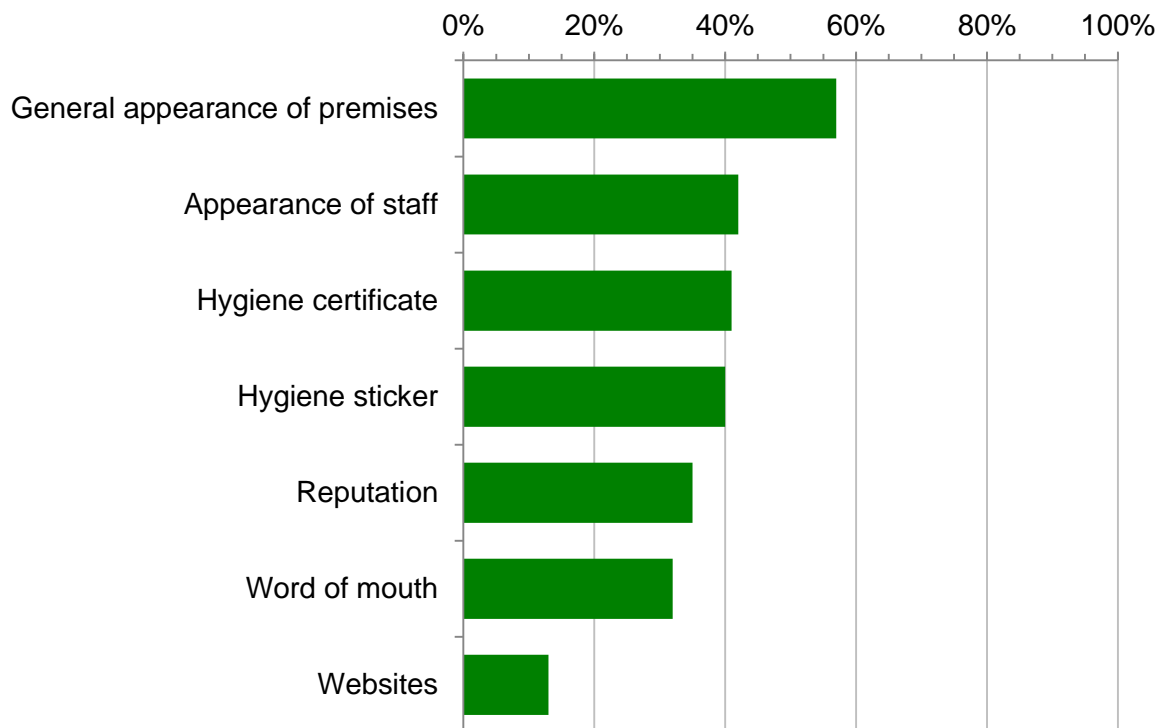
- Word of mouth
- Reputation
- Appearance of people working there
- General appearance of shop\restaurant\cafe\pub\takeaway
- Hygiene sticker
- Hygiene certificate
- Websites
- Other (specify)



## Ways respondents are aware of food hygiene standards

The most commonly mentioned ways in which these respondents reported being aware of hygiene standards were the general appearance of premises (57%) and staff appearance (42%).

### Ways respondents are aware of food hygiene standards (November 2016)



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

## General appearance of premises

At Wave 13, awareness of hygiene standards via the general appearance of premises varied between groups of people, particularly between:

- Married compared to single respondents (60% v 48%)

The general appearance of premises has been the most commonly reported response, across all waves, to the question of how respondents are aware of food hygiene standards outside the home. However, since Wave 1 this response has fallen by 8%, from 65% at Wave 1 to 57% at Wave 13.

## Staff appearance

At Wave 13, awareness of hygiene standards via staff appearance varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (55% v 34%)
- Married compared to single respondents (45% v 33%)

Since Wave 1, awareness of hygiene standards via staff appearance has fallen by 9%, from 51% at Wave 1 to 42% at Wave 13.

## Websites

At Wave 13, 13% of respondents reported awareness of hygiene standards via websites. Awareness of hygiene standards via websites varied between groups of people, particularly between:

- Those aged 36-49 compared to over 65 (18% v 3%)
- Those in social grade AB compared to in social grade DE (18% v 9%)

Since Wave 1, awareness of hygiene standards via websites has risen by 8%, from 5% to 13%.



## Hygiene certificates

At Wave 13, 41% of respondents reported awareness of hygiene standards via hygiene certificates.

At Wave 13 awareness of hygiene standards via hygiene certificates varied between groups of people, particularly between:

- Those in England compared to in Wales (42% v 30%)
- Social grade AB compared to social grade DE respondents (45% v 35%)
- Those working, whether full time or part time, compared to those not working (45% v 35%)

Since Wave 1, awareness of hygiene standards via food hygiene certificates has risen by 13%.



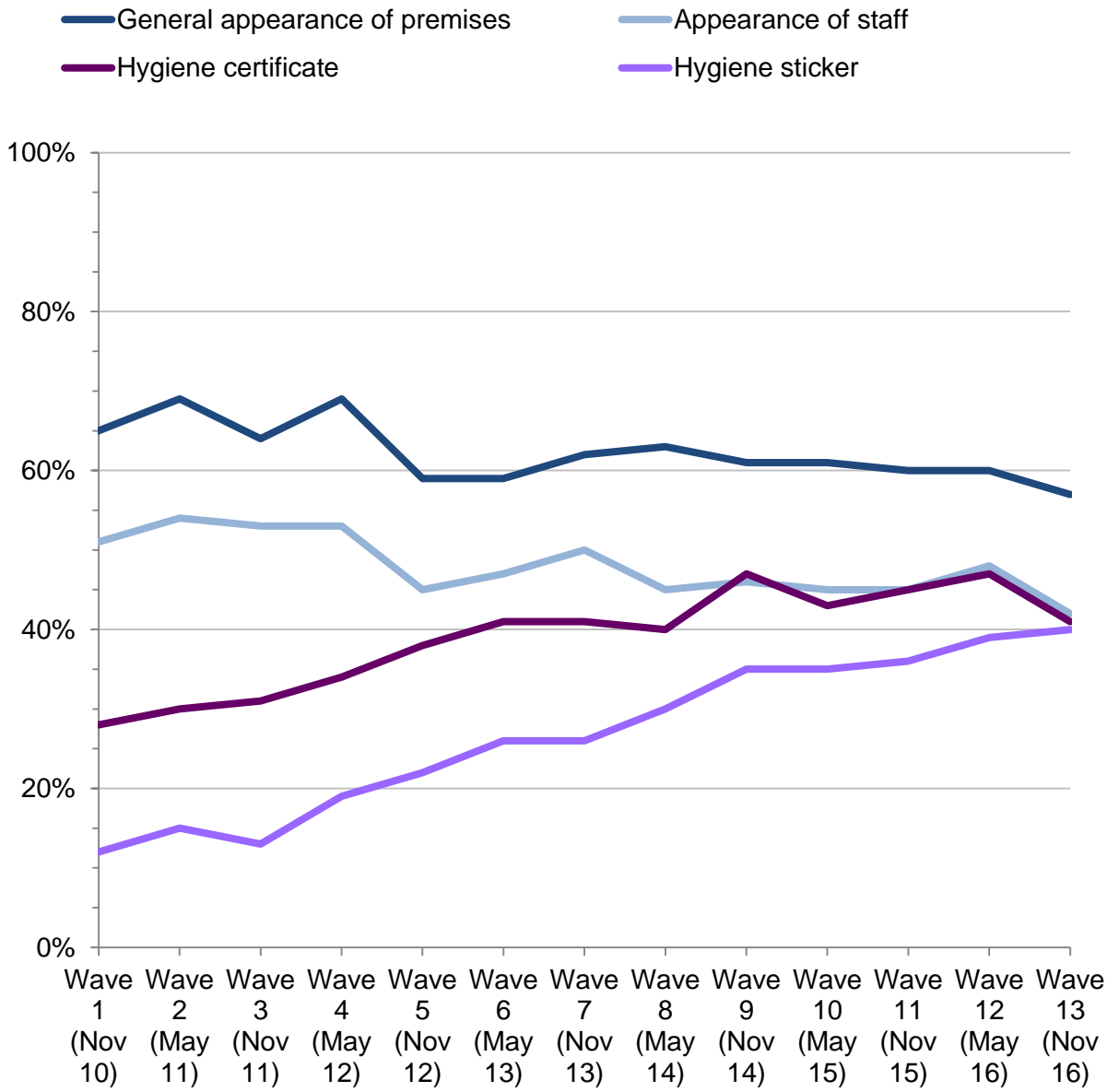
## Hygiene stickers

At Wave 13, 40% of respondents reported awareness of hygiene standards via food hygiene stickers. Awareness of hygiene standards via food hygiene stickers varied between groups of people, particularly between:

- Those aged 26-35 compared to those aged over 65 (46% v 24%)
- Those working full time compared to those not working (46% v 34%)

At Wave 13, more respondents reported awareness of hygiene standards via food hygiene stickers than at all previous waves. Awareness has increased over most waves since Wave 1, when 12% of respondents reported awareness. Therefore since Wave 1 awareness of hygiene standards via food hygiene stickers has risen by 28%, more than for any issue in this survey.

**Ways respondents are aware of food hygiene standards  
(November 2010 - November 2016)**



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

# Awareness of, and trust in, the FSA

## Wave 13 Key findings

- 76% of respondents in England, Wales and Northern reported being aware of the FSA, similar to previous waves (74%-83%).
- 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 (87%).
- Of respondents who said they were aware of the FSA, 66% said they trusted, and 7% said they distrusted, the FSA to do its job.

Respondents were asked a number of questions about awareness of the Agency and its responsibilities, and how much they trust or distrust the Agency to do its job.

## Awareness of the FSA

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 a number of 11 or 12 public organisations (depending on country- full details in Annex D)*

At Wave 13, 76% of respondents reported being aware of FSA. This is similar to previous waves, as there have been fluctuations in awareness over the series (74%-83%).

Awareness of the FSA varied between groups of people, particularly between:

- Those aged 50-65 compared to aged 16-25 (88% v 56%)
- White respondents compared to BME respondents (79% v 55%)
- Social grade AB compared to DE respondents (86% v 67%)





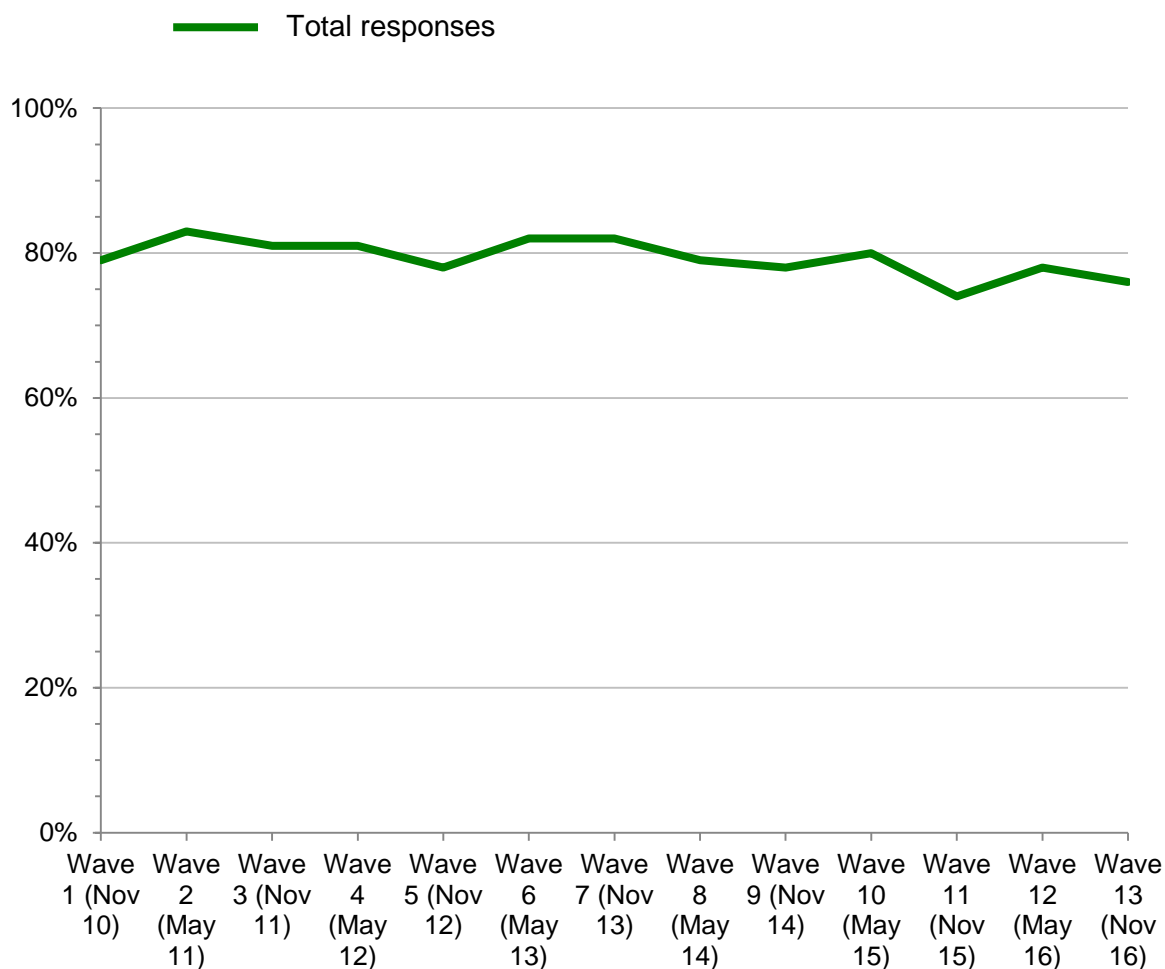
## FSA England, FSA Wales, FSA Northern Ireland

The FSA has branches in England, Wales, Northern Ireland (and Scotland, which runs a separate survey).

Awareness of the FSA varied between countries:

- Respondents in Wales (85%)
- Respondents in Northern Ireland (79%)
- Respondents in England (76%)

### Awareness of the FSA (November 2010 - November 2016)



# 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.<sup>5</sup>

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

Respondents in England, Wales and Northern Ireland 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 (87%), date labelling (67%) and nutrition labelling (60%). Ensuring the food you buy is safe to eat (60%) was also the most spontaneously reported responsibility.

<sup>5</sup> <https://www.food.gov.uk/enforcement/regulation/fir>

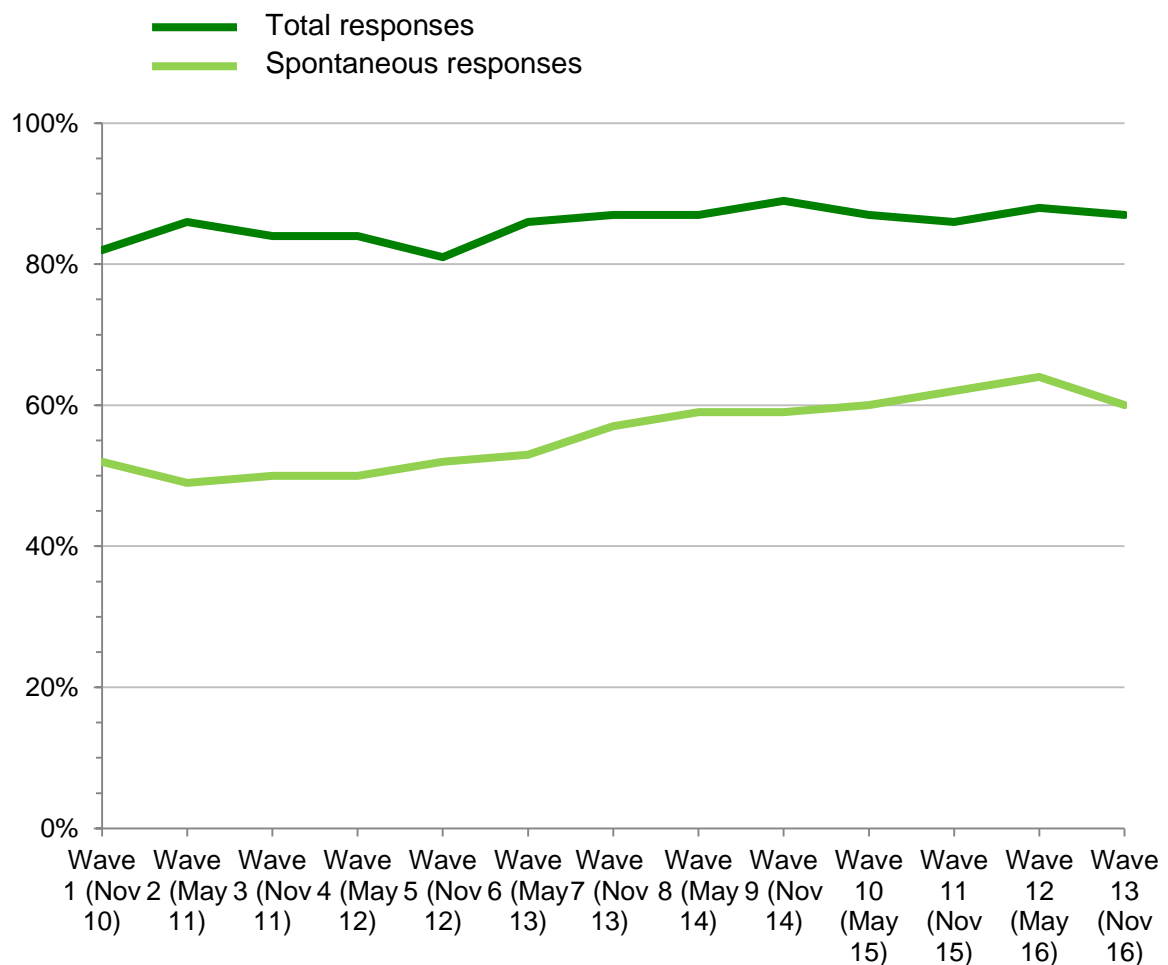


## Ensuring the food you buy is safe to eat

At Wave 13, 60% of respondents spontaneously reported that 'ensuring the food you buy is safe to eat' was a responsibility of the FSA. Until Wave 13, the proportion of respondents reporting this had stayed the same, or increased, each wave since Wave 2.

Respondents who were concerned about food hygiene when eating out were more likely than others to think the FSA was responsible for ensuring food bought is safe to eat (46% v 37%).

### Think the FSA is responsible for ensuring food is safe to eat (November 2010 - November 2016)



Base: All respondents aware of the FSA



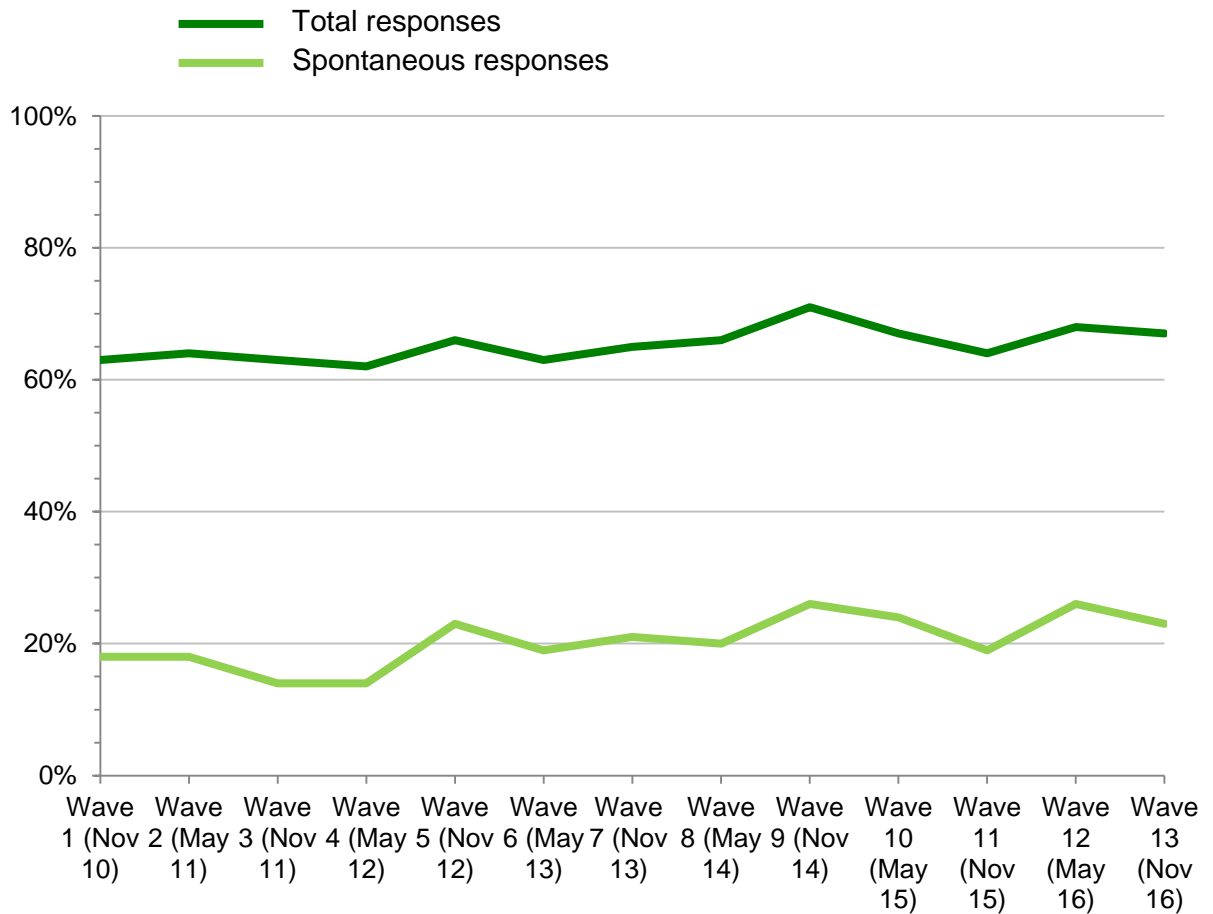
## Date labels

At Wave 13, 67% of respondents considered date labelling an FSA responsibility. This was higher than 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 aged 36-49 compared to aged 16-25 (73% v 59%)
- In addition, respondents who were concerned about date labels were more likely than others to think the FSA was responsible for date labels (37% v 24%).

### Think the FSA is responsible for date labels (November 2010 - November 2016)



Base: Respondents aware of the FSA



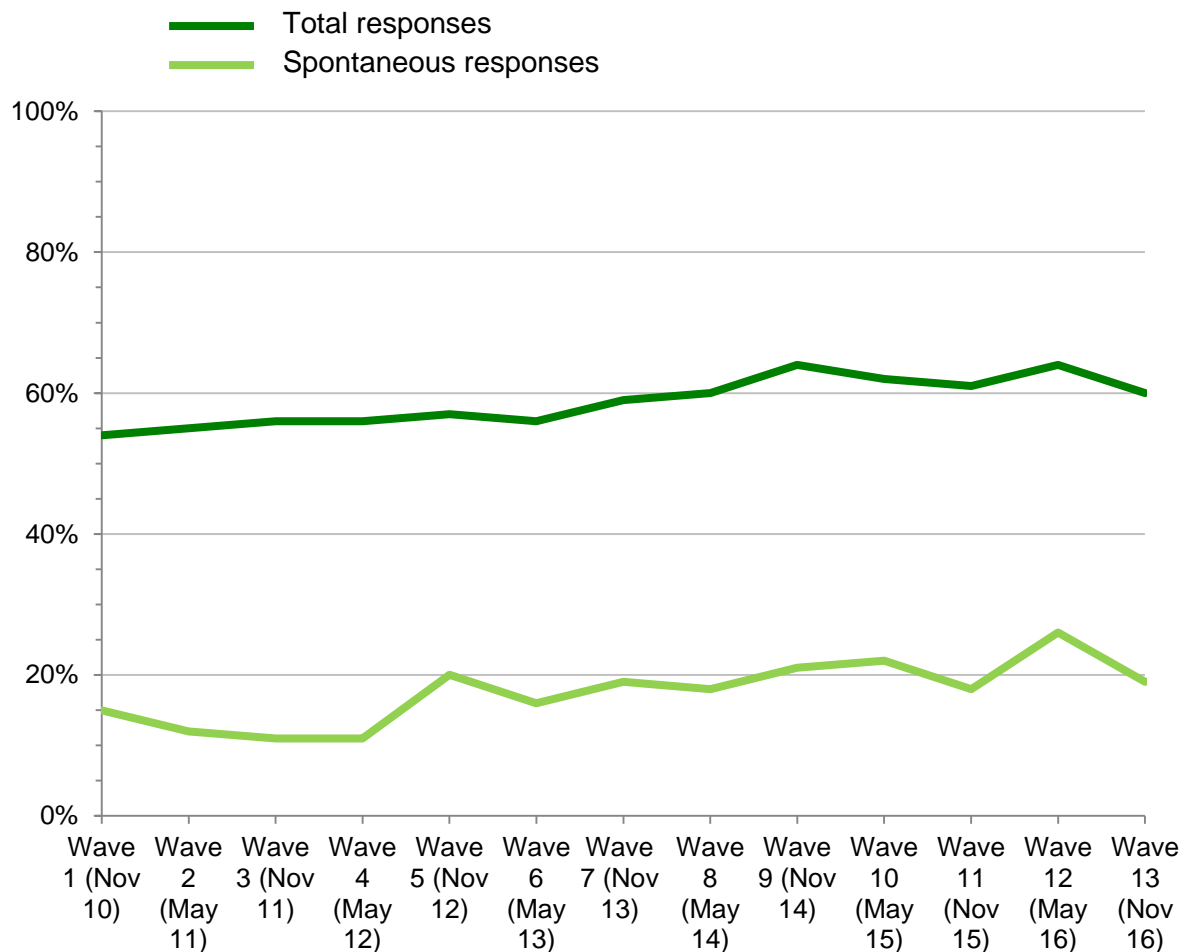
## Nutrition labels

At Wave 13, 60% of respondents considered nutrition labelling an FSA responsibility. This was higher than at most previous waves, although responses have tended to fluctuate. Viewing the FSA as responsible for nutrition labels varied between groups of people, particularly between:

- Those aged 36-49 compared to 16-25 (70% v 51%)
- Those in social grade AB compared to social grade DE (69% v 54%)
- Those in England compared to in Wales (61% v 51%)

In addition, respondents who were concerned about nutritional issues were more likely than others to think the FSA was responsible for nutrition labels. This was true of all nutrition issues that were asked about: sugar (67% v 52%), saturated fat (53% v 38%), additives (46% v 31%), salt (56% v 42%), and fat (50% v 40%).

### Think the FSA is responsible for nutrition labels (November 2010 - November 2016)



Base: Respondents aware of the FSA

# Trust in the FSA

Respondents in who reported being aware of the FSA were asked:

**Q6 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 13, 66% of respondents reported that they trusted<sup>6</sup> the FSA to do its job whilst 7% of respondents reported that they distrusted<sup>7</sup> the FSA to do its job. Trust in the FSA varied between groups of people, particularly between:

- Those in Northern Ireland (85%) compared to in England (65%) and Wales (58%)
- Those aged 16-25 compared to those aged over 65 (71% v 60%)

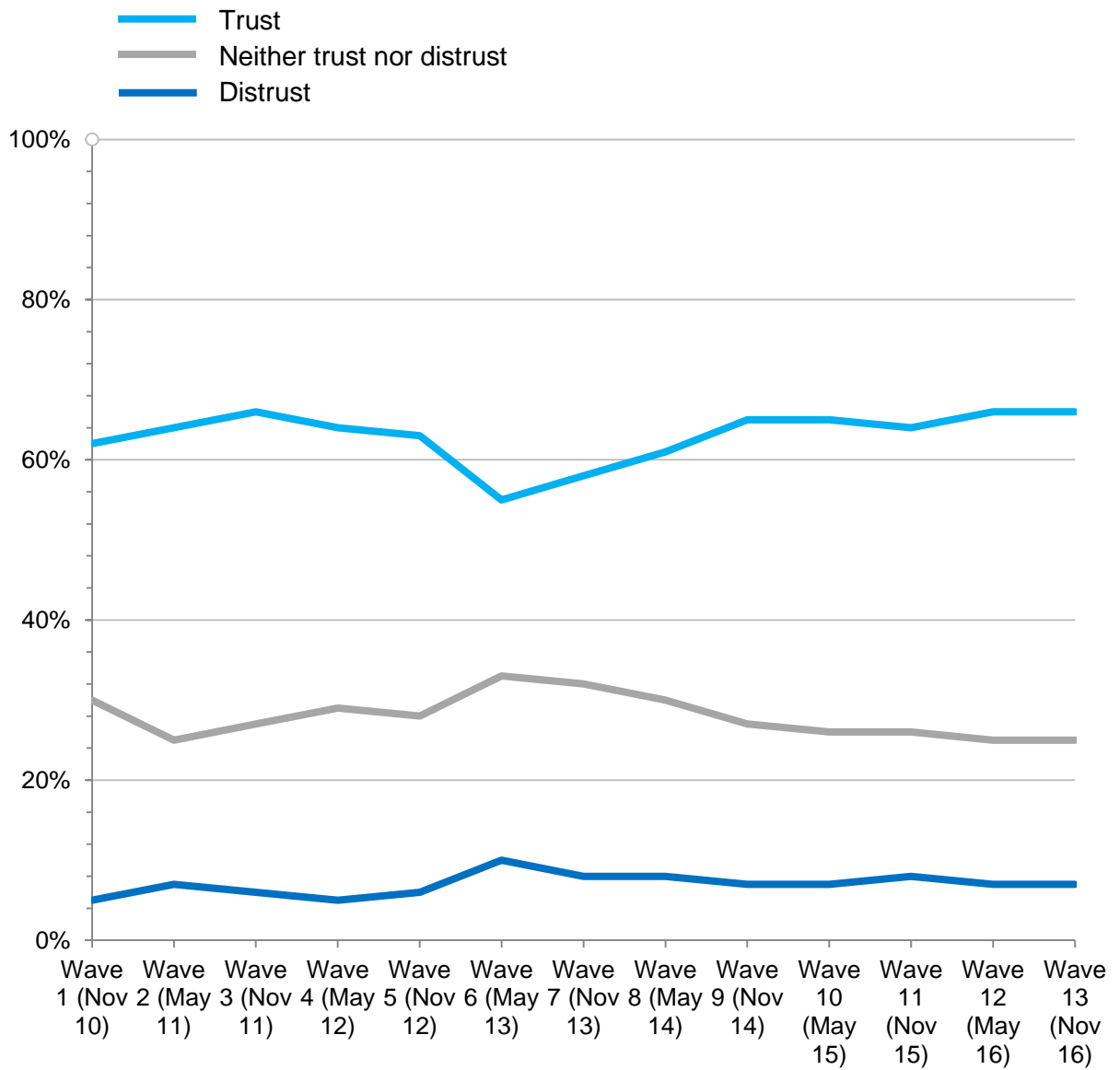
At Wave 13, trust remained at a similar level to Waves 10-12. Distrust was consistent with Waves 7-12.

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<sup>6</sup> Figure based on net of respondents who reported 'I trust the FSA a lot' or 'I trust the FSA', here and throughout.

<sup>7</sup> Figure based on net of respondents who reported 'I distrust the FSA a lot' or 'I distrust the FSA', here and throughout.

### Trust in the FSA to do its job (November 2010 - November 2016)



Base: Respondents aware of the FSA

# Conclusion

Overall, most Wave 13 findings – including findings regarding differences between groups of people – have been fairly consistent with previous waves.

**76% of people were aware of the FSA.** Awareness of the FSA varied, particularly between people aged 50-65 compared to aged 16-25 (88% v 56%).

Of the people aware of the FSA, **66% trusted the FSA to do its job.** Trust in the FSA varied, particularly between people in Northern Ireland (85%) compared to in England (65%) and Wales (58%).

The main issue these 76% of people aware of the FSA thought the FSA was responsible for was **ensuring food bought is safe to eat (87%).** People who were concerned about certain issues were more likely than other people to think that the FSA was responsible for these issues. For example, respondents who were concerned about the amount of sugar, saturated fat, additives, salt, and fat in food were more likely than others to think the FSA was responsible for nutrition labelling.

**86% of people were aware of hygiene standards** in places they eat out at or buy food from. The main ways these 86% of people were aware of hygiene standards were via the general appearance of premises (57%) and staff appearance (42%). However, since Wave 1, awareness of hygiene standards via food hygiene stickers has risen more than for any issue in this survey (+28%). Awareness of hygiene standards via food hygiene certificates has also risen (+13%).

43% of people were concerned about food safety in **shops and supermarkets.**

49% of people were concerned about food safety in **restaurants, pubs, cafes and takeaways.**

**The top food safety issues of concern** were food hygiene when eating out (37%), food poisoning (31%), and food additives (31%).



**The top wider food issues of concern** were the amount of sugar in food (52%), food waste (49%), and animal welfare (44%). Sugar has replaced food price as the top concern since Wave 10, and has risen more than for any other concern (+13%).

**A few general trends over time (Waves 1 – 13) were found for variations between groups of people.** These do not apply to all questions, but highlight some of the biggest variations overall<sup>8</sup> in terms of concern:

- Those aged 36-49 have tended to be most concerned about the issues on this survey, compared to teenagers and young adults (aged 16-25) who have tended to be least concerned.
- People in higher social grades (AB) have tended to be more concerned than people in lower social grades (C2 or DE) on a gradient.
- People who work, whether full time or part time, have tended to be more concerned than those who do not.
- Women have tended to be slightly, but consistently, more concerned than men.
- People who do most of the food shopping in their household have tended to be more concerned than people who do not.
- People in Northern Ireland have tended to be more concerned than people in Wales.
- People living in urban areas have tended to be more concerned than people living in rural areas.

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<sup>8</sup> The biggest differences are not necessarily the most statistically significant

## Annex A: Issues not in the main report

These issues are covered here rather than in the main report for Wave 13, for example because they are not the top reported issues of concern at this wave.

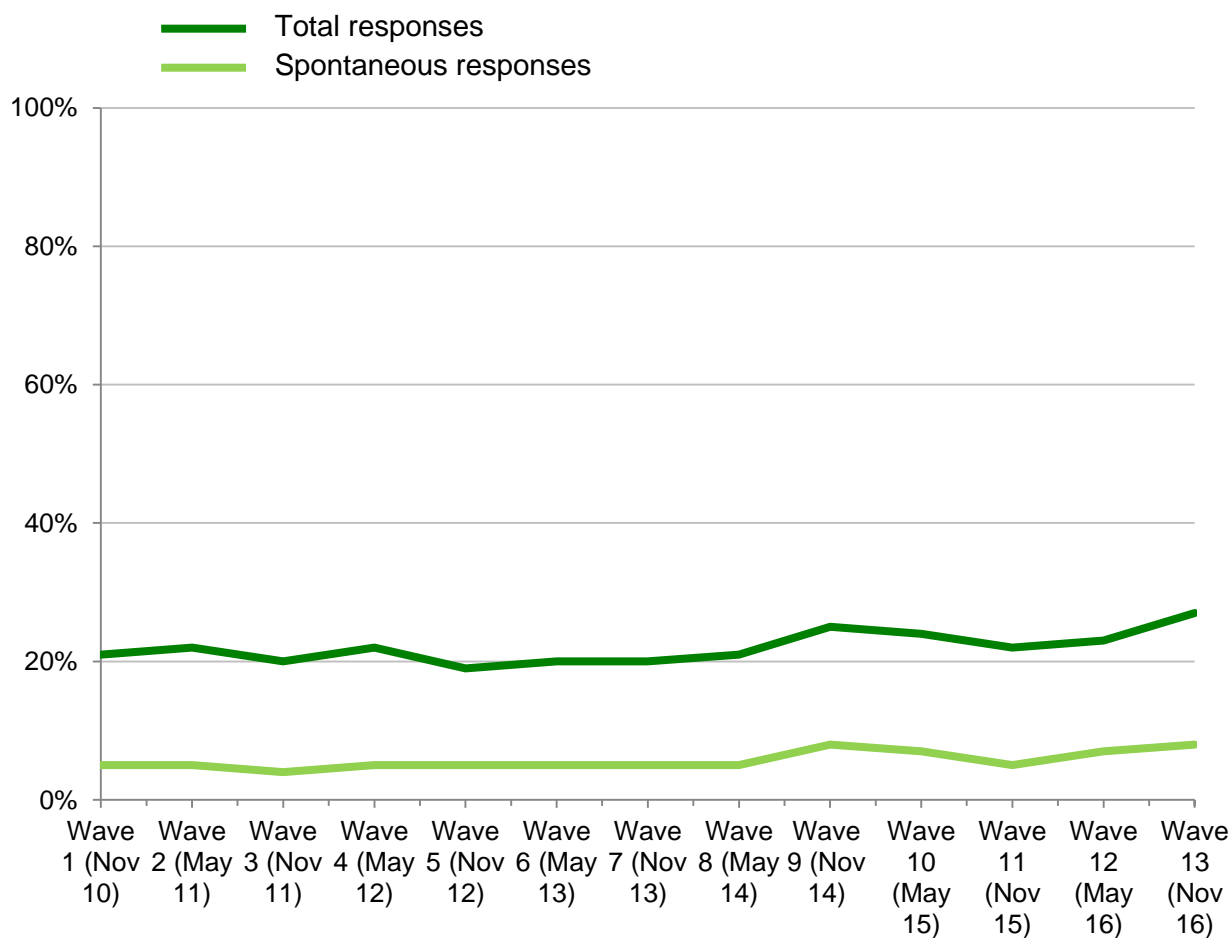


### GM food

At Wave 13, 27% of respondents reported concern about GM food. Concern varied between groups of people, particularly between:

- Those aged 36-49 compared to aged 16-25 (34% v 17%)

#### Concern about GM food (November 2010 - November 2016)

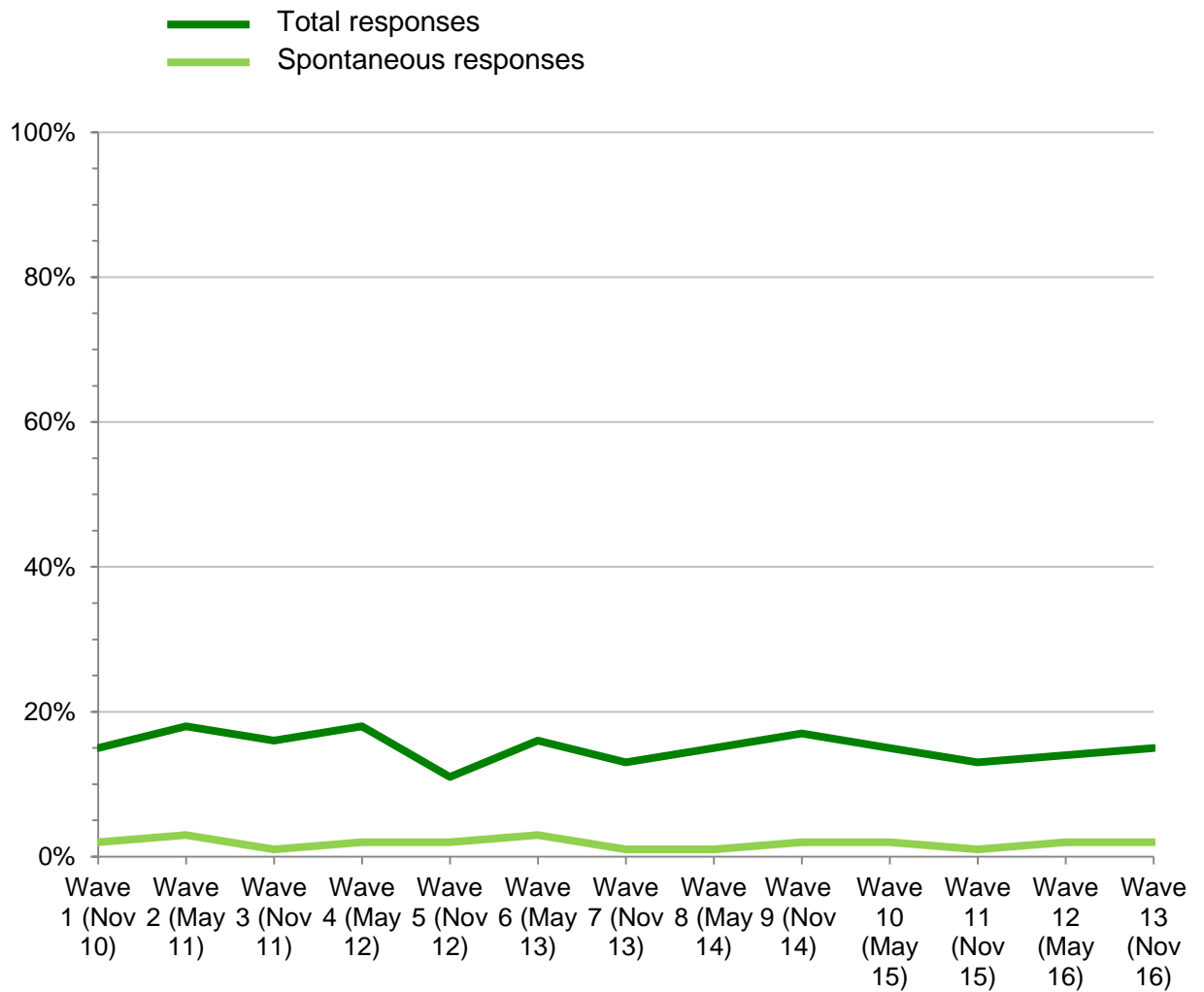




## BSE

At Wave 13, 15% of respondents reported concern about BSE.

### Concern about BSE (November 2010 - November 2016)





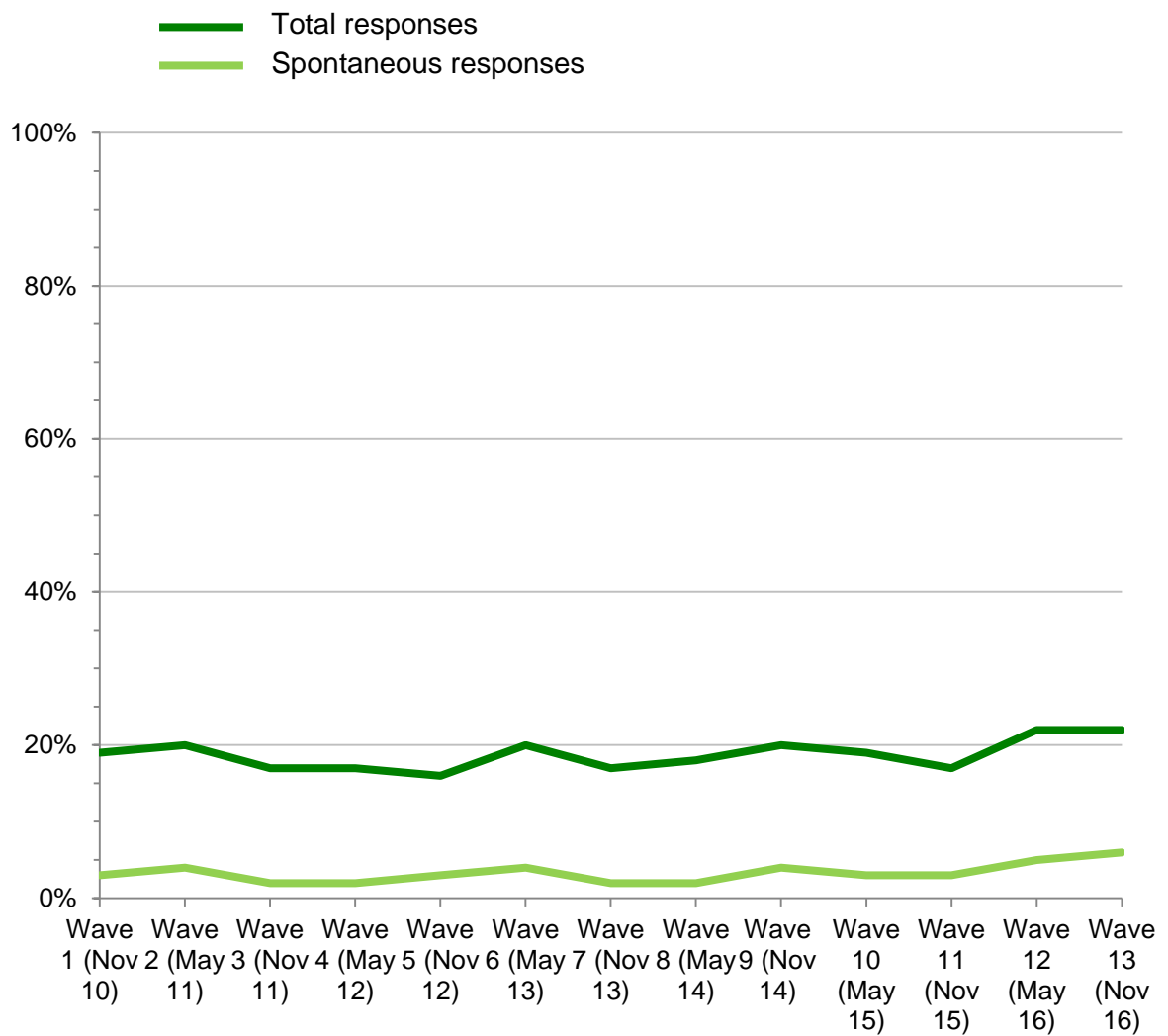
## Feed given to livestock

At Wave 13, 22% of respondents reported concern about feed given to livestock.

Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (36% v 12%)
- Those aged 36-49 compared to aged 16-25 (28% v 12%)

### Concern about feed given to livestock (November 2010 - November 2016)



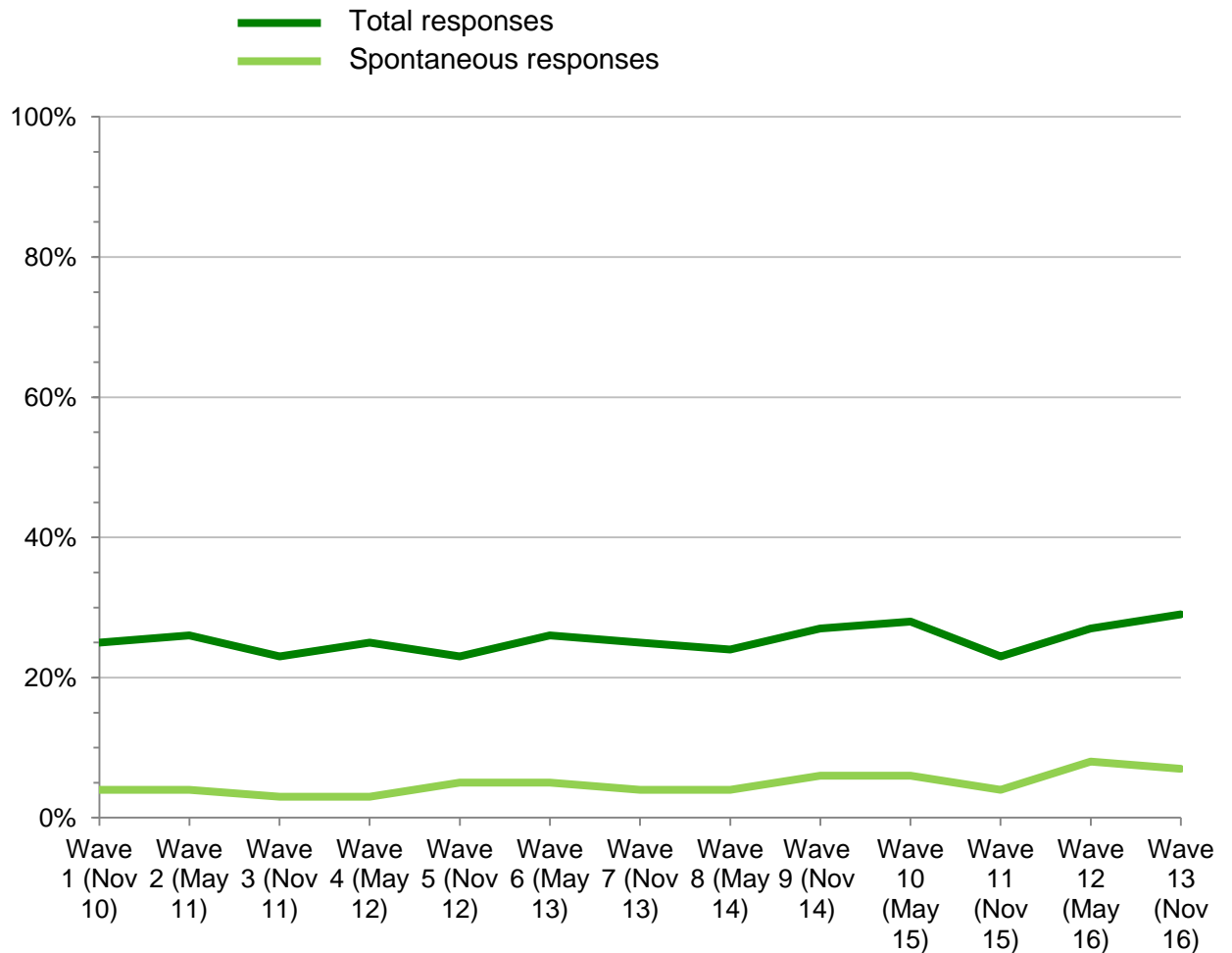


## Pesticides

At Wave 13, 29% of respondents reported concern about pesticides. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (40% v 20%)
- Those in social grade AB compared to in social grade C2 (39% v 21%)
- Those aged 36-49 compared to aged 16-25 (35% v 19%)

### Concern about pesticides (November 2010 - November 2016)



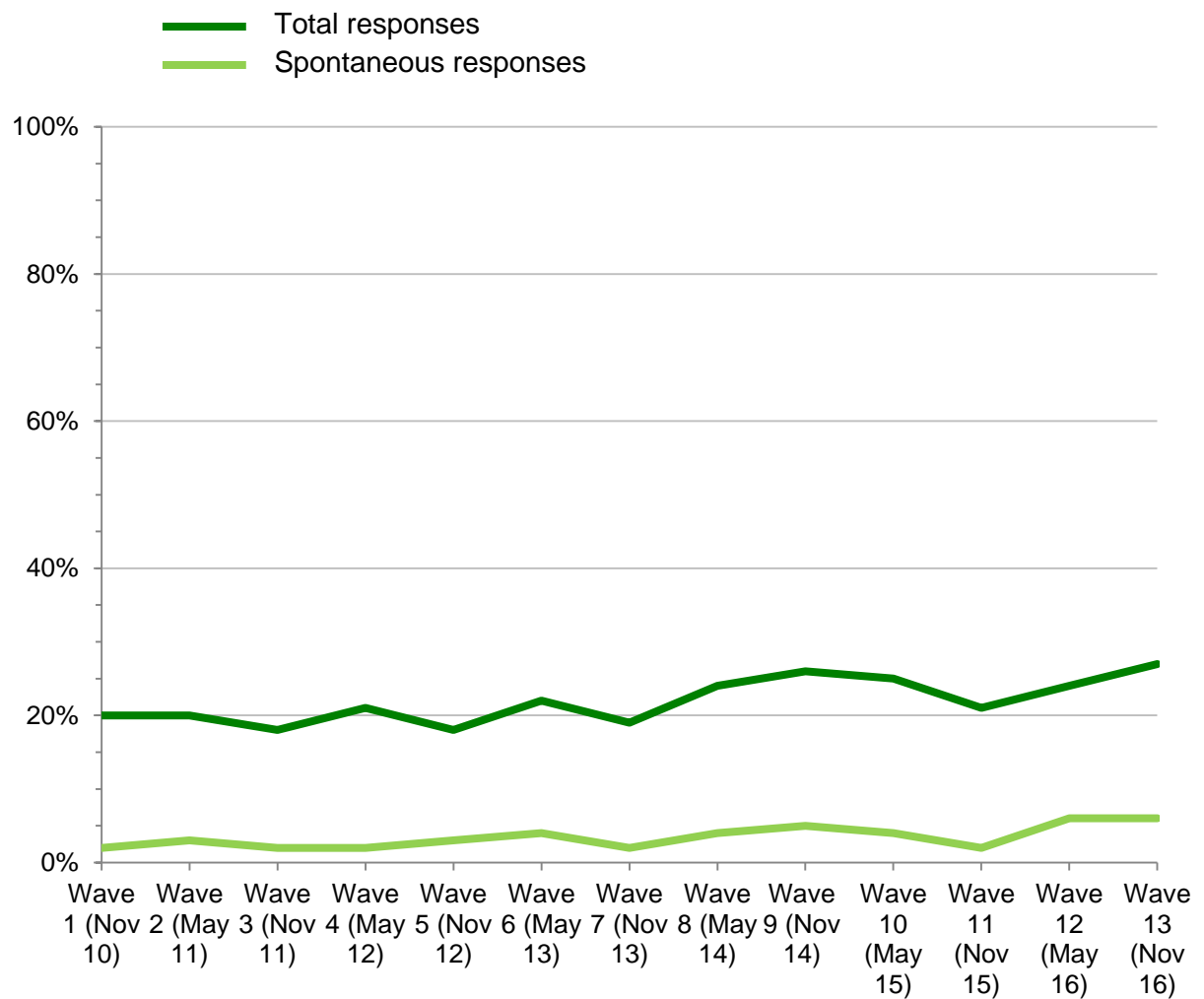


## Hormones / steroids / antibiotics

At Wave 13, 27% of respondents reported concern about hormones / steroids / antibiotics in food. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (42% v 20%)
- Those in social grade AB compared to in social grade C2 (37% v 21%)

### Concern about hormones / steroids / antibiotics in food (November 2010 – November 2016)



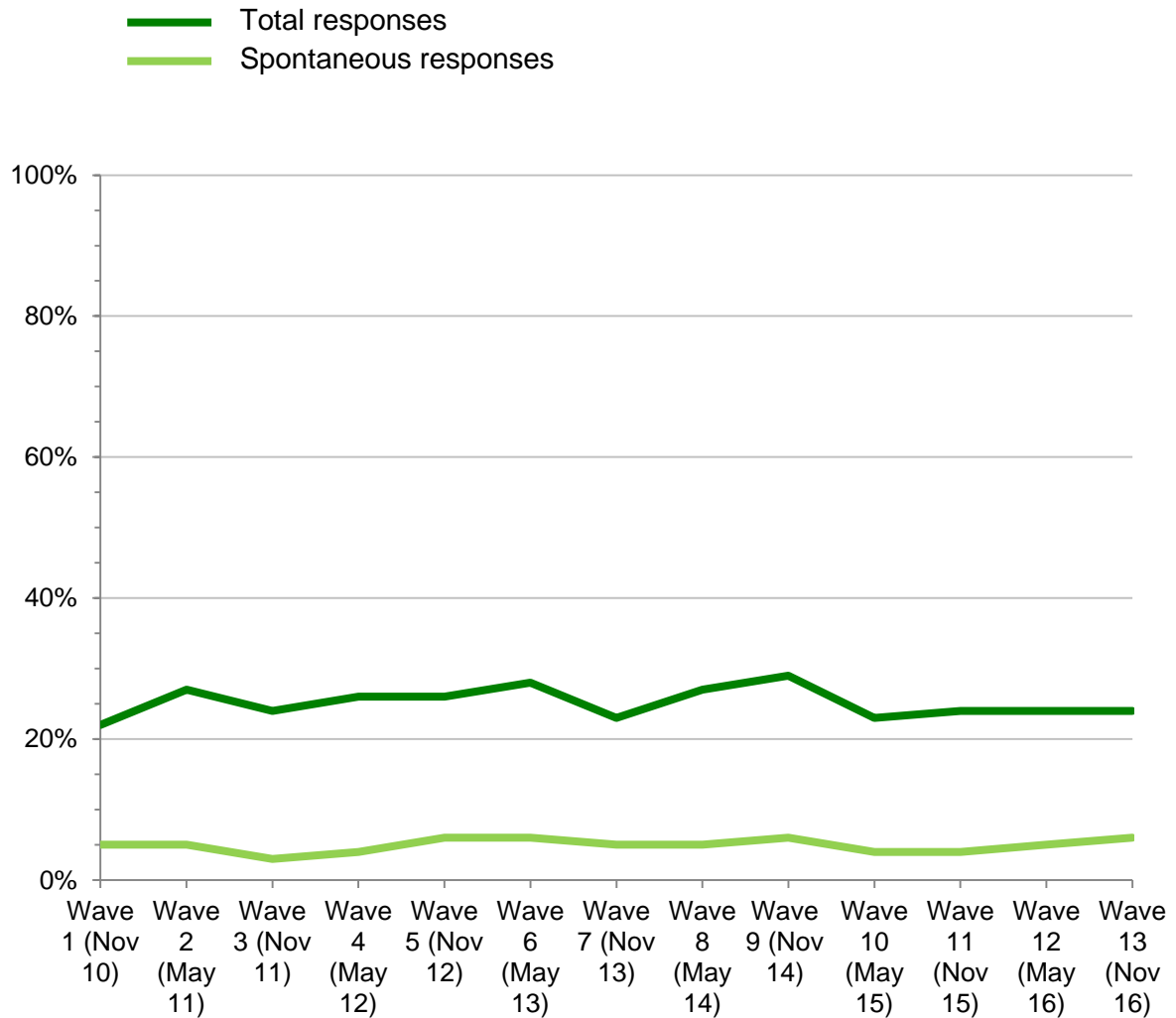


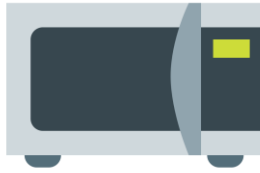
## Date labels

At Wave 13, 24% of respondents reported concern about date labels. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (36% v 16%)

### Concern about date labels (November 2010 - November 2016)



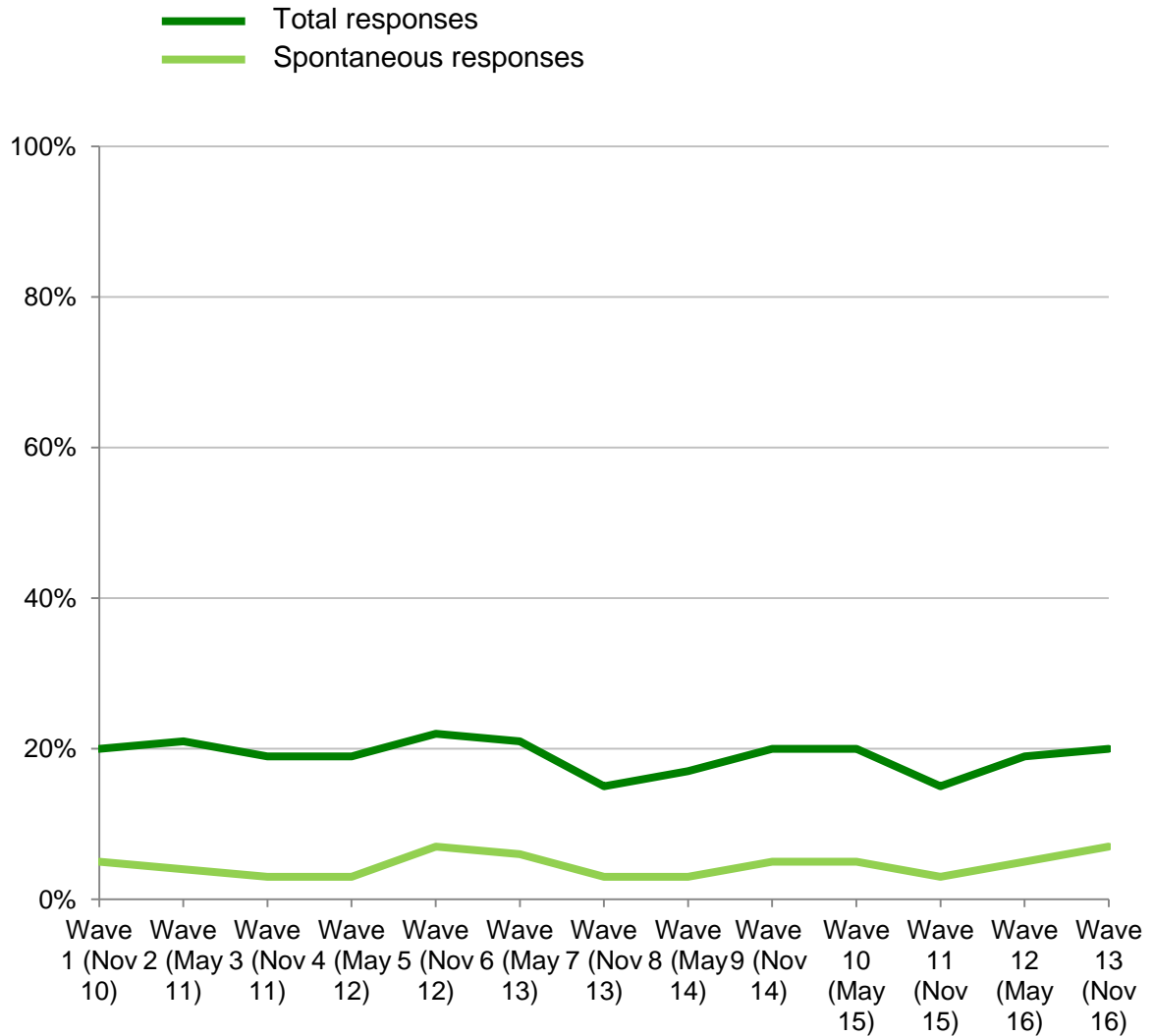


## Food hygiene at home

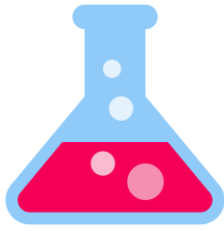
At Wave 13, 20% of respondents reported concern about food hygiene at home. Concern varied between groups of people, particularly between:

- BME compared to white respondents (29% v 19%)

### Concern about food hygiene at home (November 2010 - November 2016)





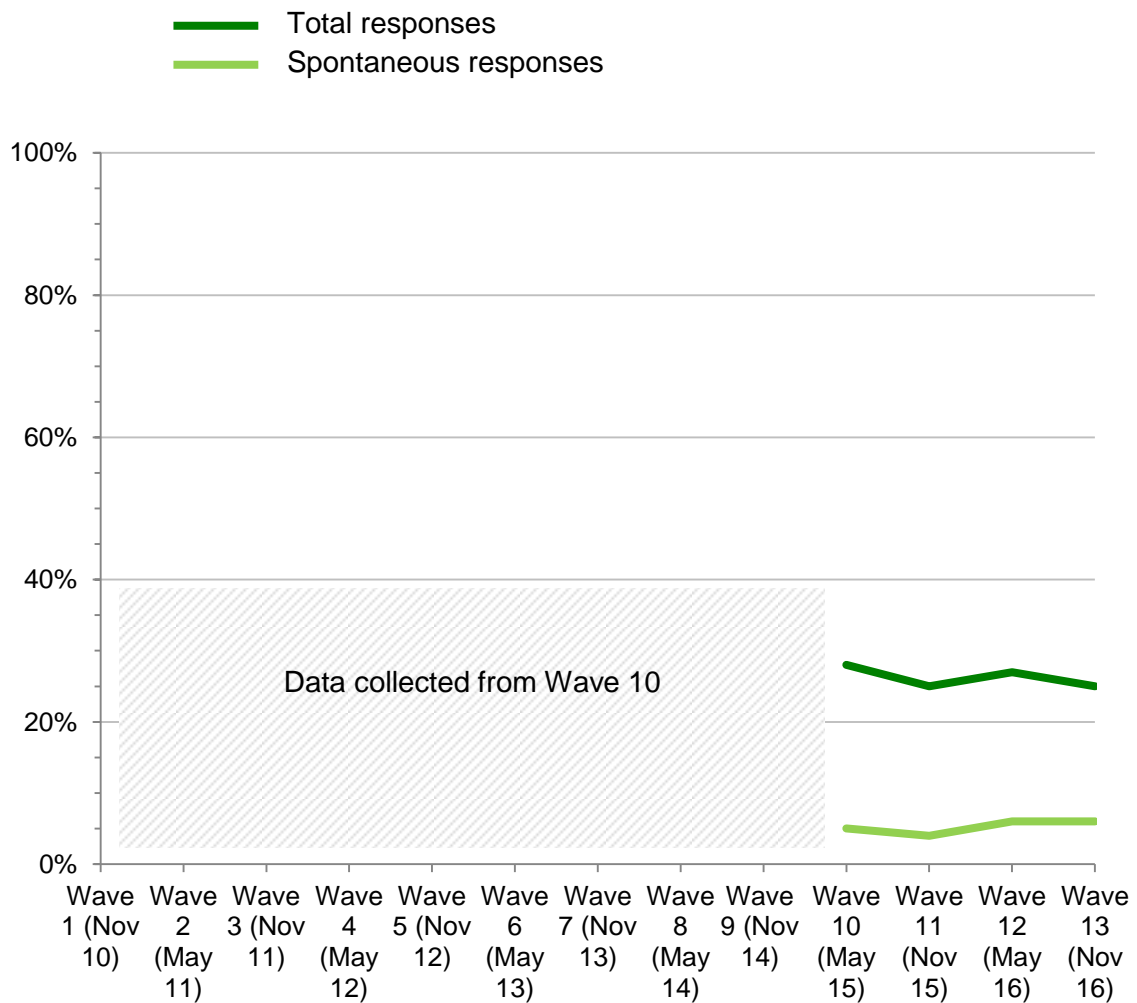


## Chemicals from the environment

At Wave 13, 29% of respondents reported concern about chemicals from the environment, such as lead, in food. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (48% v 24%)
- Those aged 50-65 compared to aged 16-25 (37% v 16%)
- Those in social grade AB compared to in social grade C2 (41% v 21%)

### Concern about chemicals in food (May 2015 – November 2016)





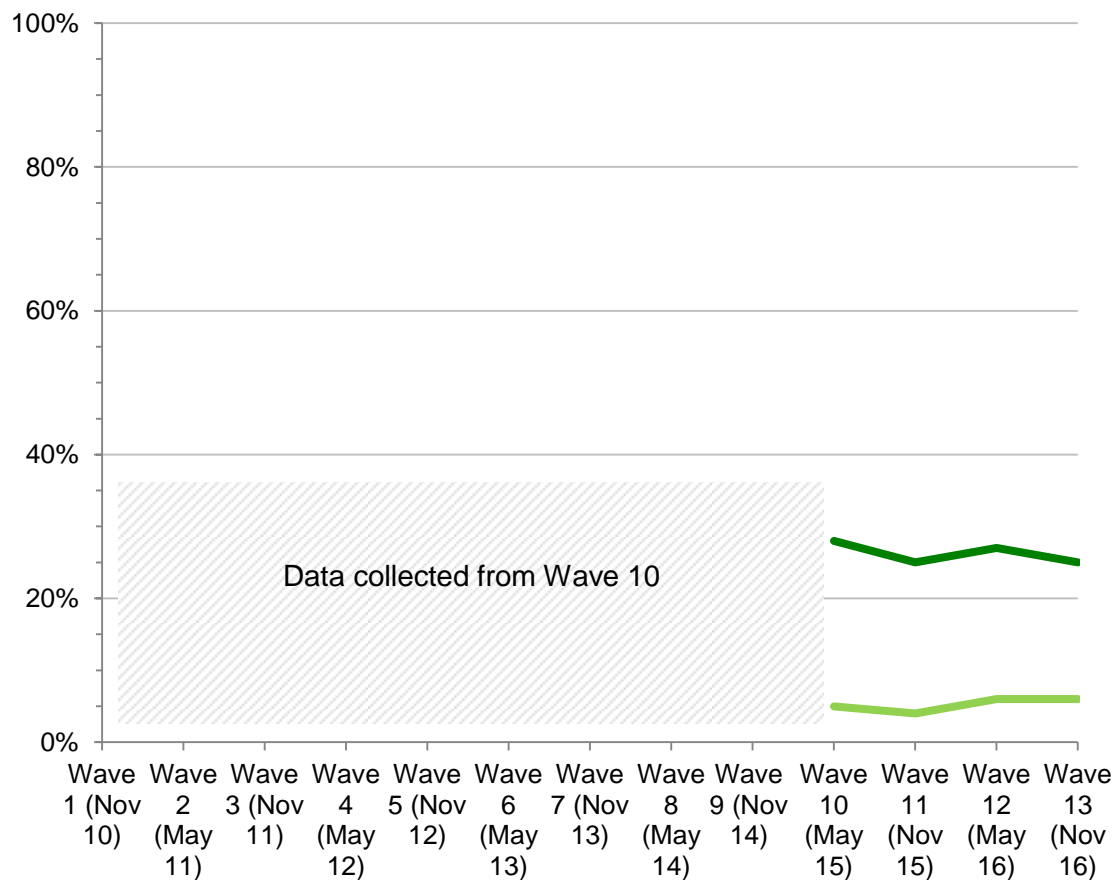
## Food not being what the label says it is

At Wave 13, 25% of respondents reported concern about food not being what the label says it is. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (47% v 14%)
- Those aged 36-49 compared to aged 16-25 (30% v 20%)
- Those in social grade AB compared to in social grade C2 (31% v 19%)

### Concern about food not being what the label says it is (May 2015 – November 2016)

— Total responses  
— Spontaneous responses





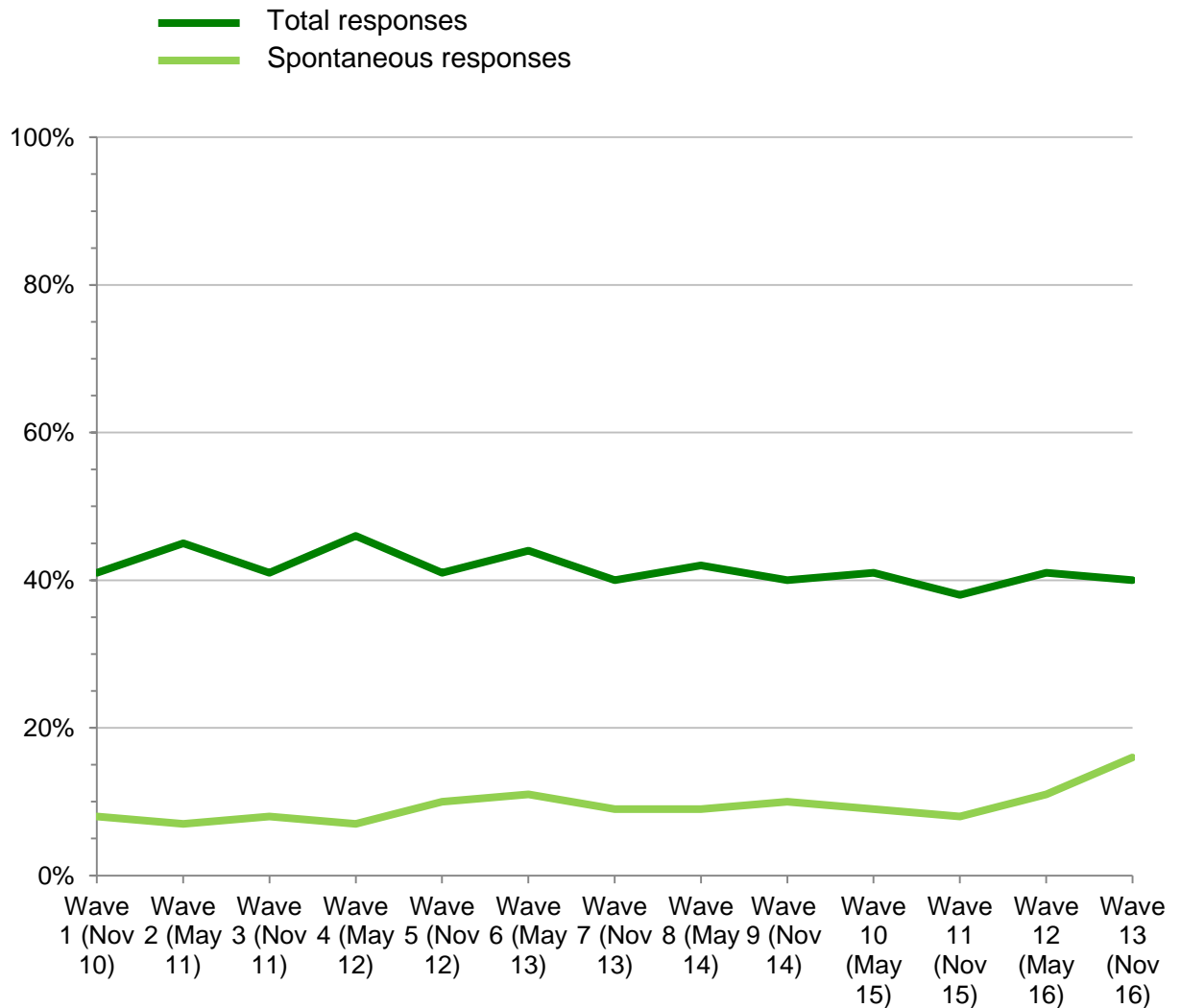
## Fat

At Wave 13, 40% of respondents reported concern about the amount of fat in food.

Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (48% v 29%)
- Those aged 36-49 compared to aged 16-25 (47% v 31%)
- Those in social grade AB compared to in social grade C2 (46% v 34%)

### Concern about the amount of fat in food (November 2010 - November 2016)



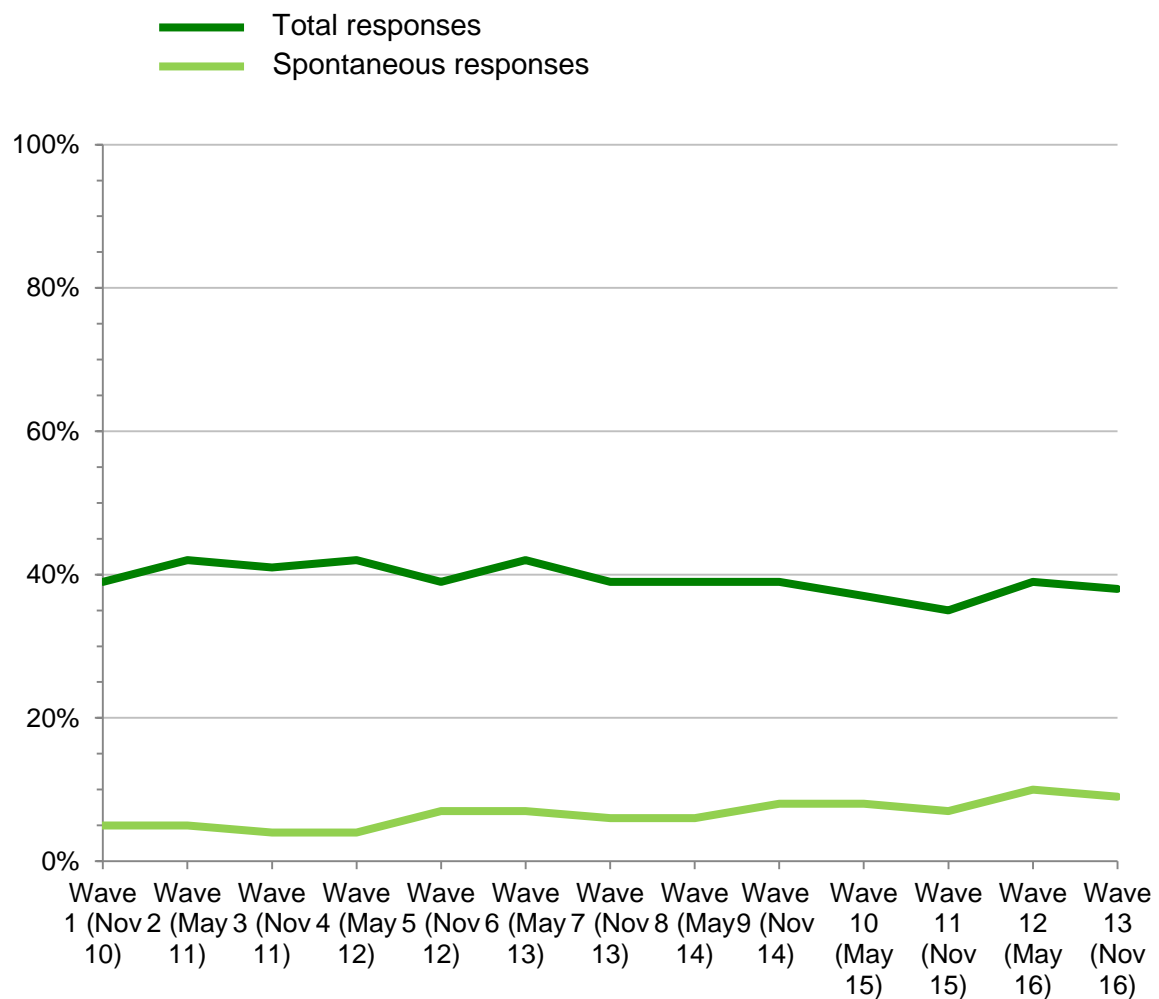


## Saturated fat

At Wave 13, 38% of respondents reported concern about the amount of saturated fat in food. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (52% v 23%)
- Those in social grade AB compared to in social grade C2 (49% v 27%)
- Those aged 36-49 compared to aged 16-25 (47% v 25%)

### Concern about the amount of saturated fat in food (November 2010 - November 2016)





## Foods aimed at children

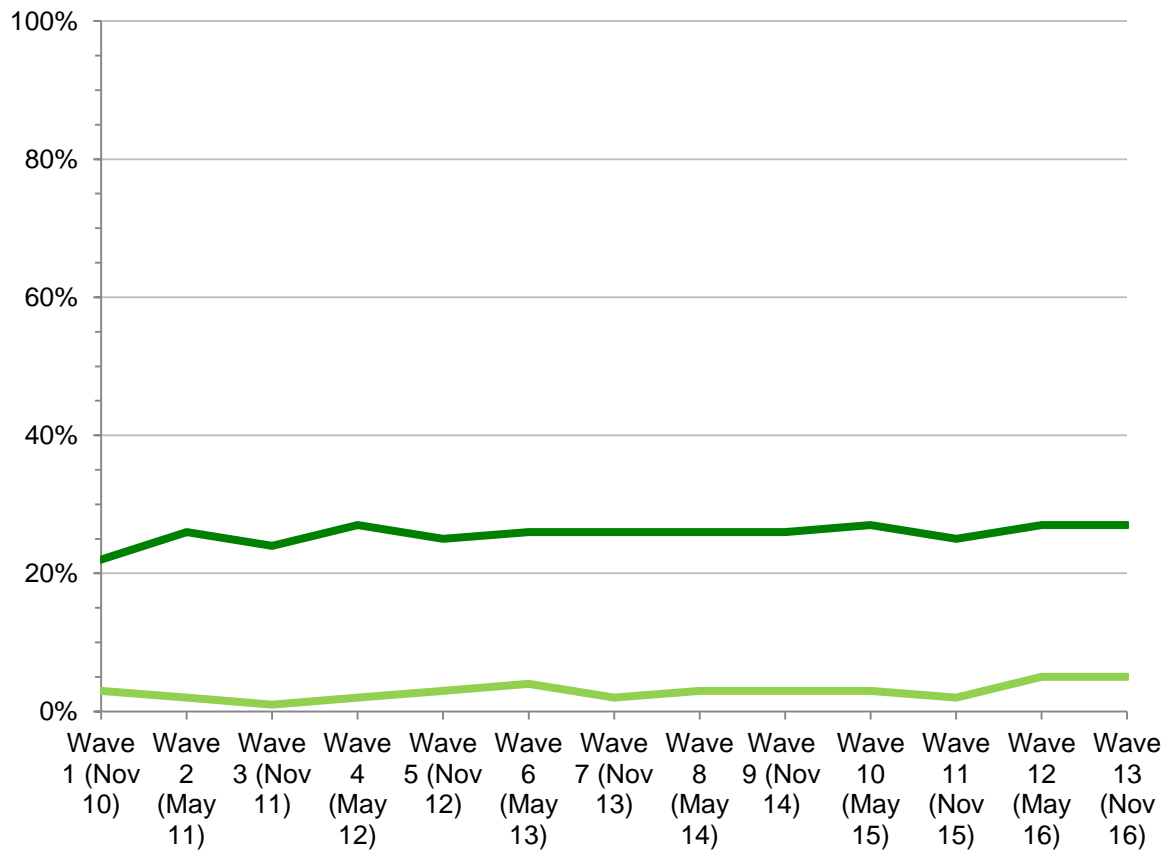
At Wave 13, 27% of respondents reported concern about foods aimed at children.

Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (46% v 18%)
- Those aged 36-49 compared to aged 16-25 (39% v 15%)
- Those with children in the household compared to those without children in the household (38% v 22%)

### Concern about foods aimed at children (November 2010 - November 2016)

— Total responses  
— Spontaneous responses



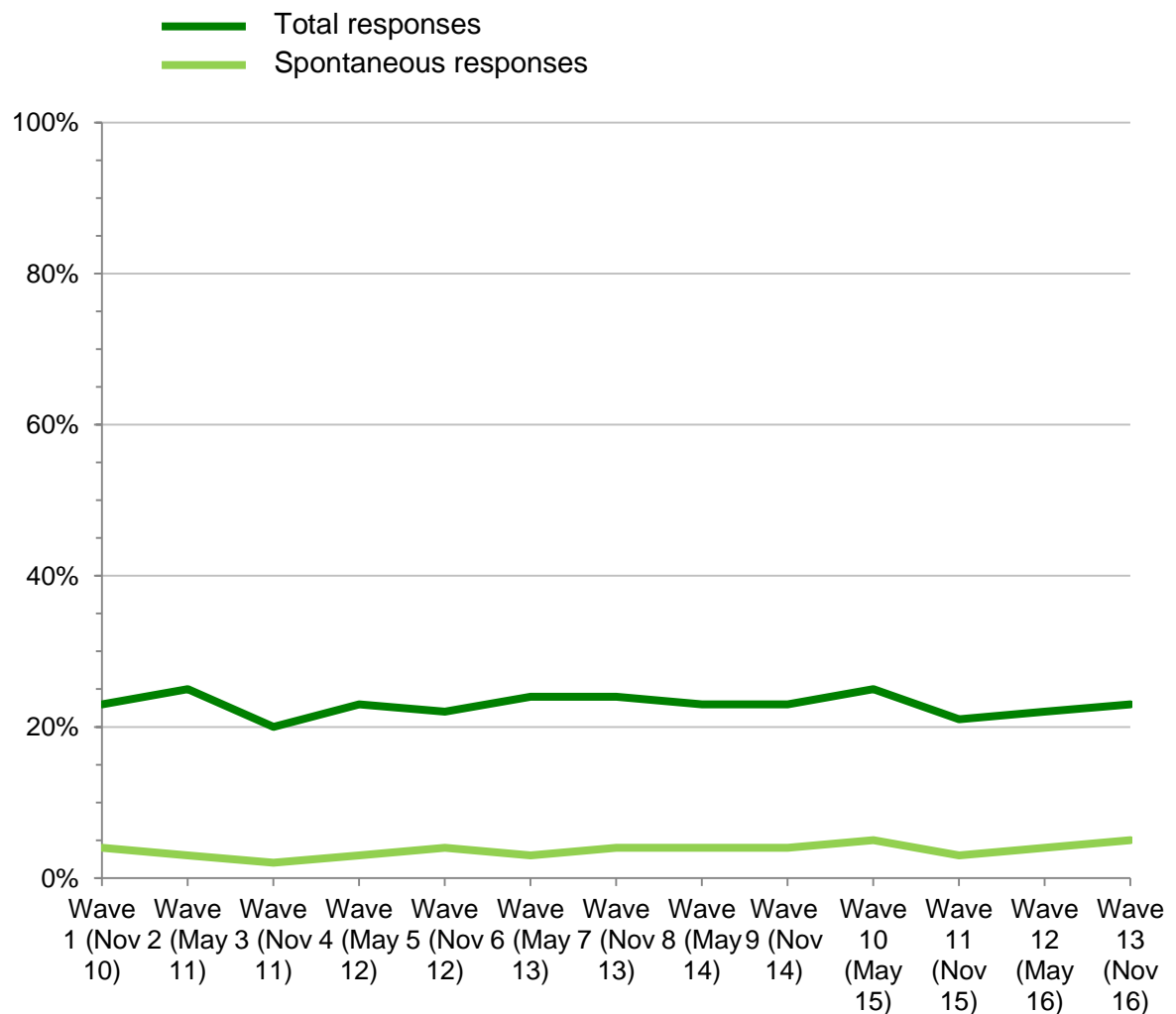


## Food miles

At Wave 13, 23% of respondents reported concern about food miles. Concern varied between groups of people, particularly between:

- Those in Northern Ireland compared to in Wales (39% v 17%)
- Those in social grade AB compared to in social grade C2 (36% v 17%)
- Those aged 36-49 compared to aged 16-25 (29% v 11%)
- White respondents compared to BME respondents (24% v 12%)

### Concern about food miles (November 2010 - November 2016)





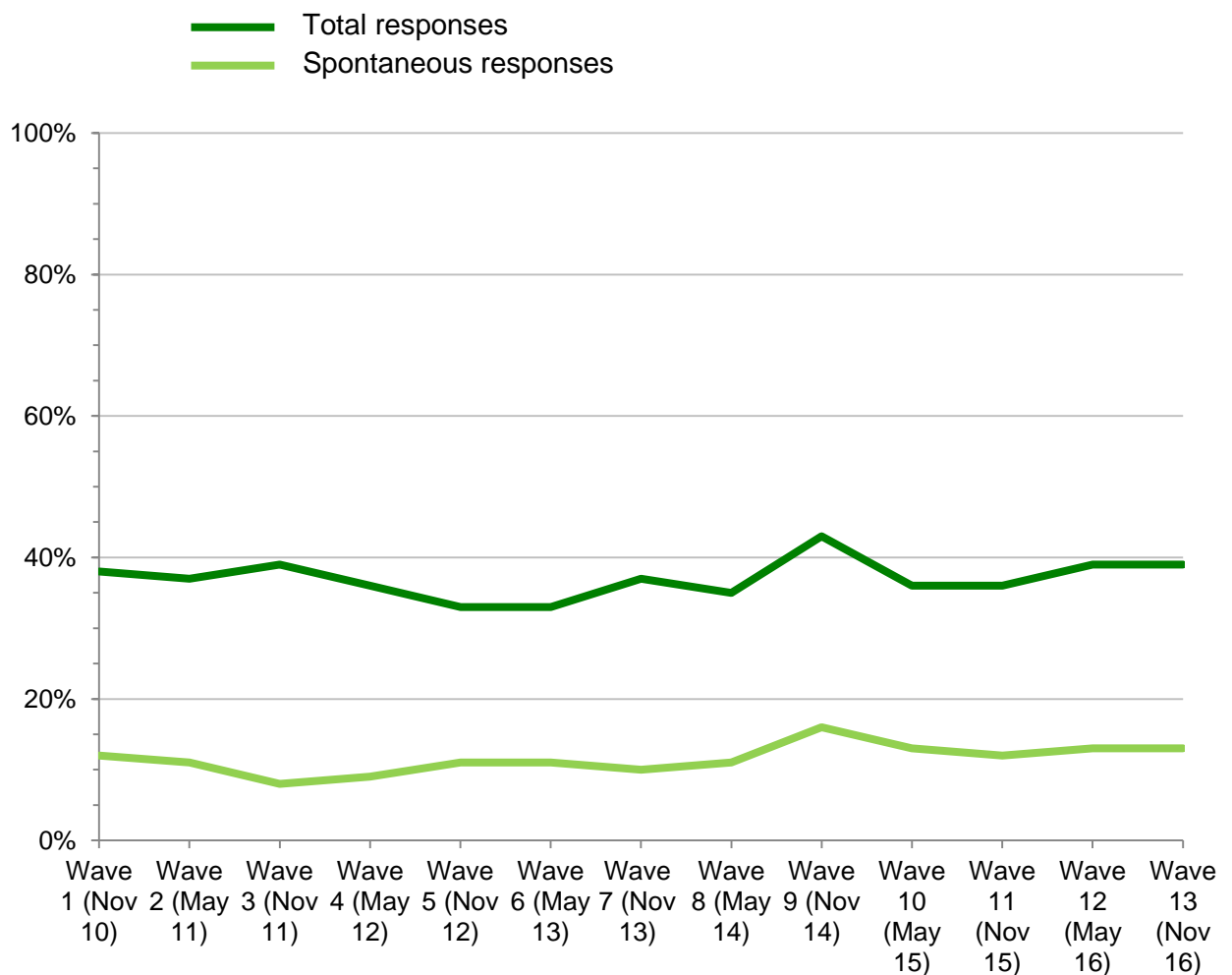
## Promoting food safety in the home

At Wave 13, 39% of respondents considered promoting food safety in the home an FSA responsibility. Viewing the FSA as responsible for this role varied between groups of people, particularly between:

- Those aged 50-65, and 66+, compared to those aged 16-25 (41% v 31%)
- Those in Northern Ireland compared to in Wales (52% v 36%)

In addition, respondents who were concerned about food hygiene at home were more likely than others to think the FSA was responsible for promoting food safety in the home (37% v 20%).

### Think FSA is responsible for promoting food safety at home (November 2010 - November 2016)





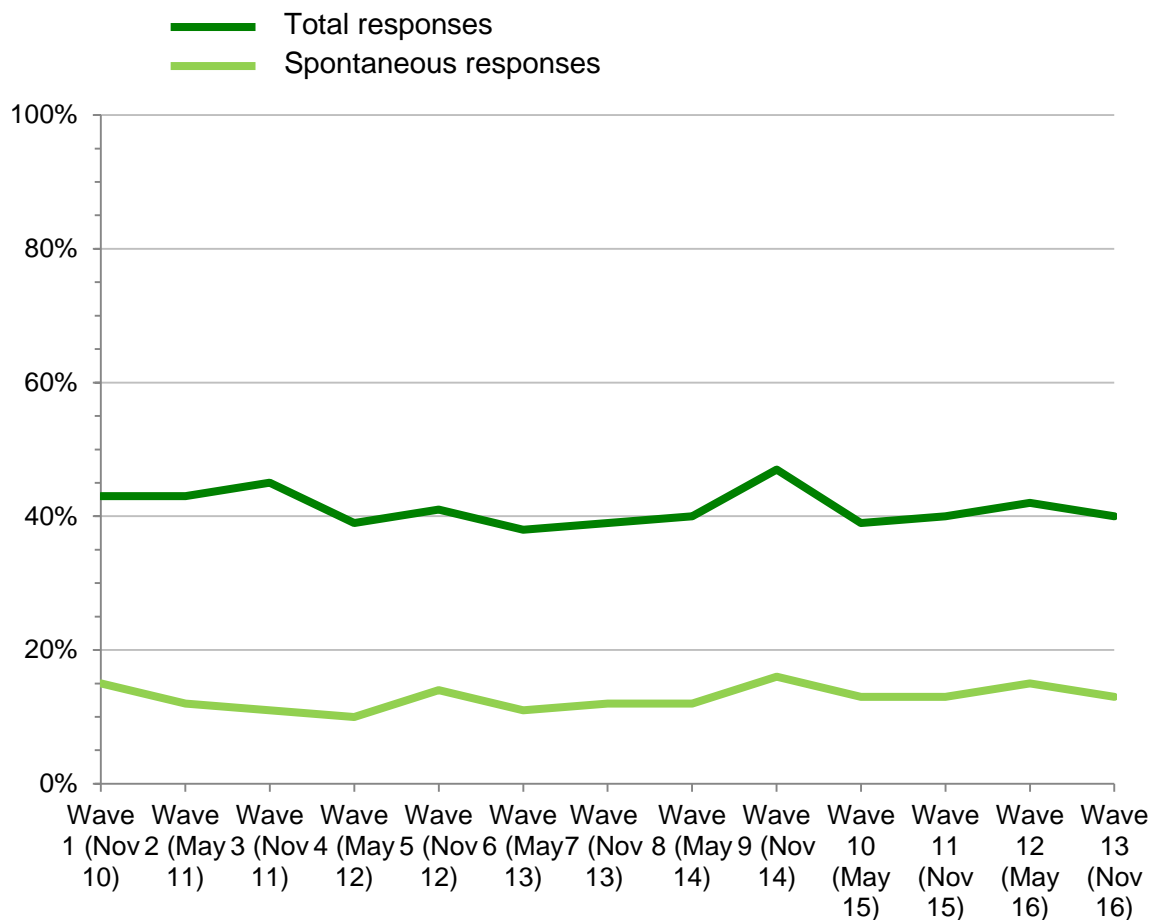
## Promoting and enabling healthy eating and lifestyles

At Wave 13, 40% of respondents considered promoting and enabling healthy eating and lifestyles an FSA responsibility. Viewing the FSA as responsible for this role varied between groups of people, particularly between:

- Those aged 36-49 compared to 16-25 (44% v 30%)
- Those in Northern Ireland compared to in Wales (47% v 37%)

In addition, respondents who were concerned about nutritional issues and food prices were more likely than others to think the FSA was responsible for promoting and enabling healthy eating and lifestyles: fat (60% v 40%), food prices (61% v 42%), salt (60% v 42%), saturated fat (54% v 38%), and sugar (67% v 52%).

### Think FSA is responsible for healthy eating and lifestyles (November 2010 - November 2016)







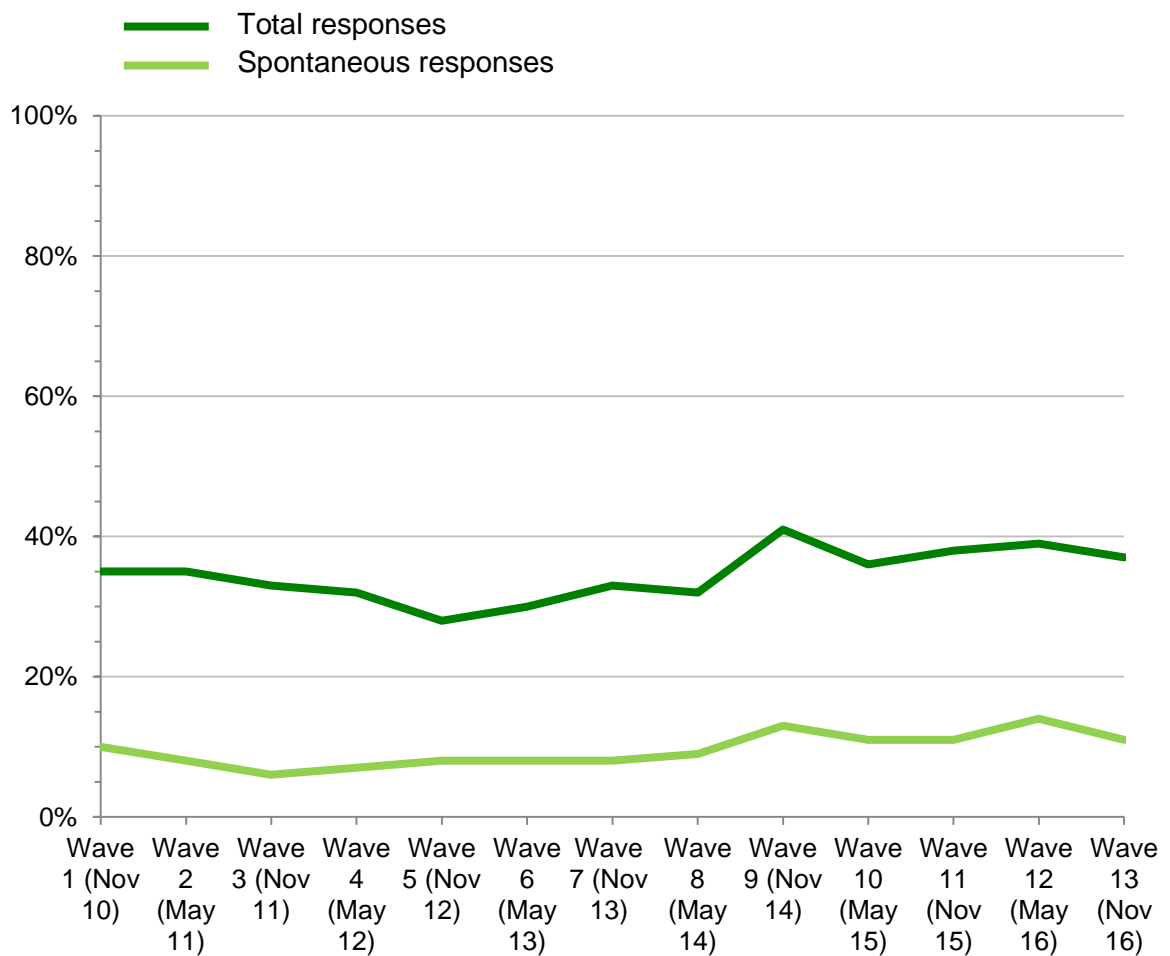
## Ensuring food is sustainable

At Wave 13, 37% of respondents considered ensuring food is sustainable an FSA responsibility.

Respondents who were concerned about the following linked issues were more likely than others to think the FSA was responsible for ensuring food is sustainable:

- GM foods (43% v 27%)
- Food miles (38% v 23%)
- Food waste (60% v 49%)
- Pesticides (40% v 29%)
- Feed given to livestock (32% v 22%)

### Think the FSA is responsible for ensuring food is sustainable (November 2010 - November 2016)





## Country of origin labelling

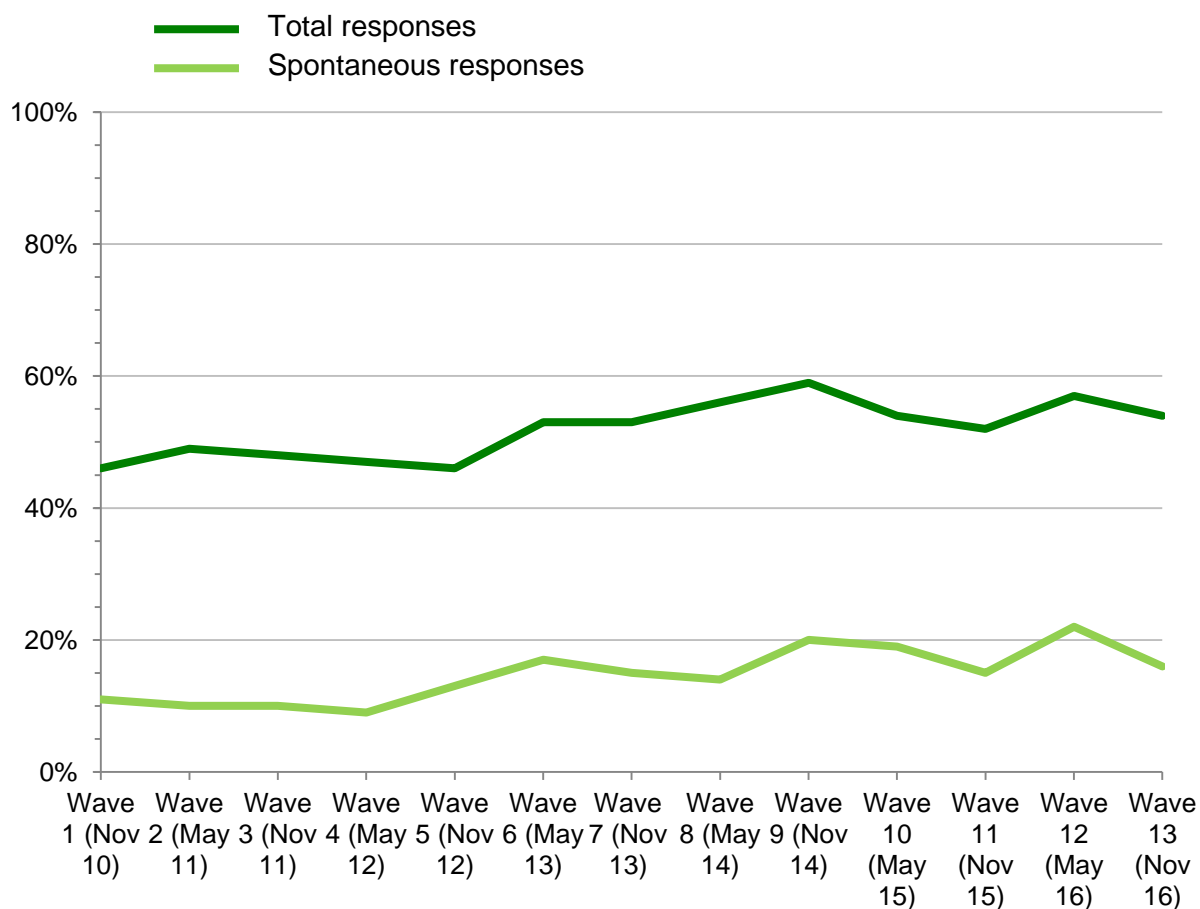
At Wave 13, 54% of respondents considered country of origin labelling an FSA responsibility. Viewing the FSA as responsible for this role varied between groups of people, particularly between:

- Those aged 50-65 compared to 16-25 (62% v 39%)
- Those in social grade AB compared to in social grade DE (63% v 49%)

In addition, respondents who were concerned about issues linked to country of origin were more likely than others to think the FSA was responsible for its labelling:

- Food not being what the label says it is (41% v 25%)
- Chemicals from the environment in food (44% v 29%)
- Animal welfare (58% v 44%)
- Food miles (36% v 23%)
- Hormones / steroids / antibiotics (39% v 27%)
- Use of pesticides to grow food (39% v 29%)

### Think the FSA is responsible for country of origin labels (November 2010 - November 2016)



## **Annex B: Wave 13 Sample bases**

1a Wave 13 Weighted base (1,841), Unweighted base (1,967)

1b Wave 13 Weighted base (1,841), Unweighted base (1,967)

1c Wave 13 Weighted base (1,841), Unweighted base (1,967)

1d Wave 13 Weighted base (1,841), Unweighted base (1,967)

1c-d Wave 13 Weighted base (1,841), Unweighted base (1,967)

1b-d Wave 13 Weighted base (1,841), Unweighted base (1,967)

2a Wave 13 Weighted base (1,841), Unweighted base (1,967)

2b Wave 13 Weighted base (1,841), Unweighted base (1,967)

3a Wave 13 Weighted base (1,841), Unweighted base (1,967)

3b Wave 13 Weighted base (1,581), Unweighted base (1,672)

4 Wave 13 Weighted base (1,841), Unweighted base (1,967)

5a Wave 13 Weighted base (1,405), Unweighted base (1,478)

5b Wave 13 Weighted base (1,405), Unweighted base (1,478)

6a Wave 13 Weighted base (1,405), Unweighted base (1,478)

# 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.<sup>9</sup> From Wave 3 – Wave 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).<sup>10</sup> At Wave 9, these 4 questions were removed and instead included in the FHRS Tracker survey<sup>11</sup>. 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'.

## Reporting

The main report presents top-line findings from in-house analysis. The report covers trends for Wave 1 (November 2010) – Wave 13 (November 2016) of the biannual series. Unless stated otherwise, where comparisons are made in the text between different population groups, variables<sup>12</sup>, 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

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<sup>9</sup> 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>

<sup>10</sup> <http://ratings.food.gov.uk/> and <http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene/food-hygiene-information-scheme>

<sup>11</sup> <https://www.food.gov.uk/business-industry/hygieneratings>

<sup>12</sup> 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.

differences apparent in the survey findings, other differences may also be apparent in the data. Full data tables for Waves 12 and 13 are available online alongside the published report, and full data tables for previous waves are available upon request.<sup>13</sup>

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.<sup>14</sup>

For some questions respondents can give multiple answers, in which case the average number of responses can vary between waves and between socio-demographic groups. Full detail on the average number of responses, including whether there is statistically significant variation between waves, is available in the datasets here: <https://www.food.gov.uk/science/research/ssres/publictrackingsurvey>  
Rounding of figures means that some percentages may not add up to 100%.

## **Methodology**

This is Wave 13 of the redeveloped Tracker. Fieldwork for this wave took place from 9<sup>th</sup> to 13<sup>th</sup> November 2016. Interviews took place with a representative sample of 1,967 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 Wave 13, no research was undertaken in Scotland, which has a separate Tracker. Consequently, this report only presents findings for England, Wales and Northern

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<sup>13</sup> 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.

<sup>14</sup> 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.

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.

For Wave 13 of the attitudes tracker, a total of 132 sample points were included. To reduce clustering effects, each of these primary sampling points was divided into two halves. Fieldwork clusters comprising aggregations of wards were defined from the chosen half of each sample point; 200-250 addresses were then sampled for fieldwork from each cluster, using the PAF. All interviews were conducted by the TNS field team and in accordance with strict quality control procedures. Quotas (by sex, working status and presence of children) were set to ensure representativeness, whilst any sample profile imbalances in all these demographic criteria were corrected at the analysis stage through weighting against national distribution of age, gender, social grade and area. All weighted criteria were tested at 5% level of significance.

Age	Weighted	Unweighted
16-24	259	264
25-34	349	347
35-44	312	312
45-54	294	258
55+	627	786
Female	947	1034
Male	894	933

## 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 2016 (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.<sup>15</sup> 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.

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<sup>15</sup> This was a recommendation from the development work for the new biannual Tracker, available at: <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>

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 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 question 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.

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.



## Occupational Groupings<sup>16</sup>

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

<sup>16</sup> Social grade is weighted according to BARB data: <http://www.barb.co.uk/>.

## Annex D: Wave 13 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  
Hygiene certificate  
Websites  
Other (specify)  
(DK)

*Q.4 Which of the following, if any, have you heard of? Please select all that apply. Which others? (Base: All adults England, Wales, and Northern Ireland)*

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)  
Department for Public Health and Health Professions (only show if Wales)  
Food Standards Agency (only show if England, Wales or NI)  
Safefood (only show if NI)  
National Institute for Health and Clinical Excellence (NICE)  
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)  
The Environment Agency (only show if England or Wales)  
The British Medical Association  
Office of Communications (OFCOM)  
Health & Safety Executive  
Office of Fair Trading  
World Health Organisation (WHO)  
British Dietetic Association (BDA)  
(N)  
(DK)

*Q.5a And please can I check, which issues do you think the Food Standards Agency is responsible for? Which other issues? (Base: All adults aware of the Food Standards Agency UK)*

(Spontaneous)

*Q.5b And which of these issues do you think the Food Standards Agency is responsible for? (Please select all that apply. Which others? Base: All adults aware of the Food Standards Agency in England, Wales and NI)*

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 (specify)  
(DK)

*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. (Base: All adults aware of the Food Standards Agency in England, Wales and NI)*

I trust it a lot  
I trust it  
I neither trust nor distrust it  
I distrust it  
I distrust it a lot  
(DK)