



FOOD
STANDARDS
AGENCY

Consumer Attitudes to Food Standards

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

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**CONSUMER ATTITUDES TO
FOOD STANDARDS
WAVE 3**

UK REPORT

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and
COI Communications

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1 INTRODUCTION

1.1 Background

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

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

The Agency's role is to:

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

The Agency is committed to conducting research on consumer attitudes towards food safety and food standards in order to inform future activity and monitor changes on an annual basis. Taylor Nelson Sofres carried out the initial benchmark wave of research between September and December 2000, repeated the exercise in August to October 2001 and this report now covers the third wave of research, conducted between September and October 2002.

1.2 Research Objectives

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

It should be noted that large shifts in behaviour should not be expected two years on from the original (2000) survey as attitudes tend to shift first and behaviour typically follows some way behind.

More specifically, the research aims to:

- Track changes in attitudes, knowledge, behaviour and awareness over time
- Improve knowledge and understanding of consumer attitudes in those areas for which the Agency has responsibility
- Help the Agency develop effective communications
- Gauge public confidence and understanding of national food safety and standards arrangements

1.3 Research Methodology

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

- The requirement for a representative sample in each country yielding sufficient numbers in critical sub-groups for independent analysis
- The interview length
- The requirement for the methodology to be fully replicable, allowing changes in attitudes, awareness, knowledge and behaviour to be tracked over time

In order to be able to track changes in awareness and attitudes over time changes to the original questionnaire were kept to a minimum. However, it should be noted that a number of changes were made to last year's (2001) questionnaire to improve the 'flow' from the respondent's perspective and to clarify certain issues. A number of new questions were also added at the time. Relatively few changes were made to the questionnaire in 2002. Clearly, any changes of this nature could potentially affect response. The specific changes that have been made to question wording and order are indicated in each section, together with discussion of their probable impact.

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

Respondents in Wales were offered the opportunity to be re-contacted and interviewed in Welsh. However, none requested this.

The sample size was required to be robust at country level. The actual number of interviews conducted in each country in 2002 is outlined below. The structure of the sample in each country was designed to be representative of that country's population.

This report is based on the following number of interviews:

England	1,004 (target 1,000)
Wales	723 (target 700)
Scotland	704 (target 700)
Northern Ireland	742 (target 700)
 TOTAL	 3,173 (target 3,100)

The sample profile is shown in Appendix Two.

Random location sampling was used to ensure that the sample achieved was representative of the UK population. Sample points were selected from the Taylor Nelson Sofres sampling frame. Sample points for 2001 and 2002 were matched to those selected in 2000 to ensure a comparable sample. Quotas were set on sex and working status.

The data was weighted at the analysis stage to ensure that the final sample in each country and in the UK overall were representative of their respective universes.

The rural/semi-rural/urban analysis break was defined using population density at the postcode sector level. The population information available for Northern Ireland was less detailed than for the other countries, so all Belfast postcodes were defined as urban and all others as rural.

The interviewing took place between 2 September and 17 October 2002.

The report begins with a summary of key findings. More detailed comment and presentation of results is provided in the main body of the report, which follows the structure of the questionnaire.

2 EXECUTIVE SUMMARY

This year's executive summary focuses mainly on:

- shifts observed since last year
- trends emerging over the three years of the study

Overall Trends

- A slight increase in 'convenience' eating - in eating ready-made meals and use of takeaway outlets
- Small but significant decreases in concern relating to particular foods and food issues - possibly due to the lack of major national food scares in the last year, and decreased media coverage resulting in less consumer attention on food-related issues as the focus has turned more to global events
- Noticeable decline in concerns over meat-related issues, particularly BSE/CJD
- Awareness of the FSA and its role and of information provided by it continued to build year-on-year. Perceptions of the agency continued to improve

Shopping and Eating Habits

- Shopping habits remained very similar year-on-year. Women were still far more likely than men to take responsibility for all or most household food shopping; while supermarkets dominate food shopping everywhere, local shops remained more important in Northern Ireland. Slightly more people were shopping just for themselves this year
- Having a wholly or mainly vegetarian member of the household, or someone on a special diet, were at a very similar level (each at around 5% of households) to that seen in previous years

- The overall pattern of catering outlet (i.e. restaurants, fast food outlets, etc.) usage was broadly consistent year-on-year, though usage of takeaway outlets increased significantly in 2002. Taking this together with the increase in consumption of ready-made meals, there would seem to be an increase in 'convenience' eating

Food Hygiene in Catering Outlets

- The number who expressed a concern about hygiene in any catering outlet has remained unchanged since 2001 and stands at 50% of the sample. However within this there has been a significant increase in the number expressing a concern about fast food outlets (up from 18% in 2001 to 23% this year). Concern about takeaway outlets also rose slightly (from 25% in 2001 to 27% in 2002) thus there was a significant increase in the level of concern about any fast food outlet
- However, concern about mobile food outlets fell significantly (from 29% in 2001 to 26%). We would note that as in both previous surveys, concern about this outlet type is based in part on perception or on poor past rather than recent experiences, as few people actually used this outlet type regularly
- As in the earlier surveys, concern about hygiene in a catering outlet was most likely to lead to no longer using that outlet and this particular response has become more common in each subsequent year. Nevertheless, only a minority (an average of 7% across all outlets) of those with concerns actually reported them to anyone (down from an average of 11% in 2001)

Food Hygiene in Retail Outlets

- This year's data showed a decrease in concern about hygiene in locations such as local shops, supermarkets and market stalls. Of the various outlet types concern remained greatest about market stalls selling meat, however concern about this outlet type and local butchers has fallen in 2002

- As was observed in 2001 food safety and hygiene in the home was a concern for only just over one-in-ten consumers

Healthy Eating and Nutrition

- Just under four out of ten of those interviewed across the UK claimed to be eating more healthily this year - therefore no change in this measure compared to the two previous years
- As would be expected there was little change to the diet over the last year. Fresh meat, fruit and vegetables and dairy products continued to be eaten regularly. Ready-made meals were eaten regularly or occasionally by over half of those interviewed and in fact there was a small but significant increase this year in the number eating such meals 'regularly'
- There was once again good general awareness that people should eat more vegetables/salad and fruit, though awareness of starchy foods as also beneficial lagged somewhat behind vegetables, etc.
- As in previous years, fewer people had grasped the message that salt consumption should be reduced, compared to fatty or sugary foods
- Knowledge of 'at least five portions of fruit/vegetables a day' increased only slightly since last year (from 49% to 52%), though this represents a significant increase compared to the original 2000 result (43%). Overall, knowledge of what actually constituted a portion remained poor, especially for smaller fruit/vegetables
- Although 52% claimed to be aware of "at least five portions a day", behaviour changed very little - only 27% of the sample actually claimed to eat five or more portions of fruit/vegetables yesterday.

General Food Safety and Hygiene

- Overall concern about food safety issues had declined in 2001, but the events in America of 11th September took place mid-way through the fieldwork for that study and it was therefore unclear whether this marked a real change in attitudes or just that more pressing global fears and concerns had temporarily depressed the status of food safety as an issue
- In 2002 there was in fact a further small but significant decrease in the proportion describing themselves as 'very' or 'quite concerned' about food safety issues (from 71% to 68%). Nevertheless, this clearly remains a key issue for UK consumers
- Looking at the specific foods that caused concern, while meat remained the key focus, concern about it decreased significantly this year - in line with the decreasing concern about market stalls selling meat and local butchers
- In addition, there was a significantly lower level of spontaneous concern this year about 'food scares' - mentioned by only 4% this year compared to 11% in 2001
- When prompted with a list of prompted food safety issues, BSE/CJD was also mentioned by significantly fewer people this year (45%, versus 55% in 2001). This year also saw a significant fall in concern about the use of pesticides (down 6%); livestock feed (down 9%) and the conditions in which food animals are raised (down 4%)
- However, the overall rating of food safety in 2002 remained consistent with the earlier years of the survey - so approaching half of those interviewed (45%) felt that food safety had improved

Foodborne Disease and Responses to it

- There was no change in the proportion who claimed to have suffered from food poisoning in the last 12 months (13%). As was observed in 2001 significantly fewer people in Northern Ireland claimed to have experienced foodborne illness
- The majority of those who were ill (75%) attributed this to food prepared outside the home - though clearly this may be due in part to a reluctance to admit to poor food hygiene at home
- As in previous years the majority did not report their illness. Among those who did, the most common reporting point was their GP

Food Labelling

- As was observed in both previous years of the study, around two-thirds of the UK sample claimed that they usually or always referred to food labelling information
- Also as noted previously approaching two-thirds claimed to find food labels easy to understand. However a substantial minority (25%) continued to state that they contained too little information
- We should also note that actual comprehension of key food label information remained poor with no improvements in any aspect this year. Thus, the absolute levels of comprehension of use by/best before date information, ‘% fat-free’ and main ingredient remained low

Information Sources/Responsibility for Food Standards

- Spontaneous awareness of the FSA as a possible source of information rose once again this year from 10% to 13%. The Agency was in the top 5 sources mentioned, together with supermarkets, local council, newspapers and magazines and the internet
- The media continued to dominate the information sources used - although both print and TV in fact saw significant declines in the number using them for information this year. Arguably there have been fewer food-related stories this year and the media's general focus has been more global
- The number rating the Food Standards Agency as a 'very reliable' source of information increased significantly this year, building further on 2001's improvement (2000 - 22%; 2001 - 36%; 2002 - 51%)
- Recall of information from the Agency also rose significantly again this year (from 29% in 2001 to 34%). This perhaps reflects the Food Hygiene and Barbecue campaigns which took place in 2002

Awareness and Perceptions of the Food Standards Agency

- Compared to 2001 there was a significant increase in awareness of the 'Food Standards Agency' - from 71% to 76%. Across the regions, however, only Wales saw a significant increase this year, while awareness of the offices in both Scotland and Northern Ireland declined slightly (though not significantly)
- Confidence among the general public in the role played by the FSA remained at the level seen in 2001

- The questions exploring perceptions of the FSA consistently showed the balance of opinion to be towards the Agency giving clear information and advice, being an organisation one could trust and putting consumers first. On all these measures there were significant improvements in 2002

Key Sub-Groups - Differences

- Looking at the demographic groups, the key differences between them are consistent with the previous surveys
- Women, and ABs tended to be more aware of food issues and more concerned about food safety
- There was a 'gradient' of awareness, concern etc. across the social grades, with ABs most involved and DEs least so
- The 'extreme' age groups (16 - 25 and 66+) tended to have fewer concerns and also to be less aware/informed about food-related issues than the age groups in-between
- In the 2000 survey Northern Ireland's responses were different in a number of areas from those of all other countries. While some differences remain, in 2002, as in 2001, Northern Ireland was more in line

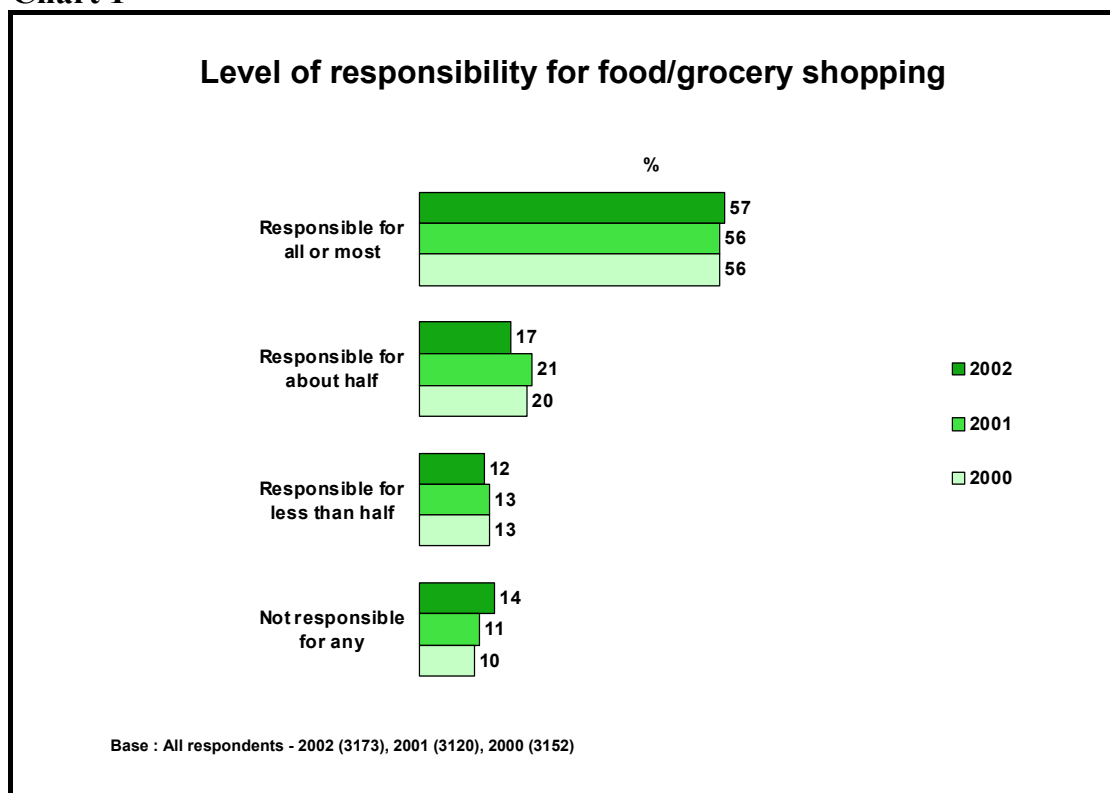
3 SHOPPING AND EATING HABITS

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

3.1 Responsibility for Food/Grocery Shopping

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

Chart 1



Among the UK sample, as in 2000 and 2001, just over half (57%) described themselves as responsible for all or most of the household's food/grocery shopping. Some 17% said they were responsible for about half of this type of shopping, which represents a significant decrease compared to both 2000 and 2001, when a fifth (20% in 2000; 21% in 2001) said they were responsible for about half of their household's food and grocery shopping.

Across the countries a similar proportion of each sample claimed to be responsible for all/most food shopping - England (57%); Scotland (57%); Wales (58%) and Northern Ireland (54%). This was also the case in previous years.

As one might expect (and as we observed in 2000 and 2001) women (78%) were more likely to take all/most of the responsibility compared to men (35%).

The youngest age group (16 - 25 year-olds) remained, not surprisingly, least likely to be fully responsible for food/grocery shopping. Only 27% of this group claimed they did all or most of it, compared to 59% or more among all other age groups (a highly significant difference). In 2001 some 35% of the 16 - 25 year-olds claimed full responsibility, so the 2002 figure among this group represents a significant fall. The oldest age group (66+ - 71%) were the most likely to be fully responsible for food/grocery shopping.

Those of DE social grade (64%) were significantly more likely to be responsible for all or most food shopping versus both ABs (52%) and C1C2s (54%). Again, this is consistent with the picture observed in both 2000 and 2001.

Predictably, those working full-time (46%) were the least likely of the working status groups to be responsible for all/most food and grocery shopping. Part-time workers (77%) were significantly more likely to have full responsibility for this type of shopping than either full-time workers or those not in employment (62%). This pattern of results is consistent with previous years.

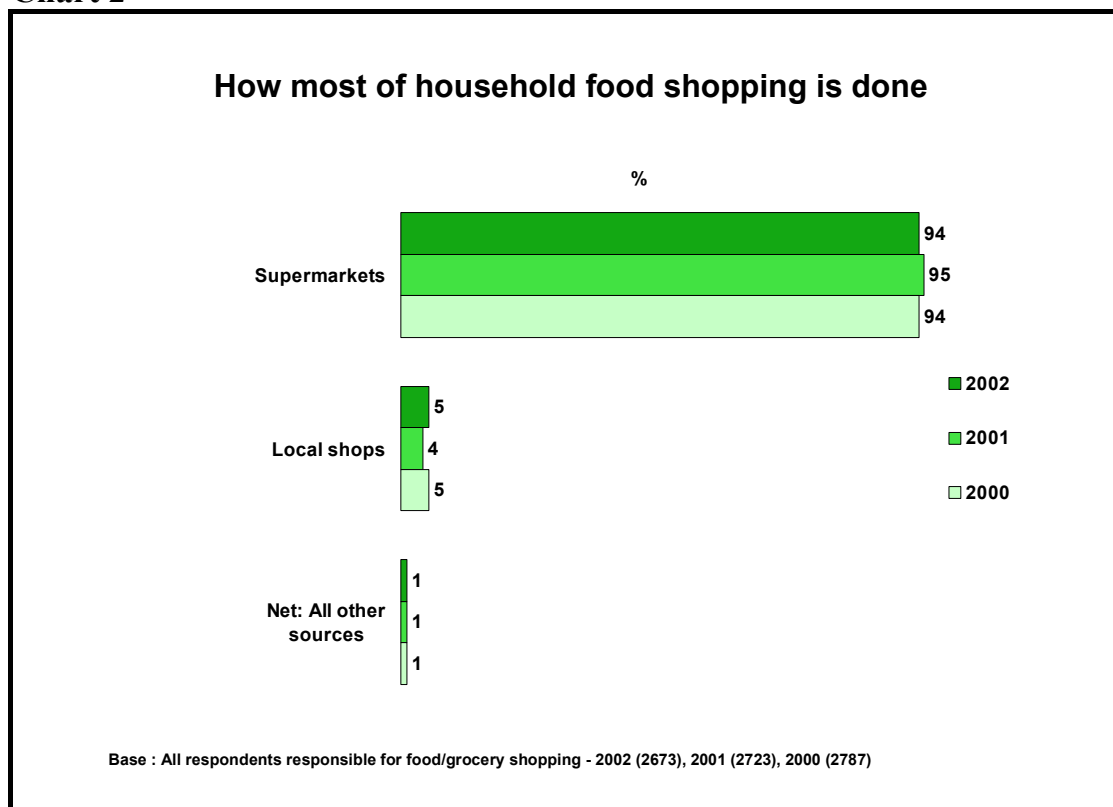
As in 2001, a similar proportion of residents in each area type (rural - 58%; semi-rural - 59% and urban - 54%) were responsible for all/most food shopping.

3.2 How Household Food Shopping Is Done

Food shopping continues to be dominated by supermarkets - no fewer than 94% of those interviewed who had responsibility for food shopping bought most of their food from this source. A minority (5%) used local shops and a handful of people (1%) used other sources (e.g. local markets or the Internet, telephone, or mail order). As we would expect, this is an almost identical picture to that observed in both 2000 and 2001.

It is possible that those purchasing via the Internet arm of a supermarket nevertheless answered 'supermarket' at this question, thus understating the true level of Internet use.

Chart 2



In 2000, those aged 66+ were significantly more likely to indicate that they used local shops (12%) compared to all other age groups. However, in 2001 the number of respondents aged 66+ using local shops declined (to 6%) and this was at a similar level in 2002 (7%).

Table 1

**KEY SUB-GROUPS - % USING LOCAL SHOPS FOR MOST
FOOD/GROCERY SHOPPING**

	16 - 25	26 - 35	36 - 49	50 - 65	66+
	%	%	%	%	%
2002	3	4	5	3	7
2001	4	3	2	5	6
2000	4	5	3	5	12

The same broad pattern of outlet use for food shopping was observed across all four countries, though those in Northern Ireland remained significantly more likely to use local shops (13%). This was also the case in preceding years.

Table 2

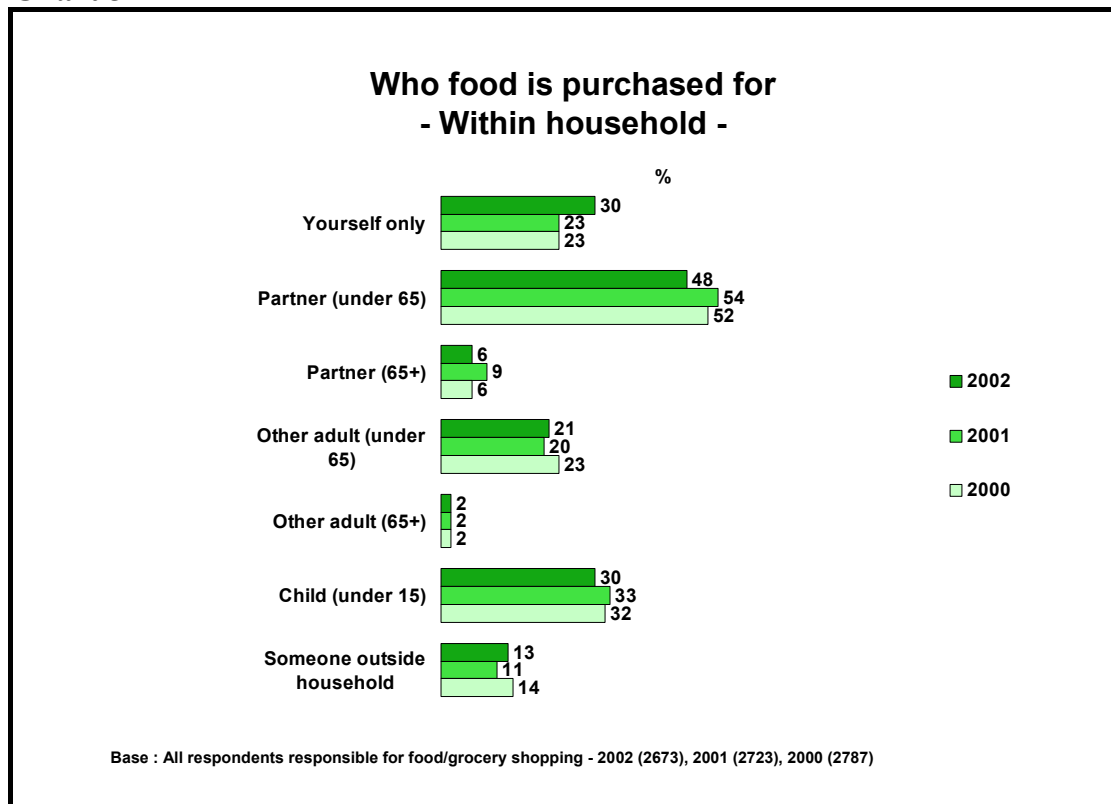
**KEY SUB-GROUPS - % USING LOCAL SHOPS FOR MOST
FOOD/GROCERY SHOPPING**

	England	Scotland	Wales	Northern Ireland
	(879)	(613)	(605)	(576)
	%	%	%	%
2002	4	5	4	13

3.3 Who Food Is Purchased For

In both 2000 and 2001, just under a quarter of those responsible for food shopping usually bought food only for themselves. This figure rose slightly to 30% in 2002.

Chart 3



The other person most frequently shopped-for was a partner - just under half of the UK sample also purchased food for a partner aged up to 65 living in the household. There was a small but significant decline in the number shopping for a partner in 2002 (54%), compared to the position in 2001 (62%).

It should be noted that all age groups are represented within those being shopped for outside the respondent's own household, although relative to the size of those groups within the population as a whole, there is a bias towards the elderly and the young. This was also the case in previous years.

Table 3

	2000	2001	2002
	(2787)	(2723)	(2673)
	%	%	%
Those buying for someone outside their household	14	11	13
Partner	1	1	2
Someone else, under 65	6	4	4
Someone else, 65+	5	5	6
Child aged 0 - 15	3	2	3

Base: All responsible for food/ grocery shopping

Across the countries, in 2002 significantly fewer of those in Northern Ireland were purchasing food only for themselves (21%) compared to all other countries (Wales - 30%; England - also 30%; Scotland - 28%). In 2001 the Scots (28%) had been significantly more likely to purchase food only for themselves compared to their counterparts in both Wales (22%) and England (also 22%), but in 2002 the Scotland figure was similar to that of both England and Wales. Year-on-year, the picture for Scotland has remained the same, but the proportions buying only for themselves in England and Wales have increased.

Those in the oldest age group (66+) were significantly more likely than all other age groups to buy food only for themselves, followed by the youngest age group (16 - 25s). This was also the case in both of the previous years. However, as Table 4 also shows, the overall rise in 2002 in purchasing only for oneself is driven more by some of the age groups than others, with the 26 - 35 year-olds, the 50 - 65 year-olds and in particular those aged over 65 showing marked increases since 2001.

Table 4**KEY SUB-GROUPS - % PURCHASING FOOD ONLY FOR
THEMSELVES**

	16 - 25	26 - 35	36 - 49	50 - 65	66+
	%	%	%	%	%
2002	31	23	15	27	59
2001	32	16	14	18	41
2000	26	18	12	20	48

Those of DE social grade were significantly more likely to buy food only for themselves compared to either C1C2s or ABs. This was also the case in both previous years.

Table 5**KEY SUB-GROUPS - % PURCHASING FOOD ONLY FOR
THEMSELVES**

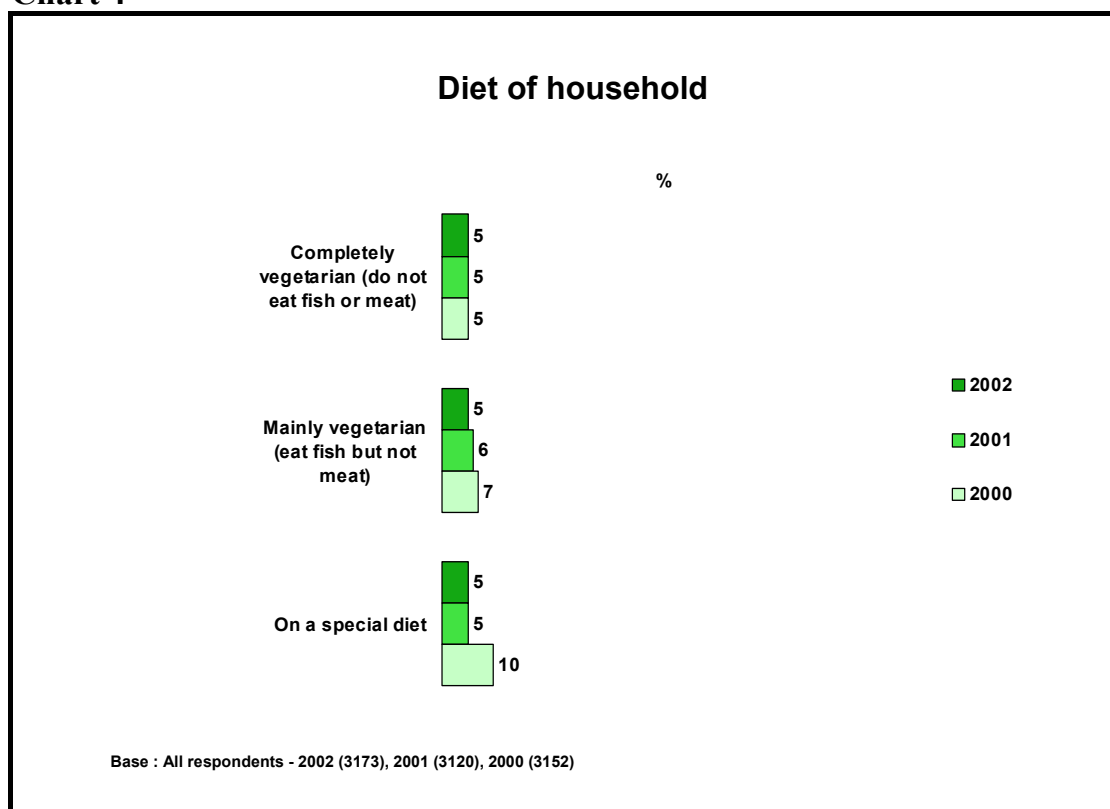
	AB	C1C2	DE
	(435)	(1301)	(937)
	%	%	%
2002	22	27	39

3.4 Special Diets

The questionnaire identified whether any member of the household had any special dietary requirements, essentially whether anyone in the household was vegetarian, vegan or was on a special diet for medical or religious reasons, due to allergies, or to lose weight.

In the 2000 survey 'special diet' had occurred only as a single option i.e. 'on a special diet for medical or religious reasons or to lose weight', alongside 'vegetarian' and 'vegan'. In 2001 and 2002, anyone choosing 'special diet' as an option was specifically asked 'What kind of special diet?' and was shown a list of options to choose from.

Chart 4



In general terms, there was little change to household diets. As in both previous surveys, 5% of UK households contained someone who was completely vegetarian. In 2002 this was consistent across all age groups except the oldest - significantly fewer of those aged 66 and over (2%) claimed to be vegetarians. This was consistent with the pattern observed in previous years, although in 2001 and 2002 there was a slightly higher proportion of vegetarians among the 16 - 25 year olds.

Table 6

KEY SUB-GROUPS - % COMPLETELY VEGETARIAN

	16 - 25	26 - 35	36 - 49	50 - 65	66+
	%	%	%	%	%
2002	6	7	6	5	2
2001	9	7	5	4	2
2000	9	5	7	4	1

As in previous years, England contained the highest proportion of complete vegetarians. Within the English regions, there were significantly more respondents describing themselves as completely vegetarian in the South-East.

Table 7

KEY SUB-GROUPS - % COMPLETELY VEGETARIAN

	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	6	4	4	2
2001	6	2	4	3
2000	6	3	3	3

A significantly higher proportion of households where the respondent was non-white contained someone who was completely vegetarian (19%, versus 4% of white households). This was also the case in 2001.

Some 5% of households contained someone that the respondents described as “mainly vegetarian” (eating fish but not meat), a slight though significant decline compared to the 2000 figure.

Finally 5% of households in 2002 contained someone who was on a special diet of some kind. This was identical to the 2001 figure and both represented a significant fall compared to the 2000 figure of 10%. Given the greater stability of the other responses it would seem that the change in question wording in 2001 has had an influence here.

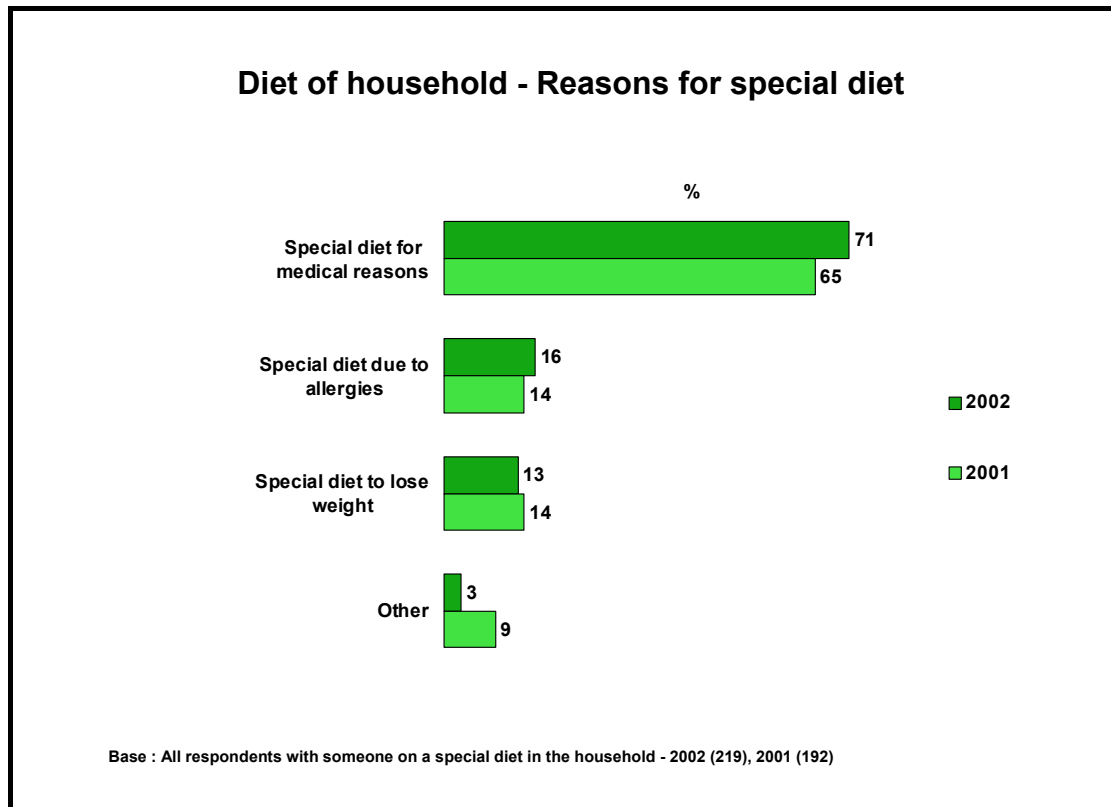
Significantly fewer of those in England in 2002 were on any kind of special diet compared to each of the other countries.

Table 8

KEY SUB-GROUPS - % ON A SPECIAL DIET

	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	4	7	8	7
2001	4	7	8	5

Chart 5



Most of the special diets were for medical reasons (71%), followed by ‘due to allergies’ (16%); ‘to lose weight’ (13%) and then at a very low level, ‘for religious reasons’ (1%) or other reasons (3%). This is a very similar picture to that observed when the question was used for the first time in 2001, with no significant differences year-on-year due to the relatively small number of people on a special diet in either year.

4 CONCERNS ABOUT HYGIENE IN CATERING OUTLETS, FOOD RETAIL OUTLETS AND THE HOME

Respondents were asked about the outlets where they bought food and the frequency with which food was purchased from them. Concerns with regard to food hygiene from any of these catering outlets and the effects on their eating habits were also measured, including whether they reported their concerns and if so, to whom.

Concerns about food hygiene in retail outlets (such as shops and markets) were then examined and respondents were asked if these concerns affected their behaviour. Concerns about food hygiene in the home were also briefly addressed in this section.

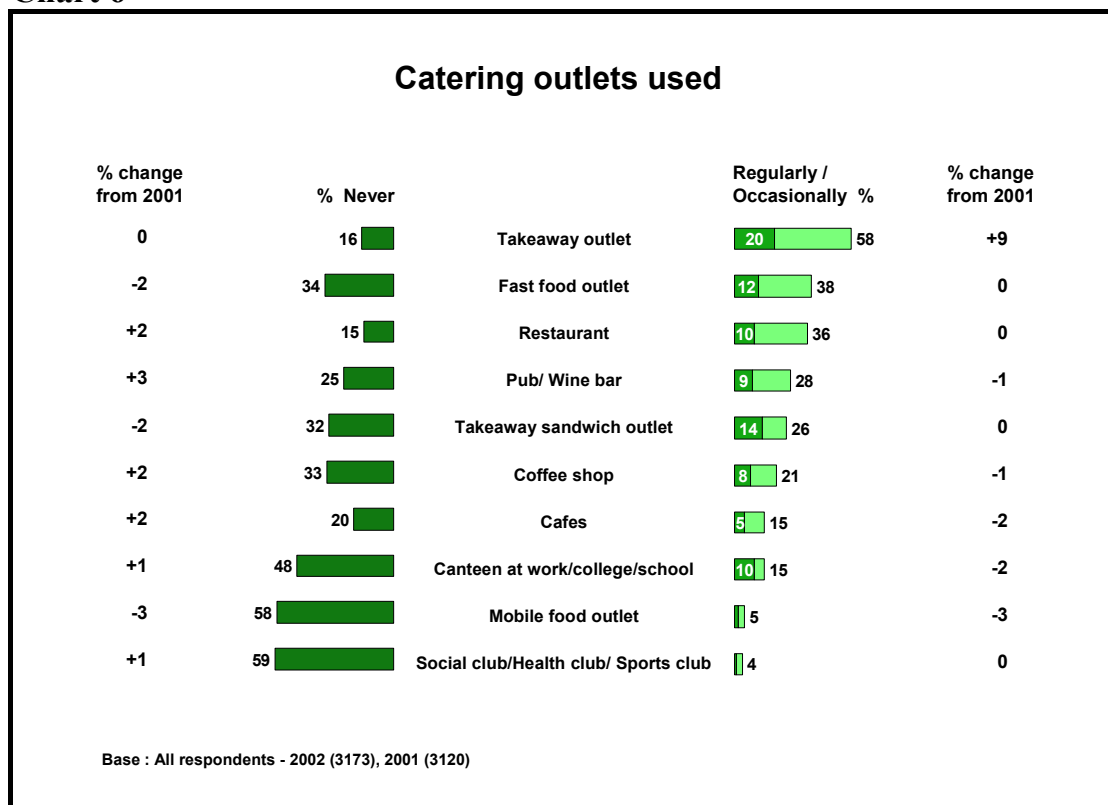
4.1 Catering Outlets Used

In 2001 respondents were asked which catering outlets they used ‘regularly’, ‘occasionally’ or ‘never’. This represented a change compared to the 2000 survey, where respondents were asked where they ‘ever’, ‘occasionally’, or ‘regularly’ ate.

It should be noted that respondents have not answered this set of questions as ‘tidily’ as we might like. Combining the ‘regular’, ‘occasional’ and ‘never’ figures for each outlet should in theory produce a total of 100%, but in fact this is never the case. Respondents select outlets from a list, but obviously do not naturally place each and every outlet into one of the frequency categories.

Chart 6 summarises the catering outlets never, regularly and occasionally purchased from in the United Kingdom. Purchasing for oneself or for someone else was included and ‘regular’ use was defined as ‘on at least two or three days a week’. ‘Occasional’ purchase was defined as ‘about two or three times a month’.

Chart 6



The most commonly used outlet was a ‘takeaway’ (e.g. fish and chip shop, Chinese, Indian, pizza), which over half of those interviewed purchased from regularly or occasionally. Below this came fast-food outlets (McDonald’s, KFC, etc.), followed by restaurants - both being used regularly or occasionally by a little over a third of the sample. Pubs and wine bars came next, having been used by around three in ten respondents.

Just over a quarter used a takeaway sandwich outlet regularly or occasionally and slightly fewer (around one-in-six) had used a café or a canteen (at work, college or school) this frequently. Very few people were regular or occasional purchasers from a mobile food outlet such as a hot-dog stand, or from a social or other club.

The overall pattern of catering outlet usage is similar to that observed in 2001, though there is a significant increase in the number claiming to use takeaway outlets. This is driven by an increase in the number using this type of outlet occasionally (from 27% in 2001 to 39% this year).

Regular/occasional usage of mobile food outlets, while already at a low level in 2001, declined significantly in 2002 to only 5%.

It is perhaps worth making a brief observation about the 'never purchase from' figures. Clearly, in some cases they reflect the fact that a particular outlet type may simply not be available to an individual - he or she may not have access to a work canteen or a social/health club. However, 'never' purchasing from widely available outlet types indicates conscious rejection - most notably here of mobile food outlets and to a lesser extent, fast food outlets. We should bear in mind that this may contain an element of overstatement due to a lack of willingness to admit to using such outlet types.

Looking at 'regular' catering outlet use in terms of demographics some differences emerged. For example, the older age groups (50 - 65 and 66+) were less likely to use any of these outlets regularly and women were less likely to use any outlet than men. In 2001 white respondents were less likely to use any of these catering outlets than their non-white counterparts, and in 2002 this trend continued with 43% of white respondents and 59% of non-white respondents using some form of outlet.

Those in higher social grades were more likely to claim to regularly use many of the catering outlets than DE respondents. These included restaurants, pub/wine bars, coffee shops and takeaway sandwich outlets.

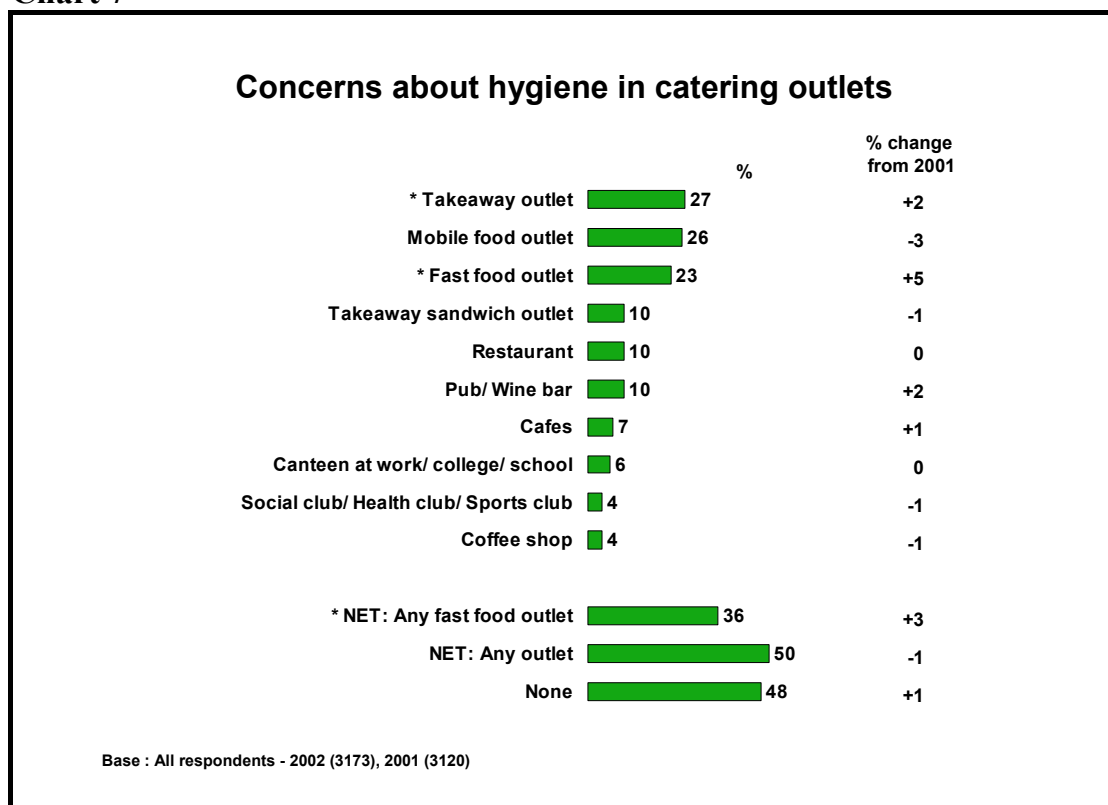
There were some differences in the type of outlet used by country in 2002. Those in England were more likely to use a number of the outlet types (takeaway outlets; takeaway sandwich outlets; fast-food outlets; restaurants and coffee shops) regularly compared to respondents in other countries. No consistent pattern of this nature was observed in 2001.

As one might expect, those living outside urban areas were less likely to use any food outlet regularly. This is consistent with what was observed in 2001.

4.2 Concerns about Hygiene in Catering Outlets

Respondents were asked if they had ever been concerned about hygiene in any of these catering outlets. Chart 7 shows the number who have been concerned about hygiene in each location (having been shown a list of outlet types).

Chart 7



Half of those interviewed (50%) stated a concern about hygiene in one or more catering outlet. This is almost identical to last year's level of concern (51%), with both figures significantly higher than that observed in the 2000 study (42%).

As in earlier years, concern was most likely to be focused on mobile food outlets, takeaways and fast food outlets. The number expressing a concern about most of the outlet types was similar to that seen in the 2001 survey, but there were some significant changes. There has been a significant increase in the number mentioning concerns about fast food outlets (up to 23% in 2002 from 18% last year). This, together with a slight increase in concern about takeaway outlets has led to a significant increase in concern about any fast food outlet (up 3% to 36% this year). This figure has increased steadily year-on-year from a level of 31% in the 2000 survey.

In addition, there has been a significant decrease in the number mentioning mobile food outlets (down from 29% in 2001 to 26% in 2002). Concern about this outlet type has fluctuated and even after this recent decrease is still considerably higher than in 2000 (18%).

As we saw last year, the level of concern exceeds the level of usage for mobile food outlets, indicating that some of the concern is ‘abstract’ and leads consumers to avoid this outlet type, rather than being based solely on recent experience.

Looking at the countries, those in England (51%) and Northern Ireland (49%) were more likely to have concerns about hygiene in catering outlets compared to their counterparts in Scotland (45%) and Wales (44%). This represents a change since 2001, when there were similar levels of overall concern in England (52%), Scotland (48%) and Wales (47%), but a lower level of concern in Northern Ireland (43%). However, the same pattern of concern i.e. focusing mainly on takeaway outlets, mobile food outlets and fast food outlets was evident in all four countries last year and remained consistent in 2002.

Across the English regions, those in the South East (57%) were more likely to express a concern than those in the North West (42%) or the North East (45%).

Those in rural areas were significantly less likely to express a concern (43%) compared to those in either semi-rural (51%) or urban areas (53%). This was also true in previous years.

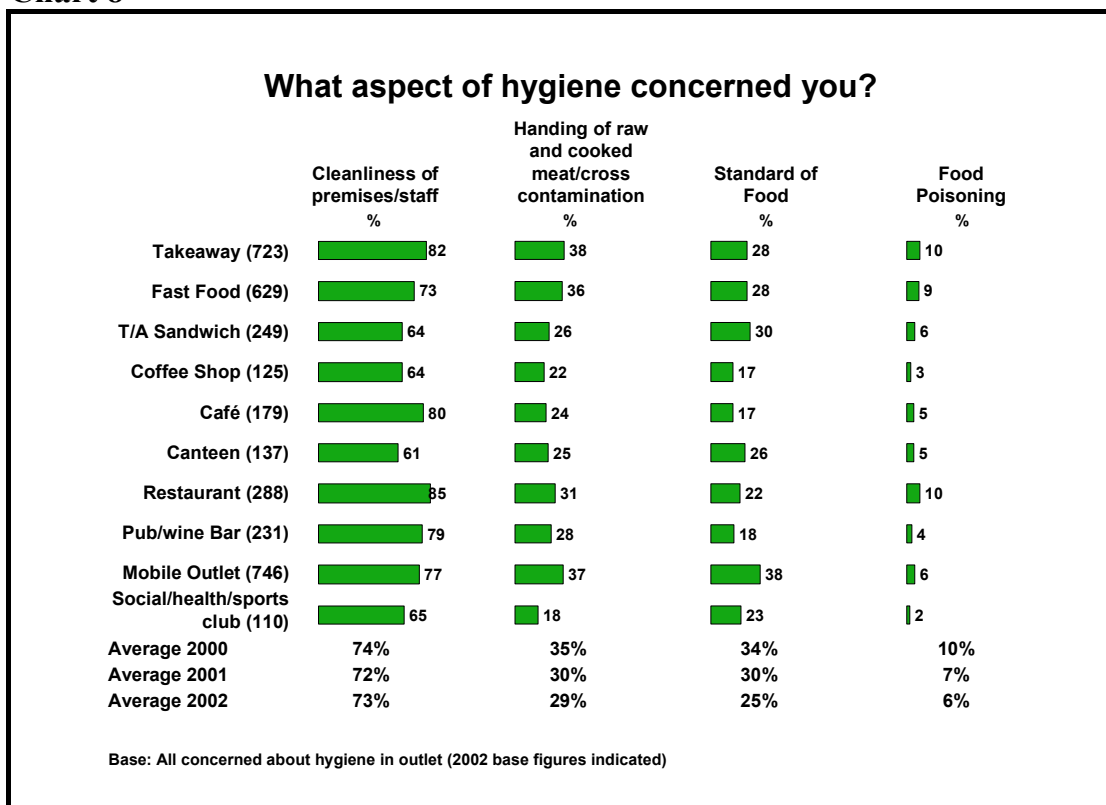
As we saw in both 2000 and 2001, fewer of those aged 66+ had any concerns about catering outlet hygiene and concern was also lower among 50 to 65 year-olds than among any of the younger age groups. This may be due to years of relatively trouble-free food consumption from older respondents' favoured outlets and/or their recall of times when food standards were poorer than is generally found today.

In terms of social grade, there was a decline in concern across the grades. Those in the AB (62%) social grades were more likely to express a concern than their C1C2 (52%) counterparts and both ABs and C1C2s were significantly more likely to express a concern than DEs (40%). Nevertheless, some two-fifths of DEs did have concerns about hygiene in catering outlets.

This replicates the 'gradient' of concern across the social grades seen in 2000, whereas in 2001 the levels of concern among the ABs (54%) and the C1C2s (55%) were similar.

In 2001 those with children were more likely to express a concern (59%) than those without (48%) and women were more likely to do so (54%) than men (49%). However, this year there were no such significant differences between these sub-groups.

Chart 8



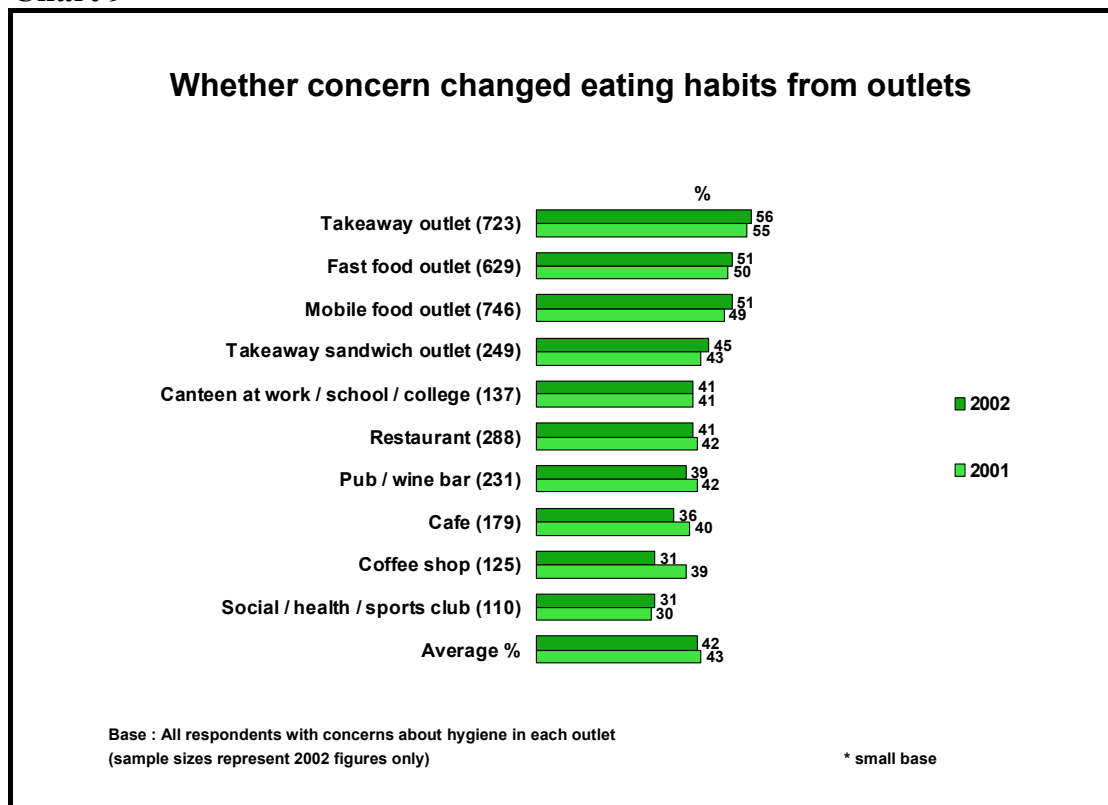
The major concern voiced about each outlet type was about the cleanliness of the premises in general, the staff, or the kitchen. On average, across all outlet types this was mentioned by almost three-quarters of those who had a concern, with this level being consistent across all three years of the survey. Cleanliness was an issue particularly for takeaway outlets, cafes and restaurants.

Although mentioned by fewer respondents, the other issues of note across all outlet types were the standard of the food (e.g. that it was ‘off’, stale or badly cooked) and cross-contamination of raw and cooked meat. Concerns about both of these problem areas, averaged across all the outlet types, have decreased year-on-year, until in 2002 each one was mentioned by less than a third of those who had expressed a concern.

Clearly, to some extent the criticisms raised reflect the differing expectations about outlet types, or the typical user - for example, the standard of food expected from a restaurant is rather different from that which might be acceptable in more informal outlets.

The level of mentions of food poisoning was relatively low across all outlets, and it has decreased slightly each year. Higher mentions of food poisoning were cited for takeaway outlets, fast food outlets and restaurants in particular.

Chart 9



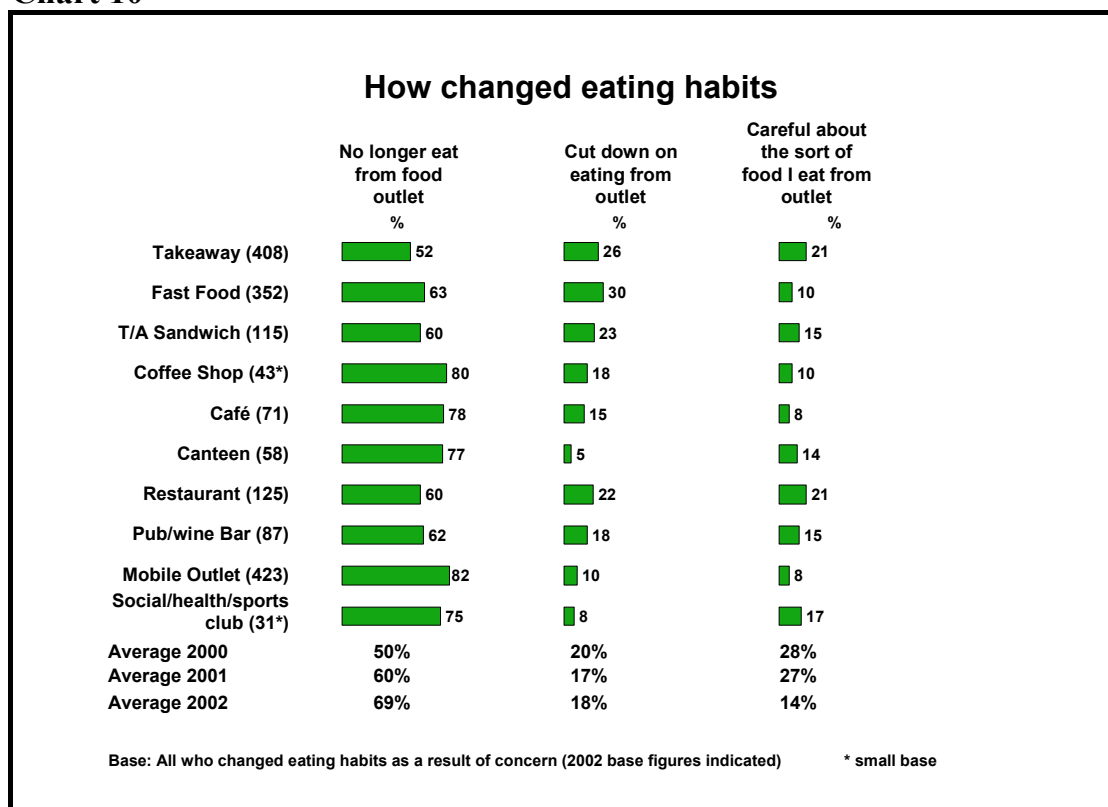
Those who expressed a concern about hygiene in a particular outlet were asked whether it had affected their eating habits. Across most outlet types somewhere between a third and a half of all respondents claimed to have changed their eating habits. There was little change year-on-year, although somewhat fewer people claimed they changed their eating habits in 2002 as a result of concerns about cafés or coffee shops, compared to the number who had done so in 2001.

One can only surmise the reasons behind a lack of change in behaviour where consumers have concerns - it is possible that what concerned them was viewed as a 'one-off' and not typical of the outlet(s) in question, or the advantages of the outlet were thought to outweigh the potential risks.

Looking across all the outlet types at the average level of concern, the figure of 42% for 2002 is almost unchanged from 2001 (43%). This is significantly lower than the level achieved in 2000 (64%), although there was a change to the question wording in 2001, which may have influenced this.

As discussed earlier in this section, regular/ occasional use of takeaway outlets has increased in 2002 together with a slight increase in levels of concern about hygiene in takeaway outlets, driven by those claiming to use them occasionally. Just over half of those with concerns about hygiene in takeaway outlets claimed to have changed their eating habits. However it should be noted that respondents could have concerns about hygiene in one specific takeaway food shop or takeaway outlets in general.

Chart 10



Those who did change their eating habits were most likely to indicate that they no longer purchased food from the outlet (69% - averaged across all outlet types). Year-on-year this has increased substantially, with more consumers registering this more 'definite' response to concerns over hygiene.

No longer purchasing was most common in the case of mobile food outlets, coffee shops, cafés and canteens. Clearly, we cannot be certain whether respondents are referring to rejection of the specific outlet where they had a bad experience, or whether that leads them to avoid all mobile food outlets, for example. However it should be noted that there has been a slight fall in claimed use of mobile food outlets in 2002.

Respondents in older age groups (50+) and AB social grades were more likely to claim to no longer eat food from fast food outlets as a result of their concerns about hygiene at these outlets.

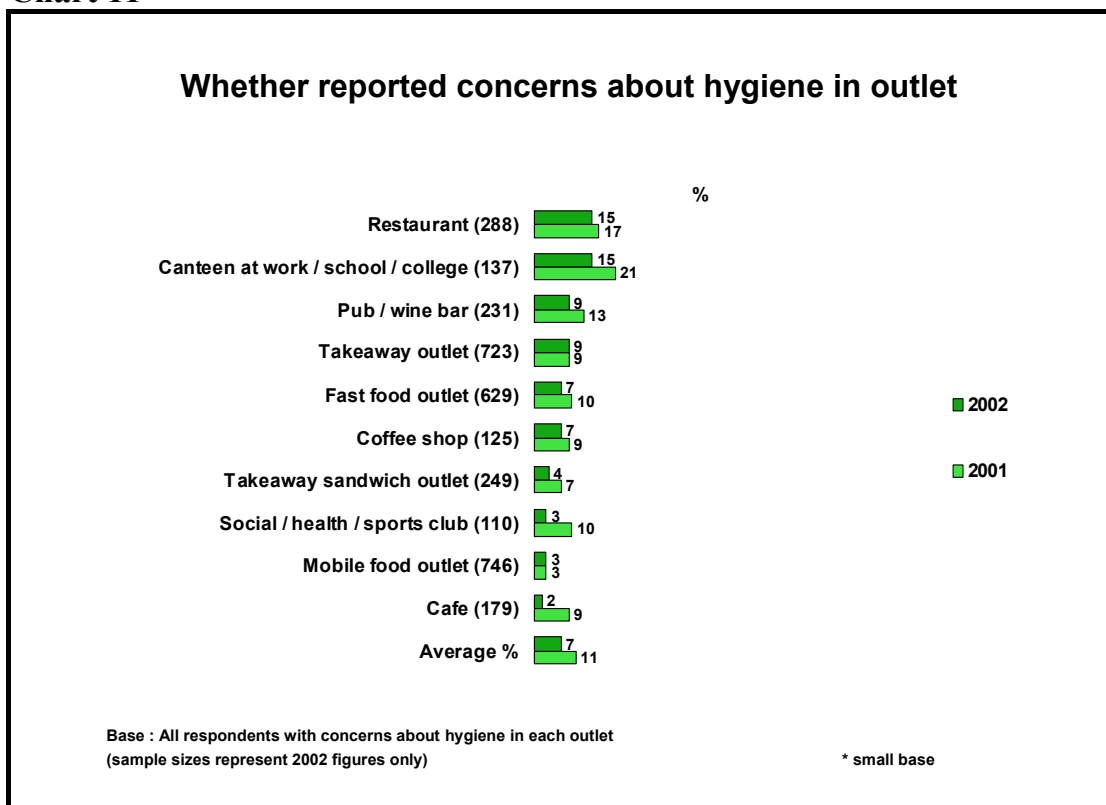
Relatively few of our sample (14%) across all outlets, down from 27% in 2001/28% in 2000) described the change in their behaviour as being 'careful' about the sort of food consumed from the outlet in question. Again it is unclear what is meant by being careful. It could be that they avoid foods which are thought to be intrinsically more 'risky', and/or the specific food(s) which had aroused their original concern.

The proportion who claimed to 'cut down' on what they eat from the outlet(s) which have caused them concern remained almost level year-on-year.

We have seen a stabilisation in the number changing their eating habits as a result of concern about hygiene in outlets but, those who remain concerned are more likely to be making the maximum possible change to their behaviour, i.e. no longer eating food from that outlet, than they were in 2000 (an average of 69% in 2002 compared to 50% in 2000).

Two questions were added in 2001 to examine whether those with concerns reported them and if so, to whom.

Chart 11



As Chart 11 shows, only a minority of those with concerns actually reported them - on average just 7% across all outlets. This represents a slight decrease compared to 2001 and is consistent across the majority of outlet types.

Looking across the outlet types, reporting a concern was more common where the outlet was a canteen or restaurant and least common where the concern was caused by a takeaway sandwich outlet, a social/health or sports club, a café or a mobile food outlet. Possible reasons for the higher levels of reporting concerns in restaurants and canteens may include that food eaten at point of purchase is easier to complain about than if taken away, and the probable higher expectations of a restaurant compared to some other types of outlet.

Chart 12

Who reported concerns about hygiene in outlet to				
	Staff at outlet %		Local council / local environmental health / local trading standards officer %	
	2001	2002	2001	2002
Takeaway outlet (Low base size 72, 2001/ 61, 2002)	59	58	33	29
Fast food outlet (Low base size 47, 2001/ 62, 2002)	88	80	7	7
Restaurant (Low base size 32, 2001/ 42, 2002)	95	93	6	7

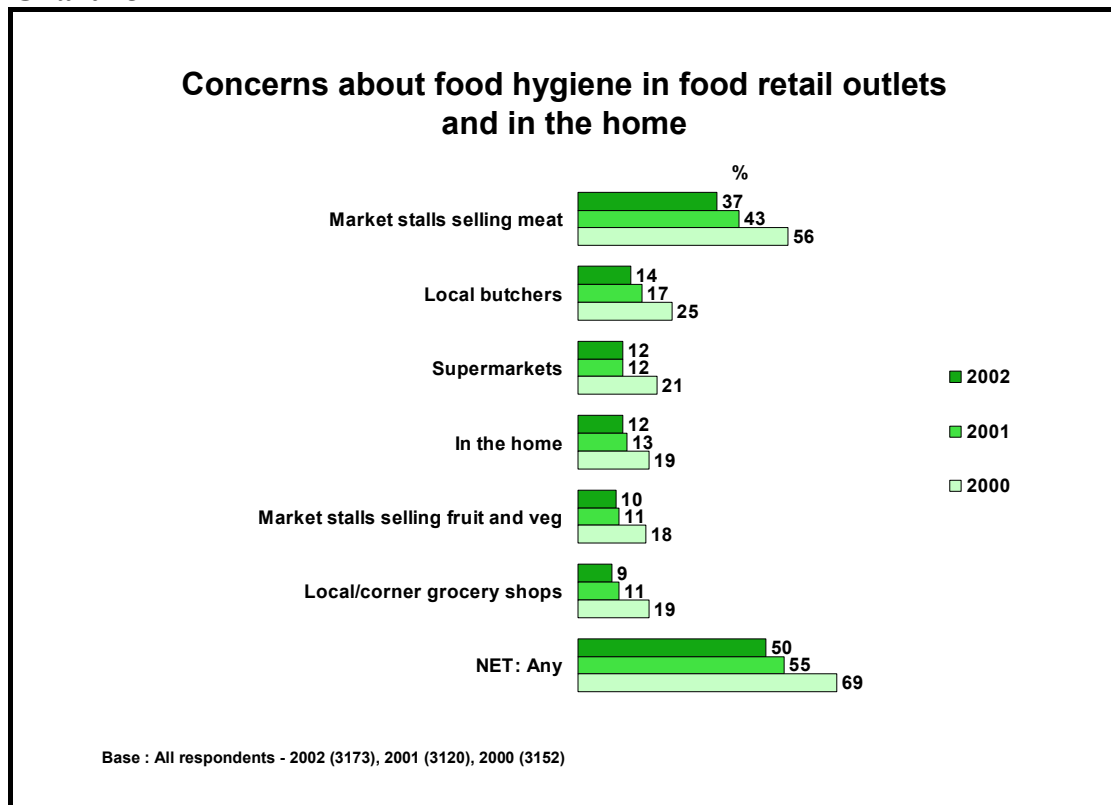
Base: All respondents who reported their concern about hygiene in an outlet

Those who did report concerns were asked who they reported them to. As we saw in 2001, in the main complaints were directed to staff at the outlet, although in the case of takeaway outlets just under a third (29% - but note low base size - 61) did inform their local council/environmental health/trading standards officer.

4.3 Concerns About Food Hygiene in Retail Outlets and the Home

Respondents were shown a list of places and asked whether they were concerned about hygiene in any of these locations. In the 2000 survey the list included ‘abattoirs/slaughterhouses’, but this was removed in 2001.

Chart 13



As in 2000 and 2001, market stalls selling meat were most frequently mentioned as causing concern (by 37% of the UK sample), followed at a somewhat lower level by local butchers (14%). While market stalls in particular remain consumers’ most prominent area of concern, year-on-year the level of concern about smaller/independent suppliers of meat has fallen.

Each of the other locations was mentioned by around one in ten people. Hygiene in the home was mentioned as a concern for as many (12%) as mentioned external locations such as supermarkets (12%).

In 2002 exactly half of respondents in the UK (50%) had a concern about one or more of these locations, compared to 55% last year. While all outlet types have shown a decline in the number expressing a concern this overall fall is driven by fewer worries about outlets selling meat.

The number expressing a concern was higher (69%) in the 2000 survey. However, the removal of an item from the list in 2001 and the fact that this question was also presented earlier in the questionnaire in 2002 and 2001 than in 2000, may have impacted on this figure. It can not be concluded that there has been a major reduction in the level of concern since 2000. This questionnaire change issue affects the ability to compare results to 2000 for all the questions in this section.

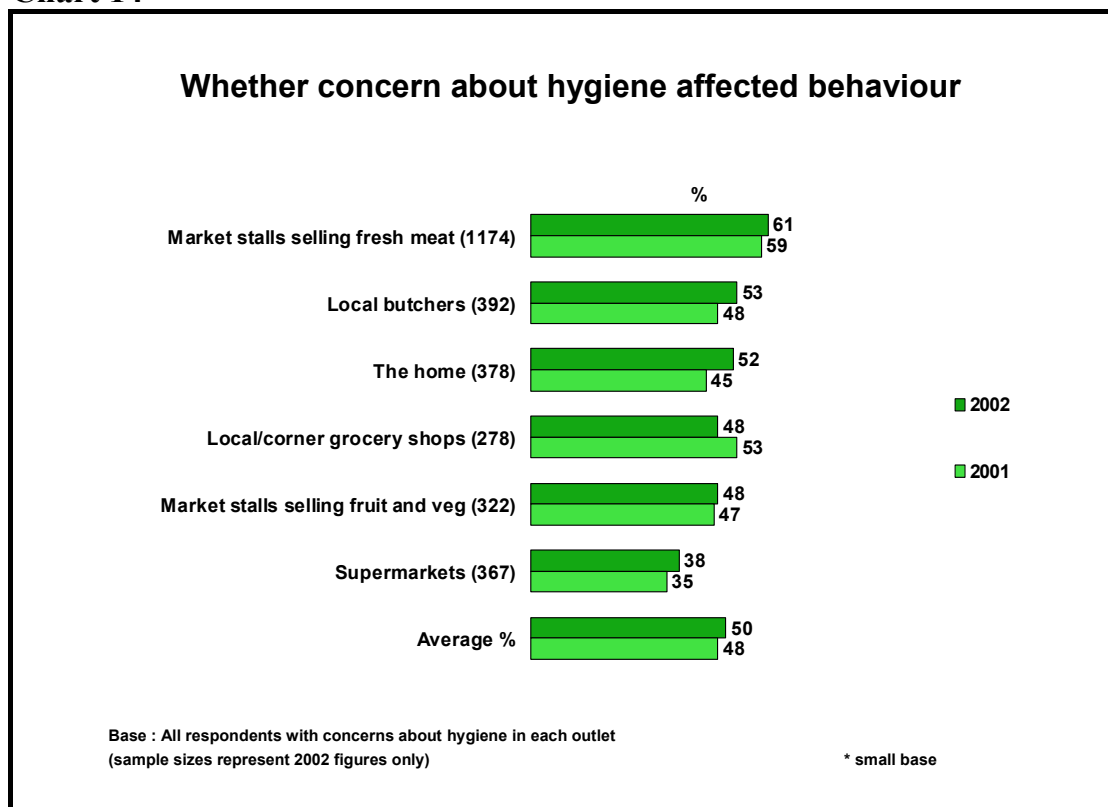
There were a number of differences across the sub-groups in terms of their levels of concern about food hygiene in this context - as in 2001, ABs (59%) were more likely to express concerns than either C1C2s (49%) or DEs (45%). This year those at the extreme ends of the age spectrum (16 - 25 - 44%; 66+ - 41%) were less likely to have concerns than all those in-between (26 - 35 - 52%; 36 - 49 - 56%; 50 - 65 - 53%). In 2001, those aged 36 - 49 (60%) had slightly higher levels of concern than the other age groups.

Last year the picture among certain other demographic groups was also slightly different - women and those with children were more concerned about food hygiene compared to men and those without families, but this year there were no significant differences in the overall level of concern among these sub-groups.

Looking at the countries, in 2001 those in England (56%) and Scotland (52%) were more likely to have concerns than those in Wales (41%) or Northern Ireland (38%). In 2002 however, England and Northern Ireland residents had significantly higher levels of concern (both at 50%) compared to Wales (43%), but not to Scotland (47%). Those in urban areas (52%) more frequently expressed concerns compared to their counterparts in rural areas (45%). This difference was less marked in 2001.

Across the English regions those living in the South-East (58%) were significantly more likely to express a concern about hygiene in these outlet types than those in all other regions except the North East (49%).

Chart 14

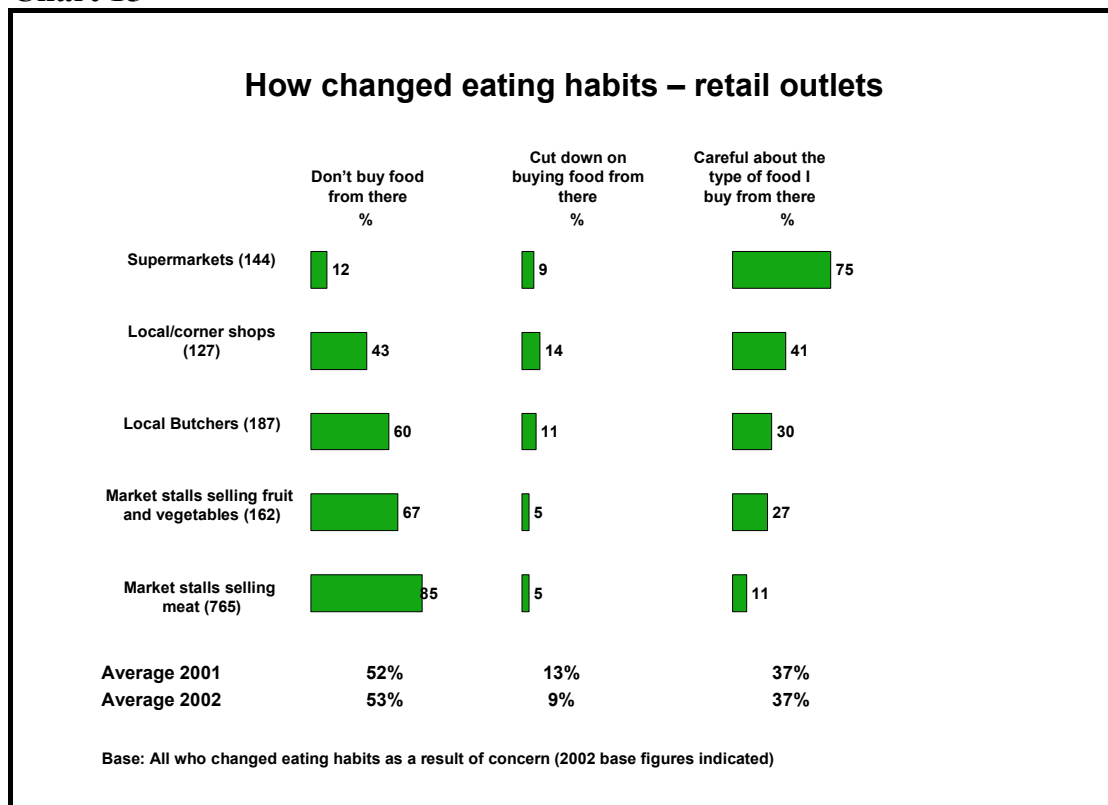


Focusing on those who were concerned about each outlet type, between two-fifths (38%) and three-fifths (61%) according to outlet type said their behaviour had been affected by these concerns. The lowest level was observed for supermarkets, where only 38% said they now behaved differently due to their concerns.

On average across all outlet types in 2002 half (50%) of those who had concerns said that this had affected their behaviour. This is a slight (albeit not significant) increase compared to 2001 (48%), with all outlet types except 'local/corner grocery shops' showing the same pattern of slight increases year-on-year.

Those who claimed they had changed their eating habits as a result of concerns about hygiene at a location were asked how they had changed their behaviour.

Chart 15



Looking at the average across all outlet types the largest single group (53%) claimed they no longer purchased from that outlet and only 37% on average said they were 'careful' about their purchases. This is almost identical to the response in 2001.

However, as before, this masks considerable variation by outlet type i.e. for supermarkets, the majority (75%) claimed they were 'careful about what they bought there' and relatively few (12%) stopped buying food from that outlet. Looking at local/corner grocery shops there was a split vote - 41% claimed they were 'careful' and 43% to have stopped purchasing there. For all other outlet types, ceasing to purchase there was more common.

Supermarket purchasing would seem to have been least affected by any concerns, both in terms of having fewer people stating they have changed their behaviour towards supermarkets and in terms of them more commonly adopting a 'careful what I buy there' approach rather than ceasing to use them. It is likely that this reflects the dominant role of supermarkets in food shopping.

Of those who were concerned about hygiene in the home and claimed their behaviour had been affected by their concerns, 95% said they tried to be clean and hygienic when preparing food. This result is very similar to 2001, where 93% of those whose behaviour had been affected as a result of concern about hygiene in the home claimed to try to be clean and hygienic when preparing food.

5 HEALTHY EATING AND NUTRITION

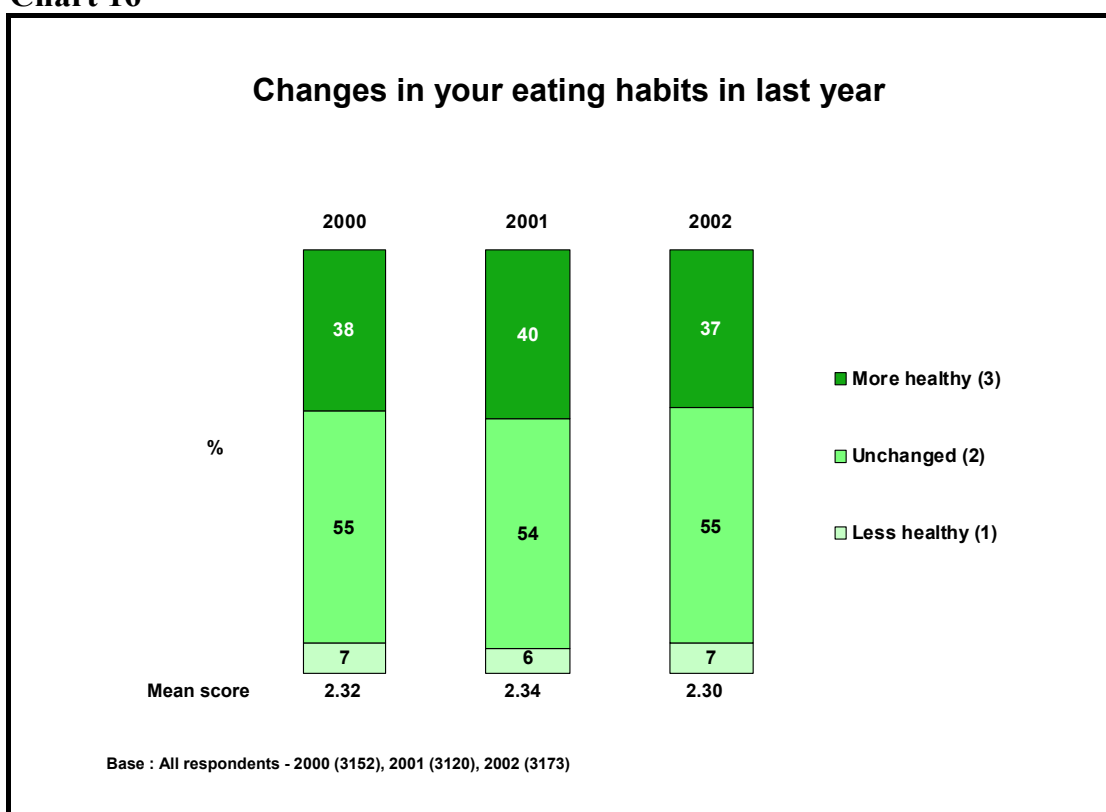
Respondents were asked about the food that they ate and the frequency of eating different types of food. They were then asked about their eating habits and whether these had changed since a year ago. In addition, they were asked which types of food they thought they should eat more or less of.

An assessment was also made of respondents' understanding of what constituted a portion of fruit or vegetables. They were then presented with correct definitions of portion sizes for different types of food and asked how many portions of fruit and vegetables they had eaten the day before, and the number of portions they should eat each day.

5.1 Changes In Eating Habits

All participants were asked whether they thought their eating habits, both at home and when out, had become more or less healthy over the last year, or whether they were unchanged

Chart 16



As in both previous surveys, across the UK as a whole the majority described their eating habits as unchanged and the overall position when we look at the distribution of responses year-on-year via the mean score was unchanged. Nevertheless, a substantial proportion (38% in 2000; 40% in 2001; 37% in 2002) felt that they were now eating more healthily, while very few considered that the opposite was true.

Looking at the countries, this year the number in Scotland (40%) claiming to eat more healthily was significantly higher than that achieved in Wales (34%), with England and Northern Ireland falling in between these two extremes. However, while there have been some significant differences between the countries in both 2001 and 2002, there is no pattern of any one country consistently standing out as claiming to eat more healthily. The most notable change over the past three years is the increase in claiming to eat more healthily in Northern Ireland from 33% in 2000 to 38% in 2002.

Table 9**% CLAIMING TO EAT MORE HEALTHILY**

	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	37	40	34	38
2001	41	39	35	34
2000	39	37	36	33

The oldest age group (66+) were least likely to say they had changed their diet to become more healthy (22%), significantly lower than any of the groups in the 16-65 age range. This is consistent with what was observed in both the previous surveys.

Those of AB social grade (41%) and C1C2s (40%) were more likely to say their diet had become healthier than their DE counterparts (30%). As we found in 2000 and 2001 the number claiming to eat more healthily decreases from higher to lower social grades. In 2002, as in 2001, the C1C2s have become more closely aligned with the ABs.

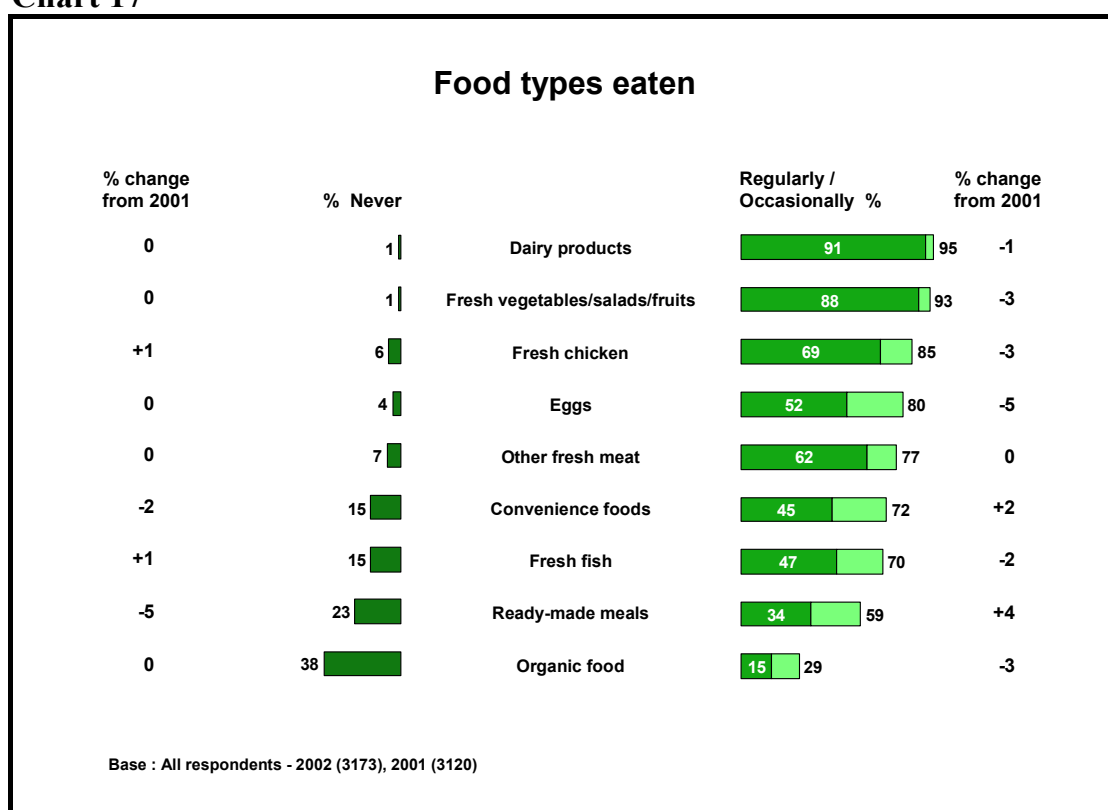
Looking at the other sub-groups, in both 2000 and 2001 significantly more people of non-white ethnic origin (54% in 2001) claimed to have improved their diet compared to their white counterparts (39% in 2001). This year, however, there was a marked decline in the number of non-white respondents claiming to be eating more healthily, leading to no significant difference between these two sub-groups (non-white - 40%; white - 37%).

5.2 Types of Food Eaten

In 2001 respondents were asked whether they ate foods ‘regularly’, ‘occasionally’ or ‘never’. This represented a change compared to the 2000 survey, where respondents were asked what they ‘ever’, ‘occasionally’, or ‘regularly’ ate.

Chart 17 summarises the types of food never eaten, eaten regularly and eaten occasionally. ‘Regular’ eating was defined as at least two or three days per week and ‘occasional’ eating as about two or three times a month.

Chart 17



As seen earlier in Section 4.1 (catering outlets used), respondents have not answered this set of questions as ‘tidily’ as we might like. Combining the ‘regular’, ‘occasional’ and ‘never’ figures for each food should in theory produce a total of 100%, but in fact this is never the case. They select food items from a list, but obviously do not naturally place each and every food into one of the frequency categories.

There was little change overall in the food types eaten this year. All the fresh, staple foods in the list, with the exception of fresh meat other than chicken and fresh fish, were eaten (regularly or occasionally) by at least four out of five people. The majority of the sample claimed to eat dairy products or fresh vegetables/ salads/ fruit regularly.

As one would expect, there were few changes year-on-year. There was a significant decline in the number of people eating eggs regularly and a significant increase in claimed regular consumption of ready-made meals.

Other convenience foods (e.g. frozen or packaged foods such as fish fingers, burgers and chips) were more commonly eaten than ready-made meals. Taking both types together, 84% ate some form of 'convenience' food, a slight increase on the 2001 figure of 81%, driven by an increase in those claiming to eat ready-made meals regularly.

Just under a third claimed to have eaten organic food, though one might question whether there may be a tendency towards overstatement for all foods perceived to be healthier, including organic food. Similarly, it is possible that the frequency of eating convenience foods is understated.

There were a few differences between sub-groups. One notable difference with regard to eating habits occurred between those of white and non-white ethnic origin. Those who were of non-white origin were more likely never to eat eggs or fresh meat. Women were slightly more likely to claim to eat fresh vegetables/salad/fruit (91% vs. 85%), fresh chicken (71% vs. 66%), fresh fish (50% vs. 43%) or dairy products (93% vs. 88%) regularly than men.

Young people (16 - 25s) and those in social grade DE were less likely to claim to eat fresh meat, vegetables/salad/fruit or dairy products regularly. Conversely, older respondents (50+) were more likely to eat fresh fish (56%) and less likely to eat any convenience foods (46%) than their younger counterparts. These demographic differences are consistent with the 2001 results.

As Table 10 shows, in 2002 there were some differences in regular consumption from country to country. England had the lowest number claiming to regularly eat fresh vegetables/fruit/salad and also eggs, while Wales had the highest claimed level of regular consumption of eggs. More people in Northern Ireland said they regularly ate any type of fresh meat. Significantly more people in Wales and Northern Ireland ate other convenience foods (frozen or packaged foods such as fish fingers or burgers) regularly compared to both England and Scotland, but fewer people in Northern Ireland than elsewhere regularly ate ready-made meals.

Table 10
% CLAIMING TO EAT SPECIFIC FOODS REGULARLY

	England	Scotland	Wales	N. Ireland
	(1004)	(704)	(723)	(742)
	%	%	%	%
Fresh vegetables/fruit/salad	87	92	91	92
Any fresh meat	77	85	83	89
Eggs	50	59	68	57
Other convenience foods	44	46	54	54
Ready-made meals	34	39	36	24

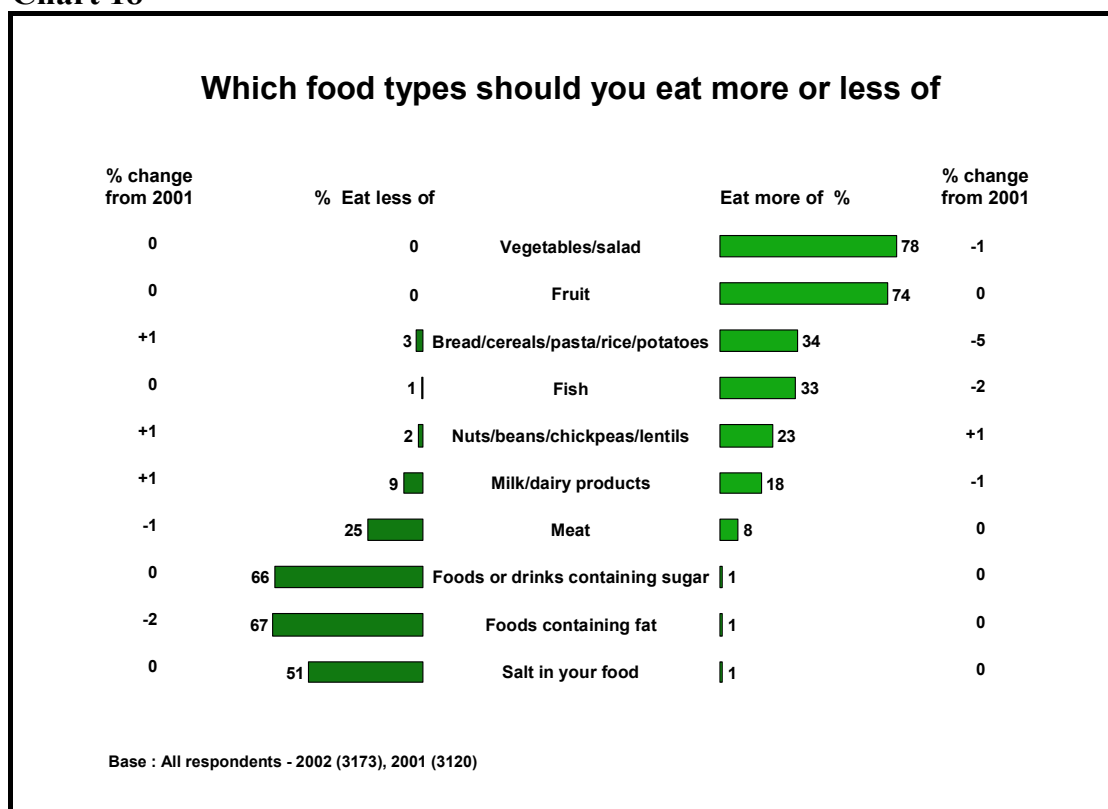
In 2001 there had been less variation across the countries. In that year respondents in Wales were more likely to claim to eat eggs (and dairy products) regularly compared to respondents in the other countries. In 2001 as in 2002 those in Northern Ireland were more likely to claim to eat fresh meat regularly.

It is worth noting here that, as in 2000 and 2001, only 5% of the households surveyed contained a completely vegetarian member, though a similar number had someone who was mainly vegetarian. Less than 1% of the households had a vegan member. One in twenty households in 2001 and 2002 also contained someone who was on some form of special diet. These special diets were most commonly for medical reasons, although food allergies also figured as the reason for a substantial minority. (See Section 3.4 - Special Diets for details.)

5.3 Awareness Of Healthy Eating Patterns

Respondents were asked what in general terms they felt people should eat more or less of.

Chart 18



As we saw in both previous surveys there was overwhelming agreement that people should eat more fruit and vegetables/salad, with a much lower level of mentions of starchy foods (bread, cereals, pasta, rice, potatoes).

Also as we saw in previous years, around two-thirds of those interviewed correctly identified that people should eat less fatty foods or sugary foods/drinks. Salt came somewhat behind these two, with half of the sample (51%) indicating that it would be beneficial to eat less salt in your food.

The overall pattern of awareness of more or less beneficial foods was very similar to that observed in both previous surveys, but there was one significant change versus 2001. The number of people in the UK mentioning bread/cereals/pasta/rice/potatoes as foods they should eat more of fell by 5% from 39% in 2001 to 34% in 2002.

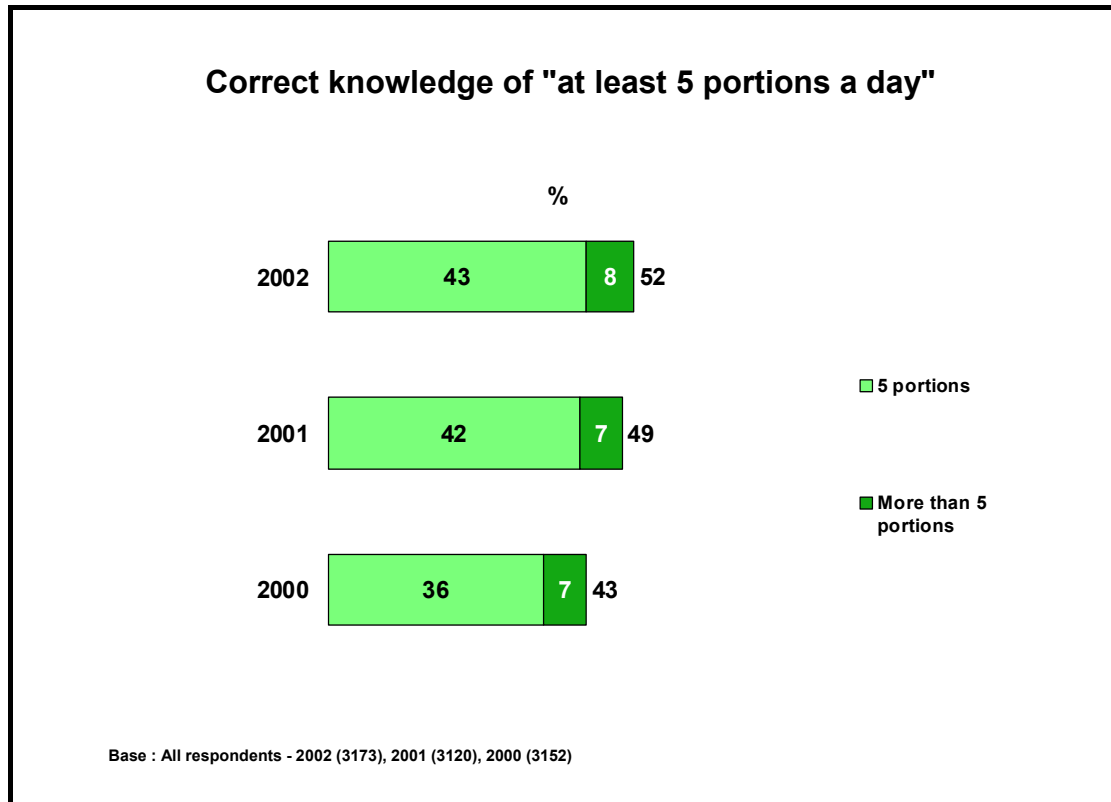
As found last year, while some minor variations existed across the countries and between the other key sub-groups, in broad terms the pattern was similar to the UK sample as a whole. Fat and sugar were consistently identified as less beneficial, followed in the hierarchy by salt.

It should be noted that the oldest age group (66+) and those of DE social grade (clearly there is some overlap between these two groupings) were consistently less 'aware' in this area i.e. they were less likely than younger people, or than ABs or C1C2s, to say one should increase intake of foods such as fruit and vegetables/salad and decrease intake of fatty or sugary foods or salt in your food. This is consistent with previous years.

5.4 Awareness of Portions of Fruit/Vegetables

Participants were asked how many portions of fruit and vegetables they should eat every day and how many they had actually eaten yesterday. They were also asked what actually constituted a 'portion' of plums, apples or vegetables.

Chart 19



Looking first at awareness of the number of portions which should be eaten per day, just over half (52%) answered five or more. Almost two-fifths (38%), though, suggested fewer portions than this.

While the increase from 49% in 2001 to 52% in 2002 saying 'at least 5 portions a day' is not significant, nevertheless, both figures represent significant increases in the number giving the correct answer compared to the 2000 survey, where only 43% had answered correctly.

In 2001 there were no significant differences between the four countries in terms of the number correctly stating ‘at least five portions’ as the recommended amount. This year however, Scotland, with 56% of its sample giving the correct answer, had a significantly higher level of awareness than did Wales at 48%. The proportion answering correctly in the other countries lay between these two extremes (England - 51%; Northern Ireland - 53%). These figures are illustrated in the following table.

Table 11

KEY SUB-GROUPS - % ‘AT LEAST 5 PORTIONS A DAY’

	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	51	56	48	53
2001	49	48	46	50
2000	42	48	47	45

Women (59%) were significantly more likely than men (44%) to opt for at least five portions as the recommended amount. This was also the case in 2001 and 2000.

Across the age groups the ‘at least 5’ figure varied considerably. As was the case last year, the ‘central’ age bands were more knowledgeable, while the youngest group (16 - 25s) was less likely to give the right answer - although this year the oldest group (66+) actually had the lowest level of correct knowledge.

Table 12

KEY SUB-GROUPS - % ‘AT LEAST 5 PORTIONS A DAY’

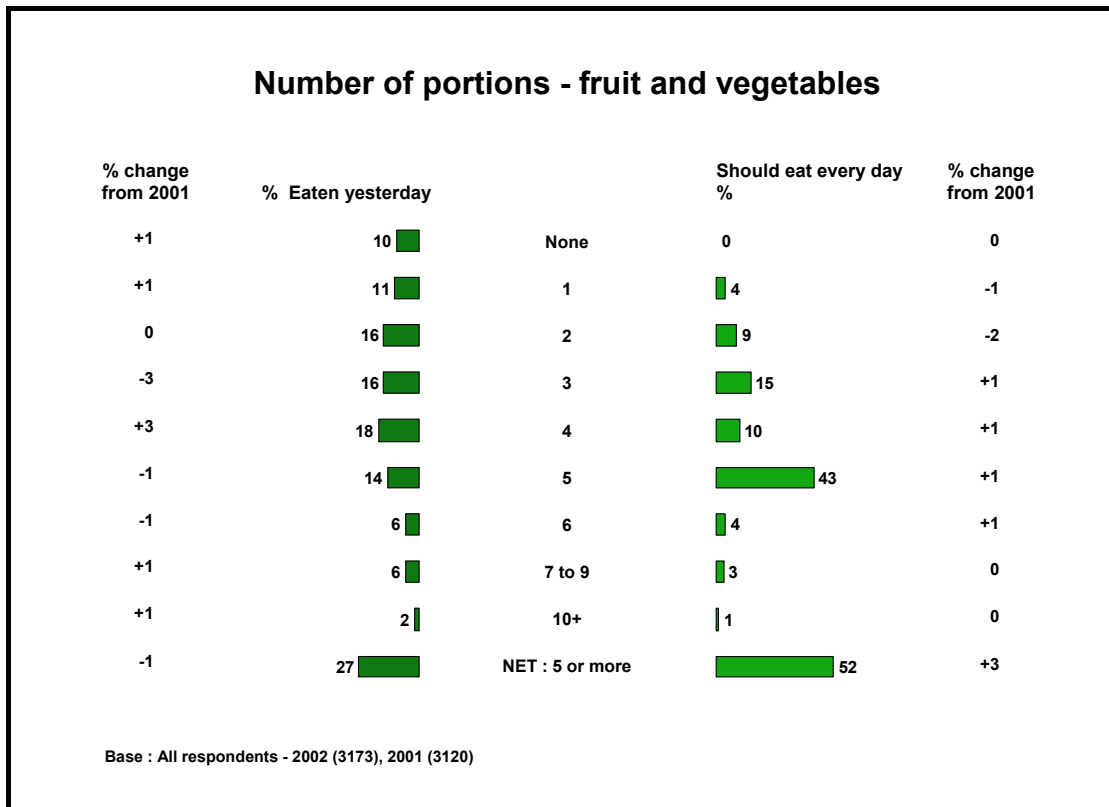
	16 - 25	26 - 35	36 - 49	50 - 65	66+
	%	%	%	%	%
2002	47	53	55	58	42
2001	44	48	50	55	46
2000	38	41	48	47	38

There was a significant decline (as there was in 2000 and 2001) in the number giving the correct answer across social grade groups AB through to DE. 70% of the ABs answered 'at least 5', falling to 52% among the C1C2s and to only 39% among DEs. The levels among C1C2s and DEs were almost identical to those observed in 2001, while among ABs there was a significant increase in correct awareness of 9 percentage points compared to the previous year (2001 - 61%).

Those of non-white ethnic origin (41%) were less likely to give the right answer to this question than their white counterparts (53%). However, this represents a closing of the gap between these two groups since last year (2001: Non-white - 23%; White - 52%).

Respondents were then asked the actual number of portions they had eaten yesterday, having been shown full definitions of actual portions of fruit, vegetables, salad and fruit juice. Chart 20 illustrates the differences between the number of portions that respondents think they should eat and the number that they actually do eat.

Chart 20



Here we see very little change in the number actually claiming they ate at least 5 portions a day (27% in 2002 versus 28% last year and 26% in 2000). It is to be expected that behaviour will change more slowly than awareness/perceptions.

Clearly, there was a major discrepancy between the number of respondents who claimed actually to eat five or more portions of fruit and vegetables per day (27%) and those that indicated that people should eat at least five portions per day (52%).

Looking at their actual claimed consumption of fruit and vegetable portions (as opposed to awareness of 'at least 5'), there was less variation across the various sub-groups, though some significant differences did exist.

The 16 - 25 year-olds had the second lowest level of awareness of ‘five or more portions’ and indeed as in both previous years, they were least likely to consume this amount - only 15% did so, in contrast to between a quarter and a third of each of the other age groups.

Table 13

**KEY SUB-GROUPS - % EATING 5 PORTIONS OF
FRUIT/VEGETABLES YESTERDAY**

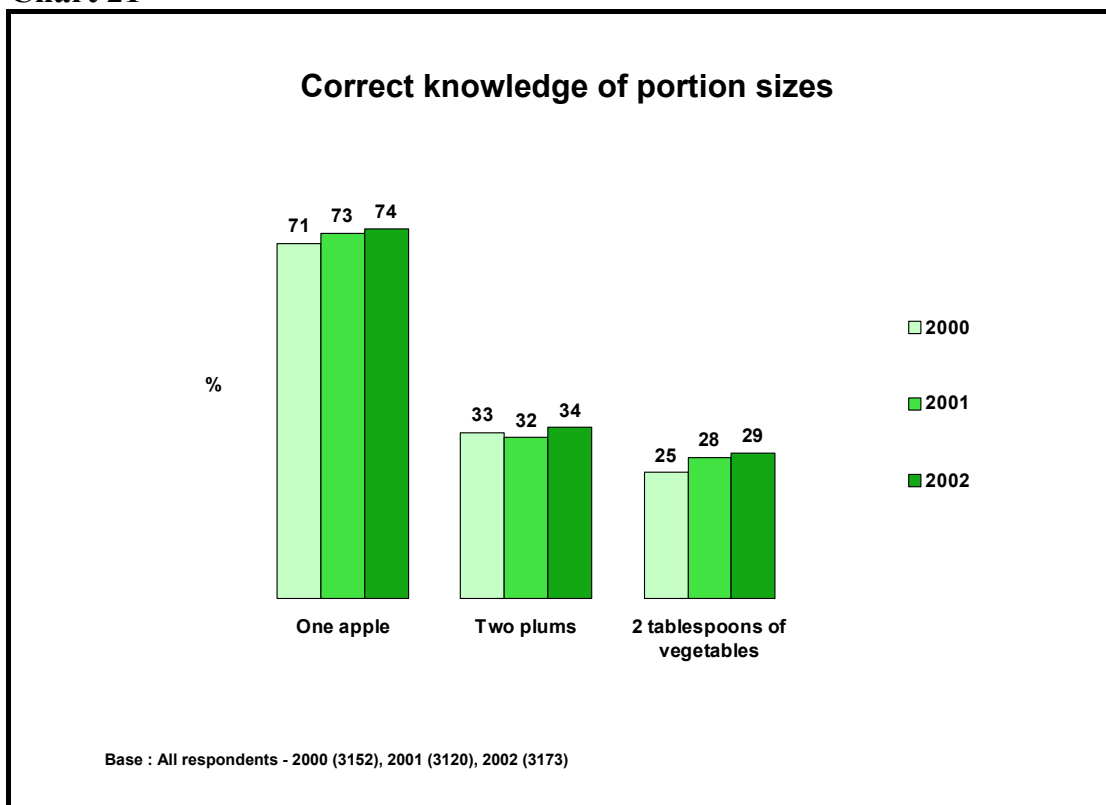
	16 - 25	26 - 35	36 - 49	50 -65	66+
	%	%	%	%	%
2002	15	26	25	33	36
2001	17	23	28	37	32
2000	17	21	29	30	30

Across the social grade groups the same gradient existed for consumption as for awareness - 39% of ABs claimed they ate five or more portions a day, versus 28% of C1C2s and only 20% of DEs.

In 2002, more people of white ethnic origin (28%) claimed to eat at least 5 portions a day compared to non-whites (16%). This was also the case in previous years.

As mentioned previously, respondents were also asked about different fruits and vegetables and, in each case, asked to identify what constituted a portion.

Chart 21



Overall, there has been relatively little change in portion size awareness throughout the three years of the study.

For apples the majority (approaching three-quarters of the sample) gave the correct answer in each of the three years. Logically it must be easier to grasp the portion principle where there is a 'one-to-one' correspondence.

As in both previous surveys, around a third of the sample gave the correct answer for plums.

For vegetables, there was more of a shift, with 29% correct awareness this year representing a significant increase over the 2000 figure (25%). Clearly, there is still less than a third of the sample giving the right answer.

Looking at the sub-groups within the sample no consistent picture emerged i.e. as we observed in both previous surveys, no particular country or demographic group was reliably more accurate.

Across the age groups the older respondents (50+) were more likely than their younger counterparts to answer correctly for vegetables (35%), but not so for apples or plums. In fact the over 65 year-olds were the least likely to give the right answer for plums (22%), as was also the case in previous years.

For apples, the youngest group (16 - 25) had the lowest level of correct response (61%), while in each of the other age groups three-quarters gave the right answer.

For both plums (42%) and apples (83%) those of AB social grade were more likely to give the right answer compared to the other social grade groups. However, for vegetables, fewer ABs were correct (23%).

It would seem that consumer knowledge in this area remains patchy and that no particular segment necessarily has a broad, solidly founded understanding of portion size and recommended amounts.

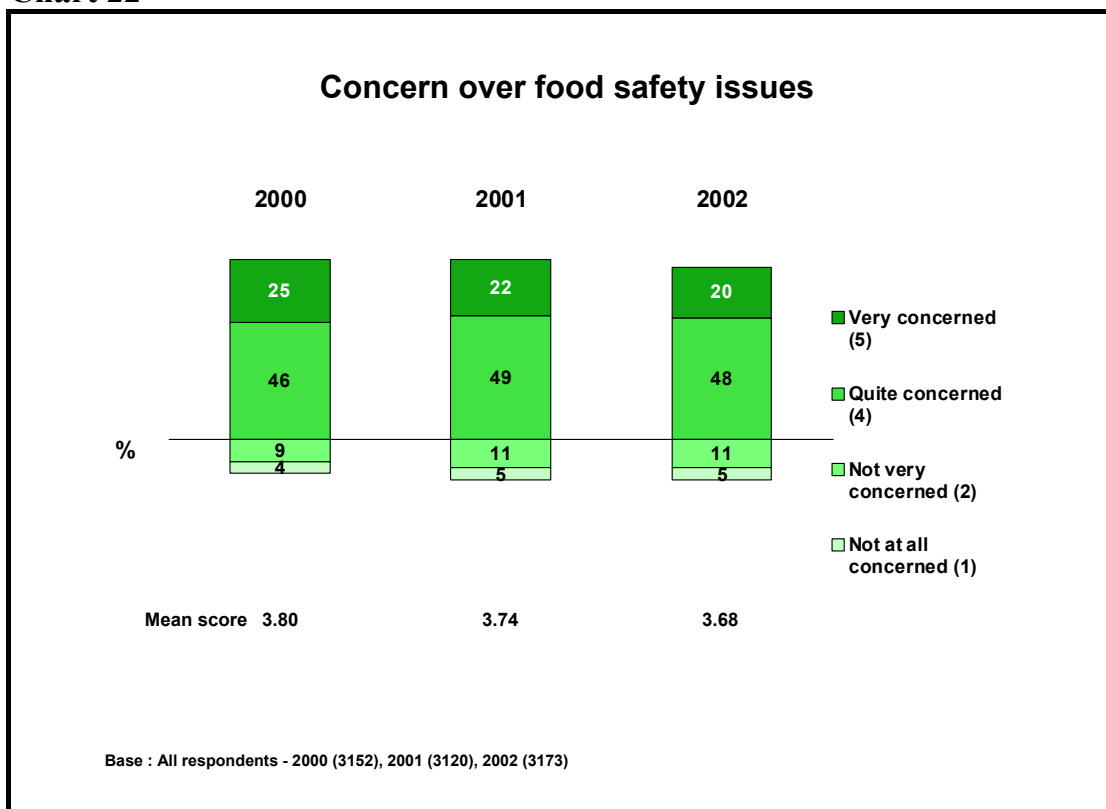
6 GENERAL FOOD SAFETY AND HYGIENE

The questionnaire included a section on food safety and hygiene. Respondents were asked if they had any concerns about food safety in general terms and whether they had any concerns about particular types of food. They were also asked about concerns with regard to specific food issues (BSE, GM foods etc.) and whether their eating habits were affected by these concerns.

6.1 Concern over Food Safety Issues

Participants were first asked to state their level of concern over food safety in general, using a five-point scale as shown in Chart 22. Note the mid point (neither concerned nor unconcerned) has been removed from the chart, but is included in the calculation of the mean scores.

Chart 22



Clearly, food safety remains a key issue, with a fifth of the UK sample describing themselves as ‘very concerned’ and only a minority expressing little or no concern about it.

While there have been no major shifts across the three years of the survey, nevertheless by 2002 there has been a small but significant decrease in the proportion describing themselves as ‘very’ or ‘quite concerned’ about food safety issues.

Those in England, Scotland and Wales expressed a similar level of concern about food safety issues, but in Northern Ireland concern was significantly lower compared to that in England, as Table 14 shows.

Table 14
MEAN SCORE FOR LEVEL OF CONCERN ABOUT FOOD SAFETY
ISSUES (5 = VERY CONCERNED, 1= NOT AT ALL CONCERNED)

	England	Scotland	Wales	N. Ireland
	(1004)	(704)	(723)	(742)
	%	%	%	%
Mean score	3.69	3.60	3.68	3.56

Those in rural areas expressed a significantly lower level of concern (62%) than those in semi-rural (70%) or urban areas (69%).

The level of concern among women (71%) was significantly higher than that of men (64%). Those who said they were trying to eat more healthily were, as one might expect, more concerned (80%) than those who felt their diet was unchanged (61%) or had become less healthy (60%). Both of these differences were also observed last year.

Differences in concern also existed between the age groups, with the oldest (66+; 62%) and the youngest (16-25; 57%) expressing lower levels of concern than those in-between. Across the social grade groups ABs and C1C2s expressed the same level of concern overall, while that of DEs was significantly lower (62%). This difference among social grade groups is similar to that observed in 2000, but was less marked in 2001.

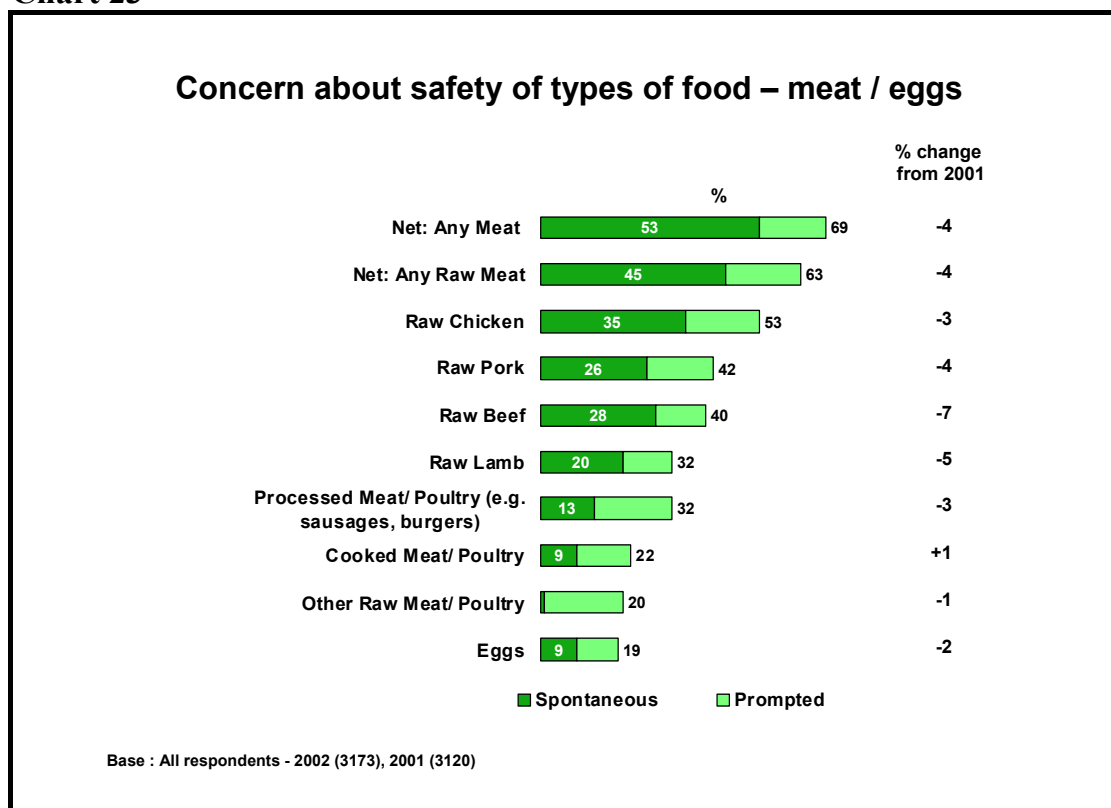
6.2 Concerns about Specific Foods

Firstly participants were asked to state spontaneously which foods, if any, they had concerns about. They were then shown a list of foods and asked the same question again.

After stating their concerns about specific foods, respondents were asked to think more widely and state (spontaneously) any issues related to food that they had concerns about.

Chart 23 shows the total concern expressed about the various food types i.e. respondents' spontaneous answers, plus those generated when they were shown a prompt list of foods.

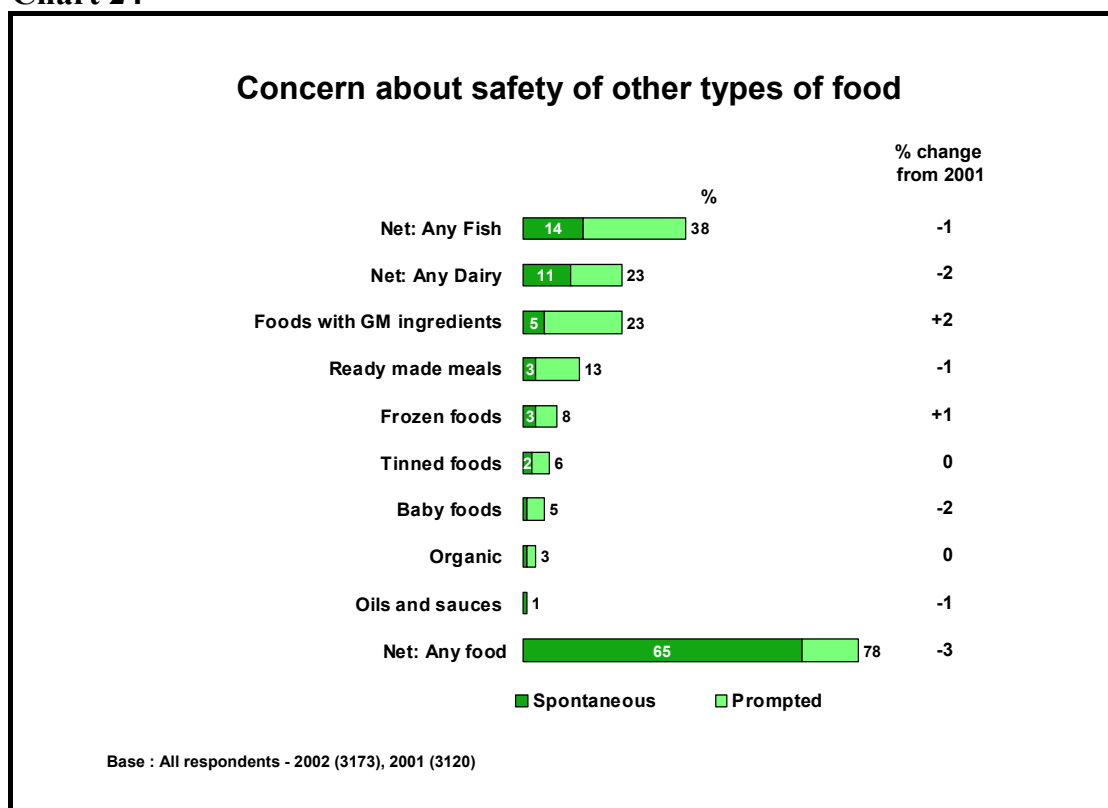
Chart 23



As was the case in both previous years, meat remained the consumer's key area of concern (both spontaneously and when prompted).

However, the number mentioning a concern about any form of meat and specifically raw meat, having fallen slightly between 2000 and 2001, decreased significantly in 2002. The same was true for each of raw pork, beef and lamb, while raw chicken also fell slightly, though not significantly. This decrease in meat-related concern is in line with what we have already seen in Section 4.3, where the UK sample expressed less concern this year about retail outlets where meat is sold i.e. market stalls selling meat and local butchers.

Chart 24



While there were slight shifts year-on-year in the total level of concern about other food types, none achieved significance. However, total concern about dairy products has continued to decline from 30% in 2000 to 23% in 2002. This fall is significant.

Overall, in 2002 22% of respondents expressed no concerns (spontaneous or prompted) about the safety of specific types of food. This is a significant increase compared to 2001 (19%) and 2000 (17%). It would appear that increased confidence in meat is the major contributor to this change.

Table 15 shows the number in each country with no concerns. There is no consistent pattern across the years. Levels of concern in Northern Ireland have fallen in 2002 following a peak in 2001. This year Scotland had the highest level of respondents expressing no concerns.

Table 15

**% WITH NO SPONTANEOUS OR PROMPTED CONCERNS ABOUT
SPECIFIC FOODS**

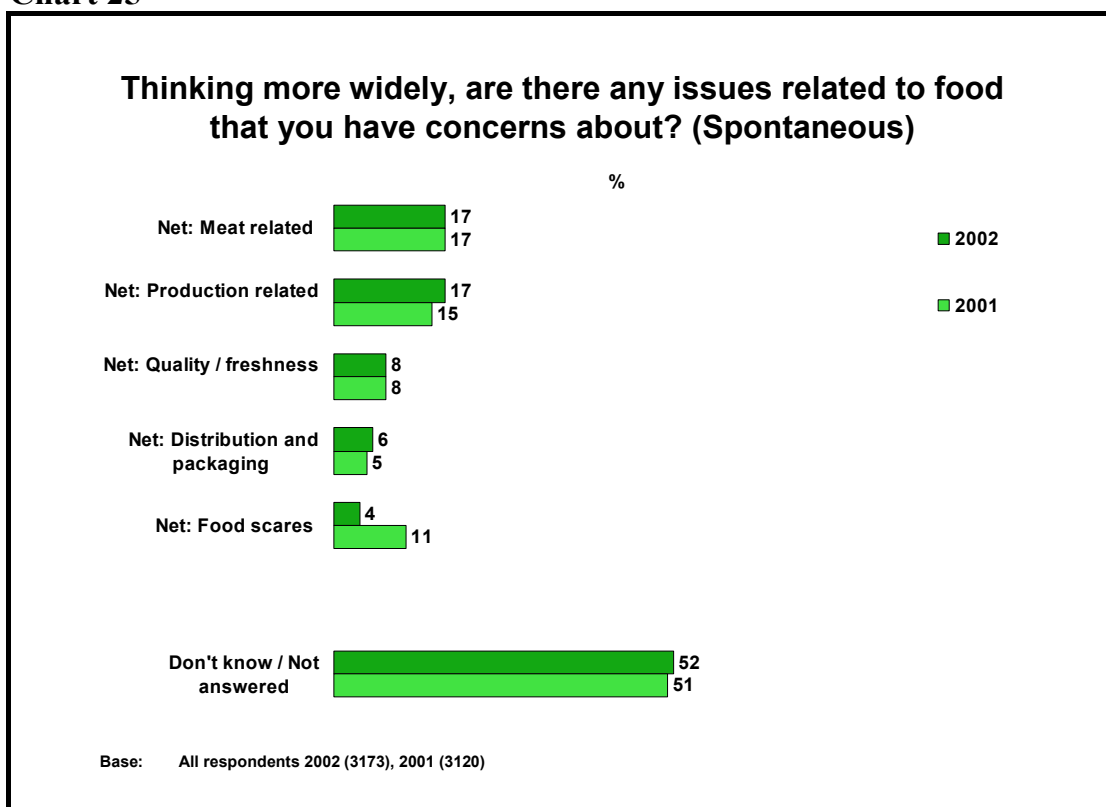
	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	20	26	21	13
2001	17	16	19	27
2000	15	16	18	19

Most of the age groups expressed similar levels of concern, except the oldest age group (66+), which was markedly less likely to express a concern about a food type (68% did so, compared to around 80% for all other age groups). This was also the case in previous years.

6.3 Concerns about Food Issues

Chart 25 shows the spontaneous responses from the question that was added in 2001 relating to wider food concerns. Clearly, when given this opportunity consumers then raised a wide range of issues, though no particular topic dominated.

Chart 25



Around one-in-six mentioned either meat-related issues (e.g. food/meat preparation/processing, farming, slaughtering practices/animal welfare) or production-related issues (e.g. use of pesticides/chemicals), followed by quality/freshness issues (e.g. storage, freshness of food in general) and distribution and packaging (e.g. packaging, food labelling), both with somewhat lower levels of mentions. The level of mentions for each of these topics was similar in 2002 compared to 2001.

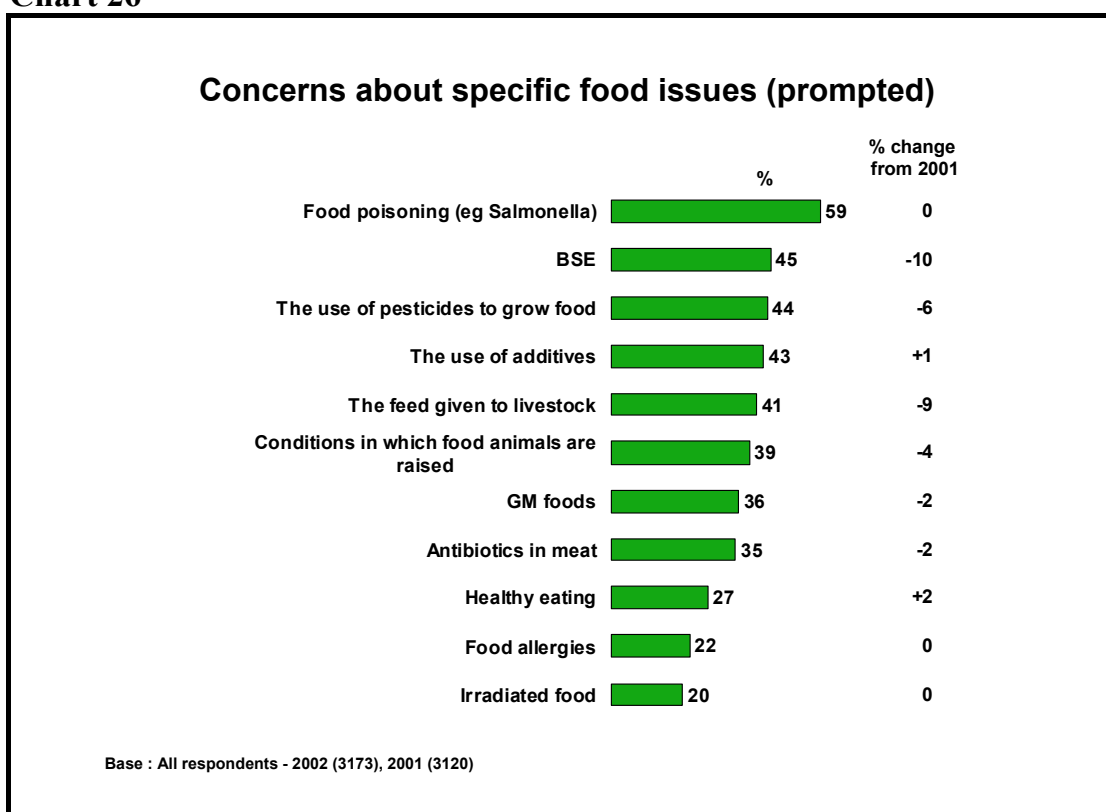
A significant year-on-year shift occurred for only one topic - that of 'food scares', which were mentioned by only 4% of the UK sample this year, compared to 11% in 2001. This was mainly driven by a significant decrease in the number of spontaneous mentions of BSE/CJD between 2001 (8%) and 2002 (2%).

Overall, though, the number mentioning some issue at this question was almost identical across both years i.e. 48% mentioned one or more issues this year and 49% had done so in 2001. There were a large number of other answers each receiving a small number of mentions which were about general food related issues and could not be grouped into differentiated codes (for example, concerns about food pricing and general mentions of supermarkets).

Looking at the sub-groups in terms of the overall picture of whether any concern was raised spontaneously, ABs were more likely to mention something than C1C2s and DEs. This pattern was similar in 2001. The specific issues mentioned were so diverse that no coherent picture emerged of different concerns being more relevant to particular sub-groups.

Respondents were then shown a list of food issues and asked which, if any, they were concerned about.

Chart 26



As in both previous surveys, food poisoning remained a concern to the greatest number of people, with around three out of five mentioning it in each year.

In 2001 BSE had been of concern to almost as many people as food poisoning, but in 2002 there was once again a significant fall in the number mentioning it - from an initial high point of 61% in 2000 to 55% in 2001 and to 45% this year.

There were also significant falls in the number expressing a concern about the use of pesticides to grow food (down 6% points from 2001 to 44%); about the feed given to livestock (down 9% points from 2001 to 41%) and the conditions in which food animals are raised (down 4% points from 2001 to 39%). It is possible that these last two issues reflect the current lower status in the public consciousness of concerns arising from the 2001 Foot and Mouth Disease outbreak.

All the other issues on the list shown to respondents elicited similar levels of concern in 2002 compared to the previous year. However, the decreases discussed above led to an overall decrease in the number of people who raised concerns when shown the list of possible issues (2000 and 2001 - 88%; 2002 - 84%).

Looking at the countries, in 2002 significantly more people in Northern Ireland expressed concern about any of these issues compared to any other country. This is in contrast to 2001, when Northern Ireland had a far lower proportion than any other country expressing concerns.

Table 16

**% WITH CONCERNS ABOUT SPECIFIC FOOD ISSUES
(PROMPTED)**

(NET - ANY CONCERN)

	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	84	82	83	88
2001	88	87	85	75
2000	89	89	90	82

Across the English regions, those in the North West were significantly less likely to have concerns when prompted with these issues (67% versus 79% in the North East and around 90% elsewhere).

Across the social grade groupings significant differences existed between all three segments, with ABs most likely to have concerns (91%) and DEs least likely to do so (76%). This was also the case in 2001, although the number of DEs with concerns was markedly lower this year.

Table 17

**% WITH CONCERNS ABOUT SPECIFIC FOOD ISSUES
(PROMPTED)**

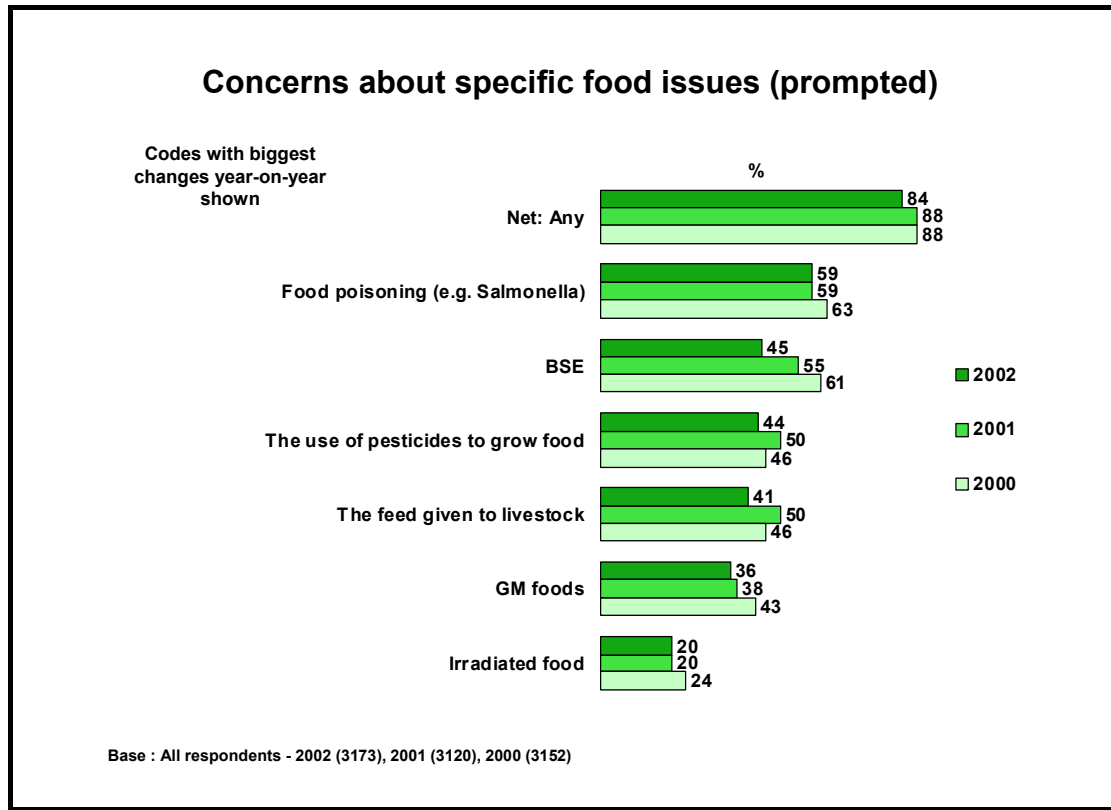
(NET - ANY CONCERN)

	AB	C1C2	DE
	%	%	%
2002	91	86	76
2001	94	88	83

In general terms women were more likely to express concern about all of these food issues than men. This was also the case in both previous years.

Chart 27 shows the responses to the specific food issues question, but this time focuses on those categories with the greatest year-on-year changes.

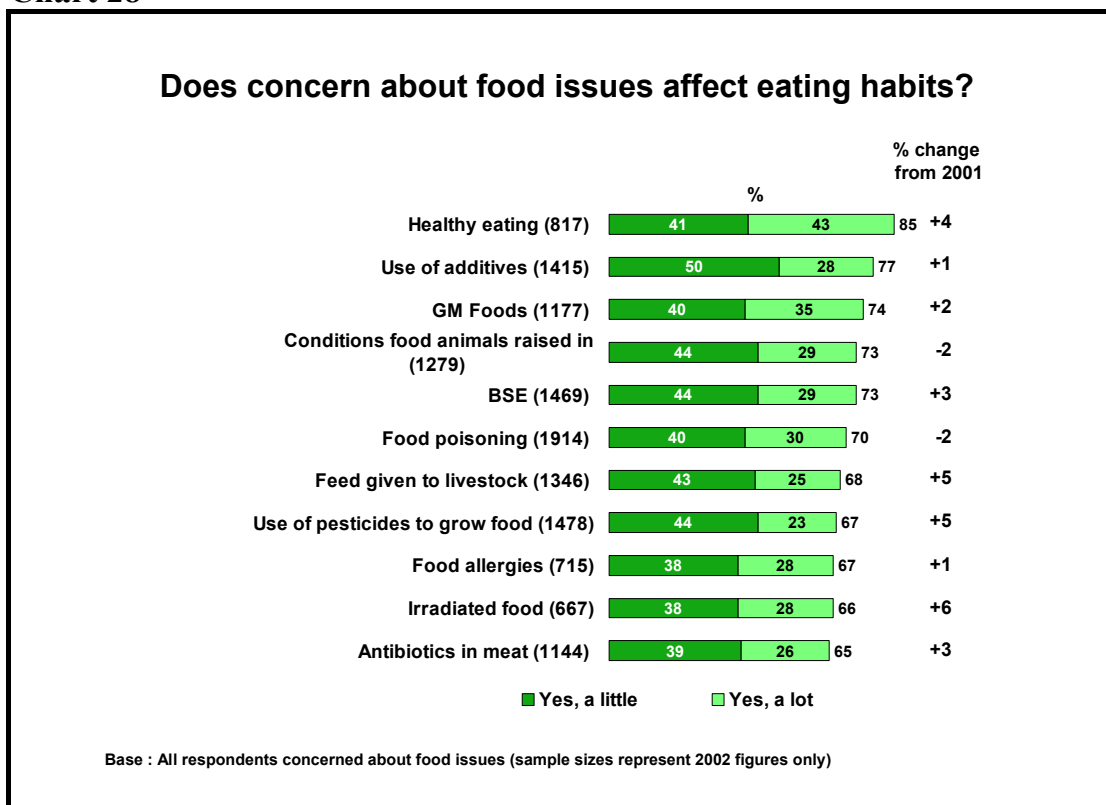
Chart 27



As discussed, the issues with greatest year-on-year falls were BSE, pesticide use and the feed given to livestock. The other issues which figure here are those where the period 2001 to 2002 saw relatively little change, but there has been movement compared to the original 2000 data. Food poisoning, GM foods and irradiated food all came into this latter category.

Those who expressed concern about any food issue were then asked whether this concern had affected their eating habits.

Chart 28



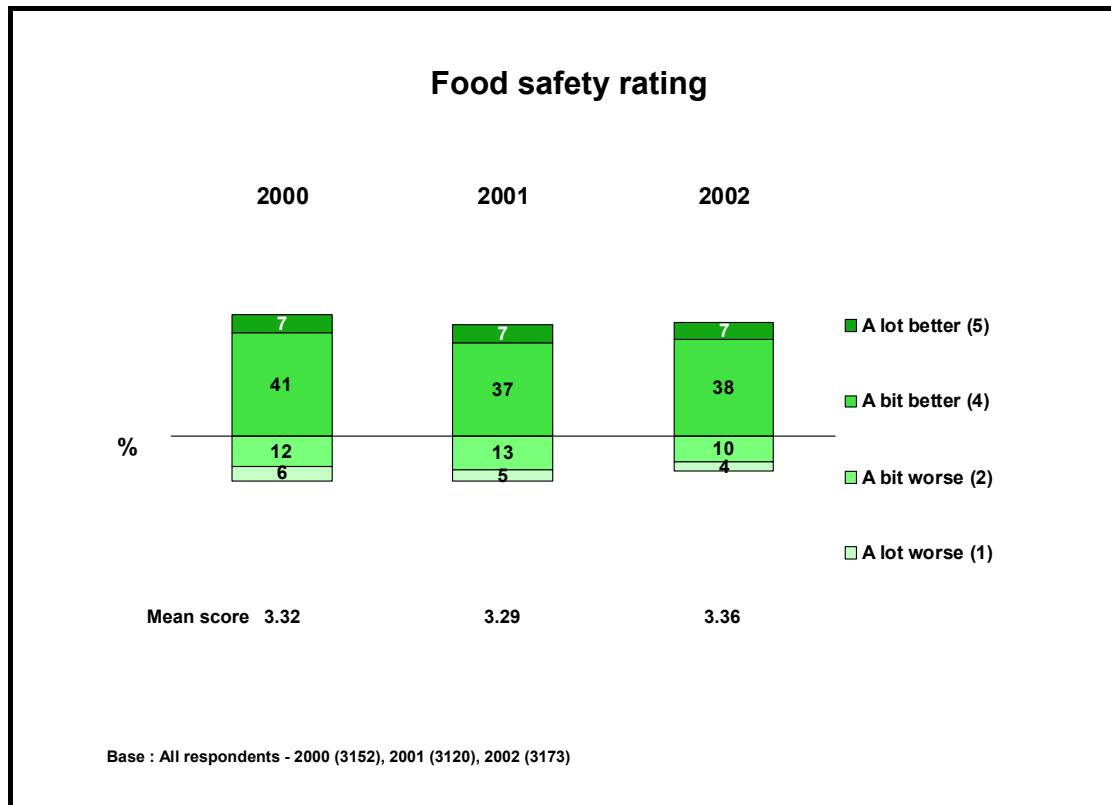
Across all the issues, the majority did claim to have modified their eating habits - ranging from as many as 85% of those who were concerned about 'healthy eating' to 65% of those with concerns about 'antibiotics in meat'.

A total of four issues showed small but significant shifts since 2001 - an additional 4% of those who had cited 'healthy eating' as an issue that concerned them claimed that this did affect their eating habits in 2002. There were similar small increases for 'the feed given to livestock', 'the use of pesticides to grow food' and 'irradiated food'. It is possible that the slightly greater number now saying pesticides affect their behaviour is related to the slight decrease in the number claiming to eat fresh vegetables/salads/fruits regularly/occasionally (see Section 5.2).

6.4 Food Safety Rating

A five-point scale was used to establish how food safety was thought by consumers to have changed over the last year. (Note the mid point 'neither better nor worse' has been removed from the chart but is included in the calculation of the mean scores).

Chart 29



The distribution of responses and hence the overall score was very similar in each of the three years of the survey. The balance of opinion in the UK remained towards improvement, with approaching half of the sample feeling the situation had improved in the last year. There was a slight shift in 2002 with fewer respondents rating food safety as 'worse' (13% compared to 19% in previous years).

Respondents in Northern Ireland were significantly more likely to rate food safety as having got better over the last year. This is different to 2000 where the ratings from all four countries were similar.

Table 18**FOOD SAFETY RATING MEAN SCORE
(5=A LOT BETTER, 1=A LOT WORSE)**

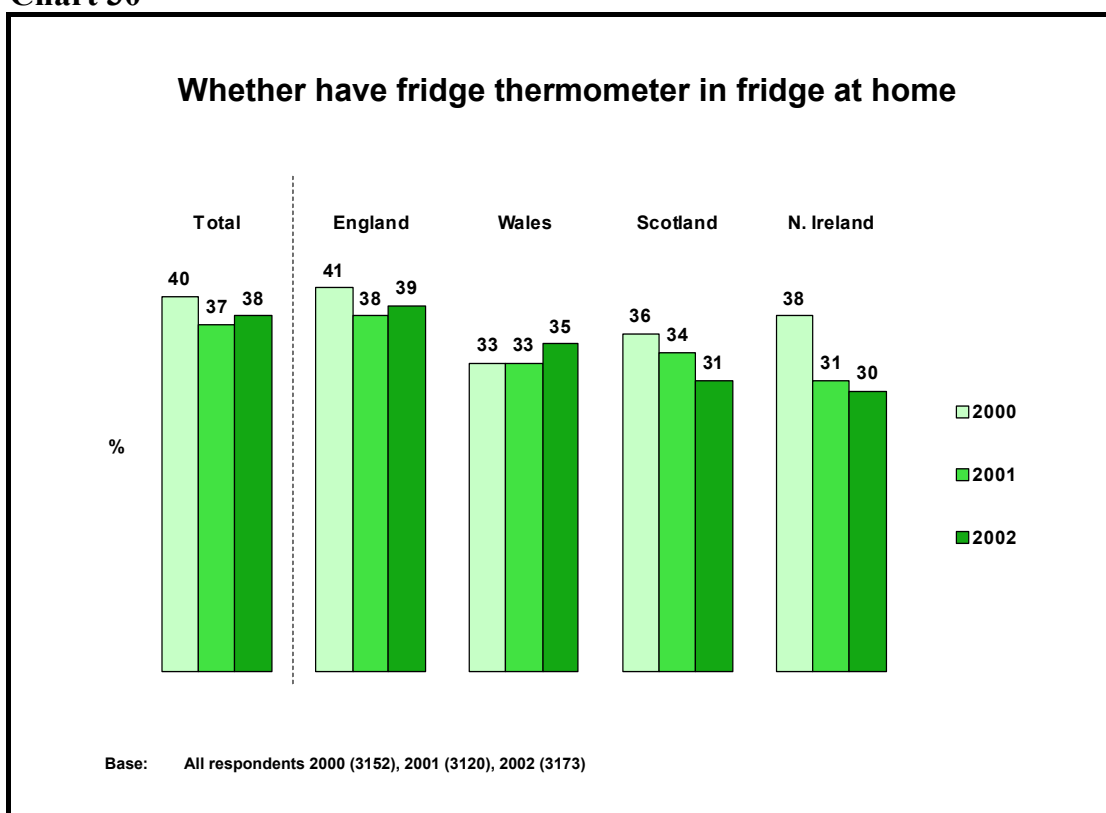
	England	Scotland	Wales	N. Ireland
2002	3.36	3.36	3.28	3.49
2001	3.28	3.26	3.23	3.52
2000	3.32	3.37	3.25	3.35

There was very little variation in the scores of the key demographic and other sub-groups.

7 FOOD SAFETY AND HYGIENE IN THE HOME

The questions on food safety and hygiene in the home focused on whether respondents had a thermometer in their fridge and their knowledge of the correct temperature for the fridge. Also included was a question on how raw meat should be stored. A new question was added in 2002, asking when people wash their hands when preparing food.

Chart 30



In 2002, 38% of the UK sample claimed they had a fridge thermometer at home. Across all three years of the study there has been a slightly higher level of claimed ownership in England versus all other countries. Scotland and Northern Ireland have both shown decreases in claimed ownership over the three years of the survey while in Wales and England there has been no clear trend.

Looking at the social grade breakdown, ABs were significantly more likely to have a fridge thermometer than either C1C2s or DEs. This was also the case in previous years.

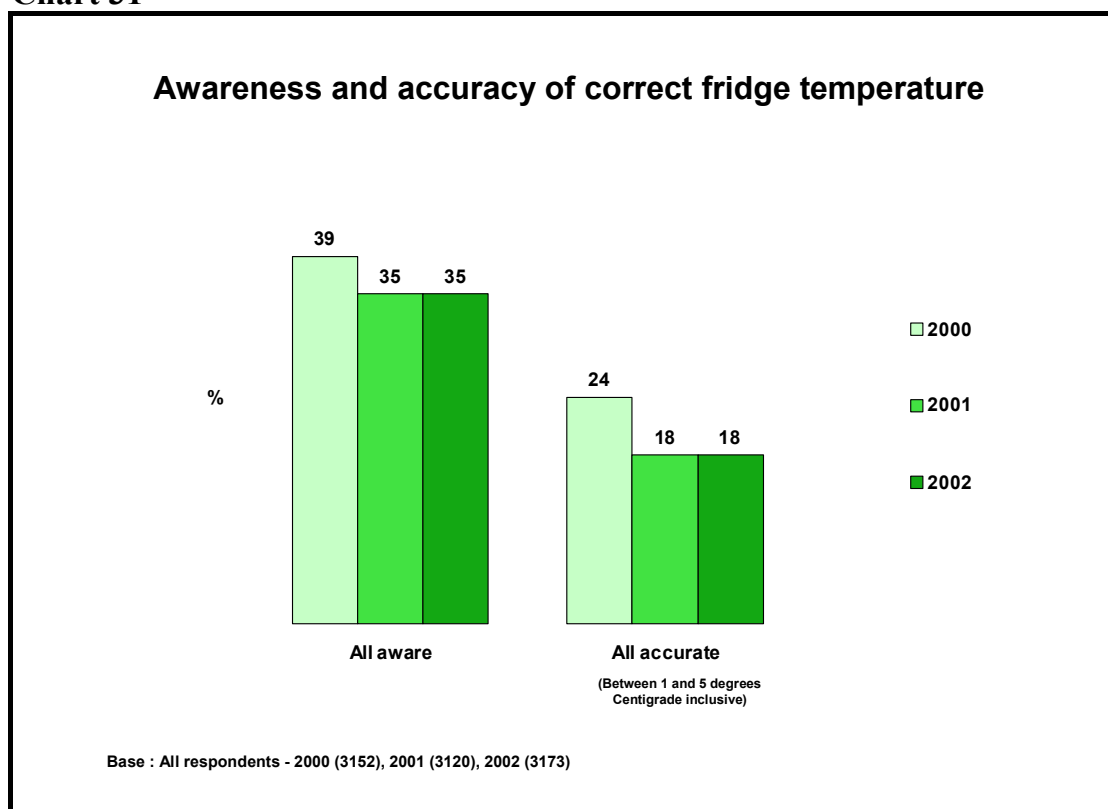
Table 19

% WITH A FRIDGE THERMOMETER BY SOCIAL GRADE

	AB (506)	C1C2 (1585)	DE (1082)
	%	%	%
2002	46	37	33

Owning a fridge thermometer was, as in 2000 and 2001, significantly more common among those of non-white ethnic origin (47%) compared to whites (37%).

Chart 31



Just over a third of the UK sample claimed to know what temperature their fridge should be - the same number as in 2001. Accurate awareness of the correct temperature (i.e. between 1 and 5 degrees Centigrade inclusive) was also at the same level (18%) as last year. Thus, only half of those who claimed to know were in fact accurate.

Looking at accurate awareness across the demographic groups, there was little variation this year. The proportion giving the correct answer did decline across social grades AB, C1C2 and DE. This pattern was also observed in previous years.

Table 20

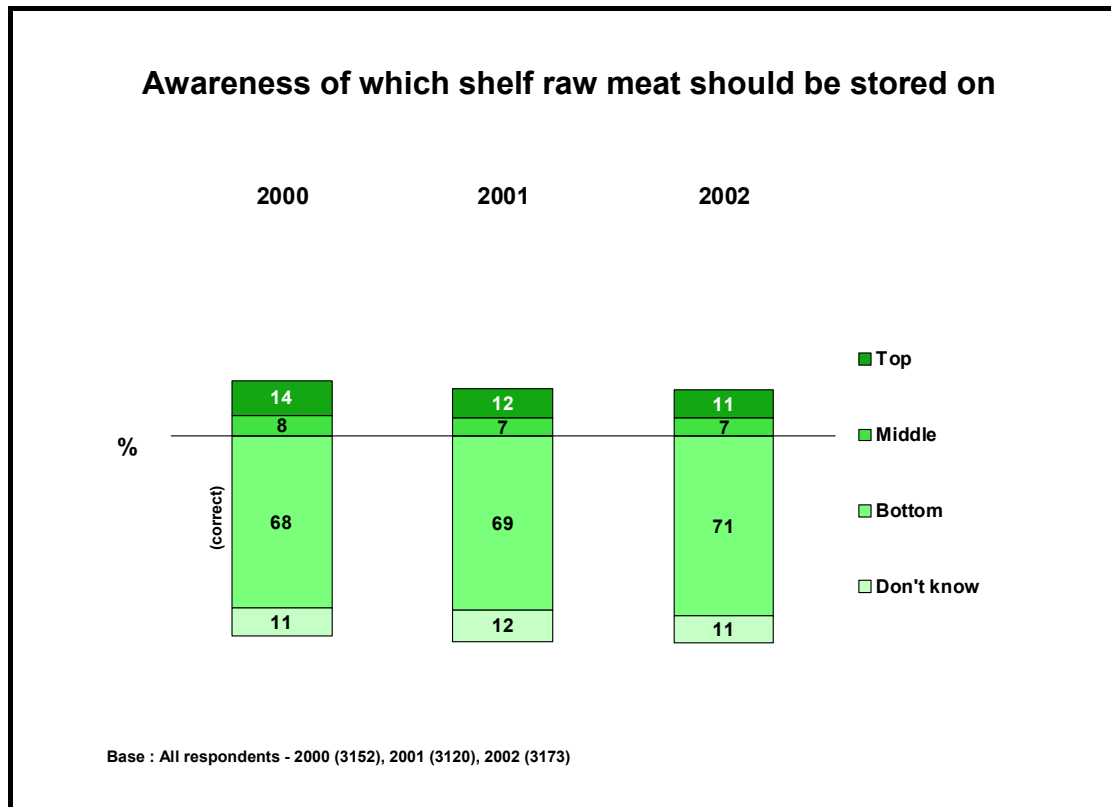
% AWARE OF CORRECT FRIDGE TEMPERATURE

	AB	C1C2	DE
	%	%	%
2002	24	19	12
2001	24	19	13
2000	33	25	17

Respondents were then asked where in their fridge they should store raw meat.

Some seven out of ten respondents (71%) correctly chose the bottom shelf. The top shelf was cited by 11% of respondents and the middle shelf by 7%, while 11% indicated that they did not know. This was very similar to the responses given in both previous years.

Chart 32



As we observed in 2001 and 2000, there was an unusual pattern of response across the age groups - among all the age-bands between 25 and 65, over 70% gave the right answer, but among both the oldest (66+) and the youngest (16 - 25) groups this fell significantly, to 68% and 61% respectively.

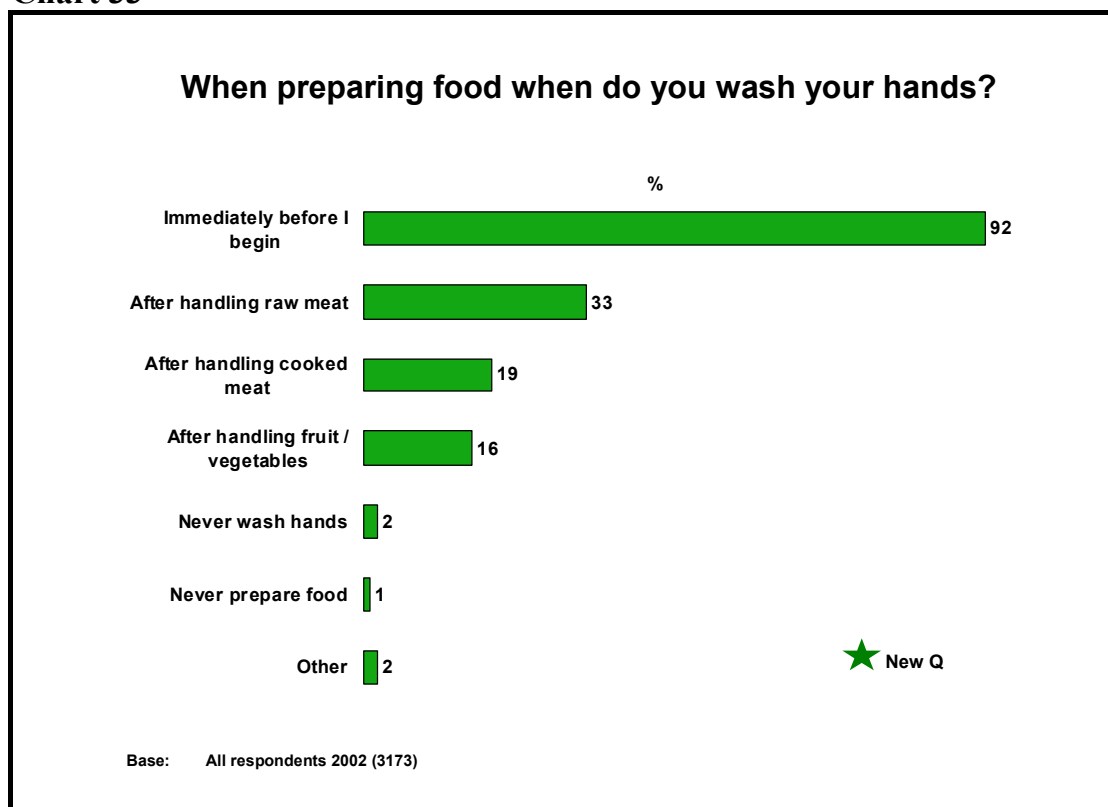
Among the ethnic groups, those of white origin were significantly more likely to be correct (72%) compared to those of non-white origin (58%). Again, this is as we found in both previous years.

Men have now closed the gap that originally existed in 2000 and 2001, that women were significantly more likely to give the right answer about raw meat storage. In 2002 there was no significant difference between men and women.

Table 21**% AWARE THAT MEAT SHOULD BE STORED ON BOTTOM SHELF OF FRIDGE**

	Men	Women
	%	%
2002	69	72
2001	66	72
2000	61	75

The new question on hand-washing was asked as ‘thinking about when you are preparing food, for example making a sandwich or preparing a meal, when do you wash your hands?’. The respondent answered spontaneously and then the interviewer added a probe ‘when else?’.

Chart 33

Not quite all of the sample (92%) claimed they washed their hands immediately before beginning to prepare food. (It should be noted that this probably represents the obvious/ “socially acceptable” answer to this question).

Washing the hands at this point was far more common than at any other stage - only a third (33%) of the UK sample said they did so after handling raw meat, even though failing to do so represents a serious risk of cross-contamination. Northern Ireland's claimed performance on this issue (50%) was significantly above that of all other countries, while that of Scotland (40%) was still significantly higher than that of Wales (35%) or England (31%).

There was some variation across the demographic groups, although no single segment stood out as definitively more likely to claim to wash their hands after handling raw meat. Women (37%) were significantly more likely to do so than men (28%) and some age groups (particularly the 36 - 49 year-olds - 40%) were more likely to do so than others (e.g. 16 - 25 - only 25%; 66+ - 31%).

Those of white ethnic origin (34%) more frequently washed their hands after handling raw meat than their non-white counterparts (23%).

A tiny minority (2%) claimed they never washed their hands before preparing food. This group was more biased towards males (47 people) than females (15 people), but we should not draw inferences from such a small sample.

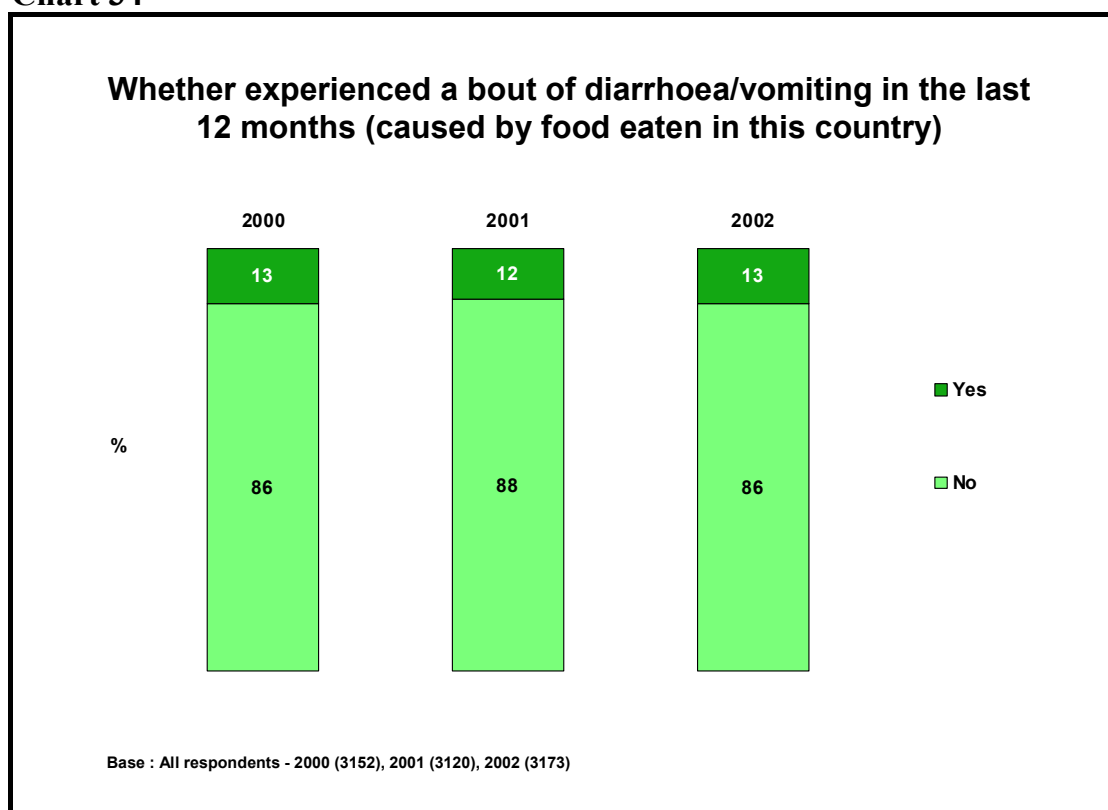
8 INCIDENCE OF FOODBORNE DISEASE AND RESPONSES TO IT

A short section of the questionnaire addressed food poisoning. Respondents were asked whether they had experienced a bout of diarrhoea or vomiting in the preceding twelve months that they felt could be attributed to food they had eaten within the United Kingdom. In 2001 a question was added to establish whether the illness was caused by food prepared in the home or outside.

Those experiencing illness were then asked whether they had reported it to anybody and what action, if any, was taken as a result.

8.1 Experience of Food Poisoning in the Last 12 Months

Chart 34



The incidence of diarrhoea/vomiting as found in this study has remained constant across the past three years. Among the UK sample 13% claimed to have experienced a bout of diarrhoea or vomiting in the last year (caused by food eaten in this country). This represents a rise of just 1% compared to last year, which was not a significant difference.

In the 2000 study a similar level of illness occurred in each of the four countries, with no significant differences between any of them. However, in 2001 England, Scotland and Wales all claimed significantly higher levels of illness than Northern Ireland. This year both England and Scotland had significantly higher levels than Northern Ireland, with Scotland's level also significantly higher than that of Wales.

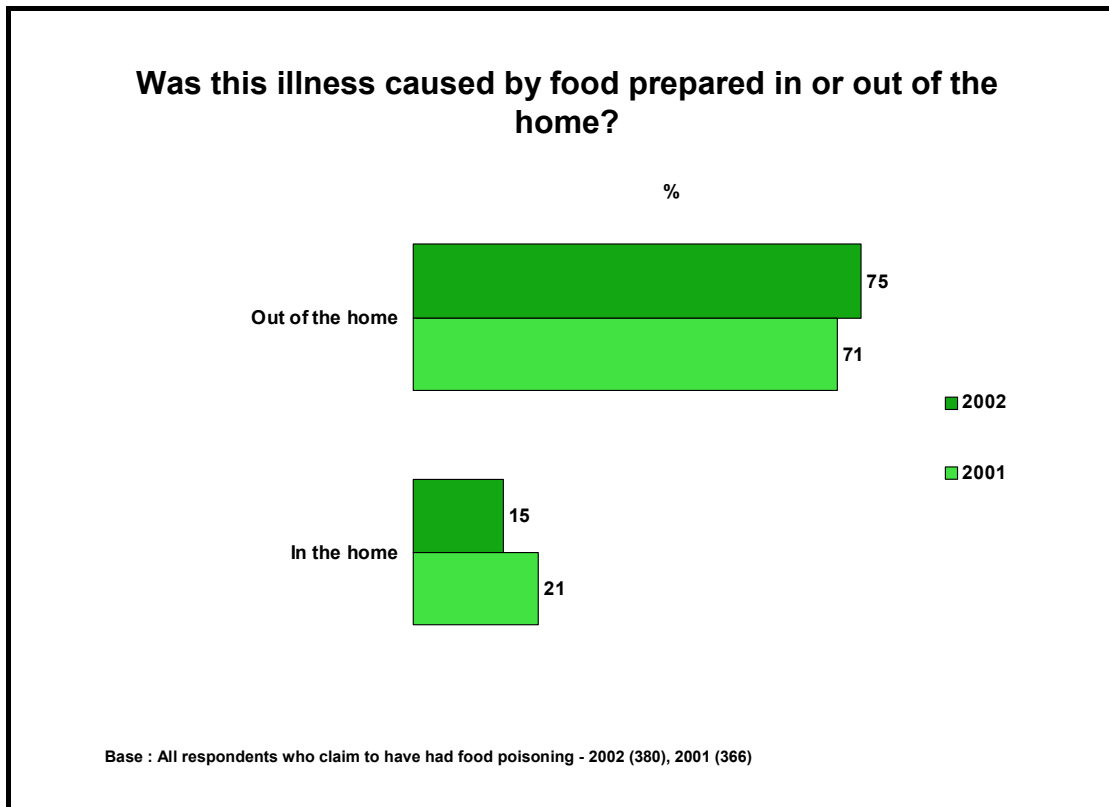
Table 22

% EXPERIENCED DIARRHOEA/VOMITING IN LAST TWELVE MONTHS

	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	14	15	11	9
2001	11	15	14	8
2000	14	13	11	10

In 2001 the oldest age group (66+) was significantly less likely than any other to have suffered this problem (4%), while the highest level of incidence was amongst those aged 16 to 25 (19%). A similar pattern was seen in 2000. This year the 66+ group, together with the 50 - 65 year-olds, had the lowest incidence of illness (5% and 7% respectively), while the levels among all the younger age groups were significantly higher and very similar (16 - 25 - 20%; 26 - 35 - 19%; 36 - 49 - 17%).

Chart 35



The majority of those who claimed to have experienced illness (75%), attributed it to something they had eaten out of the home. This was not a significant increase on the 2001 level of 71%. There was a corresponding decrease in the number claiming the cause lay inside the home, as this fell from 21% in 2001 to 15% this year.

Clearly, it is perhaps more likely that people will attribute food poisoning to factors beyond their control i.e. eating out, than admit to a problem at home. There is however some evidence from this study to suggest that eating out is related to higher incidence of food poisoning. Table 23 shows how many people claimed to have suffered from food poisoning, split out by those who ‘regularly’ ate out at the catering outlets discussed in Section 4.1 and those who did not.

Table 23

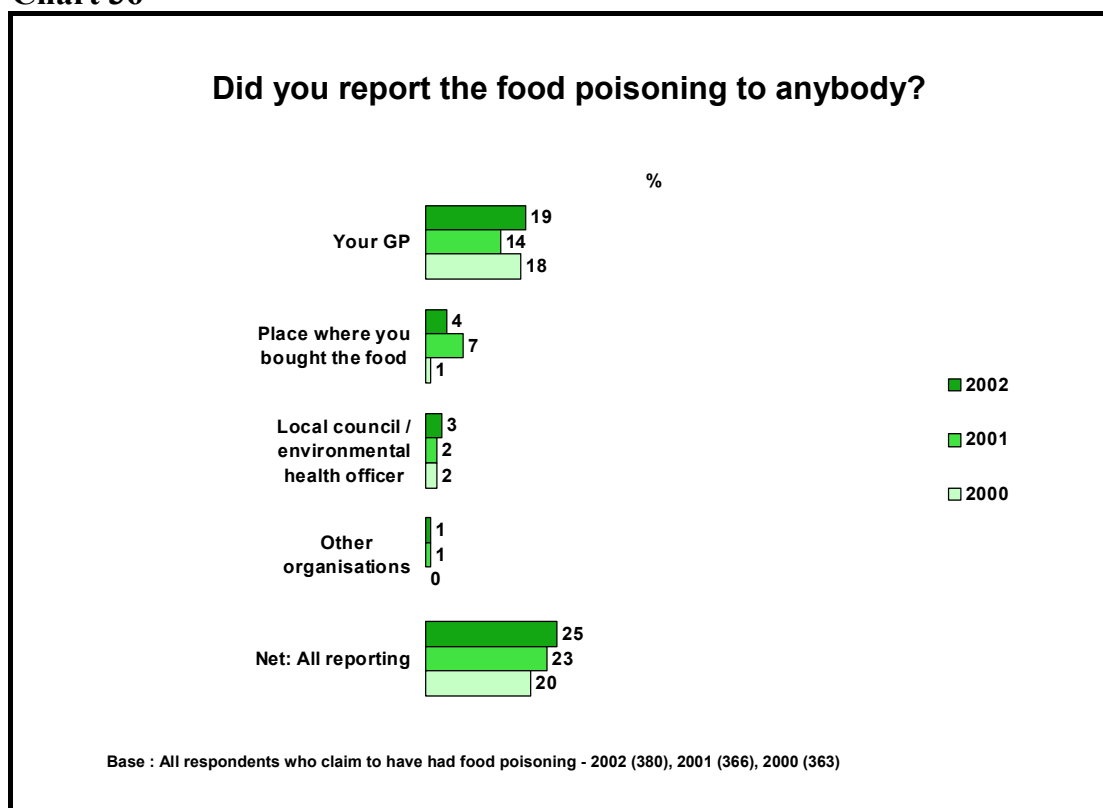
INCIDENCE OF FOOD POISONING

Among those eating at catering outlets

	2000	2001	2002
	%	%	%
Eat out 'regularly'	18	16	16
Do not eat out 'regularly'	11	8	12

There were no significant differences across the countries at this question and relatively little variation between demographic or other sub-groups. There was, however, a significant difference across the social grade groups in terms of attributing the illness to food prepared in the home - among those who claim to have had food poisoning, only 11% of ABs and 10% of C1C2s were prepared to admit to possible failings in hygiene at home, but 31% of DEs did so.

Chart 36



As in previous years, only a minority of those who had experienced illness reported it to anyone (25%). This was not significantly different from the levels observed in previous years (due to the relatively small base size i.e. the number of people who had experienced illness), but there does appear to be an upward trend in reporting.

Of those who did report, the largest single group (19%) went to their GP - a similar proportion as in previous years. A minority in each year (2 or 3%) reported their illness direct to the local council or environmental health officer.

The number reporting their illness direct to the outlet where they had bought the food fell back again this year to only 4%, compared to 7% in 2001. However, once again because of the relatively small number of people who experienced illness this shift was in fact not significant.

Of those who did report their illness, only 14% were then aware of any action being taken against the outlet in question. This is very similar to the position in 2001, when 13% were aware of some action being taken.

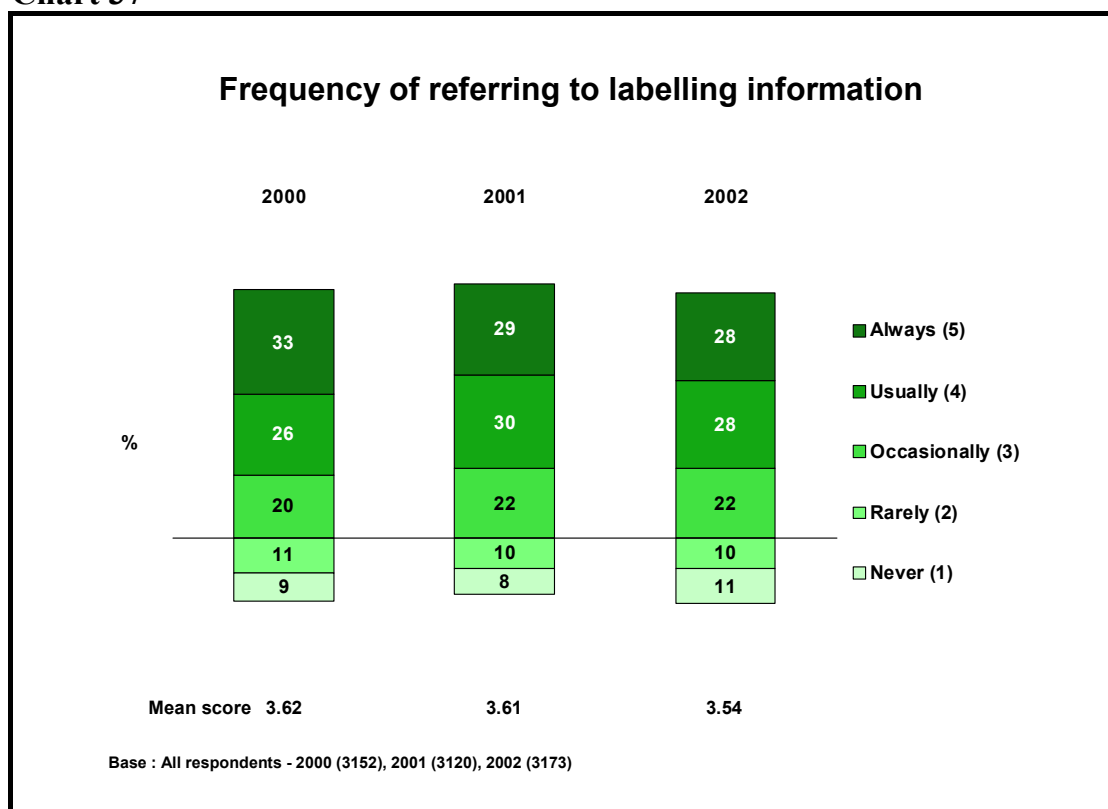
9 FOOD LABELLING

Respondents were asked a series of questions relating to food labelling. Firstly, they were asked about the frequency with which they referred to food labels and the type of information they referred to on these labels. They were then asked how easy it was to understand labelling information and whether they had any concerns over its accuracy. Finally respondents were presented with examples of food labelling and asked several questions to establish their understanding of the information conveyed.

9.1 Frequency of Using Labelling Information

All respondents were asked how often they referred to food labelling, using the scale shown on Chart 37.

Chart 37



There was a significant decrease in the mean score from 3.61 in 2001 to 3.54 in 2002. The greatest shift was seen in the bottom box, with 11% of people claiming never to check the label, compared with 8% in 2001. Similarly, there has been a year on year decrease in those responding 'Always' from 33% in 2000 to 28% in 2002. However, the majority of those interviewed still claimed to refer to food labelling on a frequent basis, though a substantial minority admitted they rarely or never did.

There were no significant differences between mean scores of the countries this year, whereas in 2001 the score in England was significantly higher than that of Wales or Northern Ireland.

Table 24
MEAN SCORE FOR FREQUENCY OF REFERRING TO LABELLING
INFORMATION (5=ALWAYS, 1=NEVER)

	England	Scotland	Wales	N. Ireland
	%	%	%	%
Mean score				
2002	3.55	3.49	3.48	3.51
2001	3.63	3.58	3.44	3.40
2000	3.65	3.48	3.46	3.48

As in previous years, ABs were significantly more likely to claim they looked at labels than DEs. There was no significant difference between the C1C2s and DEs this year, whereas this had been observed in both 2001 and 2000.

Table 25**MEAN SCORE FOR FREQUENCY OF REFERRING TO LABELLING
INFORMATION (5=ALWAYS, 1=NEVER)**

	AB	C1C2	DE
	%	%	%
Mean score			
2002	3.66	3.52	3.49
2001	3.77	3.65	3.45
2000	3.76	3.64	3.49

Looking at the various age groups, as we saw in previous years, the 16 to 25 year-olds (Mean Score - 3.31 in 2002) were less likely to look at food labels than any other age groups. Those in the middle age bands - this year particularly the 36 to 49 and the 50 to 65 year-olds - were most likely to do so.

Once again, as observed in both 2000 and 2001, women were significantly more likely to claim to refer to labels than men. As in 2001 there was no significant difference between the scores of the white and non-white ethnic groups.

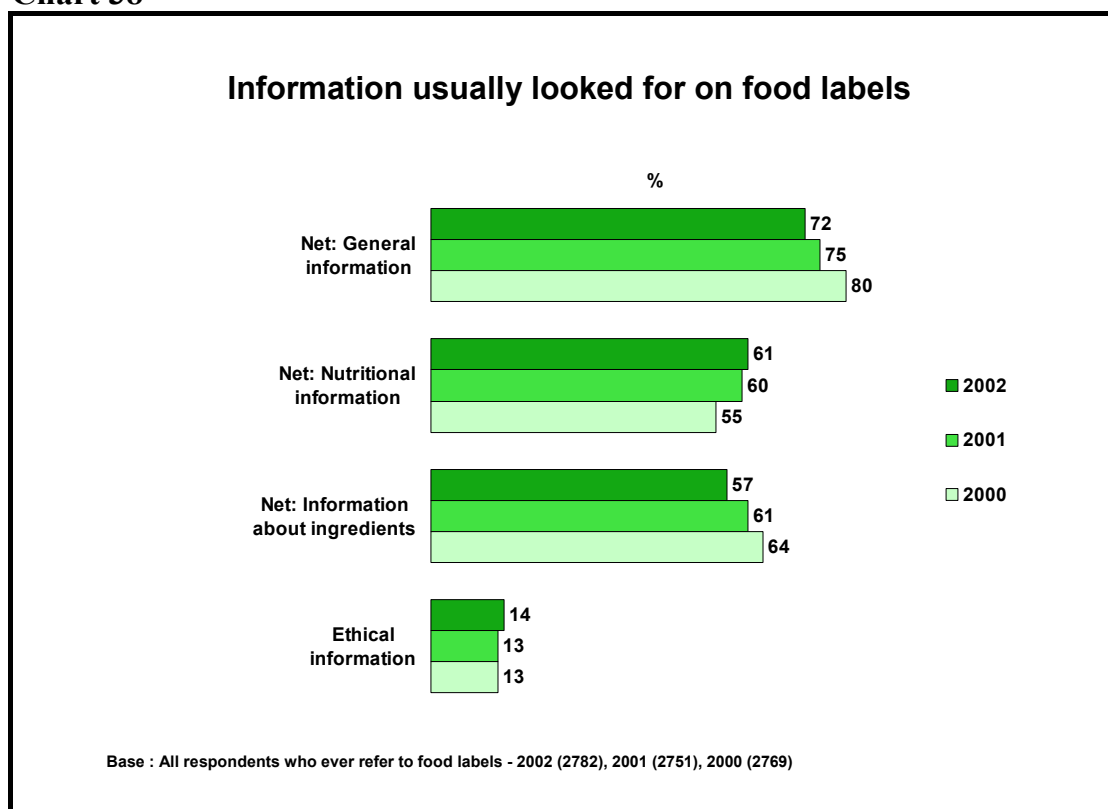
Those who felt their eating habits had become more healthy over the last year were significantly more likely to look at labels than those who claimed their diet was unchanged (this was also the case in previous years).

9.2 Information Looked For On Food Labels

A prompt list of possible information was shown to all those who ever looked at food labels and they were asked to indicate what information they ‘usually’ looked for.

In the 2000 survey respondents had been presented with a long list of possible options which were not structured in any particular way. The same list was used in subsequent years, but the individual items were grouped into four categories - ‘nutritional information’, ‘information about ingredients’, ‘ethical information’ and ‘general information’. It was then possible to apply this grouping retrospectively to the data from the 2000 survey.

Chart 38



As Chart 38 shows, the type of information sought by the largest group of people (72% in 2002) was ‘general information’ - for example the name of the food; its country of origin; the best before or use by dates and cooking/storage instructions. This was true in all three years, though the number responding in this category has decreased year on year.

Next in the hierarchy came ‘nutritional information’ (e.g. salt; fat or sugar content; vitamins; calories), which around three out of five claimed to look for. The shifts to 60% in 2001 and 61% in this category in 2002 were significant increases from the 2000 level (55%).

Conversely, those responding in the category ‘information about ingredients’ (e.g. additives; quantities; for allergy or other dietary reasons; GM content) continued to decrease significantly, from 61% in 2001 to 57% in 2002.

Chart 39

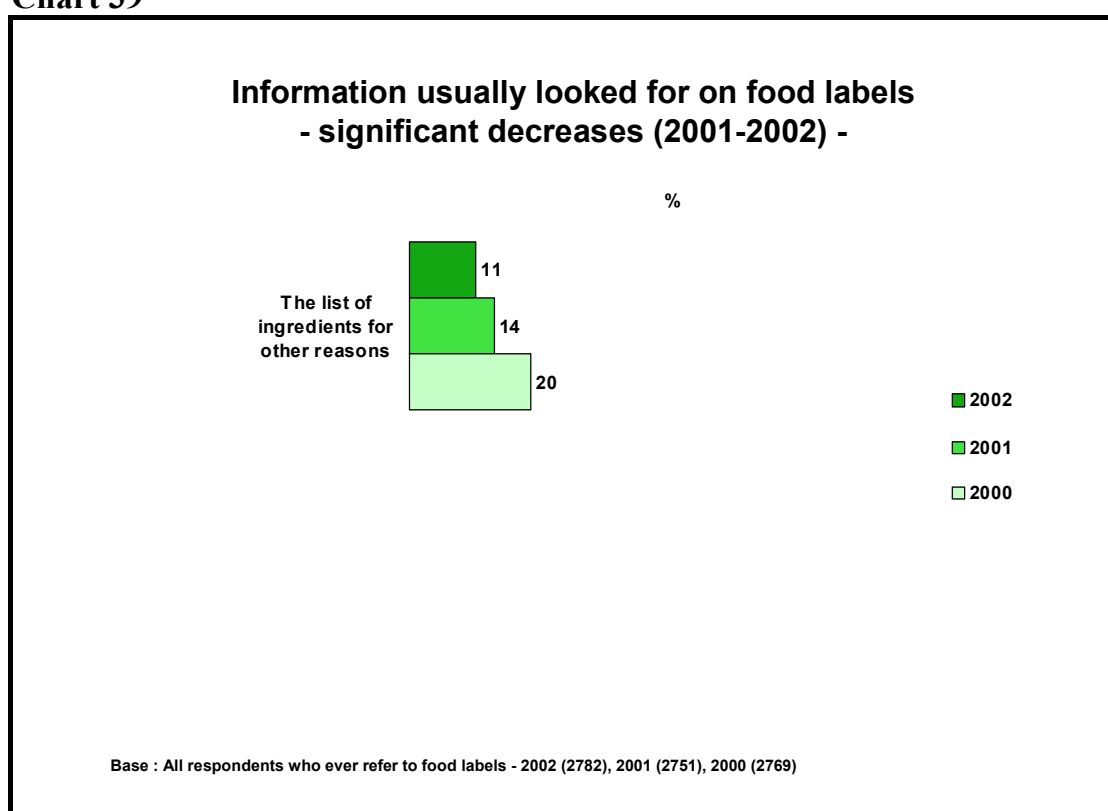
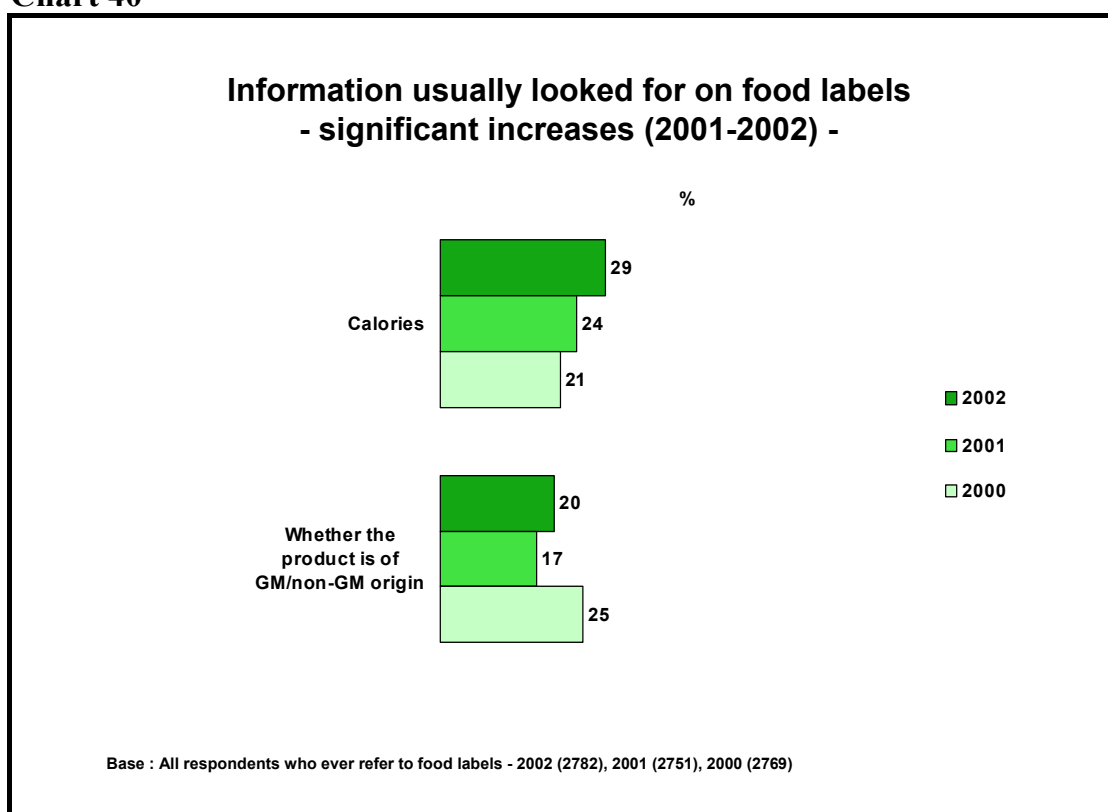


Chart 39 indicates that there was only a single specific piece of information which showed a significant decrease in the number mentioning it this year. In contrast, five areas of information showed decreases between 2000 and 2001. This year’s single topic - ‘The list of ingredients for other reasons’ - has in fact seen significant decreases in each year. (‘Other reasons’ include reasons other than for allergies, or for medical, religious or other diets).

Chart 40



Examining the other side of the coin i.e. those items which show the greatest increases year-on-year, we again saw very few significant changes since 2001. Mentions of looking for information on ‘Calories’ (part of the nutritional information category) continued its year on year rise, representing an overall shift from 21% in 2000 to 29% in 2002. Despite the significant rise this year, there has still been an overall decrease from 25% in 2000 to 20% in 2002 in those claiming to look for ‘Whether of GM origin’ (‘information about ingredients’).

Looking at the sub-groups, we can see some broad patterns emerge.

Men, the oldest age group (66+), DEs and those in Northern Ireland and Scotland were less likely to seek nutritional information.

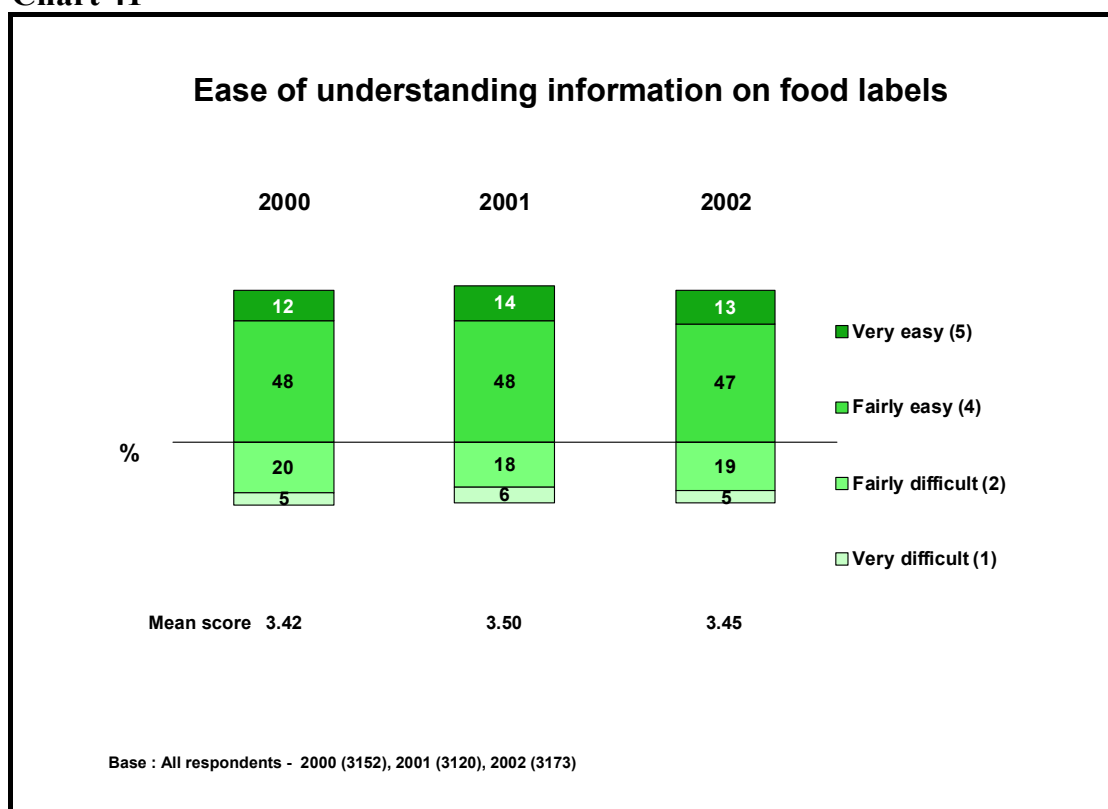
Women were significantly more likely than men to seek many types of labelling information, namely ‘nutritional information’ (across fat, sugar, salt and calories); cooking and storage instructions and information about additives.

The youngest (16 to 25) and the oldest (66+) age groups were less likely to look for a wide range of types of information compared to their counterparts in the central age bands. Many types of information saw a decline across the social grade groups, most notably those in the category ‘information about ingredients’, particularly amongst those seeking information about ‘additives’. This trend can be observed year-on-year.

9.3 Ease of Understanding Information on Food Labels

Respondents indicated how easy or difficult they found it to understand the information provided on food labels using a five-point scale. (Note the mid point ‘neither easy nor difficult to understand’ is not shown on Chart 41, however it is included in the calculation of the mean scores).

Chart 41



The 2002 results were very similar to those of both previous years. The majority of the UK sample (60%) found it easy to understand this information, though within this group far more found it only “fairly easy” (47%).

This leaves almost one in five finding it “fairly difficult” to understand label information and one in twenty finding it “very difficult”.

In 2001 no significant differences existed between any of the countries on this measure. However in 2002 those in Northern Ireland gave a significantly higher rating than those in any other country, indicating that they found it easier to understand labelling information. Those in Wales gave a significantly lower rating than all other countries and so had greatest difficulty understanding labels.

Table 26
MEAN SCORE FOR EASE OF UNDERSTANDING TO LABELLING
INFORMATION (5= VERY EASY, 1=VERY DIFFICULT)

	England	Scotland	Wales	N. Ireland
Mean score	(1004)	(704)	(723)	(742)
2002	3.46	3.41	3.27	3.58
2001	3.51	3.34	3.35	3.43
2000	3.43	3.35	3.42	3.29

Northern Ireland’s ease of understanding has shown a consistent year on year uplift, rising significantly from a mean score of 3.29 in 2000 to 3.58 in 2002. The opposite trend was observed amongst those in Wales with the mean score significantly decreasing from 3.42 in 2000 to 3.27 in 2002.

Those of DE social class achieved a significantly lower score on this measure (3.31) compared with ABs (3.59) and C1C2s (3.48). The scores of both sexes were similar, as in previous years.

As we observed in both previous years, a consistent pattern was evident across the age spectrum, with difficulty in understanding labels increasing with age.

Table 27

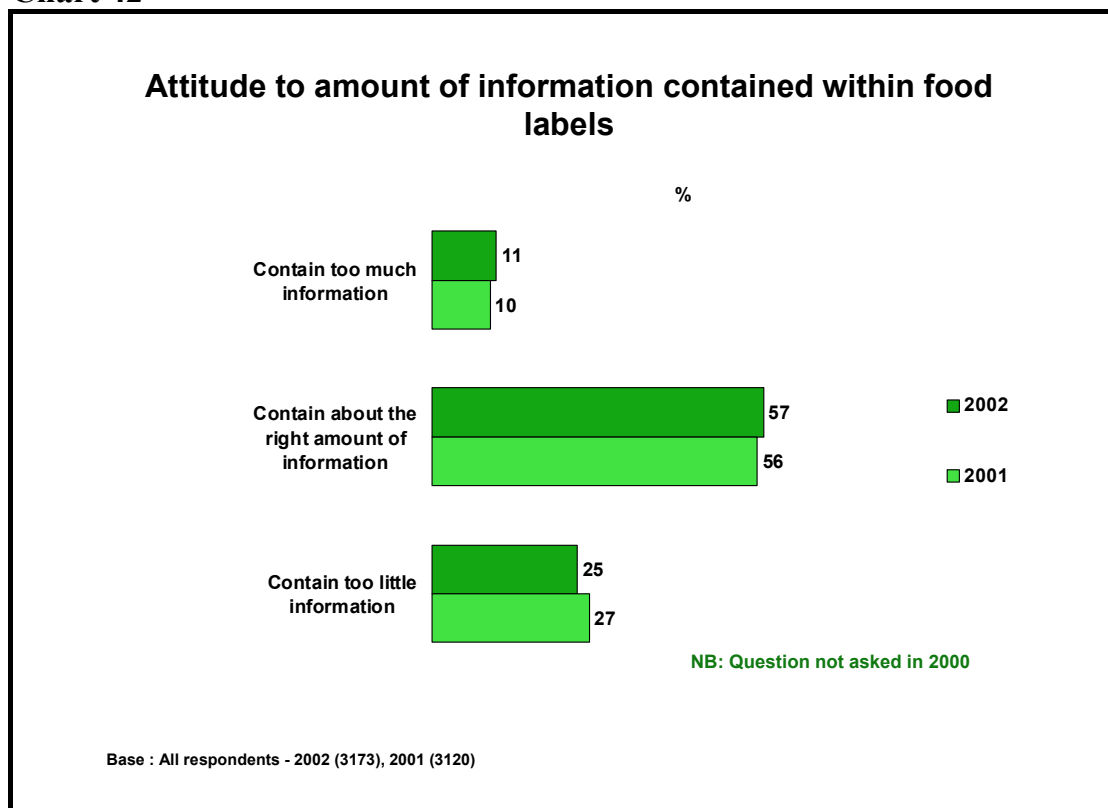
**MEAN SCORE FOR EASE OF UNDERSTANDING LABELLING
INFORMATION (5= VERY EASY, 1=VERY DIFFICULT)**

	16 - 25	26 - 35	36 - 49	50 - 65	66+
Mean score (439) (568) (837) (783) (546)					
5 = 'very easy')					
2002	3.83	3.57	3.48	3.12	3.33
2001	3.71	3.68	3.52	3.36	3.25
2000	3.79	3.63	3.44	3.14	3.18

So, in line with what has already been seen concerning general awareness of food and related issues, older age groups and DEs are less likely to 'tune into' or grasp the meaning of labelling information.

Respondents were shown a short list of options and asked which one they agreed with.

Chart 42



As Chart 42 shows, there has been very little change in response to this question since 2001. Clearly, very few people considered that food labels currently contain ‘too much’ information (11%). The majority felt they contained about the right amount of information (57%), although a quarter (25%) took the view that more label information was needed.

Examining the country differences, significantly fewer people in Northern Ireland (21%) compared with all other countries (England - 25%; Scotland - 29%; Wales - 28%) stated that food labels contained too little information. This was also the case in 2001.

There was relatively little variation across the demographic sub-groups at this question with significant differences occurring only between age groups. The extreme age groups (16 to 25 and 66+) were less likely than the middle groups to say that food labels contained too little information.

Table 28

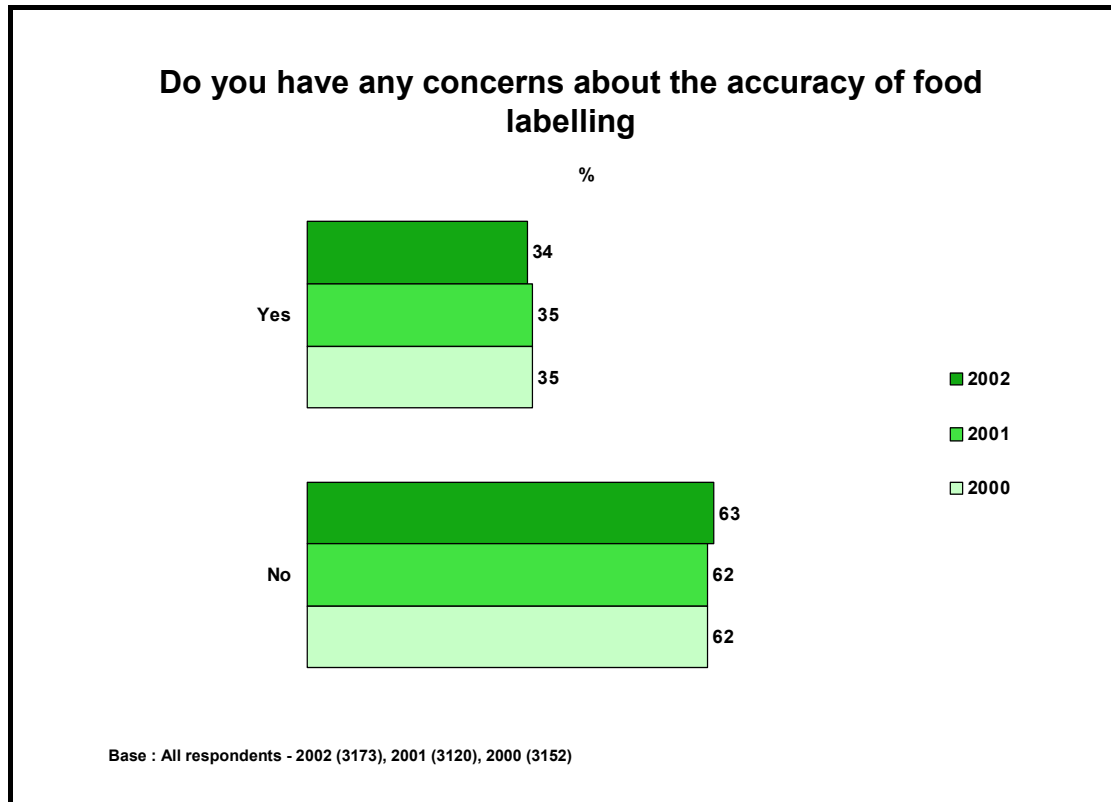
**AGREEMENT WITH STATEMENT - ‘FOOD LABELS GENERALLY
CONTAIN TOO LITTLE INFORMATION’**

	16 - 25	26 - 35	36 - 49	50 -65	66+
	(439)	(568)	(837)	(783)	(546)
	%	%	%	%	%
2002	20	28	27	31	19

9.4 Concerns About Food Labelling Accuracy

In terms of the accuracy of food labelling, just over a third of the UK sample (34%) indicated that they had a concern about this issue. This is almost identical to what we observed in both previous surveys.

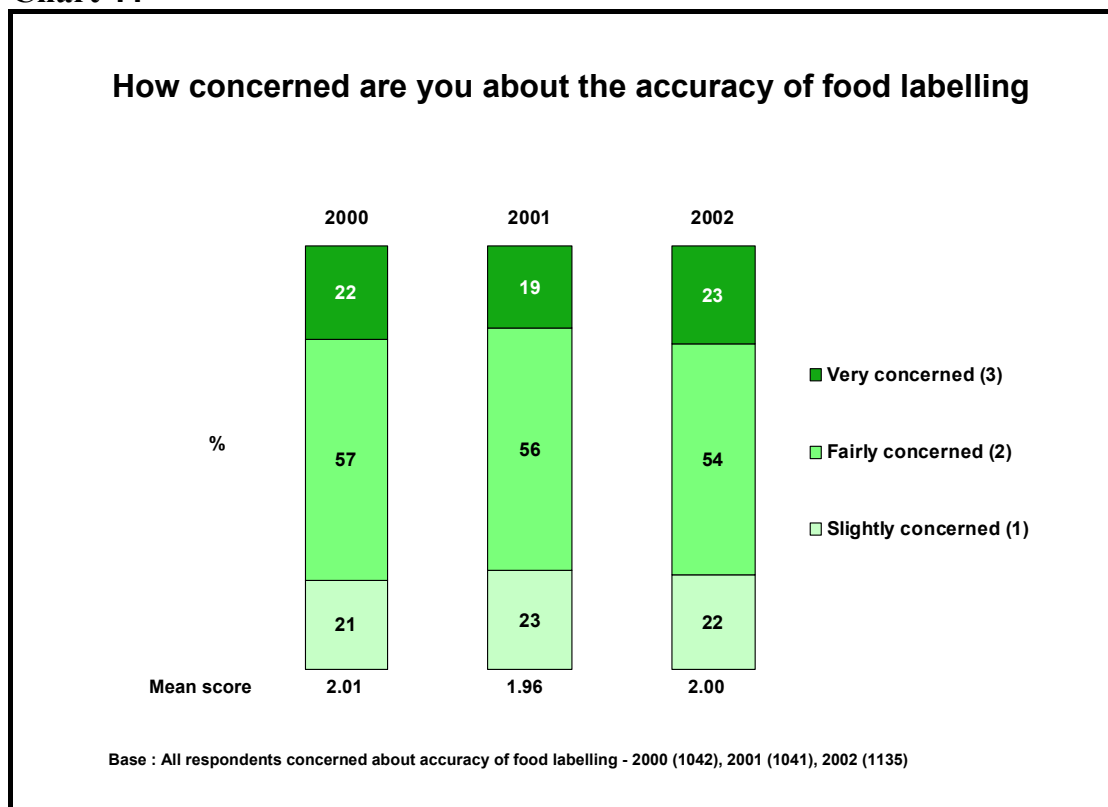
Chart 43



Across the countries there was significantly greater concern in Wales (43%) than elsewhere (England - 34%; Scotland - 34%; Northern Ireland - 32%). This can be linked to the fact that respondents in Wales were more likely to find understanding food labels difficult than respondents in other countries. The higher levels of concern in Wales were driven by people who found food labels difficult to understand.

Looking at the sub-groups the same pattern emerged as in both previous years i.e. concern was less evident among the youngest and the oldest age groups (16 to 25 - 22%; 66+ - 30%) and among those of DE social grade (30%).

Chart 44



The 34% who were concerned were asked about their level of concern. This year, just under a quarter (23%) were 'very concerned' about this issue and over half (54%) were 'fairly concerned'. The remainder (22%) were only 'slightly concerned'. There are no significant differences year-on-year indicating that the level of concern about this issue has remained constant throughout the three years of the survey.

Across the countries there were some significant differences this year. Significantly more of those in Wales (32%) were 'very concerned' compared with those in England (22%) or Scotland (21%).

In previous years DEs had shown higher levels of concern than those in other social grades. This year however the inverse is true, with less people (19%) claiming to be 'very concerned' in this group than in either the AB (21%) or C1C2 (26%) groups.

In 2001, those in the 50-65 and 66+ age groups were significantly more likely to show a higher level of concern about accuracy than those in 26-35 and 36-49 age groups. This year the pattern was repeated with the 50-65 group being significantly higher than all three younger age groups.

Concern amongst the 16-25 age group has declined year on year.

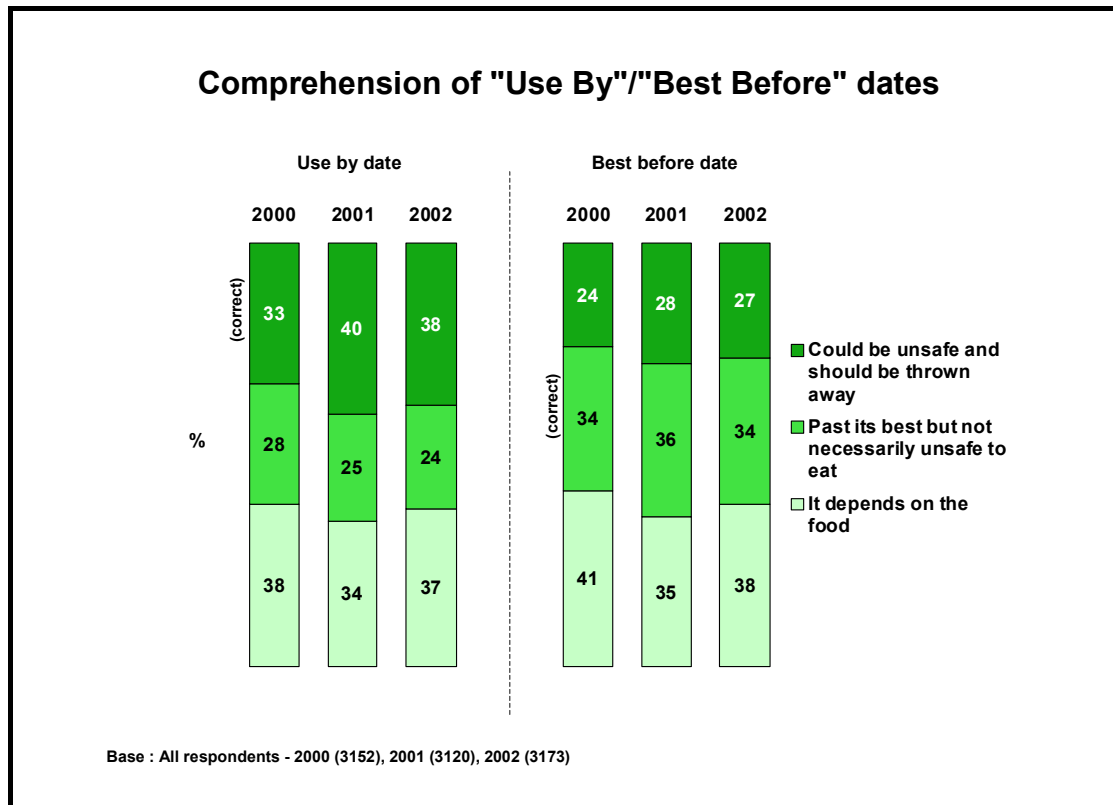
Table 29
MEAN SCORE FOR LEVEL OF CONCERN OVER ACCURACY OF
FOOD LABELLING
(3=VERY CONCERNED, 1=SLIGHTLY CONCERNED)

	16 - 25	26 - 35	36 - 49	50 - 65	66+
Mean score					
2002	1.82	1.91	1.98	2.15	2.03
2001	1.98	1.85	1.89	2.05	2.09
2000	2.10	1.88	2.00	2.10	2.03

9.5 Food Labelling - Comprehension

Two questions were asked relating to “use by” and “best before” dates - in each case respondents were asked ‘what if the date on a food product passed yesterday?’ and presented with options to choose from to indicate what they would do.

Chart 45



Of course, we must acknowledge that no matter how we phrase or order the questions, an element of the response (correct or incorrect) may be guesswork.

Looking at the year-on-year position, the proportion giving the correct answer to each question (indicated on the chart) had risen slightly in 2001. This was significant in the case of the ‘use by’ date, but not so for the ‘best before’ date. In 2002 there was very little change - hence there has been no improvement in understanding of these dates this year.

Therefore with just under two-fifths of the UK sample giving the correct answer for the 'use by' date and a third doing so for the 'best before' date, there is still considerable education required.

As in previous years, in both scenarios over a third of respondents would decide what to do based on the specific food. This suggests that perceived knowledge of the 'riskiness' of a particular food often overrides date information on labels, regardless of understanding.

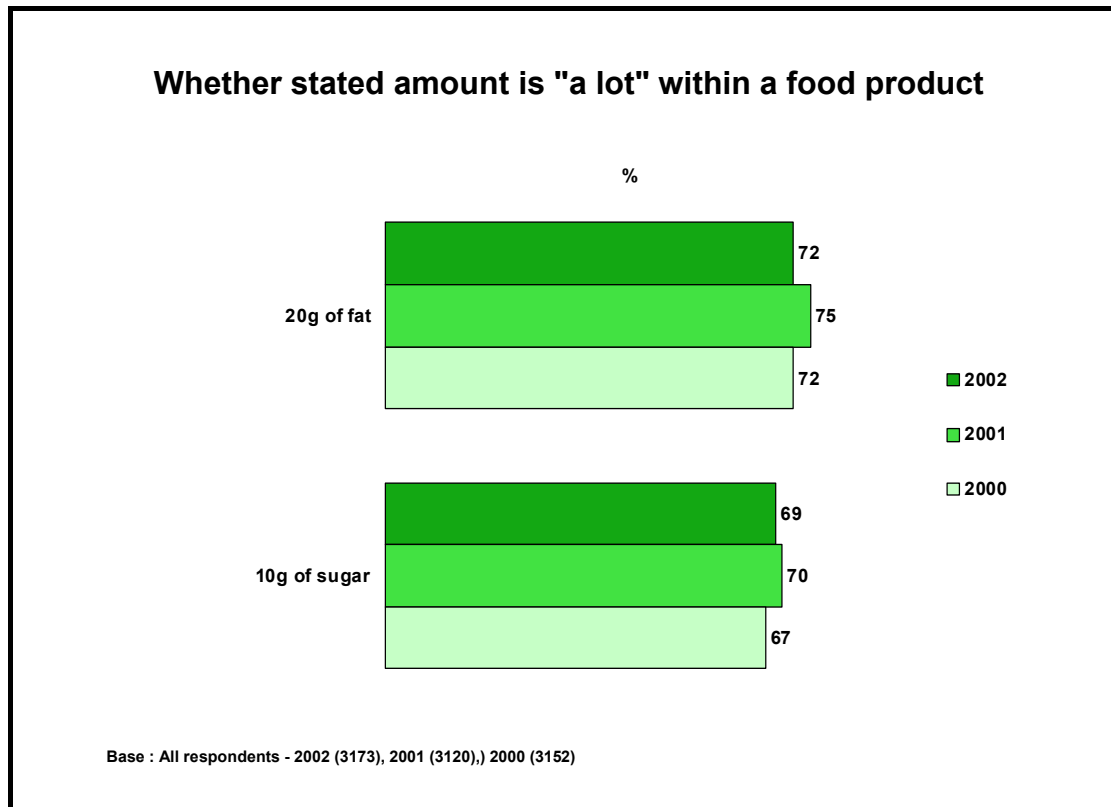
This year, only the 36-49 age group demonstrated reliable knowledge or understanding with 43% likely to give the correct answer for 'use by' date and 38% answering the 'best before' date correctly. With other sub-groups the contradictory pattern observed in previous years continued: Men were less likely than women to give the correct answer for the 'use by' date, but more likely to do so for the 'best before' option. The same, contradictory pattern existed across the ethnic groups - those of non-white origin were better-informed about the 'use by' date, but whites were more likely to understand the meaning of the 'best before' date.

Similarly those in Northern Ireland were more likely than residents of any other country to be correct about the 'use by' date, but for the 'best before' date they were least likely to answer correctly.

This pattern may be explained by the high number of respondents giving the same response, suggesting little differentiation between the terms. There was a slight decrease in this figure from 71% in 2001 to 69% in 2002.

Questions were also asked about specific quantities of sugar and fat indicated on labels and whether this represented a lot or a little of that ingredient within the food. In both cases the correct answer was 'a lot'.

Chart 46




For both fat and sugar there was hardly any change this year in the number of people correctly stating that that quantity (i.e. 20g of fat per 100g or 10g of sugar per 100g, as shown on an example food label) was ‘a lot’ of fat/sugar. Almost three-quarters of the UK sample answered correctly for each of these ingredients.

Certain sub-groups emerged as less knowledgeable, notably the oldest age group (66+), the DE social grade and those of non-white ethnic origin were less likely to answer correctly for either fat or sugar. These sub-group differences were observed in previous years.

Chart 47

Food Label “80% Fat Free”



Q: This food product claims that it is 80% fat free, how many grammes of fat per 100 grammes does it contain?

Respondents were also asked how many grammes of fat were contained in 100 grammes of a product that claimed to be ‘80% fat-free’.

Here, as in both previous years, just over half of the UK sample (56%) gave the correct answer i.e. 20 grammes. A minority (6% in 2002) thought the answer was less than 20%, while very few (4% in 2002) thought it was more than 20%. Nearly a third of all respondents simply could not give any figure in answer to this question.

Once again, certain sub-groups were particularly poor at answering this question. The oldest and youngest age groups were least likely of all the age bands to answer this question correctly (16 - 25 - 48%; 66+ - 49%), while the DEs (44%) were significantly less likely than both the ABs (66%) and the C1C2s (59%) to give the correct answer.

Interestingly, though we have usually found men to be less aware than women, here the men (61%) were significantly more likely to give the correct answer than women (52%). This was also the case in both previous years.

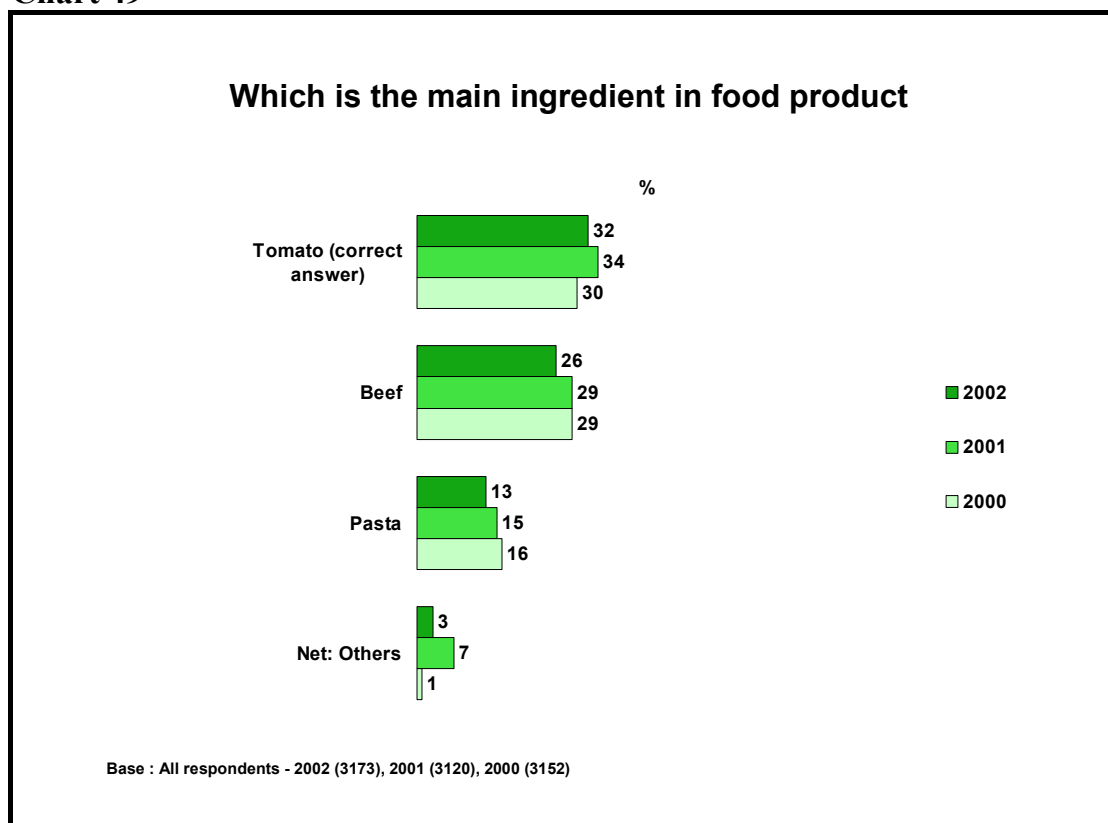
The final question on food labelling presented respondents with a typical food label - 'Beef Lasagne', with the ingredients listed in order as: Tomato, Milk, Pasta, Beef (11%), Water - and so on, and asked what the main ingredient was. The label is shown in Chart 48.

Chart 48

Food Label "Lasagne Ingredients"			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px 5px;">INGREDIENTS</th> </tr> <tr> <th style="text-align: left; padding: 2px 5px;">BEEF LASAGNE</th> </tr> <tr> <td style="padding: 5px;"> TOMATO, MILK, PASTA (DURUM WHEAT SEMOLINA, WATER, EGG, OLIVE OIL), BEEF (11%), WATER, MOZZARELLA CHEESE (3%), WHEATFLOUR, MARGARINE, DOUBLE CREAM, ONIION, TOMATO PUREE, WHITE WINE, BACON (WITH PRESERVATIVES: POTASSIUM NITRATE, SODIUM NITRATE), OLIVE OIL, SALT, BEEF STOCK (CONTAINS FLAVOURING), BREADCRUMB (WITH FLOUR IMPROVER: L-ASORBIC ACID), RED WINE, VEGETABLE OIL, SUGAR, MODIFIED MAIZE STARCH, GARLIC, BASIL, BLACK PEPPER, NUTMEG, WHITE PEPPER </td> </tr> </table>	INGREDIENTS	BEEF LASAGNE	TOMATO, MILK, PASTA (DURUM WHEAT SEMOLINA, WATER, EGG, OLIVE OIL), BEEF (11%), WATER, MOZZARELLA CHEESE (3%), WHEATFLOUR, MARGARINE, DOUBLE CREAM, ONIION, TOMATO PUREE, WHITE WINE, BACON (WITH PRESERVATIVES: POTASSIUM NITRATE, SODIUM NITRATE), OLIVE OIL, SALT, BEEF STOCK (CONTAINS FLAVOURING), BREADCRUMB (WITH FLOUR IMPROVER: L-ASORBIC ACID), RED WINE, VEGETABLE OIL, SUGAR, MODIFIED MAIZE STARCH, GARLIC, BASIL, BLACK PEPPER, NUTMEG, WHITE PEPPER
INGREDIENTS			
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<p>Q: Using the information provided on the card, which is the main ingredient in the product? (Spontaneous)</p>			

As Chart 49 shows, there has been relatively little change in the level of correct identification of tomato as the main ingredient throughout the three years of the study. While there was a small significant increase from 30% in 2000 to 34% in 2001, the slight decrease to 32% in 2002 is not significant.

Chart 49



There were no significant changes either to the number incorrectly mentioning either beef or pasta, while the number mentioning some other ingredient, having risen in 2001, fell significantly in 2002.

There was in fact a significant increase this year in the number saying ‘Don’t know’ (2001 - 15%; 2002 - 22%), though this in fact only took the proportion giving this answer back close to the 2000 level (2000 - 24%). Overall understanding of this issue remains poor.

The pattern of response across the sub-groups was very similar to that of previous surveys; the oldest respondents (66+, 16%), the DEs (25%) and non-white respondents (18%) were significantly less likely than their sub-group counterparts to give the correct answer.

Looking at the countries, as we also saw in previous years, Northern Ireland residents were less likely than those in any other country to correctly identify ‘tomato’ as the main ingredient.

10 SOURCES OF INFORMATION AND PERCEPTIONS OF RESPONSIBILITY FOR FOOD STANDARDS

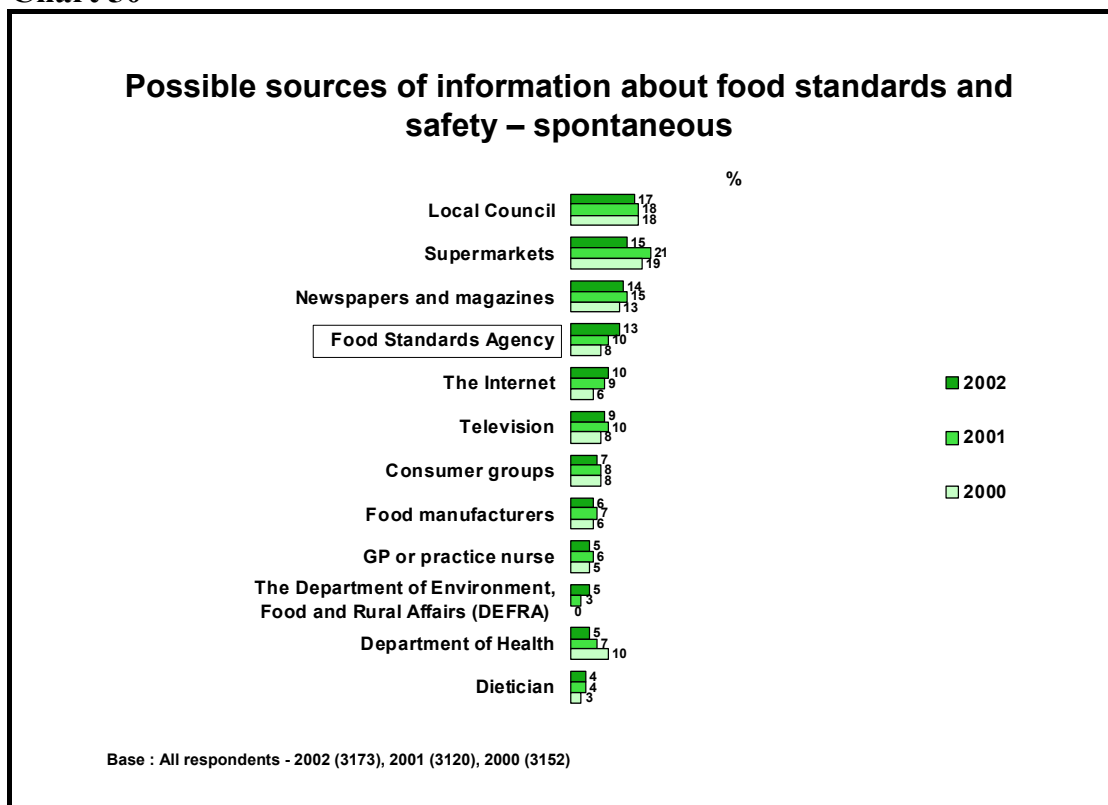
Respondents were asked to think of the places or organisations where they would be able to find information about food standards and food safety. Respondents were asked which sources of information they would use and how reliable they perceived them to be. They were also asked which organisations they saw as being responsible for setting and enforcing food safety standards. Recall of the FSA, including in press and TV reports was measured.

10.1 Information Sources - Awareness

All respondents were asked for their spontaneous suggestions of places, organisations or publications where it is possible to find out information about food standards and food safety.

A wide range of possible sources was suggested. Chart 50 shows those mentioned by 4% or more of the UK sample in 2002.

Chart 50



Most sources showed little change in the number mentioning them this year. The exceptions to this were supermarkets and the Food Standards Agency. The former saw a significant decline of 6%, to 15% in 2002, while the FSA saw a significant increase of 3%, with 13% of the UK sample mentioning it spontaneously as a source this year.

Clearly, there is no one dominant information source for food standards and food safety at present, with over a third of those interviewed (37%) unaware of where to find such information. This has risen significantly since last year (32%) to return to its 2000 level (37%).

The number mentioning 'the Food Standards Agency' was significantly lower this year in Northern Ireland than elsewhere (Northern Ireland - 6% - versus 13% in all other countries).

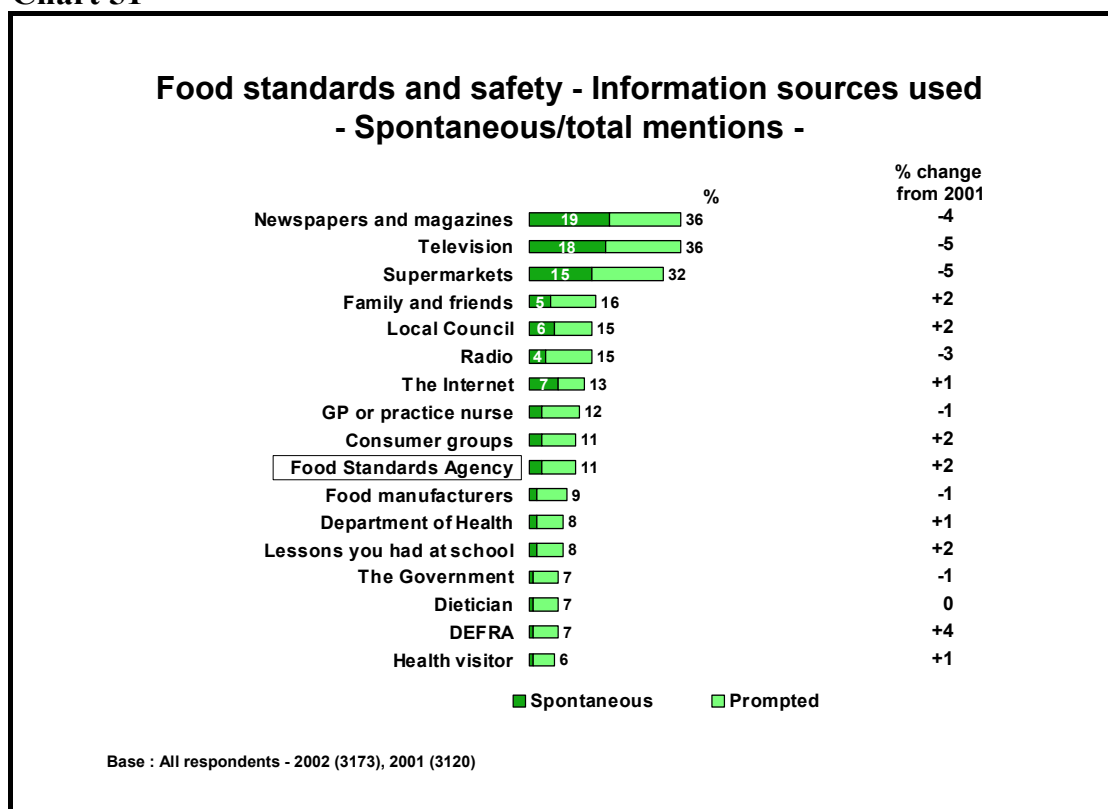
ABs (16%) and C1C2s (15%) were significantly more likely to mention the FSA than were DEs (8%). Looking at the age groups, awareness was particularly low amongst the 66+ segment (7%).

10.2 Information Sources Used

Respondents were asked to spontaneously mention any places, organisations or publications that they personally used to get information about food standards and food safety. They were then prompted with a list of possible sources of information that they had not mentioned spontaneously.

The most frequently mentioned sources that had been used for food standards and safety information in the United Kingdom are shown in Chart 51.

Chart 51



As we would expect, the various media continued to dominate perceptions of current information sources, with supermarkets also still playing a fairly major role. Use of all three of these sources declined significantly this year. Arguably the media focus in the last 12 months has been more global, with considerable coverage of terrorist acts and the possibility of war. In the run-up to the 2001 survey there was considerable coverage of the Foot and Mouth Disease outbreak and in comparison food-related stories have featured less this year.

Spontaneous mentions of the Food Standards Agency remained at a low level, with only 3% of the UK sample claiming to have used this source for information in 2002 (almost identical to the 2% citing it in 2001 and 2000). Prompting raised this to 11%, a 2% increase on total mentions compared to last year. However, it is recognised that TV/press coverage may be FSA sourced.

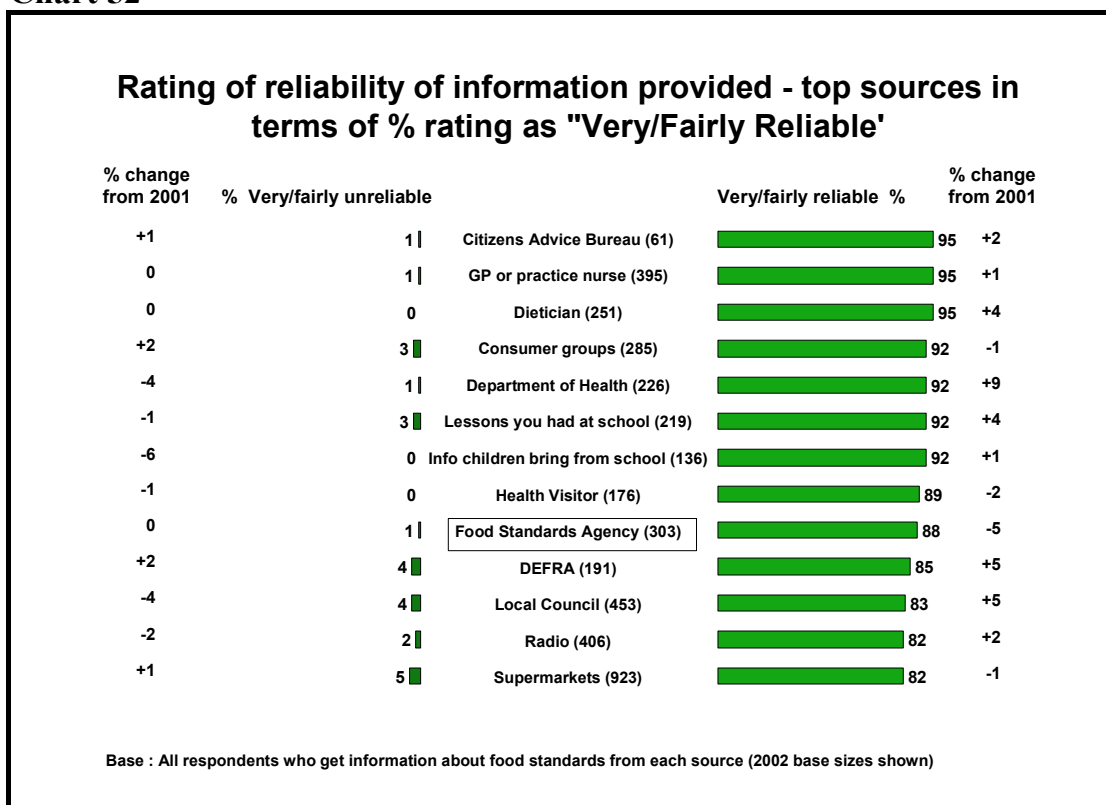
Most other sources showed slight increases of just 1 or 2% in the total number claiming to have used them in the last year. Use of a few sources, such as food manufacturers and GP/practice nurses declined very slightly.

The pattern of sources used by the various sub-groups was broadly similar. However, looking at the 'total' figures, those in Scotland and Northern Ireland were more likely to mention the various media as sources than those in other countries; respondents in England were more likely to use supermarkets; ABs were, predictably, the social grade group most likely to mention the internet.

10.3 Reliability of Information Provided

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

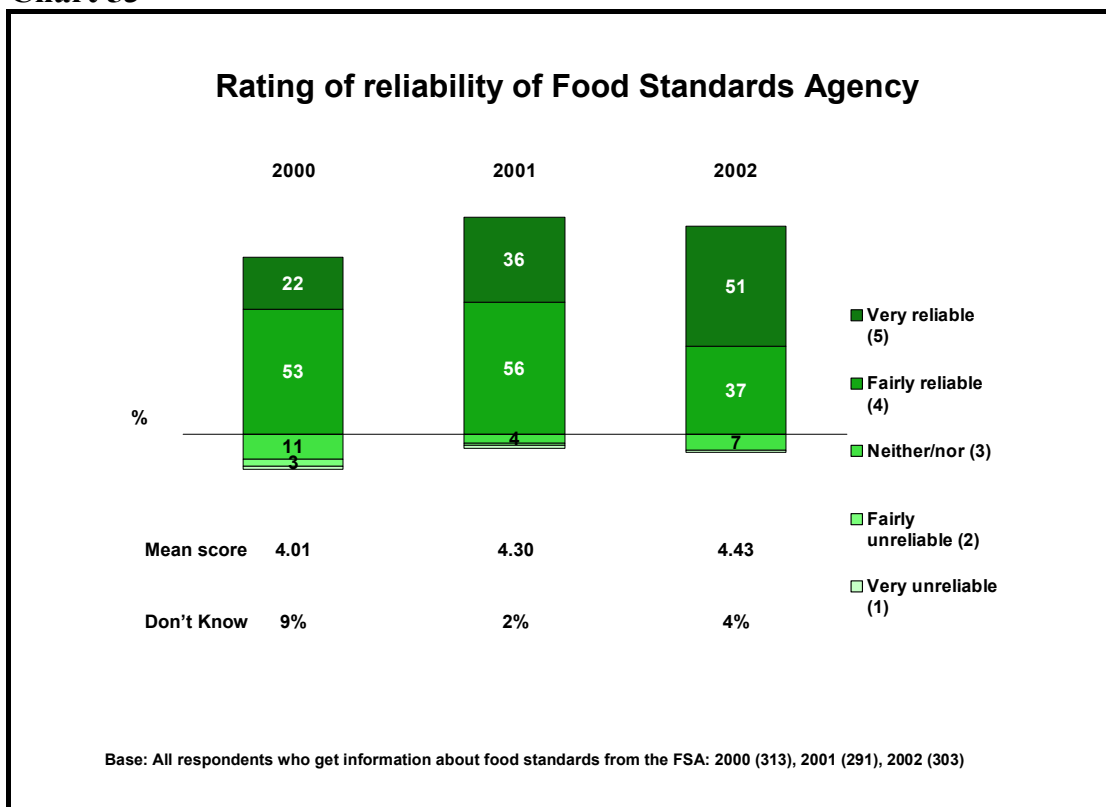
Chart 52



Most sources, including the FSA, were considered reliable by the overwhelming majority of their users. Most saw a slight increase in the percentage describing them as very or fairly reliable in 2002, with the Department of Health seeing the largest increase since 2001 of 9%. However this is not significant due to the relatively small nature of its user base.

The Food Standards Agency in fact experienced a slight though not significant decline of 5% in the proportion of its users describing it as reliable this year. However, the current level of 88% describing it as reliable is still extremely high and significantly higher than the equivalent figure in the 2000 survey (75%).

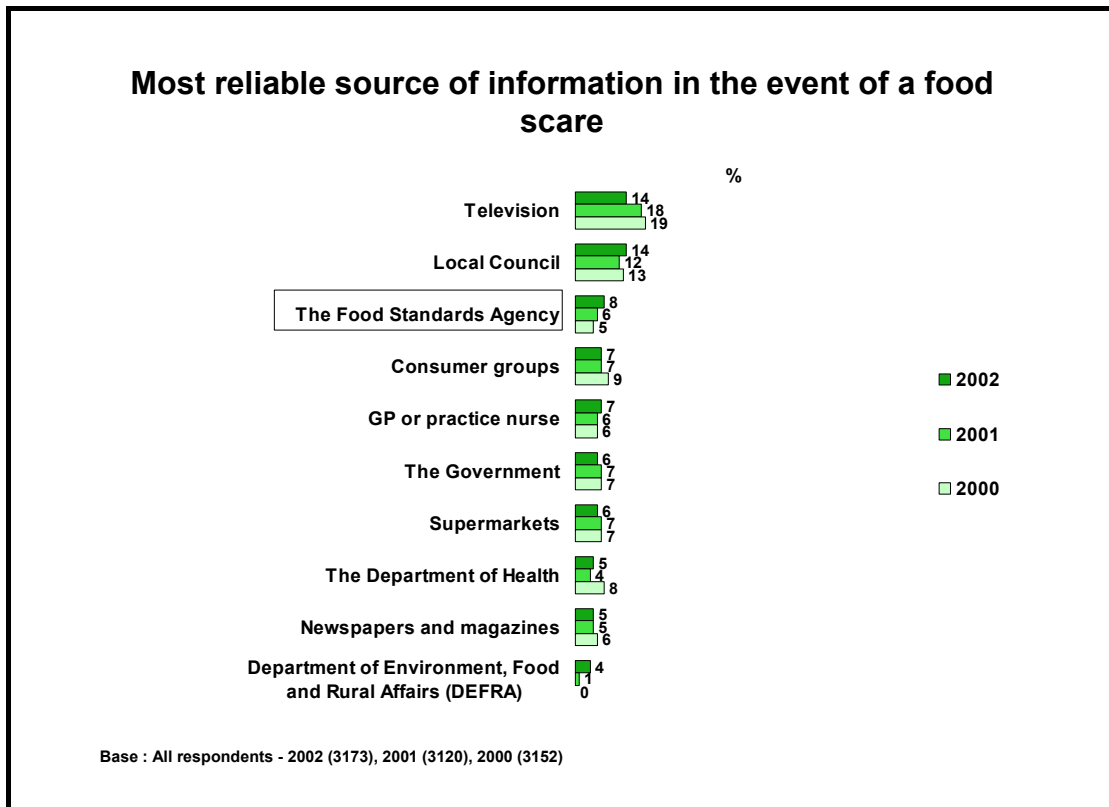
Chart 53



In fact, the perspective given by looking at only at the ‘very’ and ‘fairly’ reliable percentages taken together is slightly misleading for the Food Standards Agency - as Chart 53 shows. In 2001 some 36% of the sample described the FSA as ‘very reliable’ and 56% felt it was ‘fairly reliable’. In 2002 these figures were reversed - significantly more (51%) chose the ‘very reliable’ descriptor, with 37% using ‘fairly reliable’. The overall mean score for reliability of the Food Standards Agency has thus increased year on year.

Chart 54 shows the sources which were expected to provide the most reliable information and advice in the event of a food scare.

Chart 54



As in previous years, there was little consensus. Television figured prominently, though it was mentioned by somewhat fewer people in 2002 compared to previous years. Local Government remained the only other source mentioned by more than one in ten of the UK sample.

The Food Standards Agency was mentioned as the most reliable information source by 8%, representing a significant uplift from 5% in the initial 2000 survey.

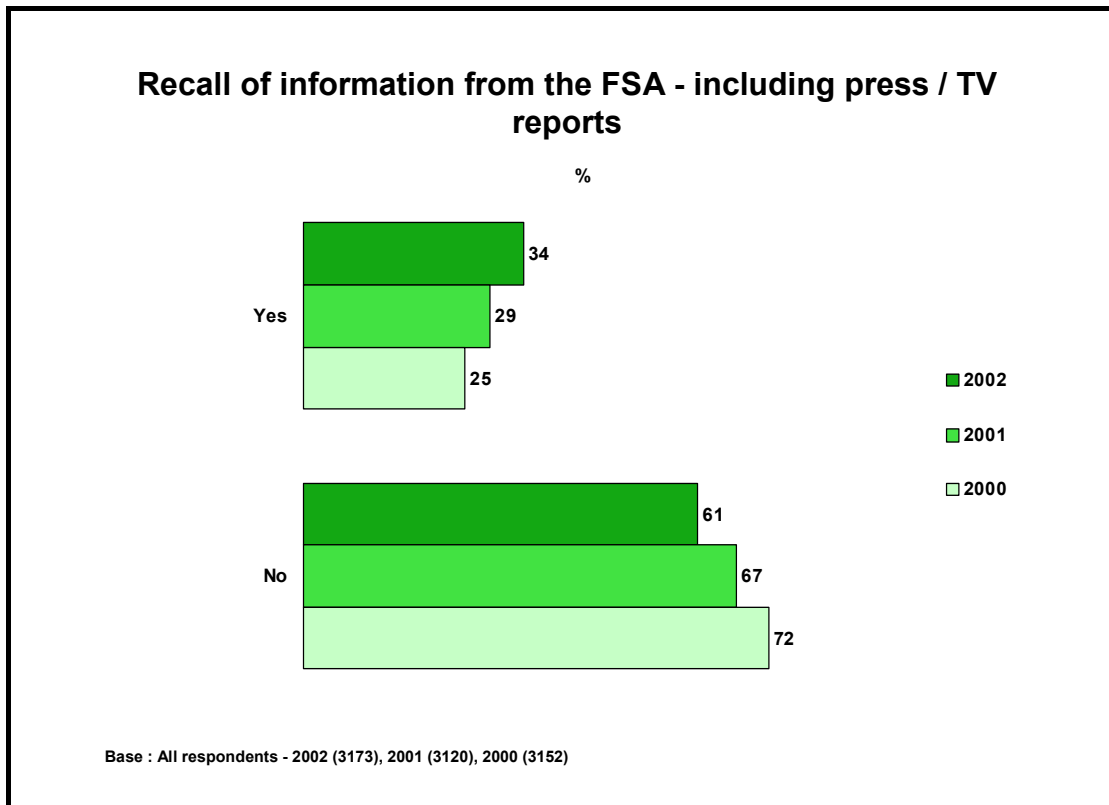
DEFRA saw the greatest increase in number of mentions, rising from 1% in 2001 to 4% in 2002. All other sources saw little year-on-year change.

There was relatively little variation across the sub-groups. ABs were significantly more likely to mention the FSA (12%) than the C1C2s (8%) or DEs (6%). The youngest age group (16-25 - 4%) were least likely to mention Local Government as the most reliable source.

10.4 Recall of Information from the Food Standards Agency

Respondents were asked whether they had seen any information from the Food Standards Agency, including information provided in press and TV reports.

Chart 55



This year's study saw a further significant increase in the number of people across the UK recalling information from the FSA - 29% had done so last year and this rose to 34%. It is possible that this is due to increased exposure through the Food Hygiene and Barbecue advertising campaigns.

Recall in Northern Ireland (44%) was significantly higher than in all other countries this year (England - 34%; Scotland - 37%; Wales - 32%).

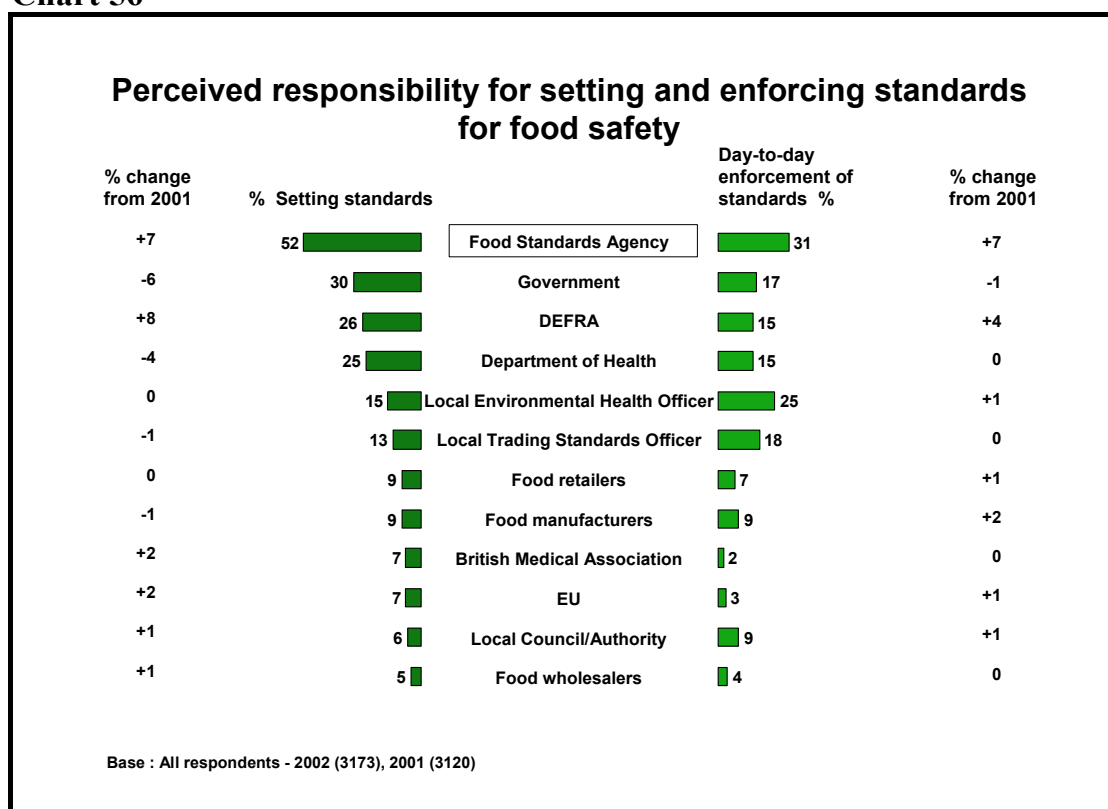
While recall was broadly similar across both sexes and all age groups from 16 to 65, as we saw in both previous years, there was a significant drop-off in awareness among the oldest age group (66+), only 18% of whom remembered seeing any information from the Agency.

There was also, as before, a decline in awareness across the social grade groups, with ABs (43%) and C1C2s (37%) significantly more likely to recall seeing FSA information than DEs (25%).

10.5 Responsibility for and Enforcement of Food Standards

Participants were shown a list of organisations and asked which they considered had responsibility for setting food standards and for day-to-day enforcement of them. Chart 56 shows the most frequently-mentioned organisations in response to each question.

Chart 56



Encouragingly, the FSA was mentioned by just over half of the UK sample (52%) in the context of setting standards, though no doubt in some cases this may be a straightforward reaction to the name rather than due to any specific knowledge of the Agency's responsibilities. This was a significant increase compared to the 45% result in 2001.

As in both previous surveys a substantial number incorrectly attributed standards-setting to enforcement bodies: Environmental Health Officers - 15%; Trading Standards - 13%.

For enforcement the picture was even less clear-cut. As in previous years a substantial group (31%) attributed this to the FSA - a significant increase of 7% compared to 2001. DEFRA also saw a significant increase in the number perceiving it to have an enforcement role this year (up 4% to 15%). 'Government' in general and other specific Government departments still figured strongly in their assumptions about enforcement.

The second most frequently given answer relative to enforcement was in fact a correct one, with a quarter of the sample (25%) this year identifying the role of local Environmental Health Officers. Fewer people acknowledged the enforcement role of local Trading Standards Officers (18%).

Looking at the country-based data, there was significantly lower recognition of the Food Standards Agency's role in standards-setting in Northern Ireland and Wales, compared with the figures for England and Scotland. This was also the case in previous years.

Table 30
% IDENTIFY FSA AS SETTING STANDARDS FOR FOOD SAFETY

	England	Scotland	Wales	N. Ireland
	%	%	%	%
2002	53	50	41	43
2001	46	42	36	32
2000	45	46	39	38

In terms of social grade, the ABs had a significantly higher level of recognition of the Food Standards Agency's standards-setting role compared to either C1C2s or DEs. The level among C1C2s was also significantly higher versus that of the DEs.

Table 31
% IDENTIFY FSA AT SETTING STANDARDS FOR FOOD SAFETY

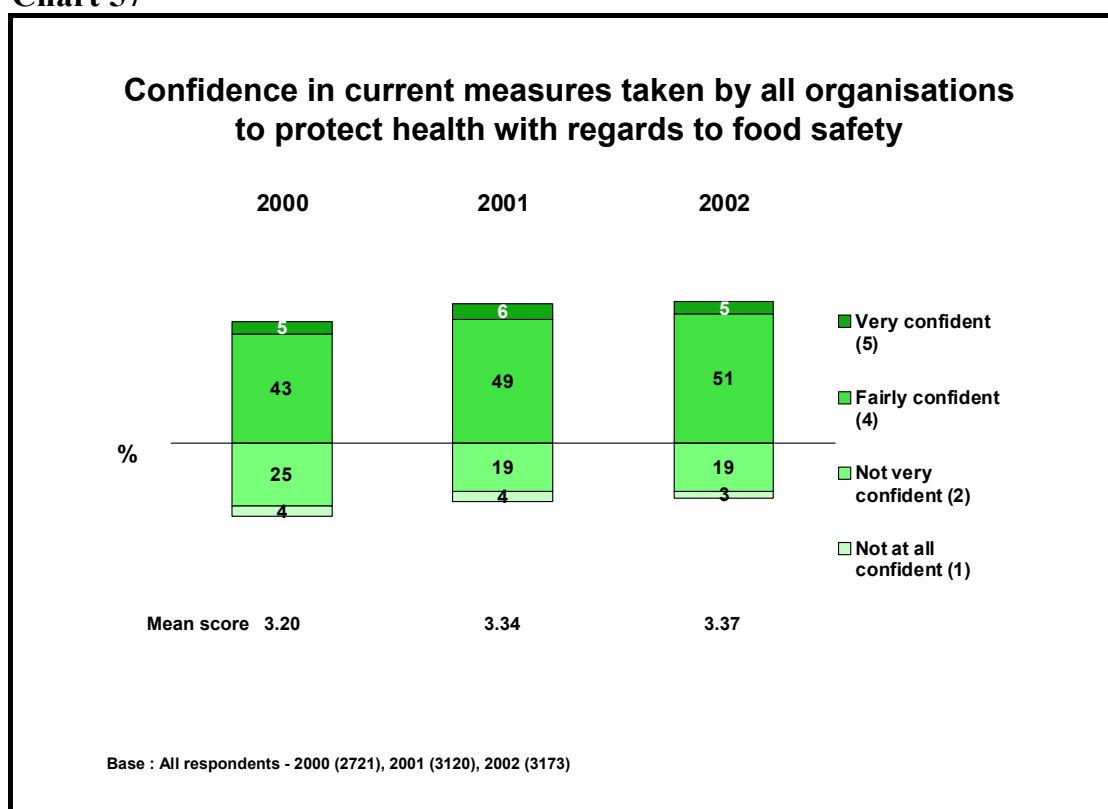
	AB	C1C2	DE
	%	%	%
2002	67	56	36
2001	63	46	32
2000	59	47	34

In terms of age, there was a far lower level of recognition of the Food Standards Agency as a standard-setting body among the oldest age group (66+ - 39%) compared to all other age bands, although awareness among this age group had risen (from 30% in 2001). Both the age and social grade differences on this measure are consistent across the three years of the survey.

10.6 Confidence in Current Measures

A five-point scale was used to assess the level of confidence in the current measures taken by all organisations involved in protecting health, with regard to food safety. (Note the mid point 'neither confident or not confident' is not shown on Chart 57, however it is included in the calculation of the mean scores).

Chart 57



In 2001 there was a small but significant shift towards improved confidence on this measure and this was maintained in 2002. This year 55% of the UK sample were confident in the current measures taken by all organisations to protect health with regard to food safety.

In 2000 the same pattern of response was repeated across the countries, with no significant differences occurring between their scores. This year, as in 2001, those in Northern Ireland gave a significantly higher rating on this measure than any other country. This is illustrated in Table 32.

Table 32

**MEAN SCORE FOR CONFIDENCE IN CURRENT MEASURES
TAKEN BY ALL ORGANISATIONS
(5=VERY CONFIDENT, 1=NOT AT ALL CONFIDENT)**

	England	Scotland	Wales	N. Ireland
Mean score				
2002	3.36	3.43	3.30	3.56
2001	3.33	3.41	3.30	3.63
2000	3.19	3.24	3.20	3.26

As in 2001 and 2000 the youngest (16-25) and oldest age bands showed increased confidence. In reality (66+), this probably reflects lack of knowledge amongst the extreme age groups, leading to their sense of increased confidence.

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

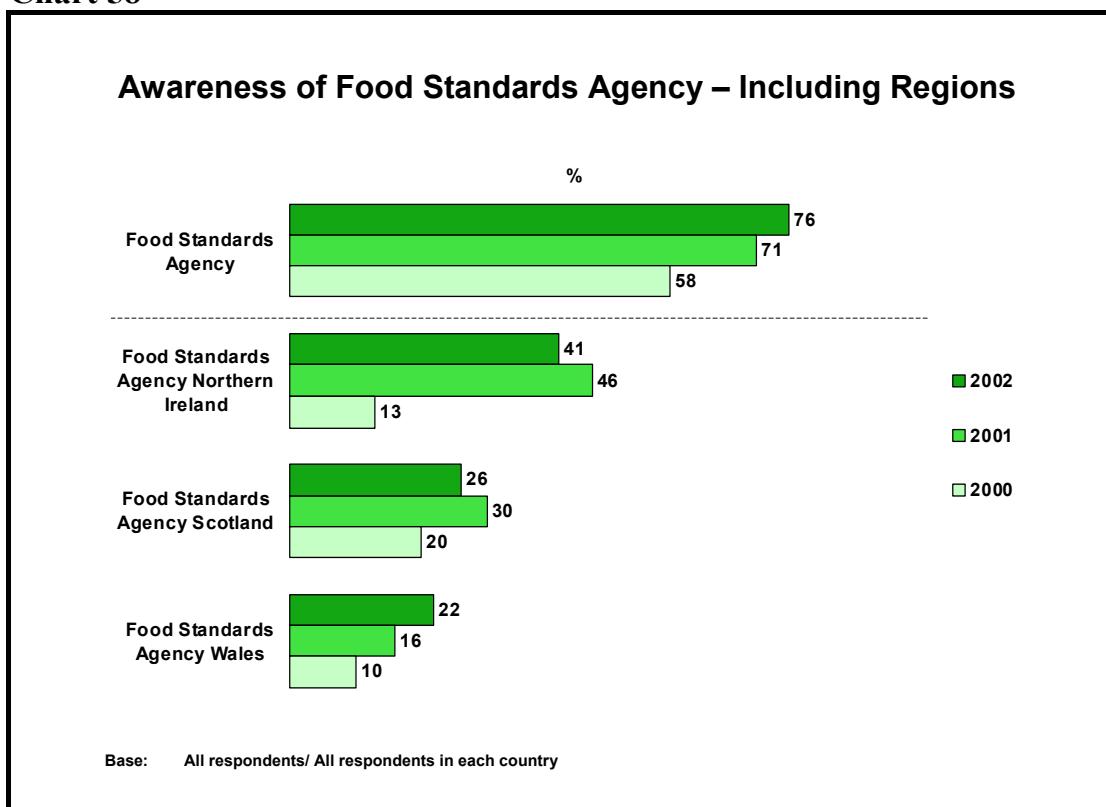
11 AWARENESS OF THE FOOD STANDARDS AGENCY

This section measured awareness of the Food Standards Agency (prompted by name). The public's perception of the Agency was addressed, using questions added in 2001, and respondents were asked how confident they were about the role played by the Food Standards Agency.

11.1 Prompted Awareness

Towards the end of the interview respondents were asked whether they had ever heard of the Agency. (At this point they had seen the Agency's name as part of a list of standards-setting and enforcement organisations, though no particular attention had been drawn to it.)

Chart 58



Awareness of 'the Food Standards Agency' (asked of everyone) once again rose significantly this year - from 71% in 2001 to 76%.

Overall, all the demographic groups reflected this increase in awareness, though there were some differences. Men (79%) continued to have a significantly higher level of awareness than women (73%).

The age groups once again demonstrated a familiar pattern - awareness was lower among the extreme age groups i.e. the 16 - 25 and 66+ year-olds, who generally seem to have less awareness and less concern about food safety and standards.

As in both previous studies, awareness was lower among those of DE social grade and among those of non-white ethnic origin.

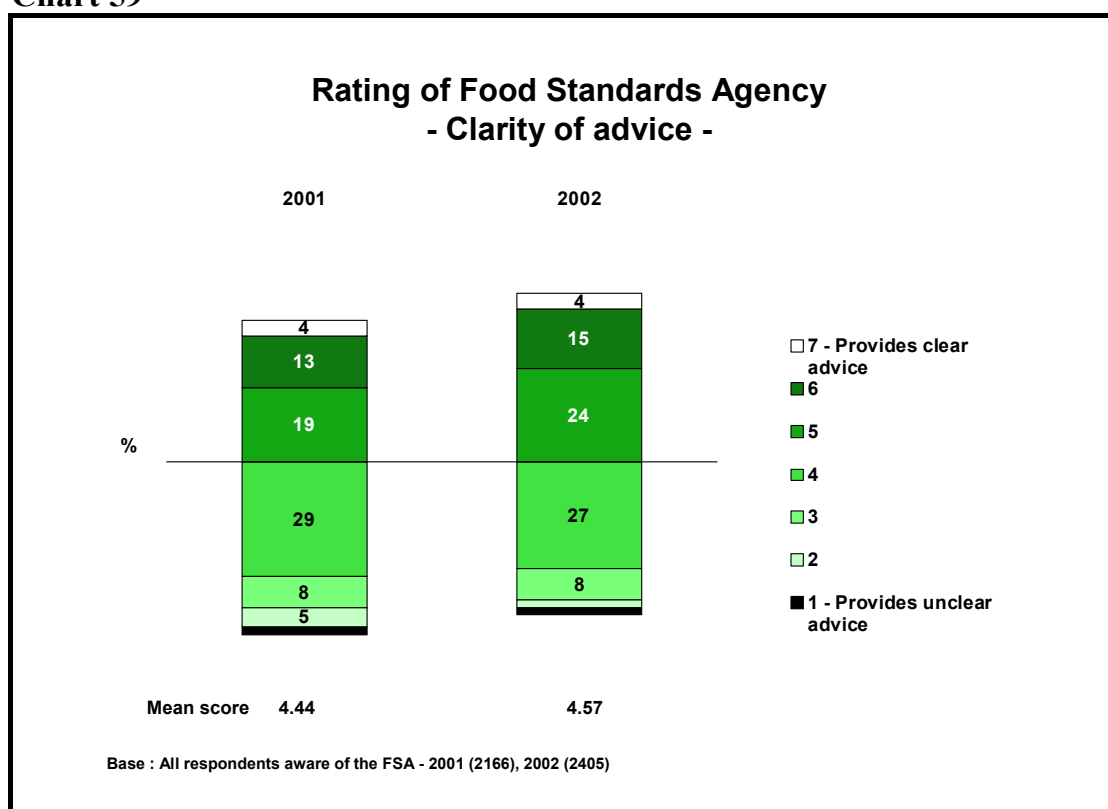
In 2001 awareness of each of the Food Standards Agency's offices in Scotland, Wales and Northern Ireland also rose significantly, with the increase being least marked in Wales, but particularly substantial in Northern Ireland. In 2002, however, only Wales saw a significant increase, from 16% to 22%. In Scotland and Northern Ireland there were slight though not significant decreases in awareness compared to last year.

11.2 Ratings of the Food Standards Agency

Respondents were then asked a set of ratings (introduced in 2001) to provide more detail on their perceptions of the FSA.

The ratings charts show the responses given by those aware of the FSA.

Chart 59



For clarity of advice, the overall distribution of response has shifted significantly towards the positive end of the scale i.e. ‘provides clear advice’. In 2001 36% of those aware of the FSA chose points 5 to 7 on the scale, but in 2002 this rose to 43%.

Only 12% opted for points 1, 2 or 3 on the scale i.e. on the side of ‘unclear advice’, compared to 43% who chose points 5 to 7.

It should be noted, though, that a substantial group (27%) chose the mid-point of the scale - indicating that they had no strong view either way. In addition, some 18% answered 'don't know' at this question, so while the balance of opinion is towards 'clear advice', there remained a sizeable group who were aware of the Agency, but had no view on this issue.

There were no significant differences between mean scores of the social grade sub-groups this year, whereas in 2001 the DE group were significantly more likely than both the ABs and C1C2s to rate the FSA higher on clarity of advice.

Table 33

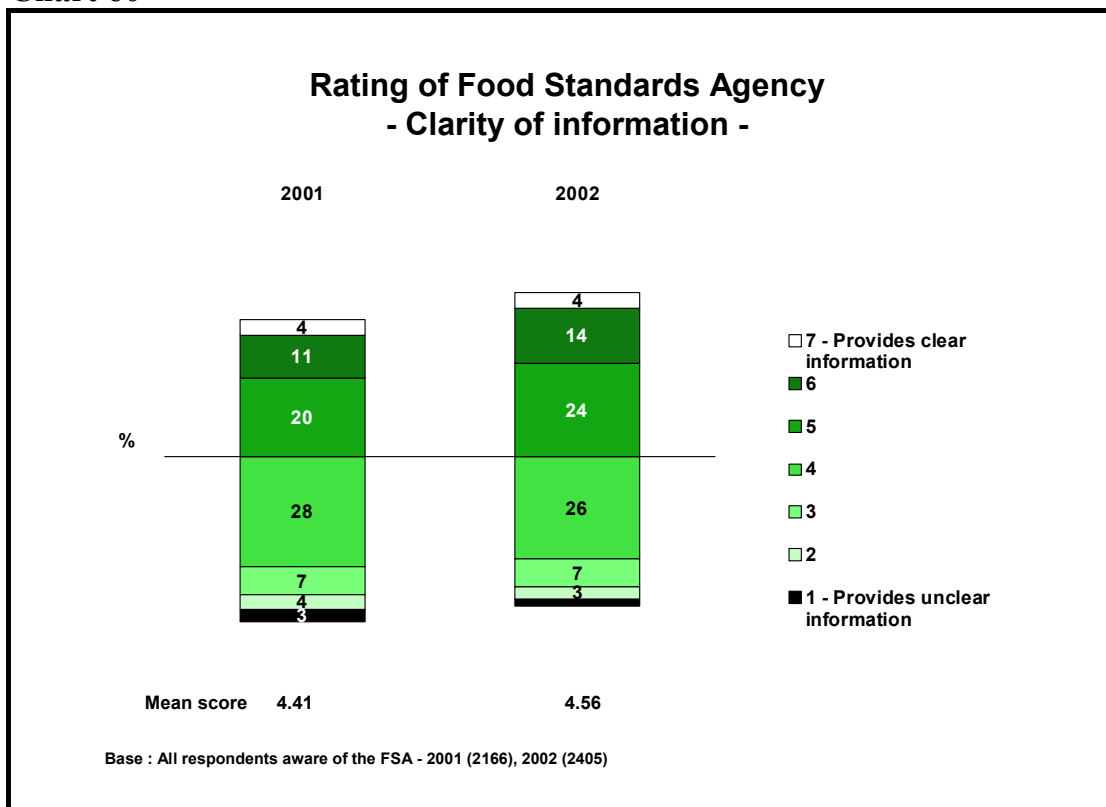
**MEAN SCORE FOR RATING OF CLARITY OF ADVICE
(7 POINT SCALE: 1 = PROVIDES UNCLEAR ADVICE, 7 = PROVIDES
CLEAR ADVICE)**

Mean score	AB	C1C2	DE
2002	4.57	4.54	4.63
2001	4.49	4.35	4.61

Base: All aware of the FSA

The extreme age groups (16-25 and 66+) were significantly more likely to score the FSA higher although this was not the case last year.

Chart 60



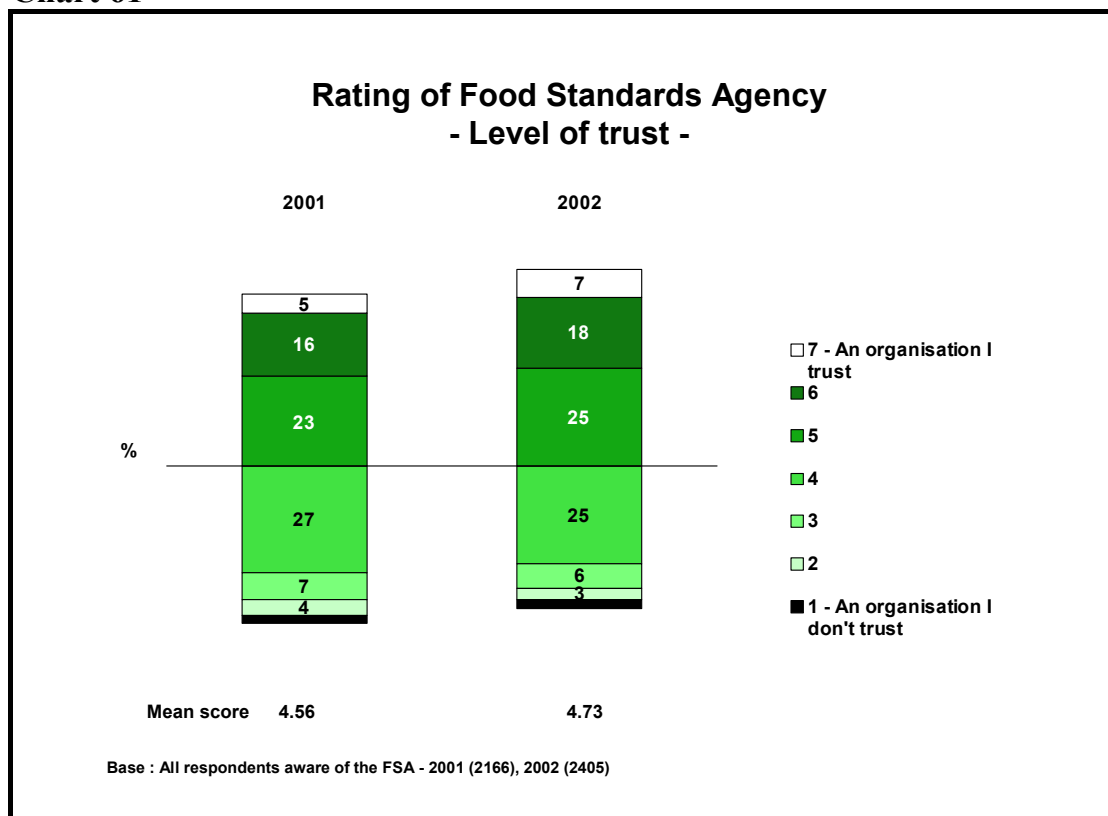
For clarity of information a similar pattern emerged to that seen for ‘clarity of advice’ i.e. the balance of response among those aware of the FSA shifted significantly towards providing clear information compared to the 2001 position (42% chose points 5/6/7 on scale this year versus 35% in 2001).

Only 12% opted for points 1/2/3. However, 26% chose the ‘neutral’ mid-point and a further 19% did not know (in both cases almost the same percentage as for ‘clarity of advice’).

Examining the demographic sub-groups the same pattern is observed as in the ‘Clarity of Information’ rating. There is a consistent mean score across social grade groups this year in contrast to 2001 where the DEs scored significantly higher. The DEs score remained consistent between 2001 (4.57) and 2002 (4.56) whereas those of the ABs and C1C2s saw considerable uplift.

Again, those in the middle age groups had a significantly lower score than those at the extremes, although this was not observed in the previous year.

Chart 61



On the rating ‘an organisation I trust’, once again a very similar picture emerged - those who were aware of the FSA gave an positive rating overall on this scale and again there was a significant increase in the number of people giving a positive rating (50% in 2002 from 44% in 2001). As on the other ratings around a quarter chose the neutral mid-point (25%) and a further substantial group (14%) answered ‘don’t know’.

There has been a significant increase in the mean score of both the AB and C1C2 social groups. Conversely, there has been a small decline in the score of the DE group. There are no significant differences between these sub-groups this year.

Table 34

**MEAN SCORE FOR RATING OF LEVEL OF TRUST
(7 POINT SCALE WHERE 1 = AN ORGANISATION I DON'T TRUST,
7 = AN ORGANISATION I TRUST)**

Mean score	AB	C1C2	DE
2002	4.76	4.76	4.65
2001	4.53	4.51	4.72

Base: All aware of the FSA

The 16-25 and 66+ age groups have a significantly higher mean score. This was also the case in 2001 although the middle bands have seen a fairly consistent increase between 2001 and 2002.

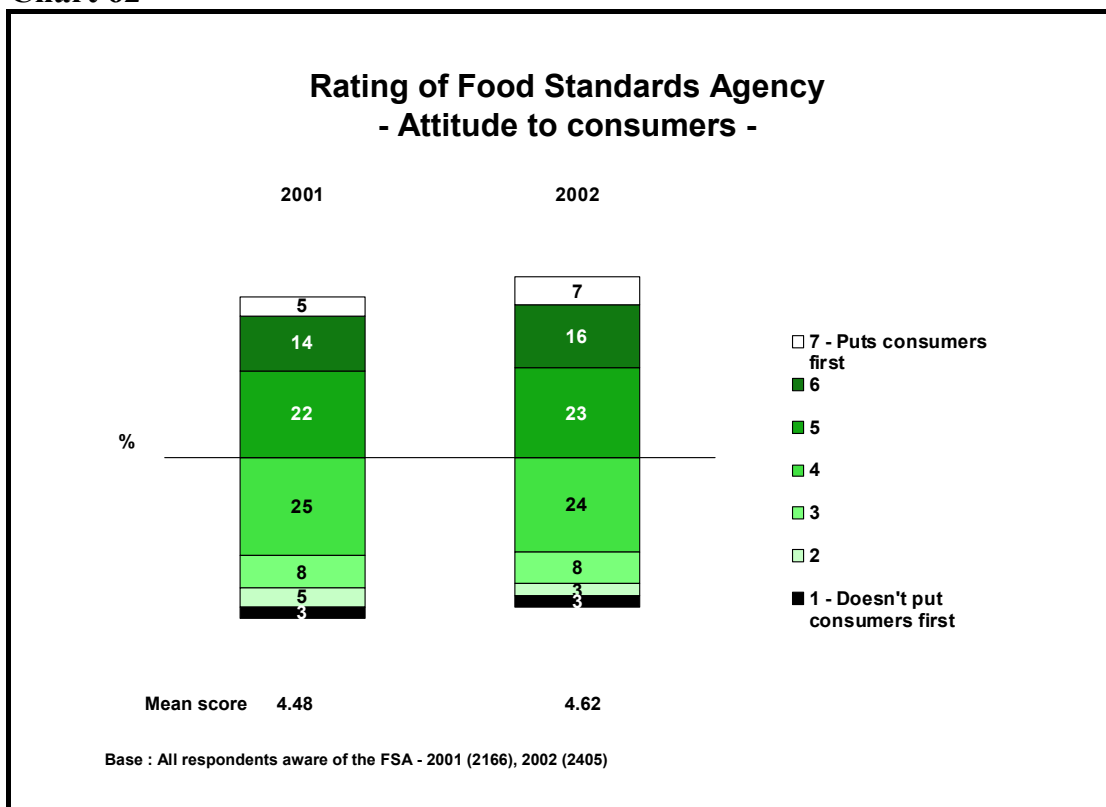
Table 35

**MEAN SCORE FOR RATING OF LEVEL OF TRUST
(7 POINT SCALE WHERE 1 = AN ORGANISATION I DON'T TRUST,
7 = AN ORGANISATION I TRUST)**

Mean score	16 - 25	26 - 35	36 - 49	50 - 65	66+
2002	4.91	4.71	4.72	4.60	4.81
2001	4.85	4.57	4.39	4.39	4.88

Base: All aware of the FSA

Chart 62



In terms of 'putting consumers first' the pattern of responses was again very similar to that seen consistently so far - a generally positive rating by those aware of the Agency and significantly more people giving a positive rating (46%) compared to 2001 (41%).

To comment on these scores relative to each other - the same broad pattern is evident in 2002 as in 2001. Among those who were aware of the Agency the scores for 'clarity of advice', 'clarity of information' and 'putting consumers first' were all at a similar level, while that for 'an organisation I trust' was higher (significantly so compared to 'clarity of advice' and 'clarity of information').

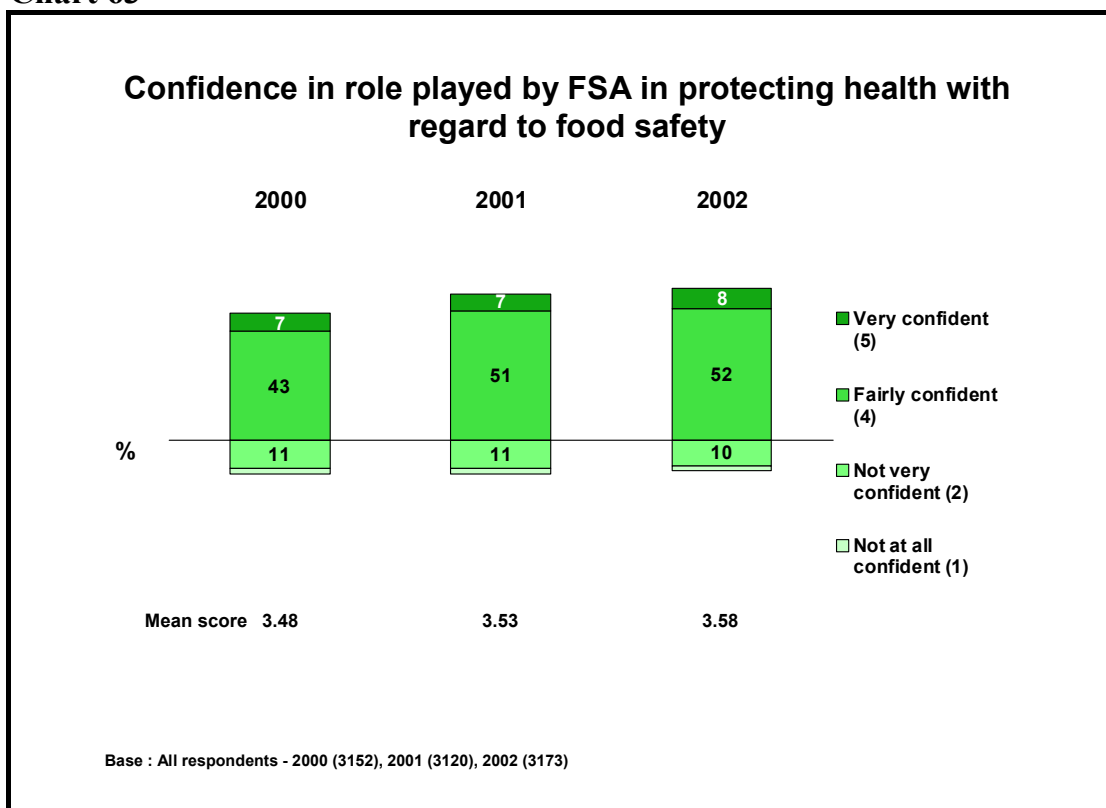
11.3 Confidence in Food Standards Agency

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

As for general confidence in current measures pertaining to food safety, a five-point scale was used to assess the level of confidence in the Food Standards Agency and the responses in the UK are shown in Chart 63. (Note the mid point 'neither confident or not confident' is not shown on Chart 63, however it is included in the calculation of the mean scores).

A minor change was made to the wording of this question in 2001 - the words '...protecting your health in this way' were added, though we would not expect this to have affected the responses.

Chart 63



In 2001 we observed a small but significant increase in the number who described themselves as confident (from 50% to 58%), with almost all the change being to the ‘fairly confident’ category. In 2002 there was a further slight, though not significant, increase in the number who were ‘confident’ (to 60%), but with no significant shift between very and fairly confident this year.

It should be noted, though, that the number of respondents lacking confidence has remained unchanged year-on-year.

There were no significant differences in the level of confidence expressed by any of the demographic sub-groups. There was, however, a significant difference between Northern Ireland and all other countries as in previous years, with greater confidence in the FSA being expressed in Northern Ireland compared to elsewhere. (Those in Northern Ireland had also given a significantly higher rating compared to all other countries in terms of their confidence in current measures taken by all organisations - see Section 10.6.)

Table 36
MEAN SCORE FOR CONFIDENCE IN FOOD STANDARDS AGENCY
(5 = VERY CONFIDENT, 1 = NOT AT ALL CONFIDENT)

	England	Scotland	Wales	N. Ireland
	(1004)	(704)	(723)	(742)
Mean score				
2002	3.57	3.57	3.53	3.79
2001	3.53	3.57	3.46	3.81
2000	3.48	3.50	3.36	3.62

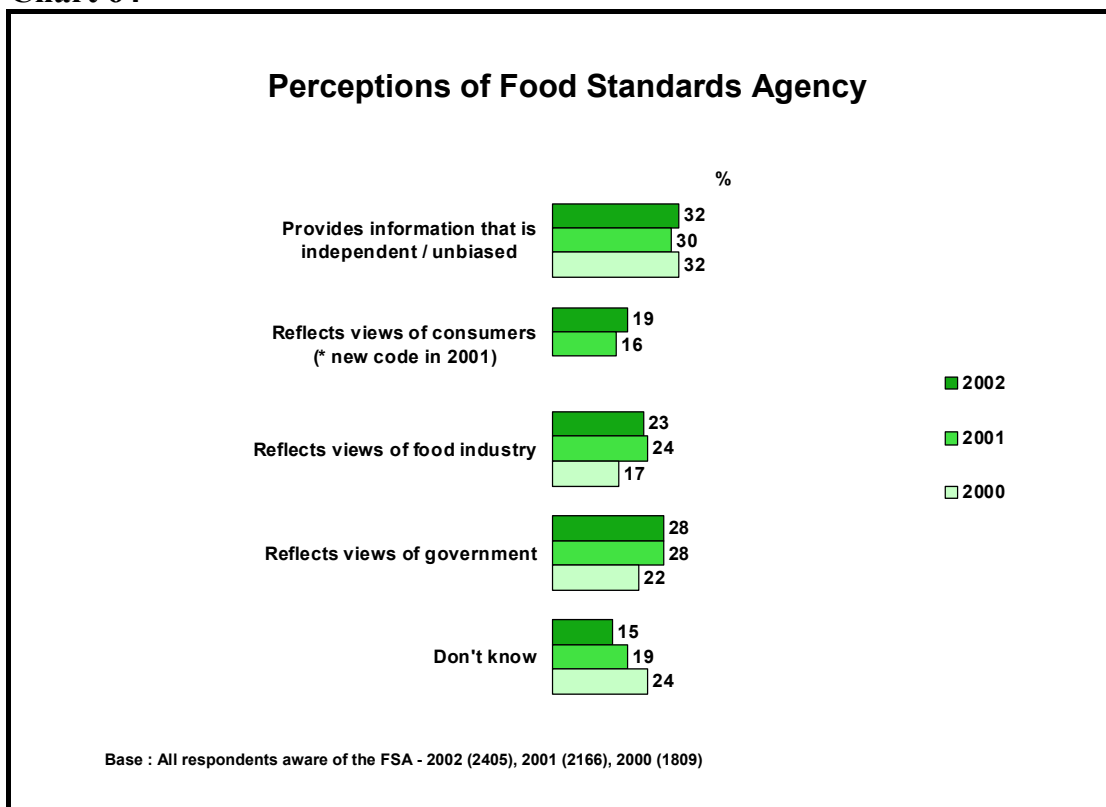
It is also worth noting that 60% describing themselves as confident in the Agency on this measure, while not a large improvement, was significantly higher than 56% expressing confidence in ‘all organisations’ (see Section 10.6). This was also the case in 2001.

11.4 Perceptions of the Food Standards Agency

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

As in both previous years of the survey the most commonly used descriptor was 'provides information that is independent/unbiased', which just under a third of respondents selected in each year. Thus there has been no significant shift in the number of people holding this view across the three years of the study.

Chart 64



There was a slight increase (3%) this year in the number who felt the FSA 'reflects the views of consumers'

Between 2000 and 2001 there was an increase (6%) in those thinking the FSA reflects the views of the Government. This figure remained stable in 2002. The same was true of the incorrect descriptor 'Reflects the views of the food industry'. However it should be noted that the difference seen in the 2000 results could be due to the question change made in 2001.

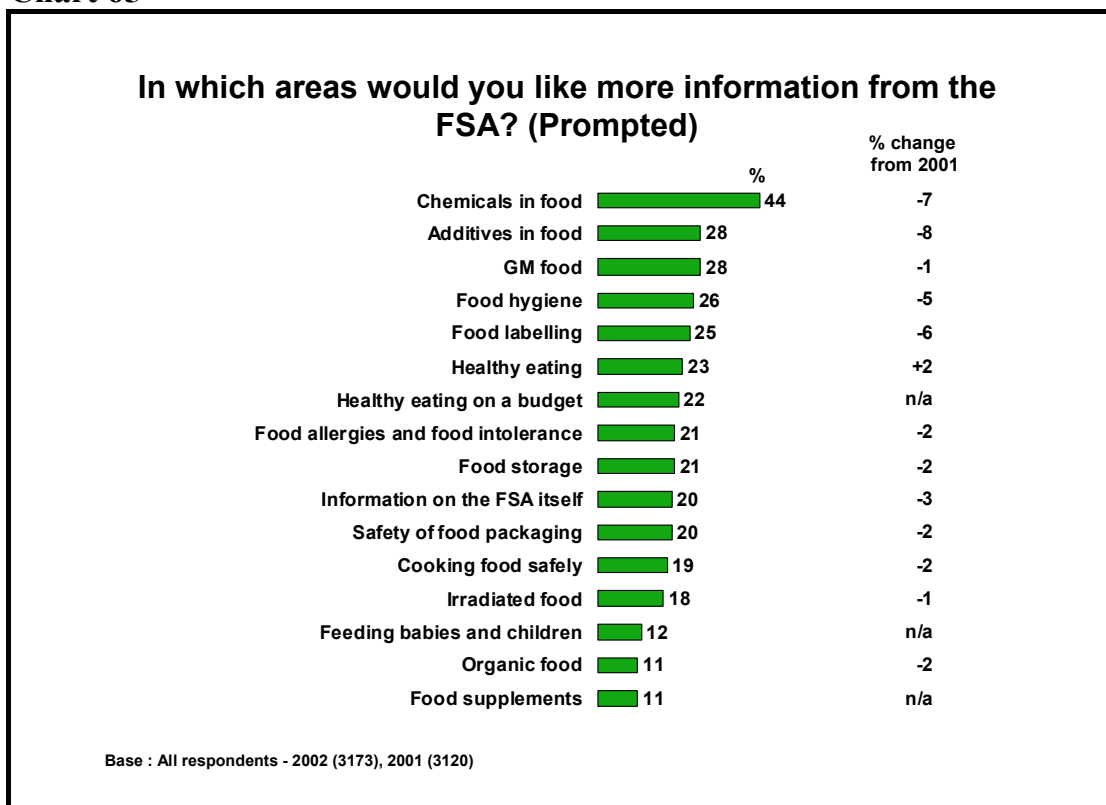
There were significant decreases year-on-year in the number of people in the UK sample who could not select any of the descriptors and answered 'Don't know'. This indicates that an increasing number of consumers now 'have a view' about the Food Standards Agency as it has become more established and gained prominence - however, as the response to the specific descriptors shows, as yet not everyone has an accurate perception of the Agency's role.

12 INFORMATION REQUIREMENTS

12.1 Specific Information Requirements

A list of topics where the public may need information was shown and respondents were asked to state in which, if any of these areas they would like the Food Standards Agency to provide more information. New codes were added to this question in 2002, therefore it is likely that responses are more 'spread'/'diluted' and not directly comparable to 2001.

Chart 65



As Chart 65 shows, many of the issues saw falls in the number requesting information compared to 2001 - it is not possible to say how much of this is due to the change to the list of options, and how much reflects a genuine decrease in the information requirement. However, we have observed a decline in concern this year about some food and hygiene-related issues, so it is expected that some of this change is 'real'. There were also significant decreases in the number requiring information in the previous year i.e. in 2001 compared to 2000.

The only increase from 2001 was seen in those requiring information on 'Healthy Eating'. Slight increased interest/concern over this issue was also observed in Section 6.3.

Despite these falls there remained a widespread requirement indicated here for more information on many aspects of food safety and related issues. While chemicals and additives continued to top the list, there was also considerable interest in fundamental issues such as food hygiene, labelling, healthy eating and a number of other topics. Clearly, as this study has shown each year, there is still considerable scope to improve consumer understanding of a variety of issues.

This year those in Wales were more likely to request information on almost all of these topics. This had not been the case in 2001.

A predictable difference occurred across the social grade groups i.e. DEs were less likely to request information than ABs or C1C2s.

Across the age spectrum, once again the oldest (66+) and the youngest groups emerged as different from those in between. These extreme age bands were less likely to request information on many of these subjects.

APPENDIX 1

Questionnaire & Show Material

Food Standards Agency -Consumer Attitudes Survey 2002
Quantitative Research Questionnaire
FINAL

TNS Consumer Job No: 8575
12th August 2002

Total estimated questionnaire length: 32mins

Section 1: General information on shopping habits
Estimated length of section: 4 minutes

We're interested in talking to people about a number of issues related to food. Firstly, we'd like to ask you about the people in your household and your responsibility for food shopping.

SHOW SCREEN

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

IF MORE THAN ONE ASK Q2; OTHERS GO TO Q4

Q2 How many people are there in the household who are aged 16 or over (including yourself)?
TYPE IN NUMBER

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

Q3 And how many children aged 15 or less are there living in the household?
TYPE IN NUMBER AND CODE AGES:

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

ASK ALL

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

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

IF MORE THAN ONE AT Q2 ASK Q5; OTHERS GO TO Q6a

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

TYPE IN NUMBER

SHOW SCREEN

Q6a Thinking about food/grocery shopping, which of these best describes the level of responsibility you have for the shopping in your household?

1. Responsible for all or most of the food/ grocery shopping
2. Responsible for about half of the food/ grocery shopping
3. Responsible for less than half of the food/grocery shopping
4. Not responsible for any of the food/grocery shopping

IF RESPONSIBLE FOR ANY FOOD AND GROCERY SHOPPING
(CODES 1-3) ASK Q6b; OTHERS GO TO Q8a

Q6b How do you buy most of your household food shopping?

1. By visiting supermarkets
2. By visiting local shops
3. By visiting markets
4. Via the internet, by phone or by mail order
5. Other (SPECIFY)

Q7a Thinking about the food shopping that you do yourself, who do you usually buy food for in this household? MULTI CODE

CODES DISPLAYED TO BE BASED ON HOUSEHOLD COMPOSITION

1. Yourself only
2. Your partner (aged under 65 years)
3. Your partner (aged 65+ years)
4. Someone else aged 16-65
5. Someone else aged 65+ years
6. A child/children aged between 0 – 4
7. A child/children aged between 5 - 9
8. A child/children between 10 – 12
9. A child/children between 13 – 15

SHOW SCREEN

Q7b Do you buy food for anyone outside your household ? IF 'Yes': Who?

1. Your partner (aged under 65 years)
2. Your partner (aged 65+ years)
3. Someone else aged 16-65
4. Someone else aged 65+ years
5. A child/children aged between 0 – 4
6. A child/children aged between 5 - 9
7. A child/children between 10 – 12
8. A child/children between 13 – 15
9. No-one

ASK ALL

Q8 Are you or any of the people in your household....READ OUT AND
CODE NUMBER OF PEOPLE

1. Completely Vegetarian (do not eat meat (beef, chicken, pork or lamb) or fish)?
2. mainly Vegetarian (eat fish but not meat)?
3. Vegan (do not eat meat, fish, dairy products, or any product derived from animals)
4. On a special diet
5. None

IF ANYONE ON A SPECIAL DIET AT Q8 ASK Q8a

SHOW SCREEN

Q8a What kind of special diet?

1. Special diet for medical reasons
2. Special diet due to allergies
3. Special diet for religious reasons
4. Special diet to lose weight
5. Other reason (TYPE IN)

IF RESPONSIBLE FOR GROCERY SHOPPING IN HOUSEHOLD
(CODES 1-3 at Q6a) AND MEMBER OF HOUSHOLD IS
VEGETARIAN/ VEGAN/ ON A SPECIAL DIET (Codes 1-4 at Q8)

Q8b And are you responsible for the food/ grocery shopping for the people in
your household who are <VEGETARIAN, VEGAN, ON A SPECIAL
DIET>?

(Insert text from Q8 as appropriate)

1. Yes
2. No

Section 2: Eating habits

Estimated length of section: 5 minutes

ASK ALL

SHOW SCREEN

- Q9a Now thinking about the food you eat and prepare. Which of the following types of food do you eat regularly (at least two or three days per week)? MULTI CODE

	Meals you have prepared from any of the following raw ingredients:
Fresh vegetables/salads/fruits	Fresh chicken
Eggs	Fresh fish
Ready-made meals (such as those that can be heated in the oven or in a microwave; e.g. Chicken curry)	Other fresh meat
Other convenience foods, frozen or packaged, such as fish fingers, burgers, chips	
Dairy products, milk, cheese, butter, yoghurt etc (including low fat versions)	
Organic food	
None	

SHOW SCREEN

- Q9b And which of these do you eat occasionally (about two or three times per month)? MULTICODE

LIST OF THOSE NOT MENTIONED AT Q9a

SHOW SCREEN

- Q9c And which of these do you never eat?
MULTICODE

LIST OF THOSE NOT MENTIONED AT Q9a OR Q9b

SHOW SCREEN

Q10 And thinking about the different types of outlets where you can buy food, from which of the following outlets do you buy food regularly (at least two or three days per week), either for yourself or for someone else?

1. Takeaway outlet (e.g. a fish and chip shop, Chinese, Indian, Pizza outlets)
 2. Fast food outlet (e.g. McDonalds, KFC or franchise)
 3. Takeaway sandwich outlet e.g. sandwich bar, garage, newsagent
 4. Coffee shop (e.g. Costa Coffee/ Starbucks)
 5. Cafés
 6. Canteen at work/college/school
 7. Restaurant
 8. Pub/ Wine bar
 9. Mobile food outlet (e.g. hot dog stand)
 10. Social club/Health club/ Sports club
- None

SHOW SCREEN

Q11 And from which of them do you buy food occasionally (about two or three times per month)? MULTICODE

LIST OF THOSE NOT MENTIONED AT Q10

Q12 And from which of them do you never buy food?
MULTICODE

LIST OF THOSE NOT MENTIONED AT Q10 OR Q11

SHOW SCREEN

Q13 Have you ever been concerned about the hygiene in any of these places?
MULTICODE

LIST OF OUTLETS AS Q10– CODE THOSE CONCERNED ABOUT

ASK 14 - Q15d IN TURN FOR EACH OUTLET CODED AT Q13; IF
NONE AT Q13 GO TO Q16

DO NOT SHOW SCREENMULTI CHOICE

Q14 What aspect of hygiene concerned you? PROBE FULLY

1. Handling of raw and cooked meat / cross contamination of raw and cooked meat
2. Cleanliness of premises/ kitchen/ staff
3. I had food poisoning/ stomach upset
4. Standard of food (e.g. 'off'/ stale/ badly cooked)
5. Other (WRITE IN)

SHOW SCREEN

Q15a Did you change your eating habits as a result of this?

1. Yes
2. No

IF YES AT Q15a ASK Q15b; OTHERS GO TO Q15c

DO NOT SHOW SCREENMULTI CHOICE

Q15b How did you change your eating habits? PROBE FULLY

1. I no longer eat food from this type of place
2. I have cut down on eating food from this type of place
3. I am careful about the sort of things I eat from this type of place
4. Other (WRITE IN)

ASK ALL WITH CONCERNS AT Q13

Q15c Did you report your concerns about hygiene at the <OUTLET AT Q13>?

1. Yes
2. No

IF YES AT Q15c ASK Q15d

Q15d Who did you report your concerns to? MULTICHOICE

1. The local council/ local environmental health officer/local trading standards officer
2. Staff at the outlet
3. Other organisation (WRITE IN)

ASK ALL

SHOW SCREEN

Q16 Now thinking about food hygiene, are you concerned about hygiene in any of the following places? MULTICODE

1. Supermarkets
2. Local/corner grocery shops
3. Local butchers
4. Market stalls selling fruit and veg
5. Market stalls selling meat
6. In the home

None

ASK Q17 AND Q18 IN TURN FOR EACH MENTIONED AT Q16;
OTHERS GO TO Q19

SHOW SCREEN

Q17 You say you have concerns about hygiene in (PLACE). Has your behaviour been affected by these concerns?

1. Yes
2. No

IF YES ASK Q18; OTHERS GO TO Q19

SHOWSCREEN

MULTICHOICE

Q18 How has it been affected? PROBE FULLY

1. I don't buy food from this type of place
2. I have cut down on buying food from this type of place
3. I am careful about the types of food I buy from this type of place

(Home only)

4. I try to be clean and hygienic when preparing food

5. Other (WRITE IN)

Section 3: Healthy Eating and Nutrition

Estimated length of section: 3 minutes

ASK ALL

SHOW SCREEN

Q19 Overall, in the last year do you think your eating habits, both at home and when out, have become more or less healthy, or are they unchanged?

1. More healthy
2. Unchanged
3. Less healthy

SHOW SCREEN

Q20a Which, if any, of the following food types do you eat more of now than you did a year ago?

MULTICODE

1. Foods or drinks containing sugar e.g. sweets , cakes, biscuits, soft drinks, or sugar added to tea or coffee
 2. Foods containing fat e.g. fried foods, crisps, butter, margarine, mayonnaise
 3. Fruit
 4. Vegetables /salad
 5. Bread, cereals, pasta, rice, potatoes
 6. Milk and dairy products (including low fat versions)
 7. Meat (all types: red, white and processed e.g. sausages and burgers)
 8. Fish
 9. Nuts, beans, chickpeas, lentils
 10. Salt in your food (either in a food product, added in cooking, or added at the table)
- None

SHOW SCREEN

Q20b And which, if any, do you eat **less** of than you did a year ago?

MULTICODE

LIST OF THOSE NOT MENTIONED AT Q20a

SHOW SCREEN

Q21a In **general**, which, if any of these do you think people **should** eat **more** of than they do currently?

MULTICODE

LIST AS Q20a

SHOW SCREEN

Q21b And, in general, which, if any, do you think people **should** eat **less** of than they do currently?

MULTICODE

LIST OF THOSE NOT MENTIONED AT Q21a

SHOW SCREEN

Q22 It is recommended that people should eat a certain number of 'portions' of fruit and vegetables a day. The size of a 'portion' varies for different fruit. How many plums do you think make a 'portion'?

1. Half a plum
2. One plum
3. Two plums
4. Three plums
5. More than three plums

SHOW SCREEN

Q23 And how many apples do you think make a portion?

1. Half an apple
2. One apple
3. Two apples
4. Three apples
5. More than three apples

SHOW SCREEN

Q24 What quantity of vegetables do you think makes a 'portion'?

1. Half a tablespoon
2. 1 tablespoonful
3. 2 tablespoonsful
4. 3 tablespoonsful
5. 4 tablespoonful
6. More than 4 tablespoonfuls

SHOW SCREEN

Q25 These are all portions of fruit and vegetables. Using these definitions how many portions of fruit and vegetables did you eat yesterday? TYPE IN NUMBER

FOOD TYPE	PORTION/ SIZE
Vegetables, raw, cooked, frozen or canned	2 tablespoonfuls
Salad	1 dessert bowlful
Grapefruit/ avocado pear	½ fruit
Apples, bananas, oranges and other citrus fruit	1 fruit
Plums and similar sized fruit	2 fruit
Grapes, cherries and berries	1 cupful
Fresh fruit salad, stewed or canned fruit	2-3 tablespoonfuls (inc. a little juice or syrup)
Dried fruit (raisins, apricots etc.	½ - 1 tablespoonful
Fruit juice	1 glass (or more)

Q26 How many portions of fruit and vegetables do you think you **should** eat every day? TYPE IN NUMBER

Section 4: General food safety and hygiene

Estimated length of section: 5 minutes

Now turning towards issues regarding food safety.

SHOW SCREEN

Q27 Generally speaking which of these statements best describes your attitude to food safety issues?

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

DO NOT SHOW SCREEN

Q28a Do you have concerns about the safety of any particular types of foods?
PROBE FULLY.

1. Raw Pork
2. Raw Lamb
3. Raw Beef
4. Raw Chicken
5. Other raw meat/poultry (WRITE IN)
6. Cooked Meat/poultry
7. Processed meat/poultry (e.g. sausages, burgers)
8. Eggs
9. Milk
10. Other dairy product (WRITE IN)
11. Dairy Products (unspecified)
12. Fish
13. Shellfish
14. Fresh fruit
15. Fresh vegetables
16. Tinned foods
17. Frozen foods
18. Dried foods

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

SHOW SCREEN

Q28b Do you have concerns about the safety of any of these types of food?

LIST TO EXCLUDE THOSE MENTIONED AT Q28a.

1. Raw Pork
2. Raw Lamb
3. Raw Beef
4. Raw Chicken
5. Other raw meat/poultry
6. Cooked Meat/poultry
7. Processed meat/poultry (e.g. sausages, burgers)
8. Eggs
9. Milk
10. Other dairy product
11. Fish
12. Shellfish
13. Fresh fruit
14. Fresh vegetables
15. Tinned foods
16. Frozen foods
17. Dried foods
18. Ready made meals
19. Foods with GM ingredients

- 20. Baby foods
- 21. Oils and sauces
- 22. Organic fruit
- 23. Organic vegetables
- 24. Organic meat
- 25. Other Organic foods
- 26. Soft drinks
- 27. Bottled waters
- None

Q29 Thinking more widely, not only about particular types of food, are there any issues related to food that you have concerns about? PROBE: What else? PROBE FULLY

TYPE IN VERBATIM IN FULL

SHOW SCREEN

Q30 And are you concerned about any of the following food issues?

MULTICODE

- 1. Antibiotics in meat
- 2. Food poisoning such as a Salmonella and E. Coli
- 3. GM foods
- 4. BSE
- 5. The feed given to livestock
- 6. Conditions in which food animals are raised
- 7. The use of pesticides to grow food
- 8. The use of additives (such as preservatives and colouring) in food products
- 9. Irradiated food
- 10. Food allergies
- 11. Healthy Eating
- 12. Other
- 13. None

ASK Q31 IN TURN FOR EACH MENTIONED AT Q30; OTHERS GO TO Q32

Q31 You say you are concerned about (ISSUE FROM Q30). Are your eating habits affected by these concerns?

INTERVIEWER: If 'other' coded at Q30, ask about first mention at Q31

1. No, not at all
2. Yes, a little
3. Yes, a lot

SHOWSCREEN

Q32 Taking everything into account, do you feel that food safety has got better or worse over the last year?

1. A lot better
2. A bit better
3. Neither better nor worse
4. A bit worse
5. A lot worse

DO NOT SHOW SCREEN FOR NEXT QUESTION

ASK ALL

MULTICODE

Q32b Thinking about when you are preparing food, for example making a sandwich or preparing a meal, when do you wash your hands? PROBE When else?

1. Immediately before I begin
 2. When I have handled raw meat
 3. When I have handled cooked meat
 4. When I have handled fruit and vegetables
 5. Other (SPECIFY)
 6. I do not wash my hands when preparing food
 7. I never prepare food
- (DK)

SHOW SCREEN

ASK ALL

Q33 Now thinking about food storage in the home. Do you have a fridge thermometer in your fridge at home?

1. Yes
2. No

Q34 Do you know what temperature your fridge should be?

1. Yes
2. No

IF YES ASK Q35; OTHERS GO TO Q36

Q35 What should it be? CODE THE ANSWER

1. Between minus 10°C and minus 6°C (inclusive)
2. Between minus 5°C and 0°C (inclusive)
3. Between 1°C and 5°C (inclusive)
4. Between 6°C and 10°C (inclusive)
5. An answer in Fahrenheit (WRITE IN)
6. Other answer (WRITE IN)

Q36 On what shelf of your fridge should you keep raw meat?

1. - Top
2. - Middle
3. - Bottom

Section 5: Incidence of foodborne disease and responses to it.

Estimated length of section: 1 minute

The next section is about food poisoning.....

Q37 Have you had a bout of diarrhoea and/or vomiting in the last 12 months that you felt was caused by food you had eaten **in this country**?

1. Yes
2. No

IF YES ASK Q37a; OTHERS GO TO Q42

Q37a Was this illness caused by food prepared in the home or food prepared out of the home?

1. Food prepared in the home
2. Food prepared out of the home

MULTICHOICE

Q38 Did you report it to anybody? PROBE: Who?

Yes:

1. Your GP
2. The local council/ local environmental health officer.
3. The place where you bought or ate the food.
4. Other organisation (WRITE IN)
5. No – didn't report it

IF YES AT Q38 ASK Q39; OTHERS GO TO Q42

Q39 Are you aware of any action taken by or against the place where you bought or ate the food as a result of your report?

1. Yes
2. No

IF YES ASK Q40; OTHERS GO TO Q42

DO NOT SHOW SCREEN

MULTICHOICE

Q40 What was the action taken? PROBE FULLY

1. Refund/replacement was given
2. Premises were cleaned thoroughly
3. Premises visited by Environmental Health
4. Premises were shut down
5. Other (PLEASE SPECIFY)

SHOW SCREEN

Q41 How satisfied were you with the action taken?

1. Very satisfied
2. Fairly satisfied
3. Neither satisfied or unsatisfied
4. Fairly unsatisfied
5. Very unsatisfied

Section 6: Food labelling

Estimated length of section: 5 minutes

ASK ALL

SHOW SCREEN

Q42 Thinking about the information provided on the food that you purchase, how frequently do you refer to the labelling information?

1. Never
2. Rarely
3. Occasionally
4. Usually
5. Always

IF EVER REFER (CODES 2-5) ASK Q43; OTHERS GO TO Q44

SHOW SCREEN

Q43 When you refer to information on food labels what information do you usually look for?

Nutritional Information

1. The amount of salt (sodium)
2. The amount of fat
3. The amount of sugar
4. Vitamins
5. Calories

Information about Ingredients

6. Additives (e.g. colours and preservatives)
7. Quantity of the main ingredients
8. The list of ingredients for allergy reasons
9. The list of ingredients for special dietary reasons (medical, religious or dieting)
10. The list of ingredients for other reasons
11. Suitability for a vegetarian diet
12. Whether the product is of GM/non-GM origin

Ethical Information

13. Production methods (e.g. animal welfare/fair trade/ethical reasons)

General Information

14. The name of the food

15. Country of origin

16. The best before/Use by date

17. Cooking/Storage instructions

18. Other (WRITE IN)

ASK ALL

SHOW SCREEN

Q44 Generally speaking, how easy or difficult do you find it is to understand information provided on food labels?

1. Very easy to understand
2. Fairly easy to understand
3. Neither easy or difficult to understand
4. Fairly difficult to understand
5. Very difficult to understand

ASK ALL

SHOW SCREEN

MULTI-CODE

Q45 And which of these statements do you agree with?

1. Food labels generally contain too much information
2. Food labels contain about the right amount of information
3. Food labels generally contain too little information
4. None

ASK ALL

Q46a Do you have any concerns about the accuracy of food labelling?

1. Yes
2. No
3. Don't know

IF YES AT Q46a ASK Q46b OTHERS GO TO Q47

SHOW SCREEN

Q46b How concerned are you about this?

1. Very concerned
2. Fairly concerned
3. Slightly concerned
4. Don't know

ASK ALL

ROTATE ORDER OF ASKING Q47 AND Q48

SHOW SCREEN

Q47 Thinking about specific information on food labelling. If the 'use by' date on a food product passed yesterday, do you think;

1. The food product could be unsafe to eat and should be thrown away
2. The food product is past its best but not necessarily unsafe to eat
3. It depends on the food

Q48 If the 'best before' date on a food product passed yesterday, do you think;

1. The food product could be unsafe to eat and should be thrown away
2. The food product is past its best but not necessarily unsafe to eat
3. It depends on the food

SHOW EXAMPLE LABEL A

Q49 On this label you will see that it indicates that the food product contains 10g of sugar per 100g, do you think this is a lot or a little sugar?

1. A lot
2. A little

SHOW EXAMPLE LABEL B DO NOT SHOWSCREEN

Q51 This food product claims it is '80% fat free', how many grammes of fat per 100g does it contain?

1. 0g
2. 5g
3. 10g
4. 20g
5. 30g
6. Other (specify)

SHOW EXAMPLE LABEL A

Q52 This label on a food product says it contains 20g of fat per 100g; do you think this is a lot or a little fat?

1. A lot
2. A little

SHOW EXAMPLE LABEL C

DO NOT SHOWSCREEN

Q53 Using the information provided on the card, which is the main ingredient in the product?

1. Beef
2. Tomato
3. Pasta
4. Other (specify)

Section 7: Sources of Information, and Perceptions on Responsibility for Food Safety and Standards

Estimated length of section: 3 minutes

DO NOT SHOW SCREEN

Q54a Thinking about getting information about food standards and food safety in a general sense, what places, organisations or publications do you think it is possible to find out that sort of information from? PROBE: Where else?

1. Supermarkets
2. Other food shops
3. Food Manufacturers
4. Consumer groups e.g. Consumers' Association
5. The Government
6. Local Council – include Environmental Health/ Consumer protection/Trading Standards Officer

NOT SCHOOLS (see codes 20/21)

7. The Department of Environment, Food & Rural Affairs (DEFRA)
8. The Department of Health
9. The Foods Standards Agency
10. Citizens Advice Bureau
11. Newspapers and magazines
12. Television
13. Radio
14. The Internet
15. GP or practice nurse
16. Dietician
17. Health visitor
18. Family and friends
19. From the lessons you had at school

20. From the information your children bring home from lessons at school

21. Other (WRITE IN)

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

The Scottish Executive (no specific department)

The Scottish Executive Environment & Rural Affairs Department

The Scottish Executive Health Department

The Food Standards Agency Scotland

Scottish Food Advisory Committee

Scottish Consumer Council

The Health Education Board for Scotland (HEBS)

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

The National Assembly for Wales (no specific Department)

The National Assembly for Wales Agriculture Department

The National Assembly for Wales Health Department

The Food Standards Agency Wales

Welsh Consumer Council

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

The Northern Ireland Assembly (no specific Department)

The Northern Ireland Department of Agriculture and Rural Development

The Northern Ireland Department of Health, Social Services and Public Safety

The Food Standards Agency Northern Ireland

General Consumer Council for Northern Ireland

Food Safety Promotion Board

Health Promotion Agency

DO NOT SHOW SCREEN

Q54b And where do you personally get information about food standards and safety? PROBE Where else?

LIST AS Q54a

SHOW SCREEN

Q54c Do you get information about food standards and safety from any of these?

EXCLUDE ANSWER AT Q54b

LIST AS Q54a

None

ASK Q55 FOR ALL INFORMATION SOURCES MENTIONED AT Q54c ALSO INCLUDE THOSE MENTIONED AT Q54b
IF NONE GO TO Q61

Q55 How reliable do you think that information is?

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

ASK ALL

SHOW SCREEN

Q56 If there was a food scare where would you expect to be able to find the most reliable information and advice?

LIST AS Q54a

SHOW SCREEN

Q57 Listed below are a number of organisations which are associated with food issues in the United Kingdom in some way. Which of them do you think has responsibility for **setting** the standards for food safety?

PROBE: Which others? MULTI CODE

1. Government
2. The Department of Environment, Food & Rural Affairs (DEFRA)
3. Department of Health
4. Food Standards Agency
5. British Medical Association
6. Local Council/Authority
7. Local Environmental Health Officer
8. Local Trading Standards Officer
9. EU
10. Food retailers (shops, restaurants, cafes, pubs and takeaways)
11. Food wholesalers
12. Food manufacturers
13. Farmers
- None

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

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

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

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

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

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

And remove the ‘Meat Hygiene Service’ from the list when interviewing in Northern Ireland

SHOW SCREEN

Q58 And which of them do you think has responsibility for day-to-day **enforcement** of the standards for food safety?

LIST AS Q57

SHOW SCREEN

Q59 How confident are you about the current measures taken by all organisations involved in protecting your health with regards to food safety?

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

Section 8: Awareness of the Food Standards Agency

Estimated length of section: 1 minutes

Q60 Can I check, have you ever heard of the Food Standards Agency?

1. Yes
2. No

**RESPONDENTS IN ENGLAND: GO TO Q62a/b/c/d, OTHERS
ASK Q61 AS APPROPRIATE**

Q61 And have you ever heard of the Food Standards Agency Scotland?
(RESPONDENTS IN SCOTLAND ONLY)

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

And have you ever heard of the Food Standards Agency Northern
Ireland? (RESPONDENTS IN NORTHERN IRELAND ONLY)

1. Yes
2. No

ROTATE ORDER OF ASKING Q62a-62d

SHOW SCREEN

Q62a How would you rate the Food Standards Agency on a scale of 1 to 7
where 7 is 'provides clear advice' and 1 is 'provides unclear advice'
SINGLE CODE

Provides unclear advice	1	2	3	4	5	6	7	Provides clear advice
----------------------------	---	---	---	---	---	---	---	--------------------------

SHOW SCREEN

Q62b How would you rate the Food Standards Agency on a scale of 1 to 7 where 7 is 'provides clear information' and 1 is 'provides unclear information'

SINGLE CODE

Provides unclear information	1	2	3	4	5	6	7	Provides clear information
------------------------------	---	---	---	---	---	---	---	----------------------------

SHOW SCREEN

Q62c How would you rate the Food Standards Agency on a scale of 1 to 7 where 7 is 'an organisation I trust' and 1 is 'an organisation I don't trust'

SINGLE CODE

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

SHOW SCREEN

Q62d How would you rate the Food Standards Agency on a scale of 1 to 7 where 7 'puts consumers first' and 1 is 'doesn't put consumers first'

SINGLE CODE

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

Q63 And which of these statements describes your view of the Food Standards Agency? CODE ALL THAT APPLY

1. Provides information that is independent and unbiased
 2. Reflects the views of consumers
 3. Reflects the views of the food industry
 4. Reflects the views of the government
- None

ADD IN SCOTLAND

Q64a Have you ever heard of the Scottish Food Advisory Committee?

Section 9: Information Requirements

Estimated length of section: 2 minutes

The Food Standards Agency is a UK-wide non-ministerial Government Department. It has offices in London, Aberdeen, Cardiff and Belfast. It was set up in April 2000 to 'protect people's health and the interests of consumers in relation to food'. It provides information on food safety, food standards and labelling, nutrition and healthy eating. It may intervene on these issues if necessary.

SHOW SCREEN

Q65 How confident are you about the role played by the Food Standards Agency in protecting your health in this way?

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

Q66 Have you seen any information from the Food Standards Agency including information provided in press and TV reports?

1. Yes
2. No
3. Don't know

SHOW SCREEN MULTICHOICE

Q67 In which of these areas, if any, would you like the Food Standards Agency to provide you with more information to help you make more informed decisions on the food you eat?

1. Food hygiene
2. Food storage
3. Cooking food safely
4. Catering for large functions
5. GM food
6. Food labelling
7. Additives in food
8. Organic food
9. Healthy eating
10. Food allergies and food intolerance
11. Irradiated food
12. Chemicals in food eg: pesticide residues or veterinary medicine residues in meat
13. Safety of food packaging
14. Information on the Food Standards Agency itself
15. Cooking for a family
16. Food Supplements
17. Feeding babies and children
18. Eating and sport/exercise
19. Eating and pregnancy and breastfeeding
20. Healthy eating on a budget
21. Other (specify)
22. None of these

CLASSIFICATION

Estimated length of section: 3 minutes

Finally, a few questions about yourself....

QD1 Sex of Respondent

1. MALE
2. FEMALE

QD2 Marital status of respondent

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

QD3 Tenure

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

SHOWSCREEN

QD4 Which of these best describes your ethnic group?

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

a) White

British

Irish

Any other White background please write in below

b) Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background please write in below

c) Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background please write in below

d) Black or Black British

Caribbean

African

Any other Black background please write in below

e) Chinese or Other ethnic group

Chinese

Any other please write in below

QD5 Working status

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

QD6 Social Class

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

QD7 Confirmation of postcode

RECONTACT

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

1. Yes
2. No

NUTRITION INFORMATION	
	TYPICAL VALUES
	PER 100g (3.5oz)
ENERGY	1353 k J.
	324 k cal
PROTEIN	11.8g
CARBOHYDRATE	14.3g
of which SUGARS	10.0g
STARCH	4.3g
FAT	20.0g
of which SATURATES	10.1g
MONO-UNSATURATES	8.9g
POLYUNSATURATES	1.0g
FIBRE	less than 0.1g
SODIUM	0.5g

Label A



Label B

INGREDIENTS

BEEF LASAGNE

TOMATO, MILK, PASTA (DURUM WHEAT SEMOLINA, WATER, EGG, OLIVE OIL), BEEF (11%), WATER, MOZZARELLA CHEESE (3%), WHEATFLOUR, MARGARINE, DOUBLE CREAM, ONIION, TOMATO PUREE, WHITE WINE, BACON (WITH PRESERVATIVES: POTASSIUM NITRATE, SODIUM NITRATE), OLIVE OIL, SALT, BEEF STOCK (CONTAINS FLAVOURING), BREADCRUMB (WITH FLOUR IMPROVER: L-ASORBIC ACID), RED WINE, VEGETABLE OIL, SUGAR, MODIFIED MAIZE STARCH, GARLIC, BASIL, BLACK PEPPER, NUTMEG, WHITE PEPPER

Label C

APPENDIX 2

Sample Profiles

2000 SAMPLE PROFILE (WEIGHTED)

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

2001 SAMPLE PROFILE (WEIGHTED)

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

2002 SAMPLE PROFILE (WEIGHTED)

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

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Consumer Attitudes to Food Standards (wave 3) – United Kingdom