

Food and You 2: Wave 6 Key Findings

Area of research interest: [Behaviour and perception](#)

Planned completion: 1 July 2023

Project status: Completed

Project code: FS430662

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Conducted by: Food Standards Agency

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F&Y2 Wave 6: Executive summary

Results available: Results available

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Food and You 2 is a biannual 'Official Statistic' survey commissioned by the Food Standards Agency (FSA). The survey measures consumers' self-reported knowledge, attitudes and behaviours related to food safety and other food issues amongst adults in England, Wales, and Northern Ireland.

Fieldwork for Food and You 2: Wave 6 was conducted between 12 October 2022 and 10 January 2023. A total of 5,991 adults (aged 16 years or over) from 4,217 households across England, Wales, and Northern Ireland completed the 'push-to-web' survey (see Annex A for more information about the methodology).

The modules presented in this report include 'Food you can trust', 'Concerns about food', 'Food security', 'Eating at home', 'Food hypersensitivities' and 'Eating out and takeaways'.

Food you can trust

Confidence in food safety and authenticity

- 93% of respondents reported that they were confident that the food they buy is safe to eat.
- 87% of respondents were confident that the information on food labels is accurate.

Confidence in the food supply chain

- 76% of respondents reported that they had confidence in the food supply chain.
- respondents were more likely to report confidence in farmers (88%) and shops and supermarkets (85%) than in takeaways (62%), and food delivery services (45%).

Awareness, trust and confidence in the FSA

- 90% of respondents had heard of the FSA.
- 78% of respondents who had at least some knowledge of the FSA reported that they trusted the FSA to make sure 'food is safe and what it says it is.'
- 82% of respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food), 82% were confident that the FSA takes appropriate action if a food-related risk is identified and 79% were confident that the FSA is committed to communicating openly with the public about food-related risks.

Concerns about food

- 82% of respondents had no concerns about the food they eat, and 18% of respondents reported that they had a concern.
- respondents with a concern were asked to briefly explain what their concerns were about the food they eat. The most common concerns related to food safety and hygiene (32%) and food quality (23%).
- respondents were asked to indicate if they had concerns about several food-related issues, from a list of options. The most common concern was food prices (65%). Other common concerns were food waste (62%), the quality of food (61%), and the amount of food packaging (56%).

Food Security

- Across England, Wales and Northern Ireland, 75% of respondents were classified as food secure (61% high, 14% marginal and 25% of respondents were classified as food insecure (12% low, 12% very low).
- 80% of respondents reported that they had made a change to their eating habits for financial reasons in the previous 12 months.

Eating out and takeaways

- 43% of respondents reported checking the food hygiene rating of a business in the previous 12 months.
- 86% of respondents reported that they had heard of the Food Hygiene Rating Scheme (FHRS). Over half (55%) of respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it.

Food allergies, intolerances and other hypersensitivities

- 12% of respondents reported that they had a food intolerance, 5% reported having a food allergy, and 1% reported having coeliac disease. Most respondents (78%) reported that they did not have a food hypersensitivity.
- 26% of respondents who had a food hypersensitivity had been diagnosed by an NHS or private medical practitioner and 5% had been diagnosed by an alternative or complementary therapist. However, most respondents (74%) had not received any diagnosis.
- 56% of respondents who had a food hypersensitivity reported that they had experienced a reaction in the previous 12 months and 39% reported that they had not experienced a reaction.
- 90% of respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were confident the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction.

Eating at home

Cleaning

- 46% of respondents reported that they always wash their hands before eating.
- 33% of respondents reported that they always wash their hands, or use hand sanitising gel or wipes when eating outside of their home.
- 72% of respondents reported that they always wash their hands before preparing or cooking food.
- 91% of respondents reported that they always wash their hands immediately after handling raw meat, poultry, or fish.

Chilling

- 62% of respondents reported that their fridge temperature should be between 0 to 5 degrees Celsius.
- 61% of respondents who have a fridge reported that they monitored the temperature; either manually(49%) or via an internal temperature alarm (11%).

Cooking

- 89% of respondents reported that they never eat chicken or turkey when it is pink or has pink juices. However, 9% of respondents reported eating chicken or turkey at least occasionally when it is pink or has pink juices.

Avoiding cross-contamination

- 56% of respondents reported that they never wash raw chicken, however 40% of respondents reported that they do this at least occasionally.
- 76% of respondents reported that they always cook food until it is steaming hot and cooked all the way through.

Use-by dates

- 65% of respondents identified the use-by-date as the information which shows that food is no longer safe to eat.
- 64% of respondents reported that they always check use-by-dates before they cook or prepare food.

F&Y2 Wave 6: Acknowledgements

First and foremost, our thanks go to all the respondents who gave up their time to take part in the survey.

We would like to thank the team at Ipsos who made a significant contribution to the project, particularly Kavita Deepchand, Kathryn Gallop, Stephen Finlay, Hannah Harding, Sally Horton, Christy Lai, Amber Parish, Dr Patten Smith, Kelly Ward and Ammeline Wang.

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Finally, thank you to our external advisors – Professor George Gaskell, Professor Anne Murcott and Joy Dobbs for their valuable direction and guidance.

Authors: Dr Beth Armstrong, Lucy King, Robin Clifford, Mark Jitlal, Katie Mears, Charlotte Parnell, Dr Daniel Mensah.

F&Y2 Wave 6: Introduction

The Food Standards Agency: role, remit and responsibilities

The Food Standards Agency (FSA) is a non-ministerial government department working to protect public health and consumers' wider interests in relation to food in England, Wales, and Northern Ireland ([footnote 1](#)). The FSA's overarching mission is 'food you can trust'. The FSA's vision as set out in the [2022-2027 strategy](#) is a food system in which:

- food is safe
- food is what it says it is
- food is healthier and more sustainable

Food and You 2 is designed to monitor the FSA's progress against this mission and inform policy decisions by measuring consumers' self-reported knowledge, attitudes and behaviours related to food safety and other food issues in England, Wales, and Northern Ireland on a regular basis.

Food and You 2: Wave 6

Food and You 2: Wave 6 data were collected between 12 October 2022 and 10 January 2023. A total of 5,991 adults (aged 16 years and over) from 4,217 households across England, Wales, and Northern Ireland completed the survey (an overall response rate of 28.8%).

Food and You 2: Wave 6 data were collected during a period of political and economic change and uncertainty. This context is likely to have had an impact on the level of food security, concerns and food-related behaviours reported in Food and You 2 ([footnote 2](#)).

Food and You 2 is a modular survey, with 'core' modules included every wave, 'rotated' modules repeated annually or biennially, and one-off modules addressing current issues of interest. The modules presented in this report include: 'Food you can trust' (core); 'Concerns about food' (core); 'Food security' (core); 'Eating at home' (core); 'Food hypersensitivities (rotated)' and 'Eating out and takeaways' (rotated).

This report presents key findings from the Food and You 2: Wave 6 survey. Not all questions asked in the Wave 6 survey are included in the report. The full results are available in the accompanying full data set and tables.

Interpreting the findings

To highlight the key differences between socio-demographic and other sub-groups, variations in responses are typically reported only where the absolute difference is 10 percentage points or larger and is statistically significant at the 5% level ($p < 0.05$). However, some differences between socio-demographic and other sub-groups are included where the difference is less than 10 percentage points, when the finding is notable or judged to be of interest. These differences are indicated with a double asterisk (**).

In some cases, it was not possible to include the data of all sub-groups, however such analyses are available in the full data set and tables. Key information is provided for each reported question in the footnotes, including:

- question wording (question) and response options (response).
- number of respondents presented with each question and description of the respondents who answered the question (Base= N).
- 'Please note:' indicates important points to consider when interpreting the results.

Future publication plans

Modules expected to be reported in the Food and You 2: Wave 7 Key Findings report include, 'Food you can trust' (core), 'Concerns about food' (core), 'Food security' (core), and 'Food shopping and labelling' (rotated).

A report which provides an overview of key trends from Food and You 2: Wave 1 (fieldwork: 29 July to 6 October 2020) to Wave 6 (fieldwork: 12 October 2022 to 10 January 2023) is expected to be published late 2023.

1. In Scotland, the non-ministerial office [Food Standards Scotland](#), is responsible for ensuring food is safe to eat, consumers know what they are eating and improving nutrition.
2. For example, [Consumer insights tracker report: key findings from December 2021 to March 2022 \(2022\)](#), FSA. [The UK Public's Interests, Needs and Concerns Around Food \(2022\)](#), Bright Harbour. [Food in a pandemic \(2021\)](#). FSA. [Family Resources Survey \(FRS\): financial year 2020 to 2021 \(2021\)](#). DWP. The FRS asks respondents to report experiences of food insecurity in the last 30 days so responses cannot be compared with Food and You 2.

F&Y2 Wave 6: Chapter 1 Food you can trust

Introduction

The FSA's overarching mission is 'food you can trust'. The FSA's vision is a food system in which:

- food is safe
- food is what it says it is
- food is healthier and more sustainable

This chapter provides an overview of respondents' awareness of and trust in the FSA, as well as their confidence in food safety and the accuracy of information provided on food labels.

Confidence in food safety and authenticity

Most respondents reported confidence (for example, were very confident or fairly confident) in food safety and authenticity; 93% of respondents reported that they were confident that the food they buy is safe to eat, and 87% of respondents were confident that the information on food labels is accurate ([footnote 1](#)).

Confidence in food safety varied between different categories of people in the following ways:

- **age group:** older respondents were more likely to be confident that the food they buy is safe to eat than younger adults (for example, 88% of those aged 16-24 years compared to 97% of those aged 65-79 years)**.
- **food security:** respondents who were more food secure were more likely to be confident that the food they buy is safe to eat compared to those who were less food secure (for example, 97% of those with high food security compared to 85% of those with very low food security).
- **ethnic group:** white respondents (95%) were more likely to be confident that the food they buy is safe to eat than Asian or Asian British (82%) respondents ([footnote 2](#)).
- **responsibility for cooking:** respondents who are responsible for cooking (93%) were more likely to be confident that the food they buy is safe to eat than those who don't cook (83%).

Confidence in the accuracy of information on food labels varied between different categories of people in the following ways:

- **annual household income:** respondents with a higher income were more likely to be confident in the accuracy of food labels than those with respondents with a lower income, (for example, 92% of those with an income between £64,000 and £95,999 compared to 80% of those with an income of less than £19,000).
- **NS-SEC ([footnote 3](#)):** respondents in managerial, administrative, and professional occupations (90%), intermediate occupations (89%), and semi-routine and routine occupations (88%) were more likely to report confidence in the accuracy of food labels than those who were long term unemployed and/or had never worked (78%).
- **food security:** respondents who were more food secure were more likely to report confidence in the accuracy of food labels than those who were less food secure, (for

example, 90% of those with high food security compared to 78% of those with very low food security).

Confidence in the food supply chain

Around three quarters of respondents (76%) reported that they had confidence (for example, very confident or fairly confident) in the food supply chain [\(footnote 4\)](#).

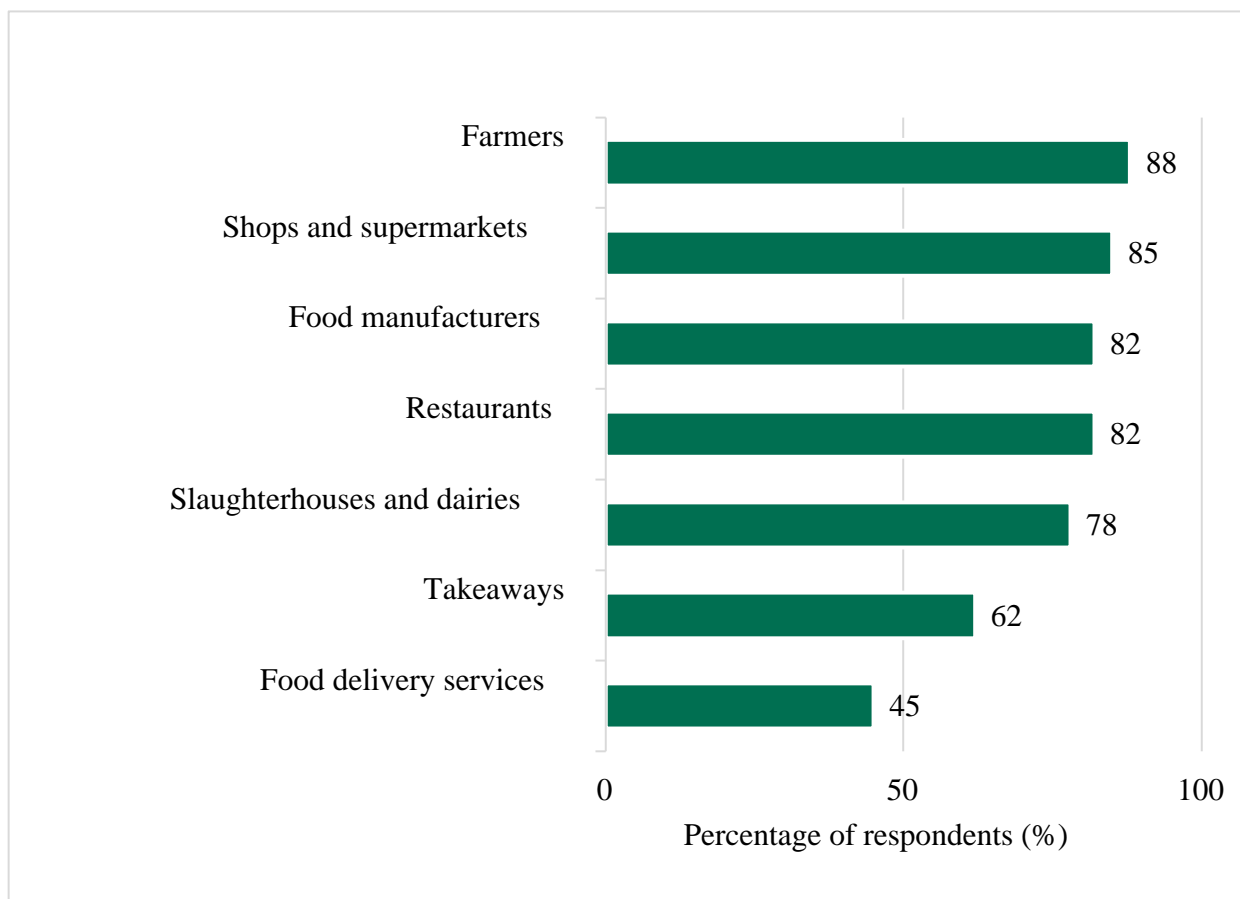
Confidence in the food supply chain varied between different categories of people in the following ways:

- **age group:** older respondents were more likely to report confidence in the food supply chain than younger adults (for example, 81% of those aged 55-64 years compared to 67% of those aged 16-24 years). In addition, 10% of those aged between 16 and 24 years reported that they don't know how confident they are in the food supply chain.
- **NS-SEC:** respondents in occupations (for example, 85% of those in lower supervisory and technical occupations) and those who were long term unemployed and/or had never worked (74%) were more likely to report confidence in the food supply chain than full-time students (61%). In addition, 13% of those were long-term unemployed and/or had never worked reported that they don't know how confident they are in the food supply chain.
- **region (England) [\(footnote 5\)](#):** confidence in the food supply chain varied by region. For example, 85% of respondents in North-East England and 81% of those in the East Midlands were confident in the food supply chain compared to 70% of those in London and 70% of those in South-East England.
- **food security:** respondents who were more food secure were more likely to report confidence in the food supply chain than respondents who were less food secure (for example, 80% of those with a high level of food compared to 69% of those with very low food security).

Figure 1: Confidence that food supply chain actors ensure food is safe to eat

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[Change to chart view](#)



Food Supply chain actors	Percentage of respondents (%)
Food delivery services	45
Takeaways	62
Slaughterhouses and dairies	78
Restaurants	82
Food manufacturers	82
Shops and supermarkets	85
Farmers	88

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Source: Food and You 2: Wave 6

Respondents were asked to indicate how confident they were that key actors involved in the food supply chain ensure that the food they buy is safe to eat. Respondents were more likely to report confidence (for example, very confident or fairly confident) in farmers (88%) and shops and supermarkets (85%) than in takeaways (62%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (45%) (Figure 1) ([footnote 6](#)). In addition, 20% of respondents reported that they don't know how confident they are that food delivery services ensure that the food they buy is safe to eat.

Awareness, trust and confidence in the FSA

Most respondents (90%) had heard of the FSA ([footnote 7](#)).

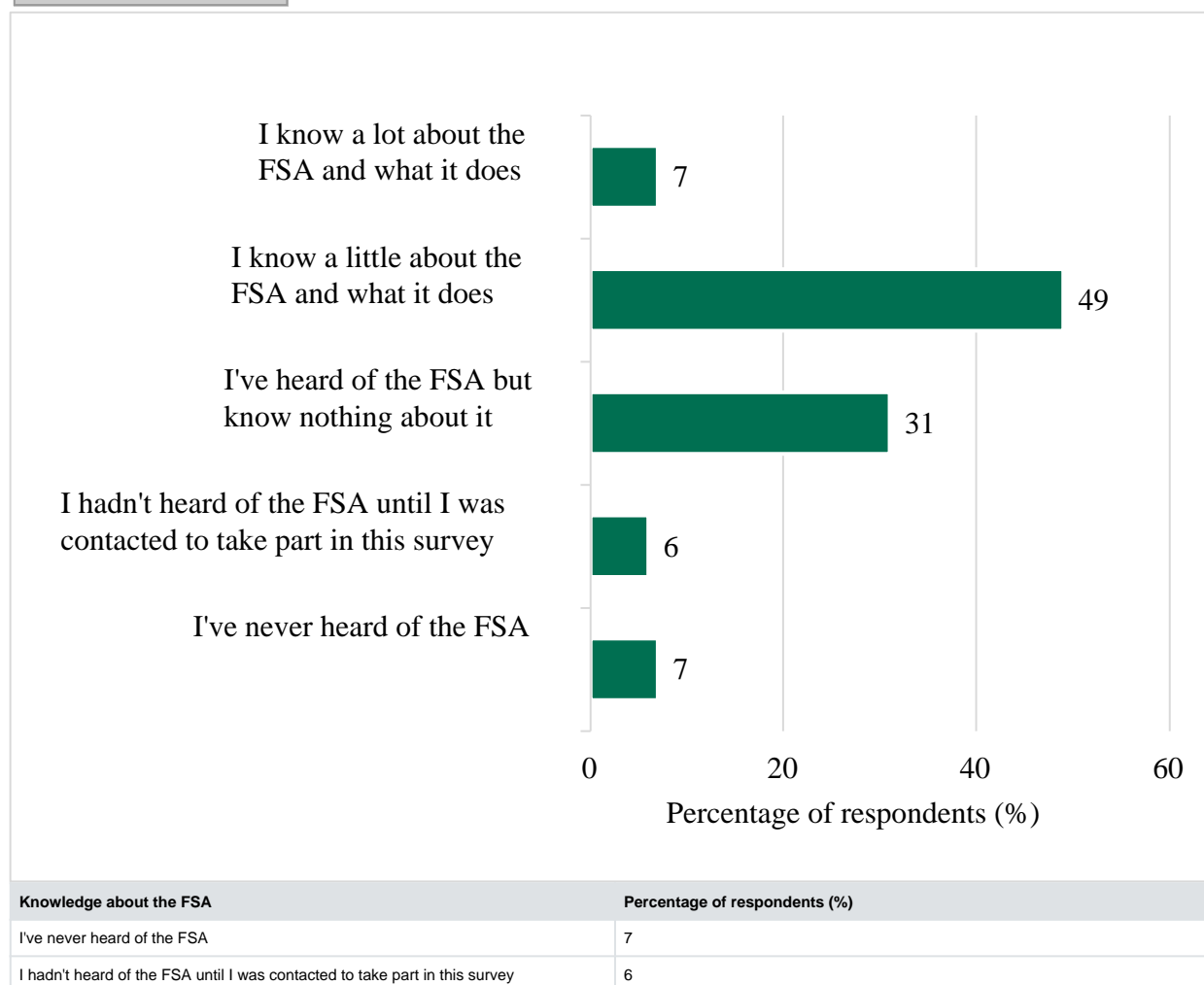
Awareness of the FSA varied between different categories of people in the following ways:

- **age group:** older respondents were more likely to have heard of the FSA than younger respondents (for example, 97% of those aged 65-79 years had heard of the FSA, compared to 68% of those aged 16-24 years).
- **annual household income:** respondents with an income of more than £32,000 (for example, 97% of those with an income between £64,000 and £95,999) were more likely to have heard of the FSA than those with an income of less than £19,000 (84%).
- **NS-SEC:** respondents in most occupational groups (for example, 95% of those in intermediate occupations) were more likely to have heard of the FSA than full-time students (64%).
- **ethnic group:** white respondents (93%) were more likely to have heard of the FSA compared to Asian or Asian British respondents (74%) [\(footnote 8\)](#).
- **responsibility for cooking:** respondents who are responsible for cooking (91%) were more likely to have heard of the FSA than those who do not cook (71%).
- **responsibility for food shopping:** respondents who are responsible for food shopping (91%) were more likely to have heard of the FSA than those who never shop for food (71%).

Figure 2: Knowledge about the Food Standards Agency (FSA)

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Knowledge about the FSA	Percentage of respondents (%)
I've heard of the FSA but know nothing about it	31
I know a little about the FSA and what it does	49
I know a lot about the FSA and what it does	7

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Source: Food and You 2: Wave 6

Most respondents reported at least some knowledge of the FSA; 7% reported that they knew a lot about the FSA and what it does, and 49% reported that they knew a little about the FSA and what it does. Almost a third (31%) of respondents reported that they had heard of the FSA but knew nothing about it, 6% had not heard of the FSA until being contacted to take part in Food and You 2, and 7% had never heard of the FSA (Figure 2) ([footnote 9](#)).

Knowledge of the FSA varied between different categories of people in the following ways:

- **age group:** respondents aged between 25 and 79 years (for example, 68% of those aged 55-64 years) were more likely to report knowledge of the FSA compared to younger respondents (38% of those aged 16-24 years) or the oldest respondents (41% of those aged 80 years and over).
- **annual household income:** respondents with a higher income were more likely to report knowledge of the FSA compared to those with a lower income (for example, 63% of those with an income between £64,000 and £95,999 compared to 52% of those with an income of less than £19,000).
- **NS-SEC:** respondents in managerial, administrative, and professional occupations (63%) were more likely to report knowledge of the FSA than those who were in some occupational groups (for example, 50% of those in semi-routine and routine occupations). Those who were long term unemployed and/or never worked (33%) or full-time students (31%) were least likely to report knowledge of the FSA.
- **country:** respondents in Wales (65%) were more likely to report knowledge of the FSA than those in England (56%) or Northern Ireland (56%). ([footnote 10](#))**
- **responsibility for cooking:** respondents who are responsible for cooking (57%) were more likely to report knowledge of the FSA compared to respondents who do not cook (40%).
- **responsibility for shopping:** respondents who are responsible for shopping (58%) were more likely to report knowledge of the FSA compared to respondents who never shop (38%).

Respondents who had at least some knowledge of the FSA were asked how much they trusted the FSA to do its job, that is to make sure food is safe and what it says it is. Most (78%) respondents reported that they trusted the FSA to do its job, 19% of respondents neither trust or distrust the FSA to do this, and 1% of respondents reported that they distrust the FSA to do this ([footnote 11](#)).

Most respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food) (82%). Around 8 in 10 respondents were confident that the FSA takes appropriate action if a food-related risk is identified (82%), and were confident that the FSA is committed to communicating openly with the public about food-related risks (79%) ([footnote 12](#)).

1. Question: How confident are you that... a) the food you buy is safe to eat. b) the information on food labels is accurate (for example, ingredients, nutritional information, country of origin). Responses: very confident, fairly confident, not very confident, not at all confident, it varies, don't know. Base= 5991, all respondents.
2. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
3. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
4. Question: How confident are you in the food supply chain? That is all the processes involved in bringing food to your table. Responses: very confident, fairly confident, not very confident, not at all confident, it varies, don't know. Base= 5991, all respondents.
5. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.
6. Question: How confident are you that... A) Farmers, B) Slaughterhouses and dairies, C) Food manufacturers for example, factories, D) Shops and supermarkets, E) Restaurants, F) Takeaways, G) Food delivery services for example, Just Eat, Deliveroo, Uber Eats...in the UK (and Ireland) ensure the food you buy is safe to eat. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 4893, all online respondents and all those who completed the 'Eating Out' paper questionnaire.
7. Question: Which of the following, if any, have you heard of? Please select all that apply. Response: Food Standards Agency (FSA), (England) Department for Environment, Food and Rural Affairs (DEFRA), (England) The Office for Health Improvement and Disparities, (England) Environment Agency, (England) UK Health Security Agency (UKHSA), (England and Wales) Health and Safety Executive (HSE), (Wales) Public Health Wales (PHW), (Wales) Natural Resources Wales, (NI) Public Health Agency (PHA), (NI) Department of Agriculture, Environment and Rural Affairs (DAERA), (NI) Health and Safety Executive Northern Ireland (HSENI), (NI) Safer Food, None of these. Base= 3820, all online respondents. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA. An absence of response indicates the organisation had not been heard of by the respondent or a non-response.
8. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
9. Question: How much, if anything, do you know about the Food Standards Agency, also known as the FSA? Response: I know a lot about the FSA and what it does, I know a little about the FSA and what it does, I've heard of the FSA but know nothing about it, I hadn't heard of the FSA until I was contacted to take part in this survey, I've never heard of the FSA. Base= 5991, all respondents. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA.

10. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.
11. Question: How much do you trust or distrust the Food Standards Agency to do its job? That is to make sure that food is safe and what it says it is. Responses: I trust it a lot, I trust it, I neither trust nor distrust it, I distrust it, I distrust it a lot, don't know. Base= 3576, all respondents who know a lot or a little about the FSA and what it does. Please note: 'I trust it a lot' and 'I trust it' referred to as trust.
12. Question: How confident are you that the Food Standards Agency / the government agency responsible for food safety in England, Wales and Northern Ireland...a) Can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food). b) Is committed to communicating openly with the public about food-related risks. c) Takes appropriate action if a food related risk is identified? Responses: very confident, fairly confident, not very confident, not at all confident, don't know. Base= 5991, all respondents. Please note: 'very confident' and 'fairly confident' referred to as confident. Respondents with little or no knowledge of the FSA were asked about 'the government agency responsible for food safety', those with at least some knowledge of the FSA were asked about the FSA.



F&Y2 Wave 6: Chapter 2 Concerns about food

Introduction

The FSA's role, [set out in law](#), is to safeguard public health and protect the interests of consumers in relation to food. The FSA uses the Food and You 2 survey to monitor consumers' concerns about food issues, such as food safety, nutrition, and environmental issues. This chapter provides an overview of respondents' concerns about food.

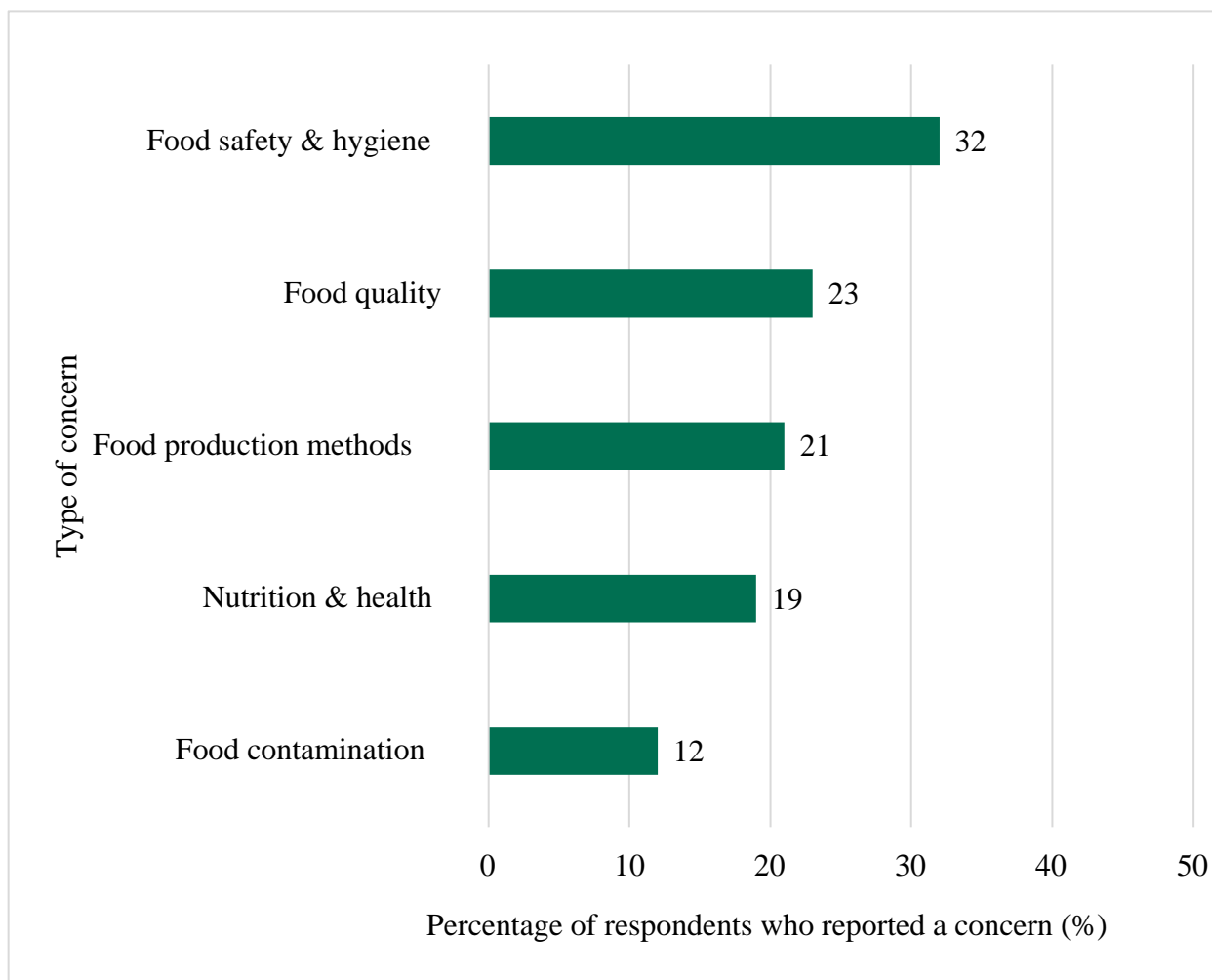
Common concerns

Respondents were asked to report whether they had any concerns about the food they eat. Most respondents (82%) had no concerns about the food they eat, and 18% of respondents reported that they had a concern ([footnote 1](#)).

Figure 3. Most common spontaneously expressed food-related concerns.

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Type of concern	Percentage of Respondents
Dietary requirements (not related to food hypersensitivities)	8
Food labelling	10
Food provenance	10
Environmental & ethical	10
Food contamination	12
Nutrition & health	19
Food production methods	21
Food quality	23
Food safety & hygiene	32

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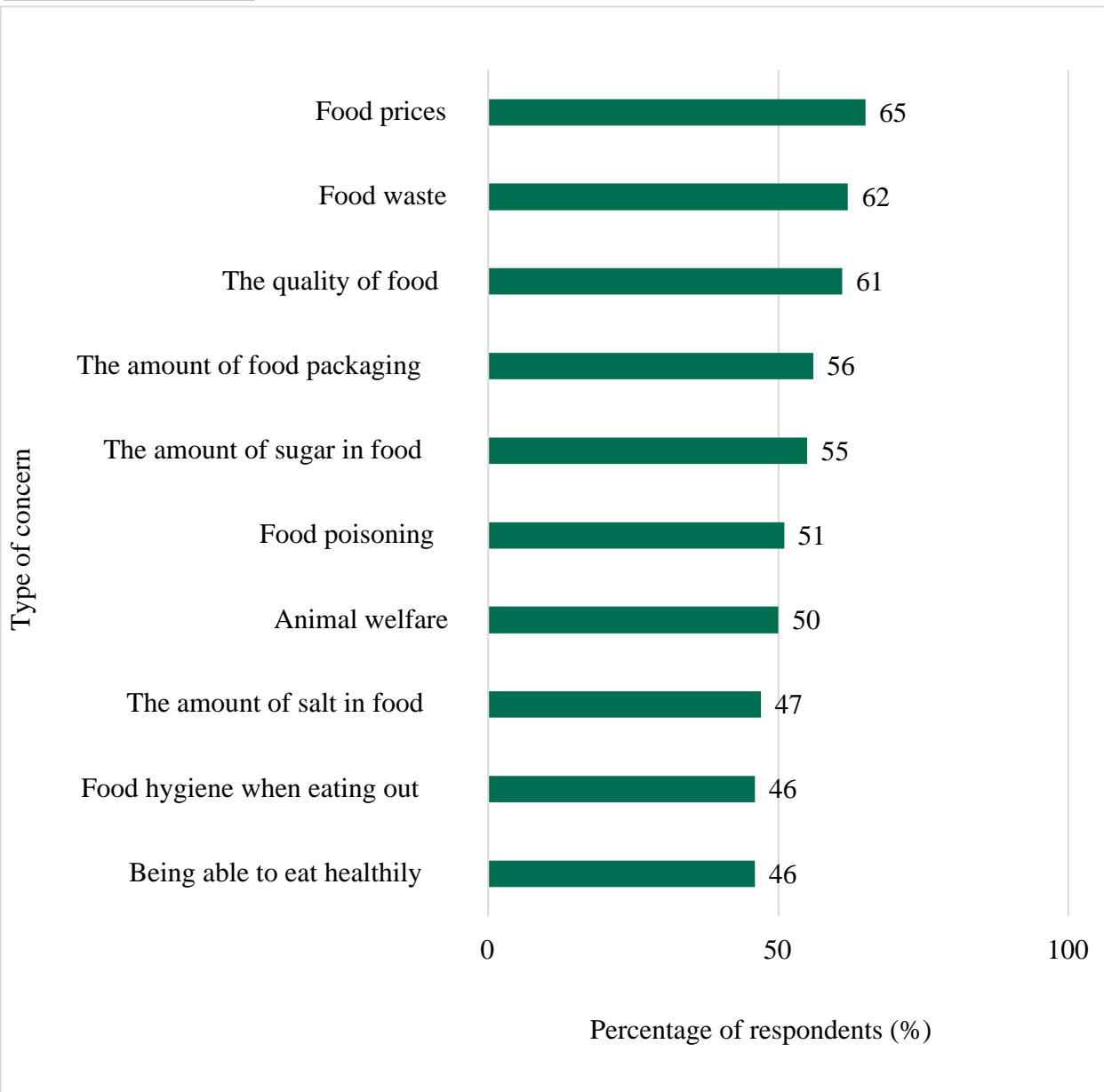
Source Food and You 2: Wave 6

Respondents who reported having a concern were asked to briefly explain what their concerns were about the food they eat. The most common concerns related to food safety and hygiene (32%), the quality of food (23%), food production methods (21%), and nutrition and health (19%) (Figure 3) ([footnote 2](#))

Figure 4. Most common prompted food-related concerns.

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Type of concern	Percentage of respondents
Being able to eat healthily	46
Food hygiene when eating out	46
The amount of salt in food	47
Animal welfare	50
Food poisoning	51
The amount of sugar in food	55
The amount of food packaging	56
The quality of food	61
Food waste	62
Food prices	65

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Source Food and You 2: Wave 6

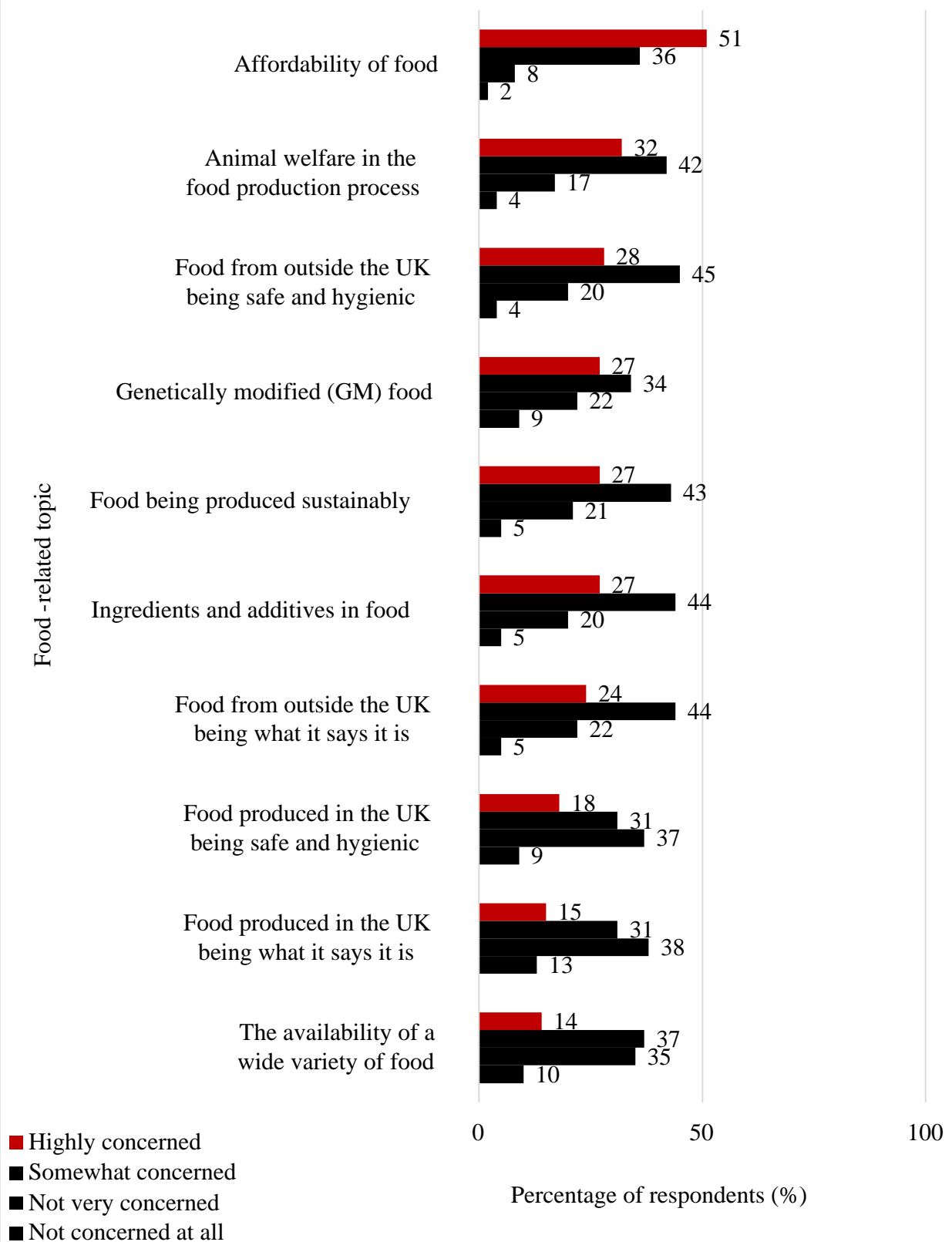
Respondents were asked to indicate if they had concerns about several food-related issues, from a list of options. The most common concern was food prices (65%). Other common concerns were food waste (62%), the quality of food (61%), and the amount of food packaging (56%) (Figure 4) [\(footnote 3\)](#).

Figure 5. Level of concern about food-related topics.

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Food-related topic



Food-related topic	Not concerned at all	Not very concerned	Somewhat concerned	Highly concerned
The availability of a wide variety of food	10	35	37	14
Food produced in the UK being what it says it is	13	38	31	15
Food produced in the UK being safe and hygienic	9	37	31	18

Food-related topic	Not concerned at all	Not very concerned	Somewhat concerned	Highly concerned
Food from outside the UK being what it says it is	5	22	44	24
Ingredients and additives in food	5	20	44	27
Food being produced sustainably	5	21	43	27
Genetically modified (GM) food	9	22	34	27
Food from outside the UK being safe and hygienic	4	20	45	28
Animal welfare in the food production process	4	17	42	32
Affordability of food	2	8	36	51

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Respondents were asked to indicate the extent to which they were concerned about a number of specific food-related issues. Respondents were most likely to report a high level of concern about the affordability of food (51%). Other issues respondents were highly concerned about included animal welfare in the food production process (32%) and food from outside the UK being safe and hygienic (28%) (Figure 5) ([footnote 4](#)).

The reported level of concern about the affordability of food varied between different categories of people in the following ways:

- **age group:** respondents aged between 16 and 64 years were more likely to report that they were highly concerned about the affordability of food compared to those aged 65 years or over (for example, 55% of those aged 25-34 years compared to 37% of those aged 80 years or over).
- **children under 6 years in household:** 64% of respondents with children under 6 reported that they were highly concerned about the affordability of food compared to 50% of those without children of that age in the household.
- **annual household income:** respondents with a lower income were more likely to report that they were highly concerned about the affordability of food compared to households with a higher income (for example, 59% of those with an income below £19,000 compared to 49% of those with an income between £64,000 and £95,999).
- **region (England) ([footnote 5](#)):** levels of concern about the affordability of food varied by region in England. For example, respondents who live in the North-East of England (65%) and West Midlands (59%) were more likely to report that they were highly concerned about the affordability of food compared to those who live in London (45%).
- **food security:** respondents with very low food security (75%) were more likely to report that they were highly concerned about the affordability of food than those with low (65%) or marginal (56%) food security. Those with high food security were least likely to report that they were highly concerned about the affordability of food (44%).

1. Question: Do you have any concerns about the food you eat? Responses: Yes, No. Base= 5991, all respondents.
2. Question: What are your concerns about the food you eat? Responses: [Open text]. Base= 1064, all respondents with concerns about the food they eat. Please note: additional responses are available in the full data set and tables, responses were coded by Ipsos, see Technical Report for further details.

3. Question: Do you have concerns about any of the following? Responses: the amount of sugar in food, food waste, animal welfare, hormones, steroids or antibiotics in food, the amount of salt in food, the amount of fat in food, food poisoning, food hygiene when eating out, food hygiene when ordering takeaways, the use of pesticides, food fraud or crime, the use of additives (for example, preservatives and colouring), food prices, genetically modified (GM) foods, chemical contamination from the environment, food miles, the number of calories in food, food allergen information, cooking safely at home, the quality of food, the amount of food packaging, being able to eat healthily, none of these, don't know. Base= 3820, all online respondents. Please note: the data from this question are not directly comparable to previous waves due to new response options; being able to eat healthily, the quality of food, the amount of food packaging.

4. Question: Thinking about food in the UK [question wording variation in Northern Ireland: the UK and Ireland] today, how concerned, if at all, do you feel about each of the following topics? a) affordability of food b) food produced in [in England and Wales: the UK; [in Northern Ireland: the UK and Ireland] being safe and hygienic c) food from outside [in England and Wales: the UK; in Northern Ireland: the UK and Ireland] being safe and hygienic d) food produced in [in England and Wales: the UK; in Northern Ireland: the UK and Ireland] being what it says it is e) food from outside [in England and Wales: the UK; in Northern Ireland: the UK and Ireland] being what it says it is f) food being produced sustainably g) the availability of a wide variety of food h) animal welfare in the food production process i) ingredients and additives in food j) genetically modified (GM) food. Base = 5991, all online respondents. Please note: some question wording was modified for respondents in England, Wales and Northern Ireland.

5. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.



F&Y2 Wave 6: Chapter 3 Food Security

Introduction

This chapter reports the level of food security in England, Wales, and Northern Ireland, and how food security varied between different categories of people.

“Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.” World Food Summit, 1996.

Food and You 2 uses the [U.S. Adult Food Security Survey Module](#) developed by the United States Department of Agriculture (USDA) to measure consumers' food security status.

Respondents are assigned to one of the following food security status categories:

- **high**: no reported indications of food-access problems or limitations.
- **marginal food security**: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or

food intake.

- **low**: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- **very low**: reports of multiple indications of disrupted eating patterns and reduced food intake.

Those with high or marginal food security are referred to as food secure. Those with low or very low food security are referred to as food insecure.

More information on how food security is measured and how classifications are assigned and defined can be found in Annex A and on the [USDA Food Security website](#).

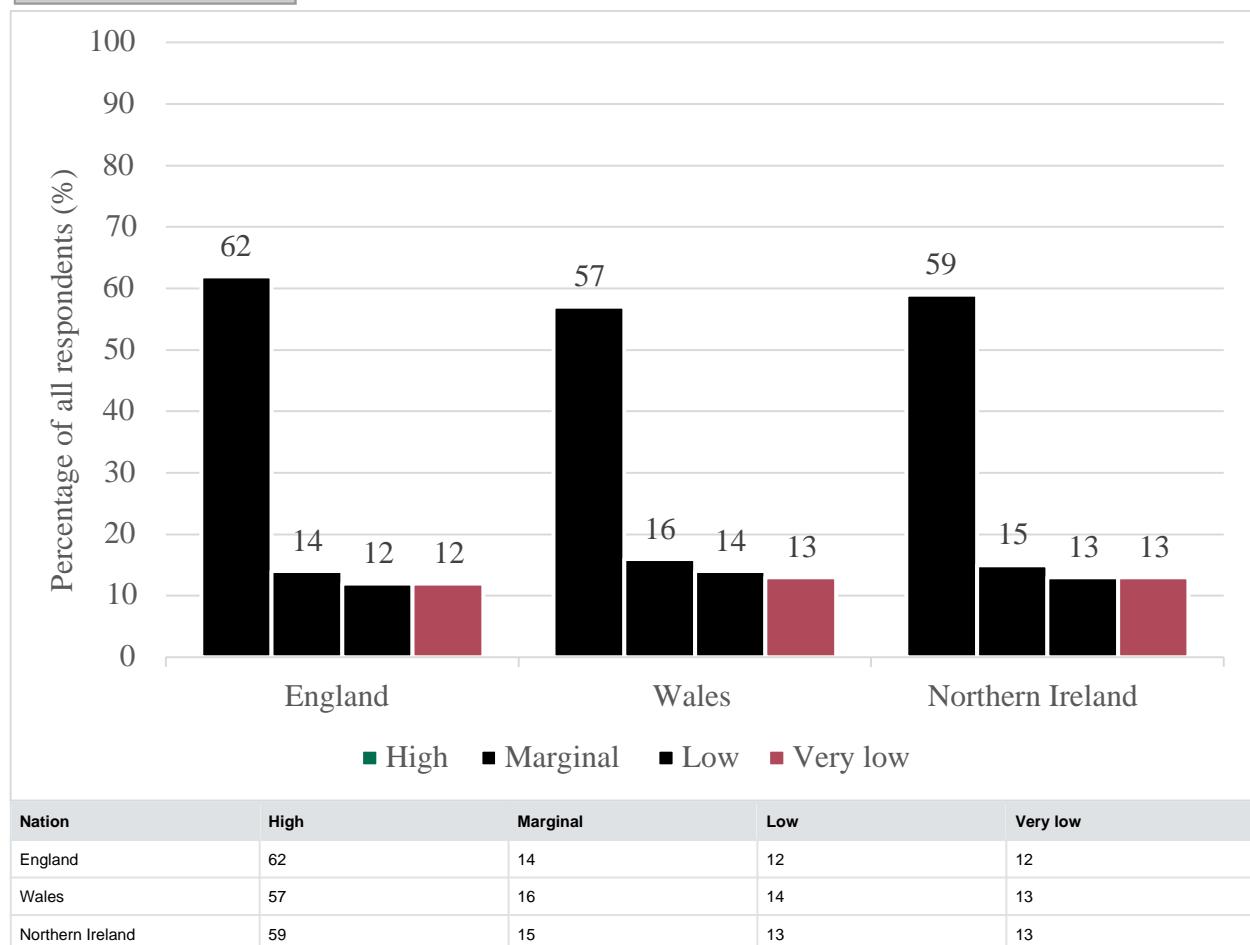
Food Security

Across England, Wales, and Northern Ireland, 75% of respondents were classified as food secure (61% high, 14% marginal) and 25% of respondents were classified as food insecure (12% low, 12% very low) ([footnote 1](#)).

Figure 6. Food security in England, Wales, and Northern Ireland

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Source Food and You 2 Wave 6.

Around three-quarters of respondents were food secure (for example, had high or marginal food security) in England (76%), Wales (73%) and Northern Ireland (74%). Approximately a quarter of respondents were food insecure (for example, had low or very low food security) in England (24%), Wales (27%) and Northern Ireland (26%) (Figure 5).

Experiences of food insecurity

To establish a food security classification, respondents were asked up to ten questions from the US Adult Food Security Survey Module ([footnote 2](#)).

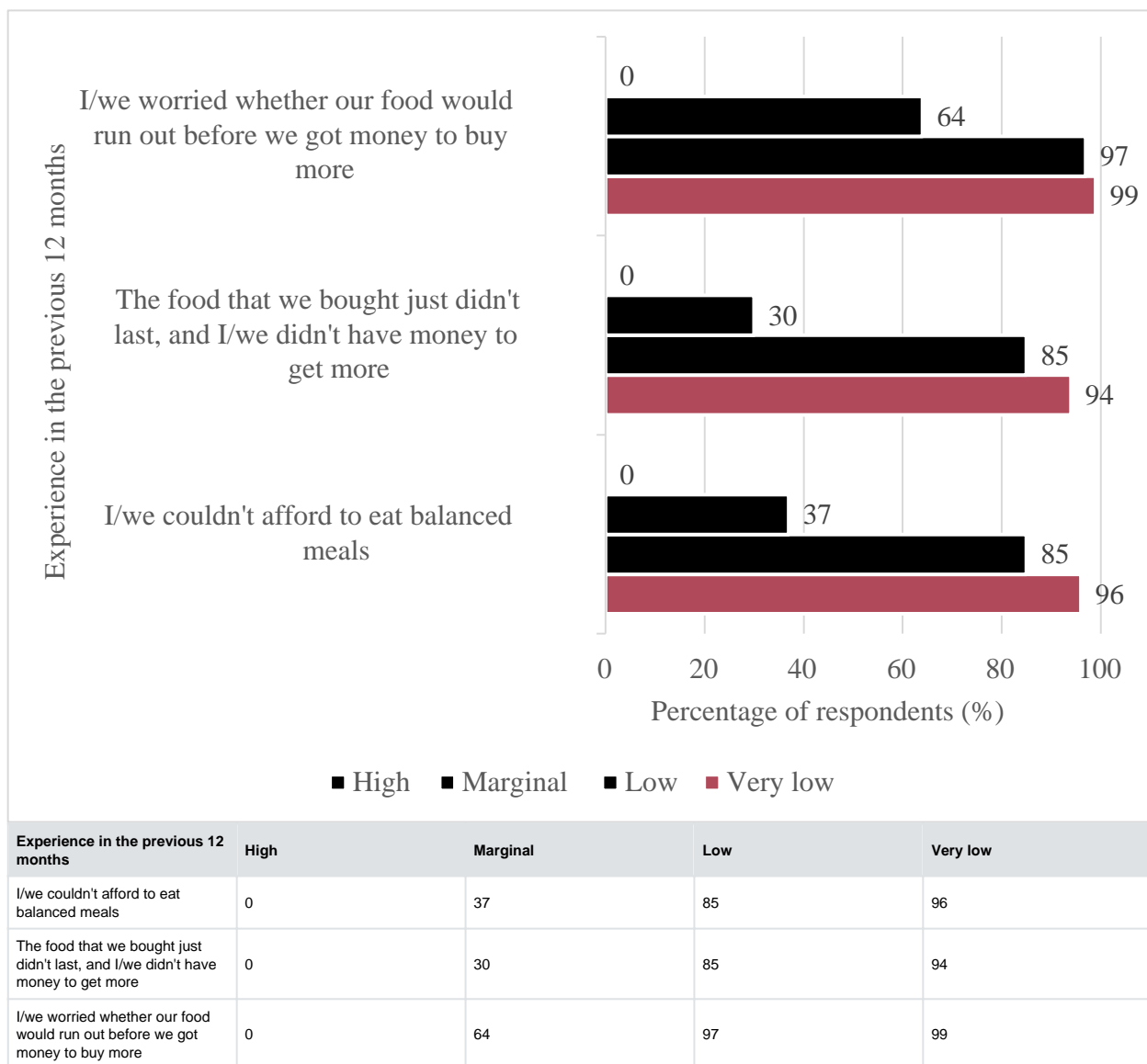
All respondents were asked the first three questions from the food security survey module. Respondents were asked how often, if ever, they had experienced any of the following in the previous 12 months:

- I/we worried whether our food would run out before we got money to buy more
- the food that we bought just didn't last, and I/we didn't have money to get more
- I/we couldn't afford to eat balanced meals

Figure 7. Experiences of food security by food security classification

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Source: Food and You 2: Wave 6

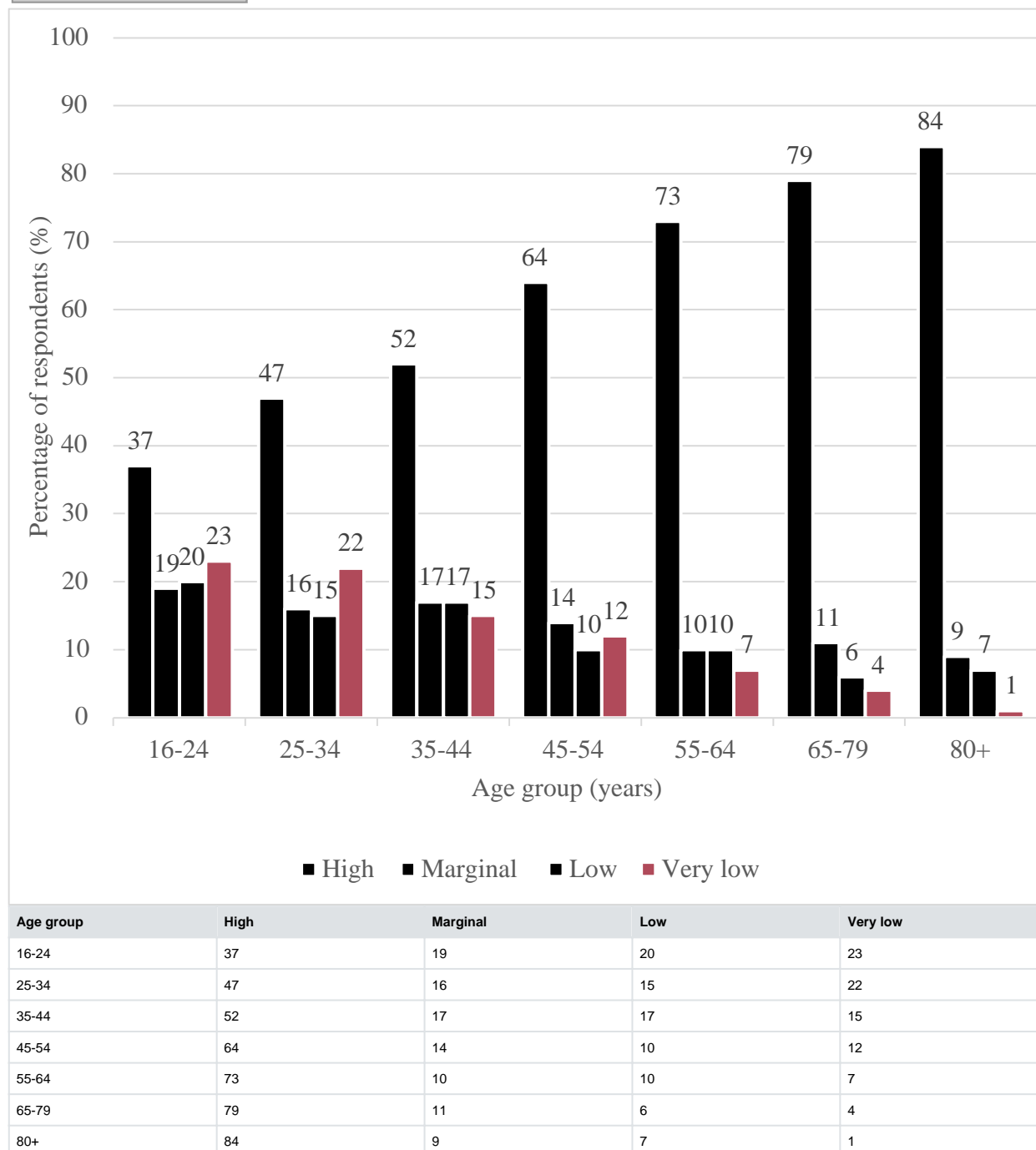
In the previous 12 months, respondents who had very low (99%), or low (97%) food security were more likely to have worried whether their food would run out before they got money to buy more, compared to those with marginal (64%) food security. Respondents who had very low (94%), or low (85%) food security were more likely to report that the food that they bought just didn't last, and they didn't have money to get more, compared to those with marginal (30%) food security. Respondents who had very low (96%), or low (85%) food security were more likely to report that they couldn't afford balanced meals, compared to those with marginal (37%) food security. Respondents with high food security reported that they had not had any of these experiences (0% worried whether their food would run out before they got money to buy more, 0% the food that they bought just didn't last, and they didn't have money to get more) in the previous 12 months (Figure 7).

How food security differs between socio-economic and demographic groups

Figure 8. Food security by age group.

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Source: Food and You 2: Wave 6

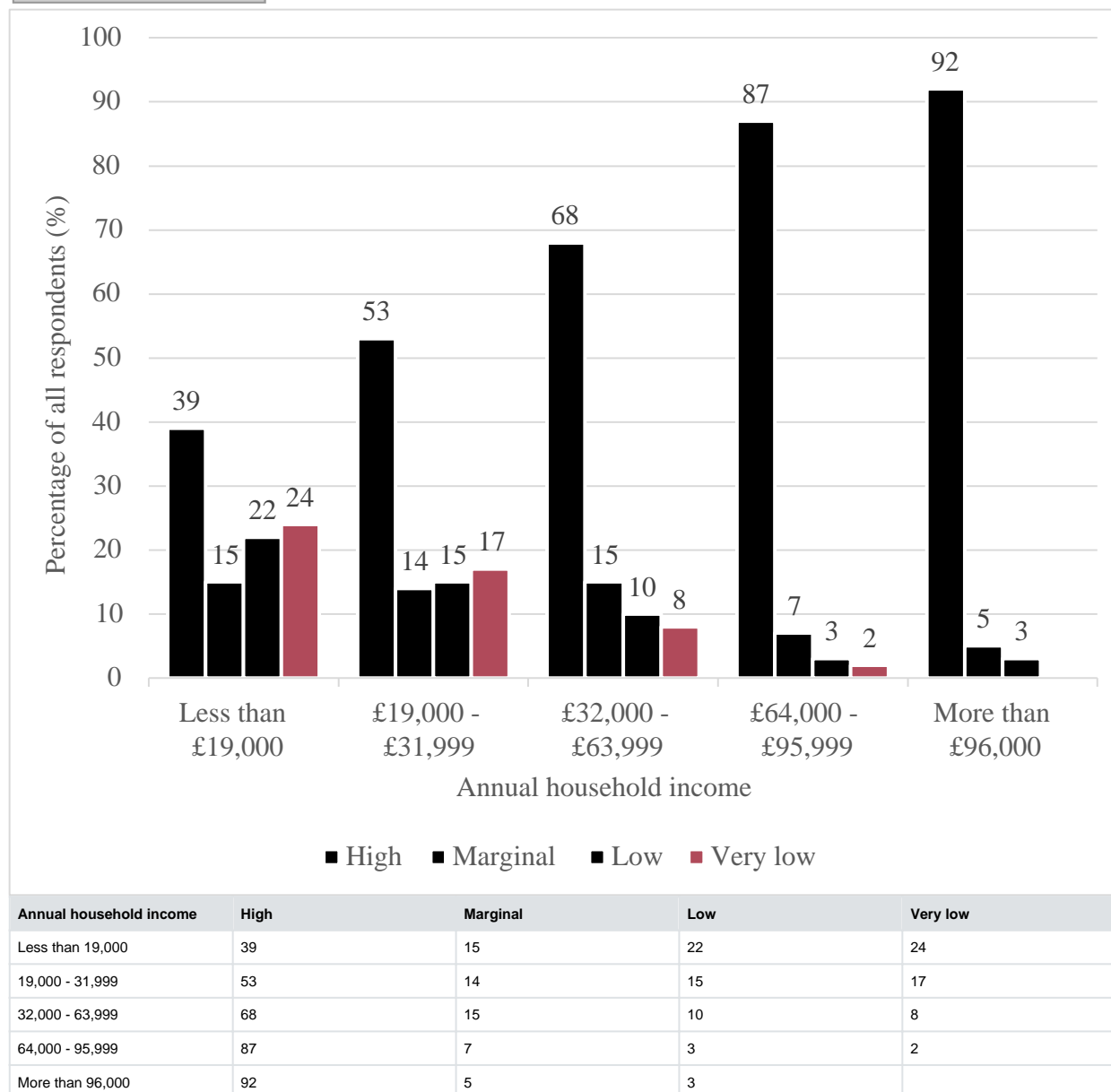
Food security varied by age group with older adults being more likely to report that they were food secure and less likely to report that they were food insecure than younger adults. For example,

44% of respondents aged 16-24 years were food insecure (20% low, 23% very low security) compared to 7% of those aged 80 years and over (7% low, 1% very low security) (Figure 8).

Figure 9. Food security by annual household income.

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Source: Food and You 2: Wave 6

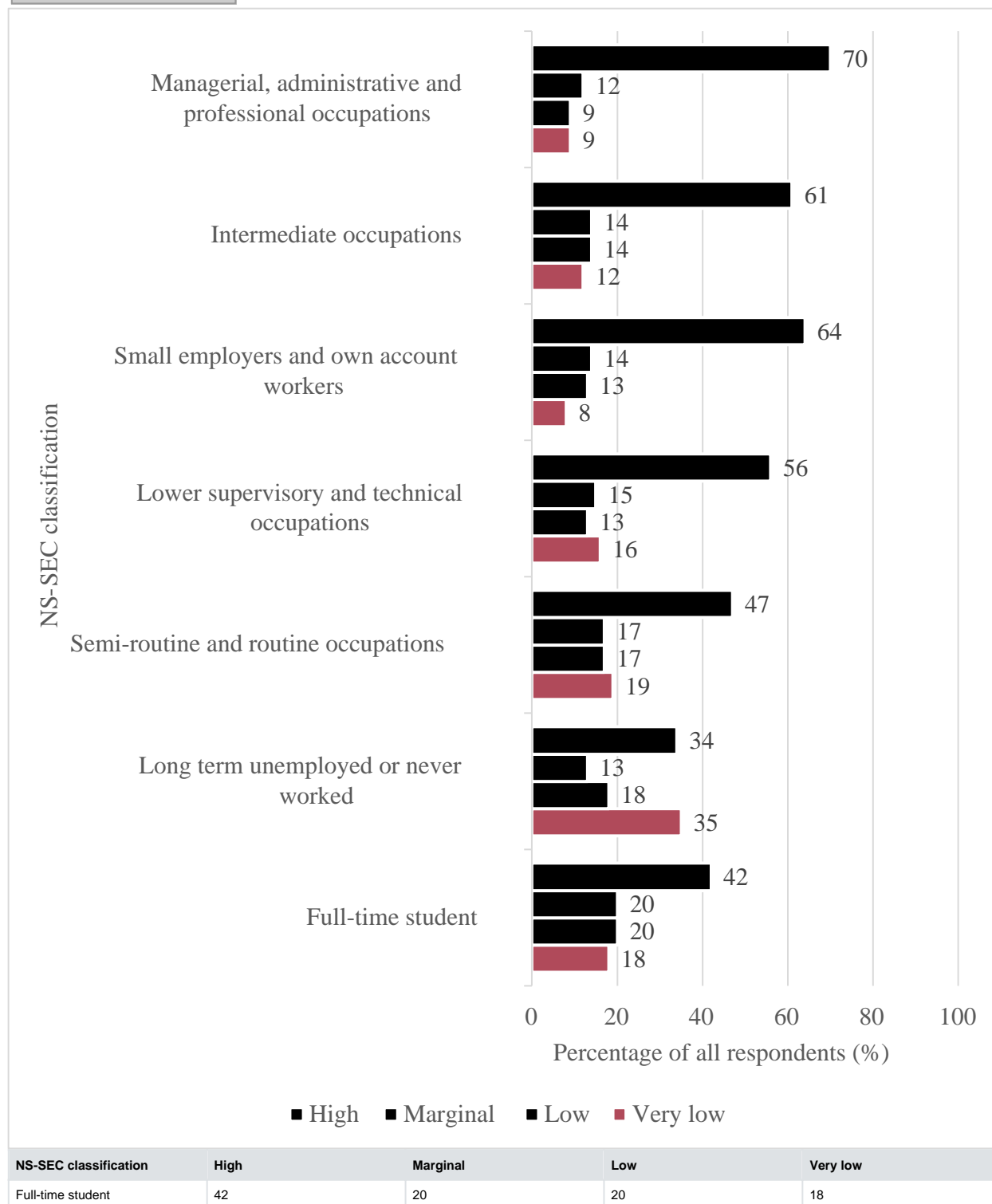
Food security was associated with household income. Respondents with a lower income were more likely to report being food insecure than those with a higher income. For example, 46% of those with an annual household income of less than £19,000 reported food insecurity (low 22%, very low 24%) compared to 5% of those with an income between £64,000 and £95,999 (low 3%, very low 2%).

very low 2%) (Figure 9).

Figure 10. Food security by socio-economic classification (NS-SEC)

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NS-SEC classification	High	Marginal	Low	Very low
Full-time student	42	20	20	18

NS-SEC classification	High	Marginal	Low	Very low
Long term unemployed or never worked	34	13	18	35
Semi-routine and routine occupations	47	17	17	19
Lower supervisory and technical occupations	56	15	13	16
Small employers and own account workers	64	14	13	8
Intermediate occupations	61	14	14	12
Managerial, administrative and professional occupations	70	12	9	9

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Source: Food and You 2: Wave 6

Respondents who were long term unemployed and/or had never worked (53%) were more likely to report that they were food insecure compared to all other occupational groups. Those who were full-time students (38%), and in semi-routine and routine occupations (36%), were more likely to be food insecure than many other occupations groups (for example, 18% of those in managerial, administrative, and professional occupations) (Figure 10) [\(footnote 3\)](#).

The reported level of food insecurity also varied between different categories of people in the following ways:

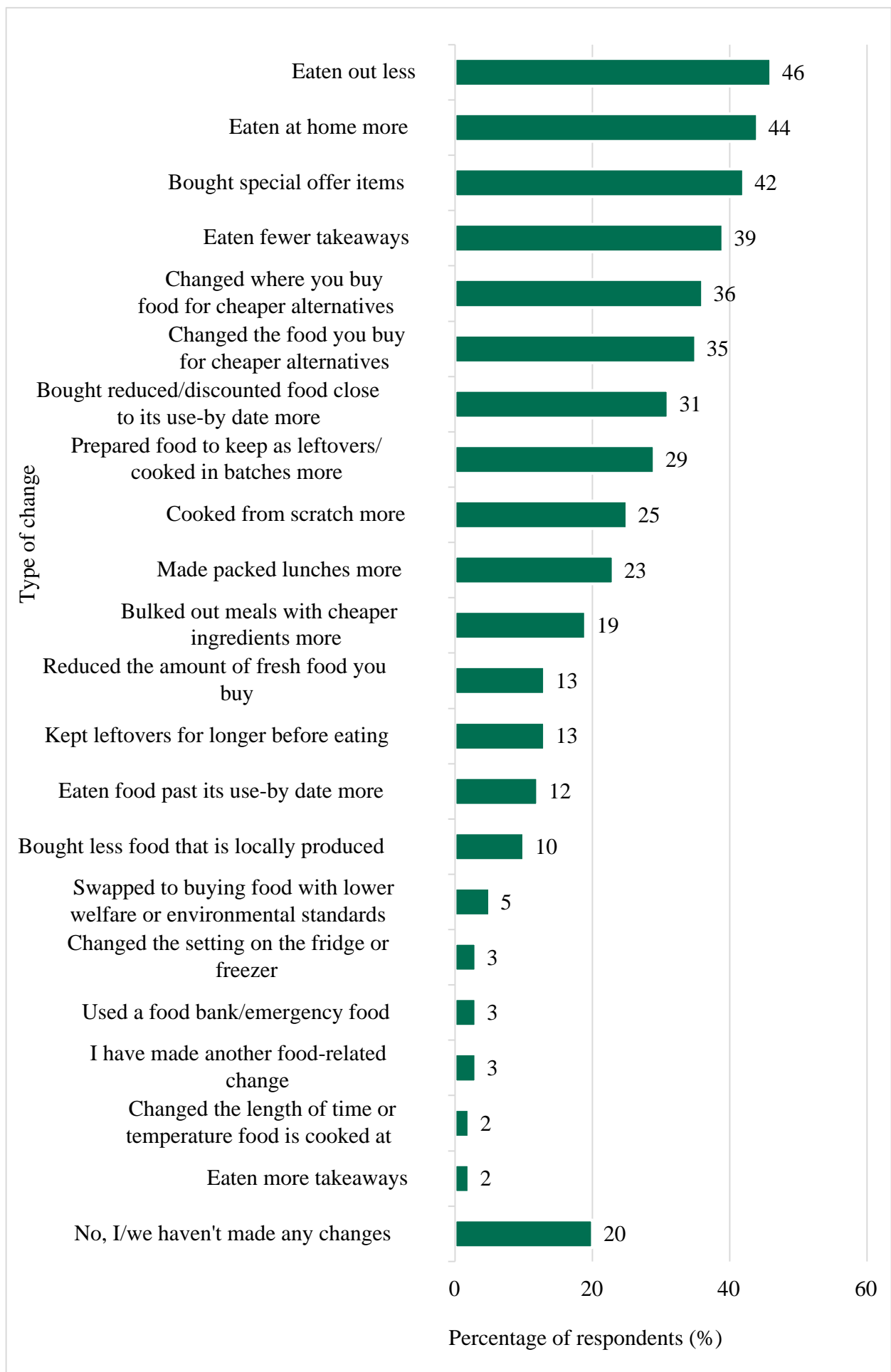
- **household size:** households with 5 people or more (44%) were more likely to report that they were food insecure compared to those in households with 4-persons or fewer (for example, 17% in 2-person households).
- **children under 16 in household:** 36% of households with children under 16 years reported that they were food insecure compared to 20% of households without children under 16 years.
- **children under 6 in household:** 45% of households with children under 6 years reported that they were food insecure compared to 22% of households without children under 6 years.
- **urban vs rural:** 27% of respondents living in an urban area reported that they were food insecure compared to 16% of respondents living in a rural area.
- **ethnic group:** 34% of Asian or Asian British respondents reported that they were food insecure compared to 22% of respondents white respondents [\(footnote 4\)](#).
- **long term health condition:** respondents with a long-term health condition (32%) were more likely to report being food insecure compared to those without a long-term health condition (20%).

Changes to food-related behaviours

Figure 11. Changes in eating habits and food-related behaviours for financial reasons.

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Type of change	Percentage of respondents
No, I/we haven't made any changes	20
Eaten more takeaways	2
Changed the length of time or temperature food is cooked at	2
I have made another food-related change	3
Used a food bank/emergency food	3
Changed the setting on the fridge or freezer	3
Swapped to buying food with lower welfare or environmental standards	5
Bought less food that is locally produced	10
Eaten food past its use-by date more	12
Kept leftovers for longer before eating	13
Reduced the amount of fresh food you buy	13
Bulked out meals with cheaper ingredients more	19
Made packed lunches more	23
Cooked from scratch more	25
Prepared food to keep as leftovers/ cooked in batches more	29
Bought reduced/discounted food close to its use-by date more	31
Changed the food you buy for cheaper alternatives	35
Changed where you buy food for cheaper alternatives	36
Eaten fewer takeaways	39
Bought special offer items	42
Eaten at home more	44
Eaten out less	46
Cooked at home more	-

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Respondents were asked what changes, if any, they had made to their eating habits and food-related behaviours in the previous 12 months for financial reasons. Most respondents (80%) reported that they had made a change to their eating habits for financial reasons in the previous 12 months, with only 20% of respondents indicating that they had made no changes.

Common changes related to what and where respondents ate (46% ate out less, 44% ate at home more, 39% ate fewer takeaways), changes to shopping habits (42% bought items on special offer, 36% changed where they buy food for cheaper alternatives, 35% changed the food they buy for cheaper alternatives, 31% bought reduced/discounted food, 19% bulked out meals with cheaper ingredients) and changes to food preparation (29% prepared food that could be kept as leftovers/ cooked in batches more, 23% made more packed lunches).

Around 1 in 10 respondents reported that they had reduced the amount of fresh food they bought (13%) and 10% of respondents had bought less food that is locally produced. Some respondents reported an increase in risky food safety behaviours due to financial reasons (13% kept leftovers for longer before eating, 12% had eaten food past its use-by date more, 3% changed the setting on the fridge / freezer, 2% changed the length of time or temperature food is cooked at) (Figure 11) ([footnote 5](#)).

Food bank use

Respondents were asked if they or anyone else in their household had received a free parcel of food from a food bank or other emergency food provider in the last 12 months. Most respondents (94%) reported that they had not used a food bank or other emergency food provider in the last

12 months, with 4% of respondents reporting that they had [\(footnote 6\)](#).

Respondents who had received a food parcel from a food bank or other provider were asked to indicate how often they had received this in the last 12 months. Of these respondents, 37% had received a food parcel on only one occasion in the last 12 months, 40% had received a food parcel on more than one occasion but less often than every month, and 7% had received a food parcel every month or more often [\(footnote 7\)](#).

Free school meals

Respondents with children aged 7-15 years in their household were asked whether these children receive free school meals. Most respondents (78%) with a child(ren) aged 7-15 years in their household reported that the child(ren) do not receive free school meals. Approximately one in six (17%) respondents reported that the child or children receive free school meals [\(footnote 8\)](#).

The reported uptake of free school meals varied between different categories of people in the following ways:

- **annual household income:** respondents with an income of less than £19,000 (45%) were more likely to report that the child(ren) receive free school meals compared to those with a higher income (for example, 4% of those with an income of £64,000-£95,999).
- **food security:** respondents with low (36%) or very low (34%) food security were more likely to report their child(ren) received free school meals compared to those with a high (5%) or marginal (14%) food security.
- **long-term health condition:** respondents with a long-term health condition (30%) security were more likely to report the child(ren) received free school meals compared to those without a long-term health condition (13%).

Social supermarkets

Social supermarkets, food clubs and community pantries/larders allow people to buy food items at a heavily discounted price, or as part of a membership. These are generally community organisations and may offer additional services such as referral services and volunteering opportunities. Some or all of the food is surplus from the food supply chain.

Awareness and use of social supermarkets

Respondents were asked if they or anyone else in their household had used a social supermarket in the last 12 months. Around 1 in 20 (4%) respondents reported that they had used a social supermarket in the last 12 months, whilst 80% of respondents reported that they had not. Only 14% of respondents reported that they had not heard of social supermarkets [\(footnote 9\)](#).

The use of social supermarkets varied between different categories of people in the following ways:

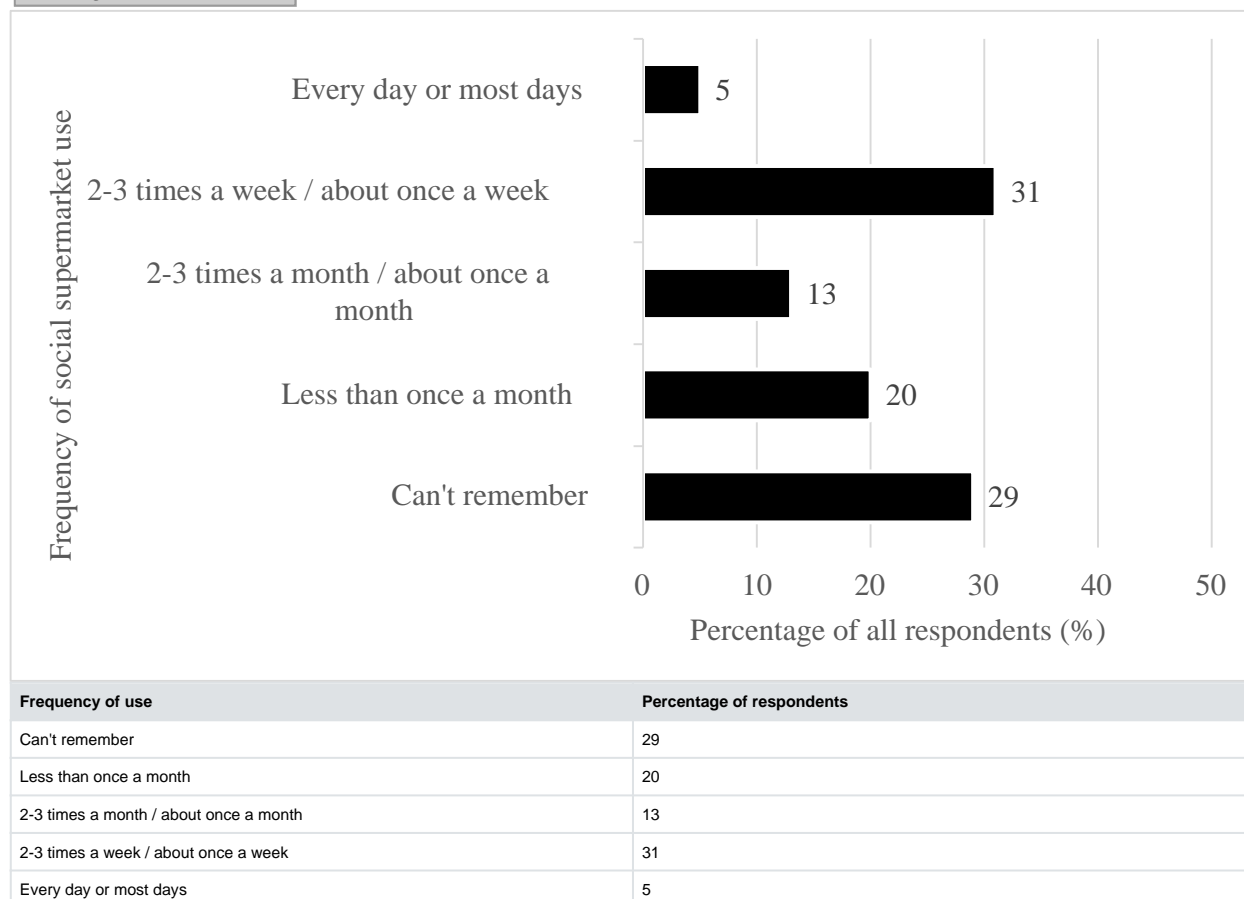
- **annual household income:** respondents with an income of less than £19,000 (9%) were more likely to have used a social supermarket than those with a higher income (for example, 2% of those with an income between £32,000 and £63,999)**.
- **NS-SEC:** respondents who were long term unemployed and/or had never worked (20%) were more likely to have used a social supermarket than those in other occupational groups (for example, 3% in managerial, administrative, and professional occupations) or full-time students (4%).
- **food security:** respondents with very low food security (14%) were more likely to have used a social supermarket than those with low (7%) or marginal (6%) food security. Those

with high food security (1%) were least likely to have used a social supermarket.

Figure 12. Frequency of social supermarket use

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Source: Food and You 2: Wave 6

Respondents who had used a social supermarket were asked to indicate how often they had used this in the last 12 months. Of these respondents, 5% had used a social supermarket every day or most days, 31% had used a social supermarket 2-3 times a week or about once a week, 13% had used a social supermarket 2-3 times a month or about once a month, and 20% had used a social supermarket less than once a month. However, 29% of respondents who had used a social supermarket reported that they could not remember how often they had used a social supermarket in the last 12 months (Figure 12) ([footnote 10](#)).

1. Question/Responses: Derived variable, see [USDA Food Security guidance](#) and Technical Report. Base= 5991, all respondents. Please note: See Annex A for information about the classifications and definitions of food security levels.

2. See the [USDA Food Security guidance](#) for further information about the survey and classifications.
3. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
4. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
5. Question: In the last 12 months, have you made any of these changes for financial reasons? Responses: eaten out less, eaten at home more, cooked at home more, eaten fewer takeaways, bought items that were on special offer more (for example, 3 for 2), prepared food to be kept as leftovers/cooked in batches more, changed where you buy food for cheaper alternatives, changed the food you buy to cheaper alternatives, made packed lunches more, bought reduced/discounted food close to its use-by date more, eaten food past its use-by date more, kept leftovers for longer before eating, started using a food bank/emergency food provider, reduced the amount of fresh food you buy other, swapped to buying food with lower welfare or environmental standards, bought less food that is locally produced, changed the length of time or temperature food is cooked at, changed the setting on the fridge or freezer, I have made another food-related change, I have not made any changes. Base= 3820, all online respondents.
6. Question: In the last 12 months, have you, or anyone else in your household, received a free parcel of food from a food bank or other emergency food provider? Responses: Yes, No, Prefer not to say. Base= 2991, all respondents.
7. Question: How often in the past 12 months have you, or anyone else in your household, received a free food parcel from a food bank or other emergency food provider? Responses: Only once in the last year, Two or three times in the last year, Four to six times in the last year, More than six times but not every month, Every month or more often, Don't know, Prefer not to say. Base= 270, all respondents where anyone in household has used a food bank or emergency food or received a free food parcel from a food bank or other emergency food provider in the last 12 months.
8. Question: Does any child receive free school meals? Responses: Yes, No, Don't know, Prefer not to say. Base= 1065, all respondents who had child(ren) aged 7 - 15 living in the household. The eligibility criteria for free school meals varies between [England, Wales and Northern Ireland](#).
9. Question: In the last 12 months, have you, or anyone else in your household, used a social supermarket (also known as a food club/hub or community pantry)? Responses: Yes, No, Prefer not to say, I had not heard of a social supermarket, food club/hub or community pantry before today. Base= 5991, all respondents.
10. Question: How often in the last 12 months have you, or anyone else in your household, used a social supermarket (also known as a food club/hub or community pantry)? Responses: Every day, Most days, 2-3 times a week, About once a week, About once a

month, Less than once a month, Can't remember. Base= 224, all respondents who have used a social supermarket in the last 12 month.



F&Y2 Wave 6: Chapter 4 Eating out and takeaways

Introduction

[The Food Hygiene Rating Scheme \(FHRS\)](#) helps people make informed choices about where to eat out or shop for food by giving clear information about the businesses' hygiene standards. Ratings are typically given to places where food is supplied, sold or consumed, including restaurants, pubs, cafés, takeaways, food vans and stalls.

The FSA runs the scheme in partnership with local authorities in England, Wales and Northern Ireland. A food safety officer from the local authority inspects a business to check that it follows food hygiene law so that the food is safe to eat. Businesses are given a rating from 0 to 5. A rating of 5 indicates that hygiene standards are very good and a rating of 0 indicates that urgent improvement is required.

Food businesses are provided with a sticker which shows their FHRS rating. In England businesses are encouraged to display their FHRS rating, however in Wales and Northern Ireland food businesses are legally required to display their FHRS rating ([footnote 1](#)). FHRS ratings are also available on the FSA website.

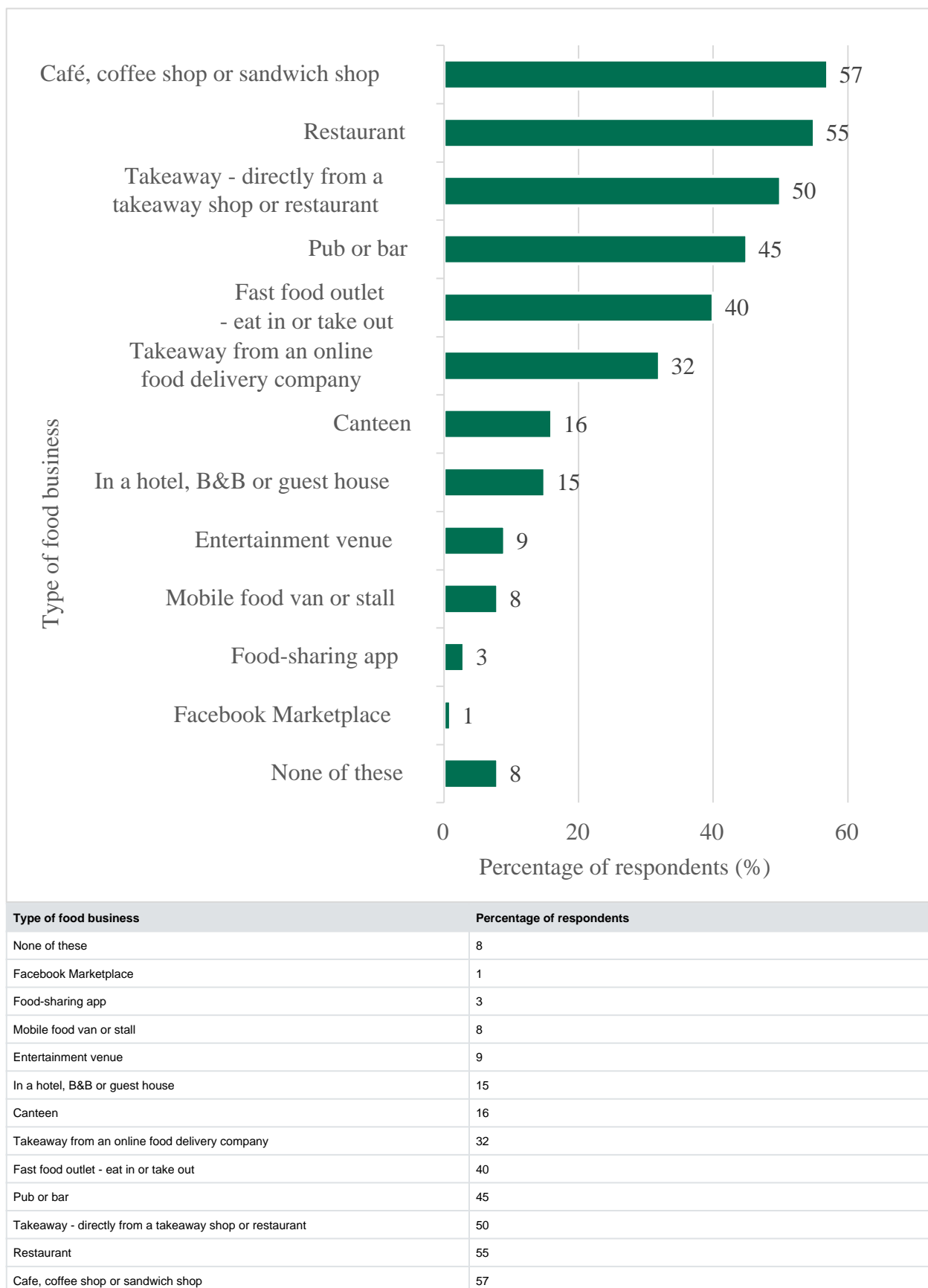
This chapter provides an overview of respondents' eating out and takeaway ordering habits, the factors that are considered when deciding where to eat out or order a takeaway from, and recognition and use of the FHRS.

Prevalence of eating out and ordering takeaways

Figure 13. Type of food business respondents had eaten at or ordered food from in the previous 4 weeks.

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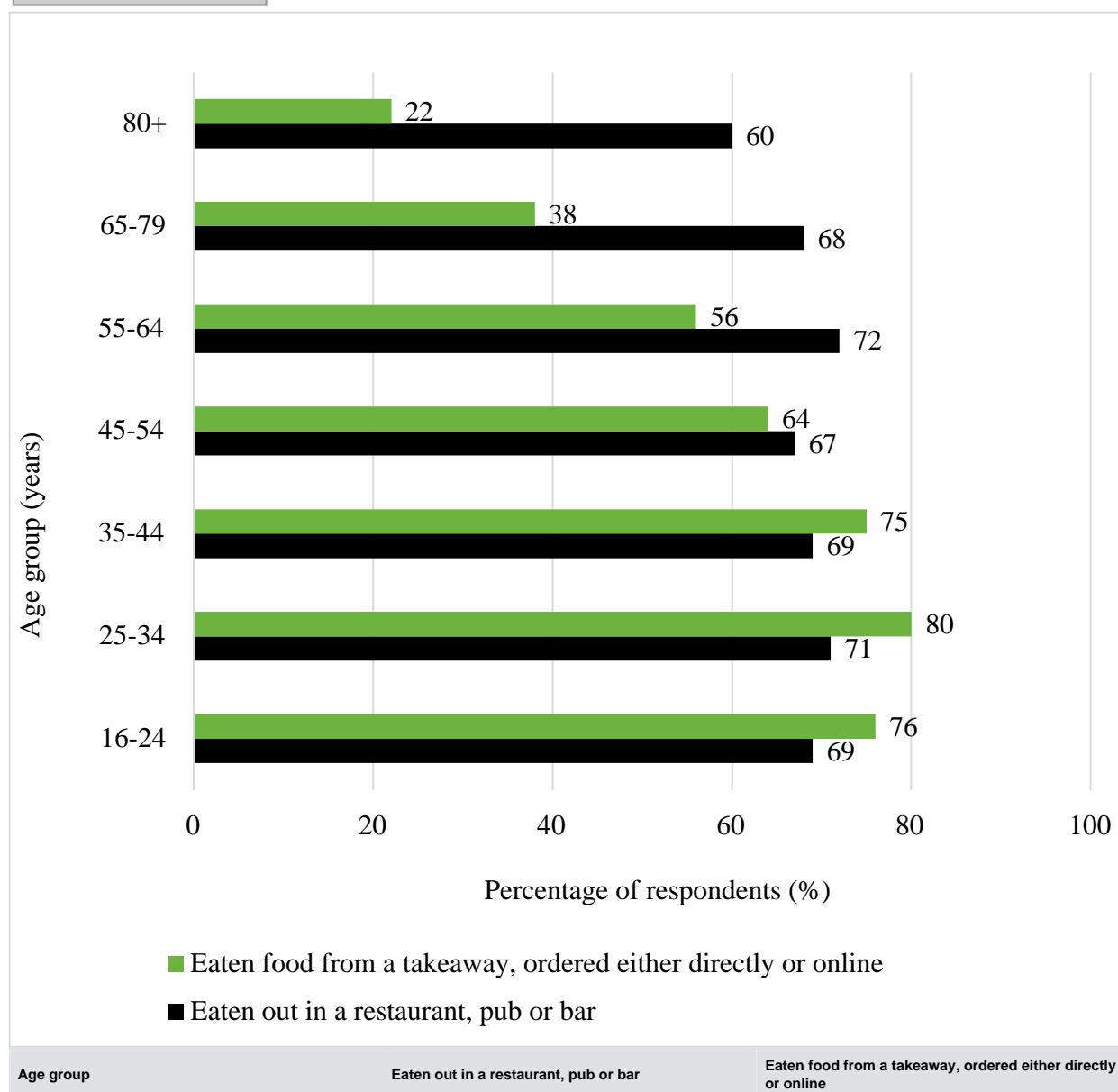
Source: Food & You 2: Wave 6

Respondents were asked where they had eaten food from in the previous four weeks. Around 6 in 10 respondents had eaten food from a café, coffee shop or sandwich shop (either to eat in or take out) (57%) and 55% had eaten in a restaurant. Half had eaten food from a takeaway ordered directly from a takeaway shop or restaurant (50%), 45% had eaten in a pub or bar, 40% had eaten food fast food outlet (either to eat in or take out) and 32% from a takeaway ordered from an online food delivery company (for example, Just Eat, Deliveroo, Uber Eats). Around 1 in 10 (8%) respondents had not eaten food from any of the listed food businesses in the previous 4 weeks (Figure 13) ([footnote 2](#)).

Figure 14. Prevalence of eating out in a restaurant, pub or bar, or from a takeaway by age group in the previous 4 weeks

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16-24	69	76
25-34	71	80
35-44	69	75
45-54	67	64
55-64	72	56
65-79	68	38
80+	60	22

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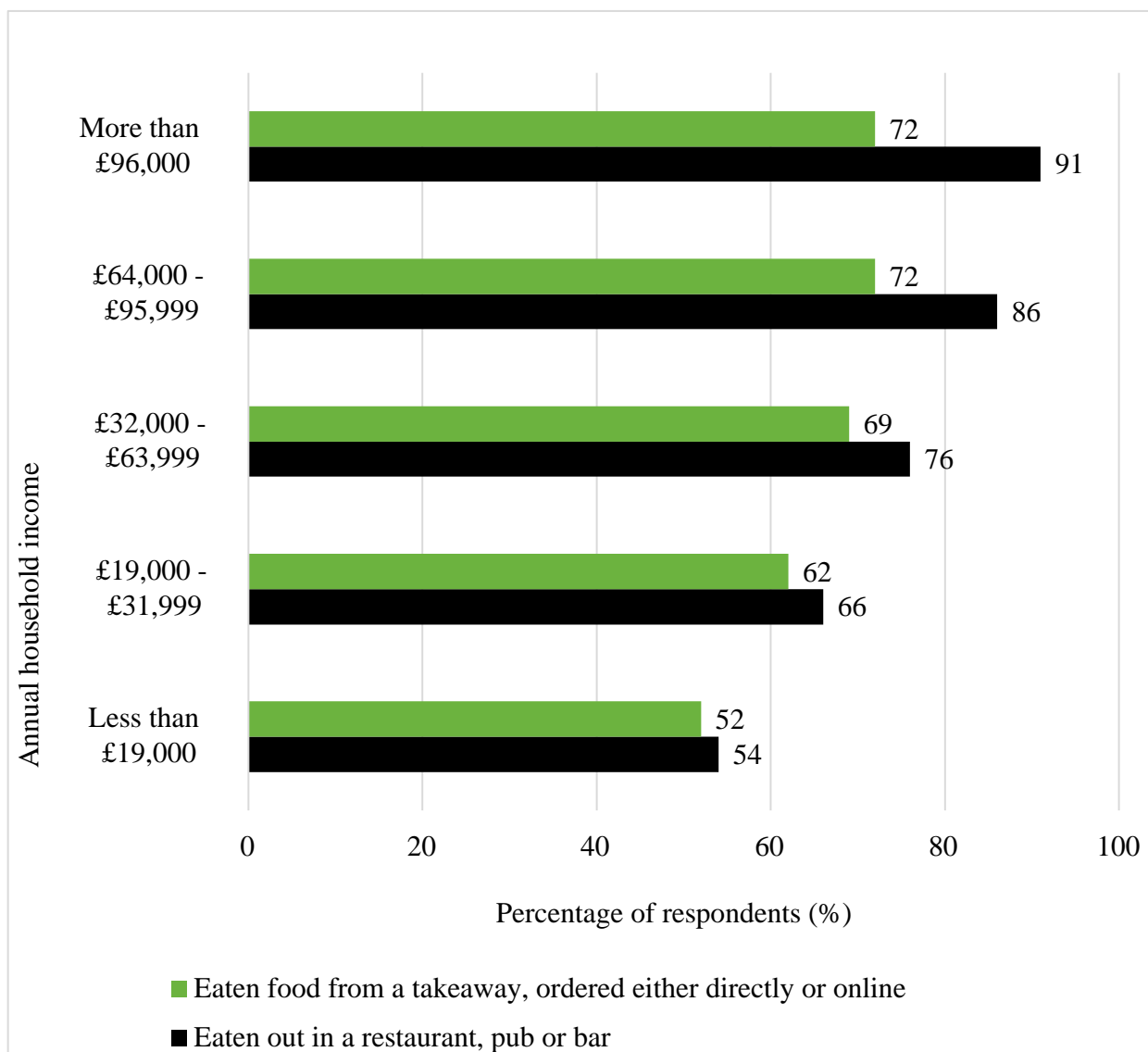
Source: Food and You 2: Wave 6

Younger respondents were more likely to have eaten food from a takeaway (ordered directly or from an online food delivery company) in the previous four weeks compared to older respondents. However, the likelihood that respondents had eaten in a restaurant, pub or bar did not differ significantly between most age groups. For example, 80% of those aged between 25 and 34 years had eaten food from a takeaway compared to 22% of those aged 80 years or over. In comparison, 69% of those aged between 16 and 24 years had eaten in a restaurant, pub or bar compared to 68% of those aged 65-79 years (Figure 14).

Figure 15. Prevalence of eating out in a restaurant, pub or bar, or from a takeaway by annual household income in the previous 4 weeks

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Annual household income	Eaten out in a restaurant, pub or bar	Eaten food from a takeaway, ordered either directly or online
Less than 19,000	54	52
19,000 - 31,999	66	62
32,000 - 63,999	76	69
64,000 - 95,999	86	72
More than 96,000	91	72

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Source: Food and You 2: Wave 6

Respondents with a higher household income were more likely to have eaten out in a restaurant, pub or bar, or have eaten food from a takeaway (ordered directly or from an online food delivery company) in the previous 4 weeks compared to respondents with a lower income. For example, 86% of respondents with an income between £64,000 and £95,999 had eaten out in a restaurant, pub or bar compared to 54% of those with an income of £19,000 or below. Similarly, 72% of respondents with an income between £64,000 and £95,999 had eaten food from a takeaway (ordered directly or from an online food delivery company) compared to 52% of those with an income of less than £19,000 (Figure 15).

The prevalence of eating out in a restaurant, pub or bar or eating food from a takeaway (ordered directly or from an online food delivery company) in the previous 4 weeks also varied between different types of people in the following ways:

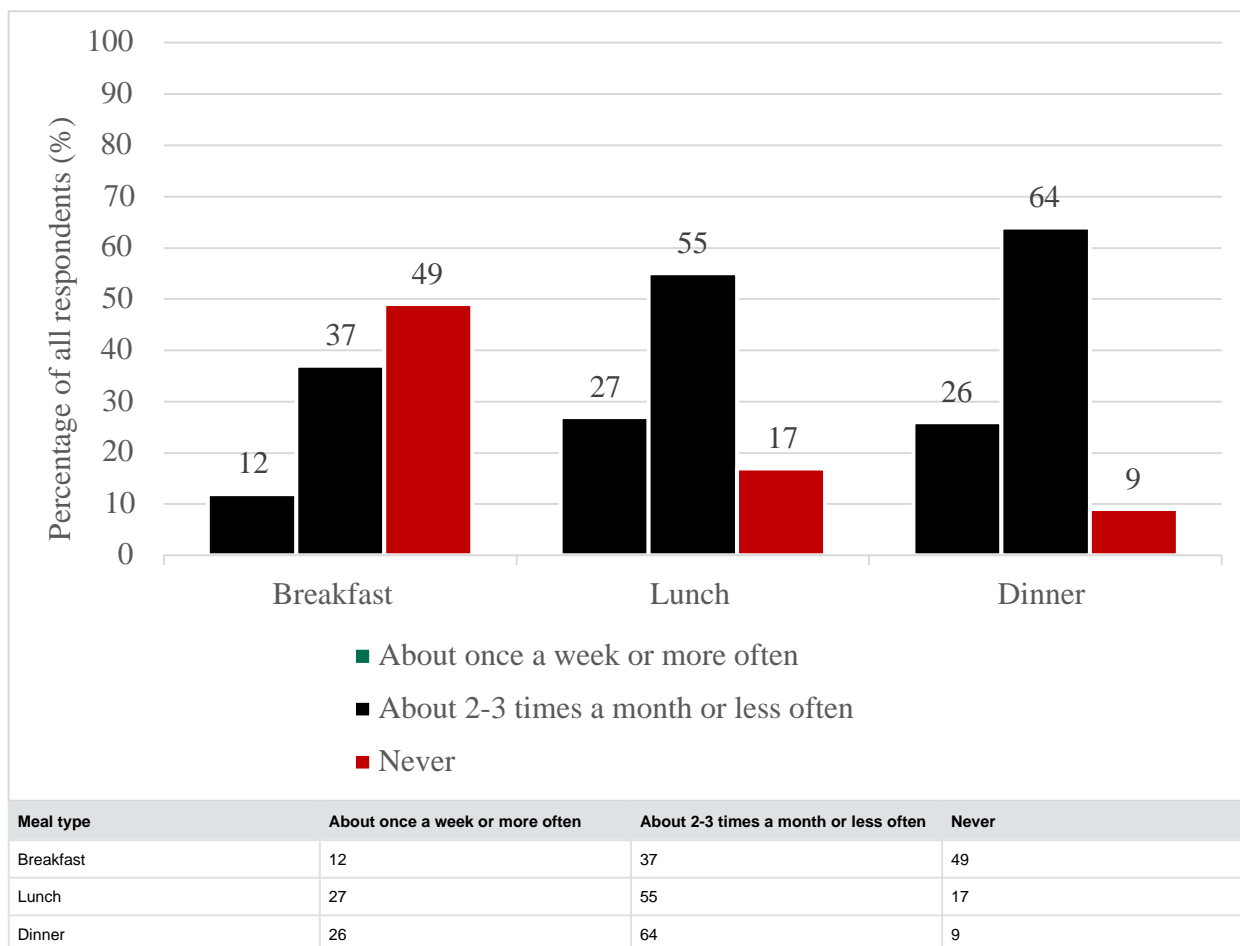
- **household size:** respondents who lived in larger households were more likely to have eaten food from a takeaway than those who lived in smaller households. For example, 76% of respondents living in a household of 5-persons or more had eaten food from a takeaway compared to 43% of respondents living alone. However, the prevalence of eating out in a restaurant, pub or bar did not differ by household size. For example, 66% of respondents living in a household of 5-persons or more had eaten out in a restaurant, pub or bar compared to 67% of respondents living alone.
- **children under 16 years in household:** respondents who had children in the household (74%) were more likely to have eaten food from a takeaway than those who did not have children aged 16 years or under in the household (56%). The prevalence of eating out in a restaurant, pub or bar did not differ greatly between those with (65%) or without (71%) children aged 16 years or under in the household**.
- **NS-SEC (footnote 3):** respondents in some occupational groups (for example, 77% managerial, administrative and professional occupations) were more likely to have eaten out in a restaurant, pub or bar compared to those in other occupational groups (for example, 55% semi-routine and routine occupations), and full-time students (63%). Those who were long term unemployed and/or had never worked (27%) were least likely to have eaten out in a restaurant, pub or bar. However, full-time students (73%) were more likely to have eaten food from a takeaway than those in occupational groups (for example, 59% intermediate occupations) and those who were long term unemployed and/or had never worked (53%).
- **urban/rural:** respondents living in an urban area (63%) were more likely to have eaten food from a takeaway than those living in a rural area (53%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those who lived in urban (68%) or rural (71%) areas**.
- **food security:** respondents with high (73%) food security were more likely to have eaten out in a restaurant, pub or bar than those with marginal (67%), low (62%) or very low (59%) food security. However, respondents with high (58%) food security were less likely to have eaten food from a takeaway than those with marginal (67%), low (68%) or very low (69%) food security.
- **ethnic group:** white respondents (70%) were more likely to have eaten out in a restaurant, pub or bar compared to Asian or Asian British respondents (62%), however Asian or Asian British respondents (72%) were more likely to have eaten food from a takeaway compared to white respondents (61%) (footnote 4).
- **long term health condition:** respondents with no long-term health condition (73%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who had a long-term health condition (62%), however the prevalence of eating food from a takeaway did not differ greatly between those with (58%) or without (64%) a long-term health condition**.

Eating out and takeaways by mealtime

Figure 16. Frequency of eating out or buying food to takeout by mealtime

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Source: Food and You 2: Wave 6

Respondents were asked how often they ate out or bought food to take out for breakfast, lunch, and dinner. Respondents were least likely to eat out or buy food to take out for breakfast, with 49% of respondents never doing this. Around half of respondents (55%) reported that they ate out or bought takeout food for lunch 2-3 times a month or less often. Respondents were most likely to eat out or buy food to take out for dinner, with 64% doing this 2-3 times a month or less often and 26% doing this about once a week or more often (Figure 16) [\(footnote 5\)](#).

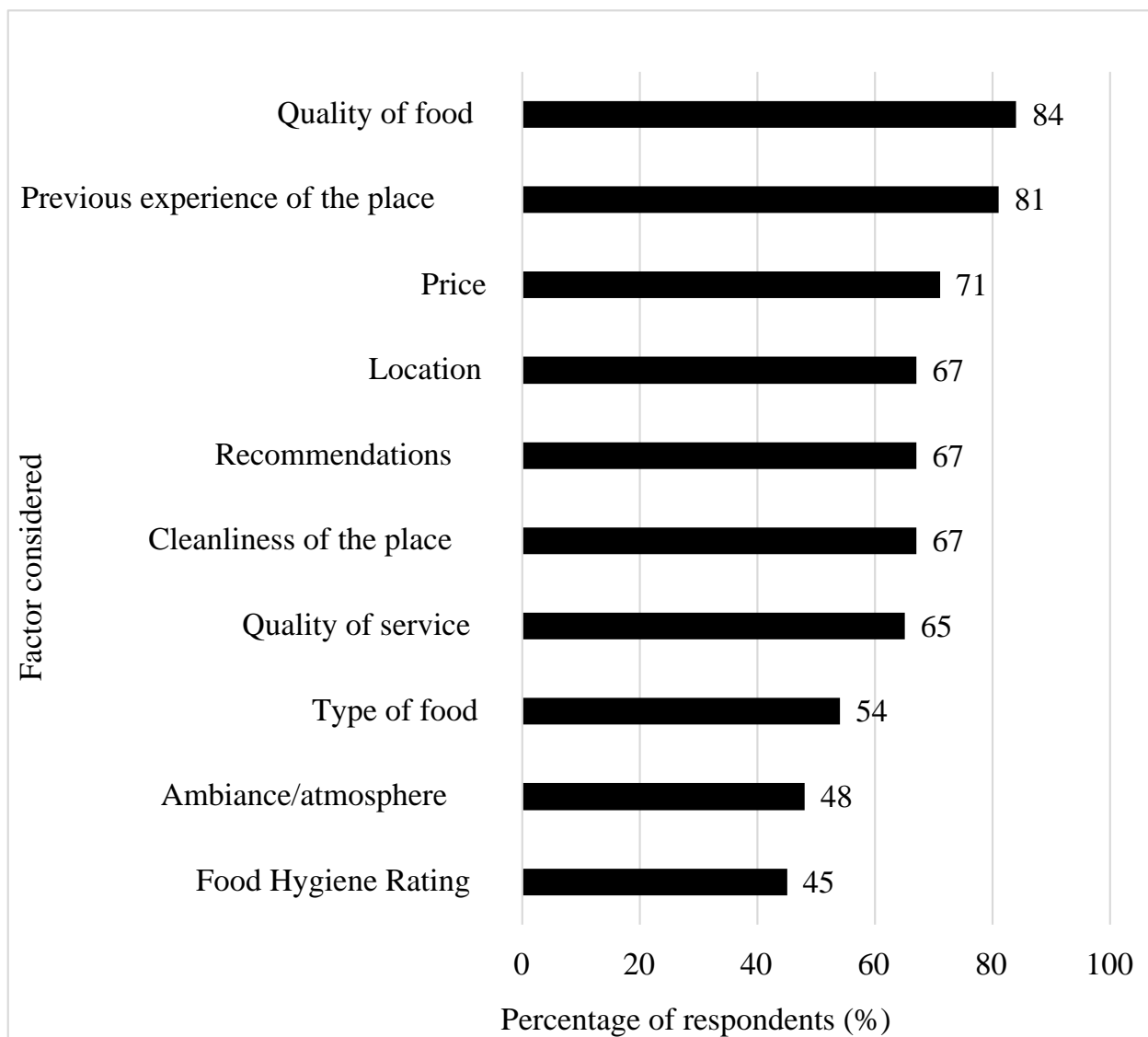
Factors considered when eating out

Respondents were asked which factors, from a given list, they generally considered when deciding where to eat out in restaurants, pubs, bars, cafés, coffee shops or sandwich shops.

Figure 17. Factors considered when deciding where to eat out.

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Factors considered	Percentage of respondents
Food Hygiene Rating	45
Ambiance/atmosphere	48
Type of food	54
Quality of service	65
Cleanliness of the place	67
Recommendations	67
Location	67
Price	71
Previous experience of the place	81
Quality of food	84

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Source: Food and You 2: Wave 6

Those who eat out were most likely to consider the quality of food (84%) and their previous experience of the place (81%) when deciding where to eat. Over 4 in 10 (45%) respondents considered the food hygiene rating when deciding where to eat out (Figure 17) [\(footnote 6\)](#).

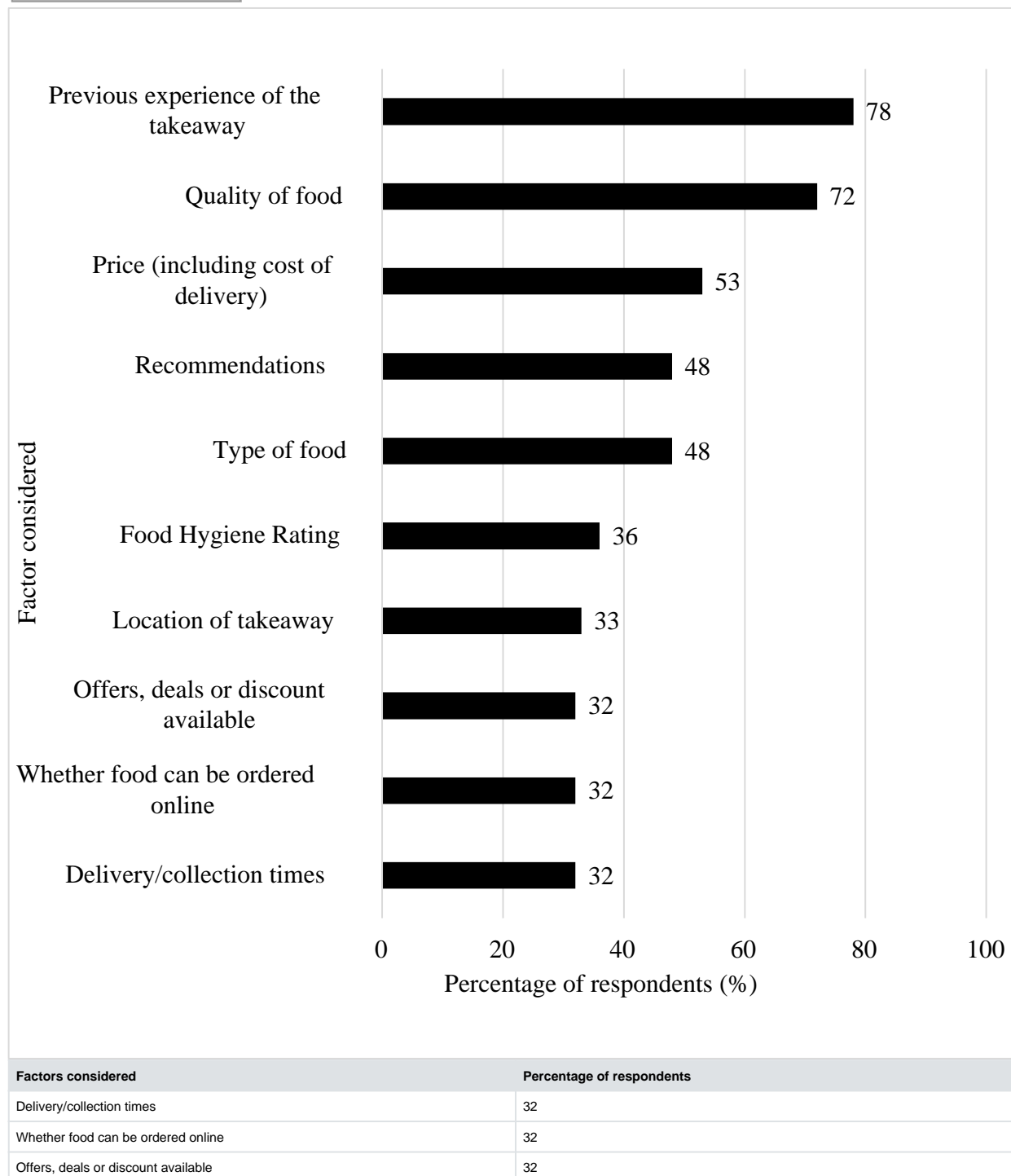
Factors considered when ordering takeaways

Respondents were asked which factors, from a given list, they generally considered when deciding where to order a takeaway from [\(footnote 7\)](#).

Figure 18. Factors considered when ordering a takeaway

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Factors considered	Percentage of respondents
Location of takeaway	33
Food Hygiene Rating	36
Type of food	48
Recommendations	48
Price (including cost of delivery)	53
Quality of food	72
Previous experience of the takeaway	78

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Source: Food and You 2: Wave 6

Those who order takeaways were most likely to consider their previous experience of the takeaway (78%) and the quality of food (72%) when deciding where to order a takeaway from. Around 4 in 10 (36%) respondents considered the food hygiene rating when deciding where to order a takeaway from (Figure 18) [\(footnote 8\)](#).

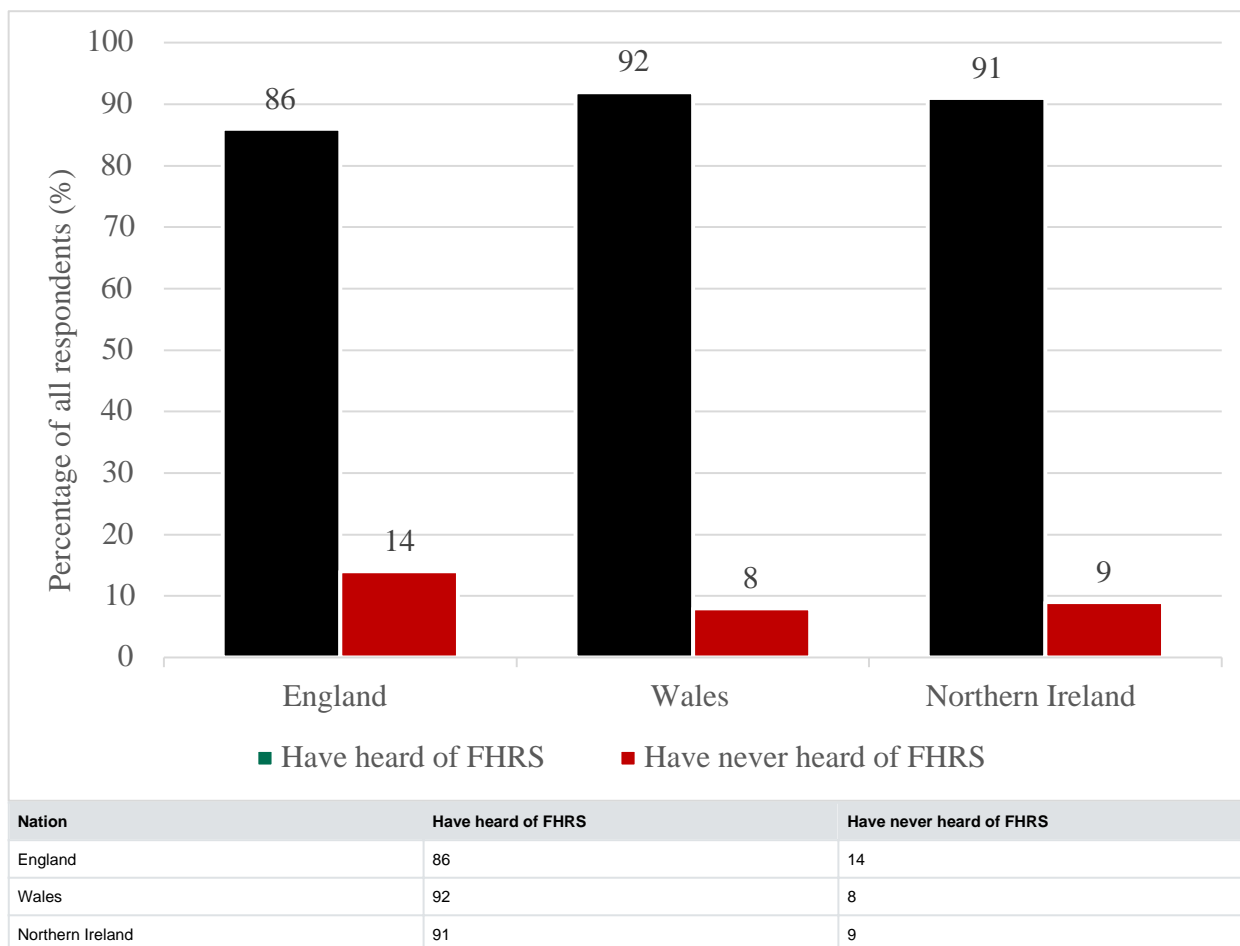
Awareness and recognition of the FHRS

Most respondents (86%) reported that they had heard of the FHRS. Over half (55%) of respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it [\(footnote 9\)](#), [\(footnote 10\)](#).

Figure 19. Percentage of respondents who had heard of the FHRS by country

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Source: Food and You 2: Wave 6

Most respondents living in England (86%), Wales (92%), and Northern Ireland (91%) had heard of the FHRs (Figure 19)**.

Respondents in Wales (69%) and Northern Ireland (65%) were more likely to report that they had heard of the FHRs and had at least a bit of knowledge of the FHRs compared to those in England (54%).

When shown an image of the FHRs sticker, most (87%) respondents reported that they had seen the FHRs sticker before. Recognition of the FHRs sticker was comparable across England (87%), Wales (91%) and Northern Ireland (93%)** ([footnote 11](#)).

FHRs usage

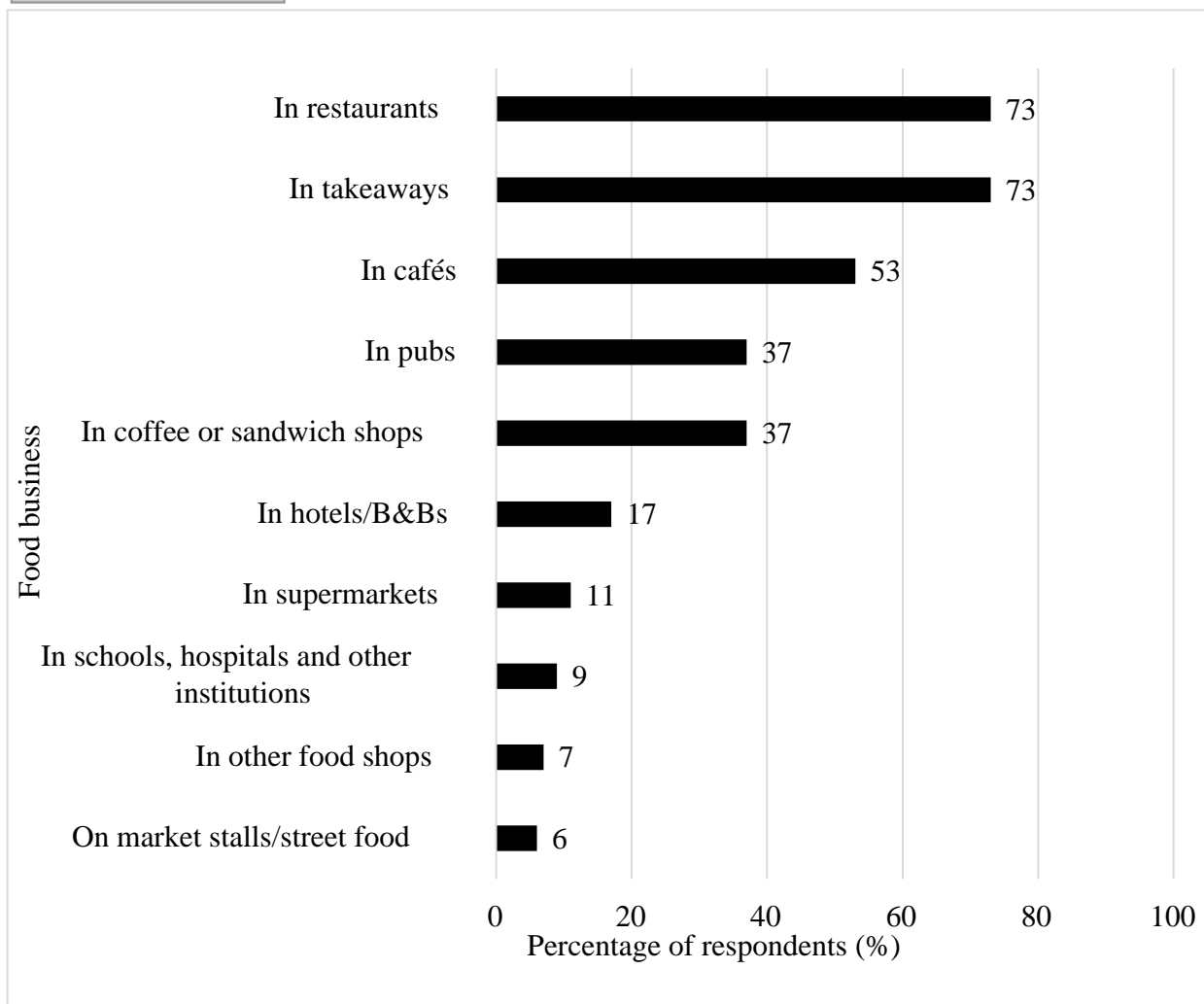
Respondents were asked if they had checked the hygiene rating of a food business in the last 12 months. Around 4 in 10 (43%) respondents reported checking the food hygiene rating of a business in the previous 12 months ([footnote 12](#)).

Respondents living in Wales (59%) were more likely to have checked the hygiene rating of a food business in the last 12 months compared to respondents in England (42%) and Northern Ireland (48%).

Figure 20. Food businesses where respondents had checked the food hygiene rating in last 12 months

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Food business	Percentage of respondents
On market stalls/street food	6
In other food shops	7
In schools, hospitals and other institutions	9
In supermarkets	11
In hotels/B&Bs	17
In coffee or sandwich shops	37
In pubs	37
In cafes	53
In takeaways	73
In restaurants	73

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Respondents who said they had checked the hygiene rating of a food business in the last 12 months were asked what types of food businesses they had checked. The most common types of food business which respondents had checked the food rating of were restaurants (73%) and takeaways (73%). Respondents were less likely to report that they had checked the food hygiene rating of cafés (53%), pubs (37%), or coffee or sandwich shops (37%) (Figure 20) ([footnote 13](#)).

1. Legislation for the mandatory display of FHRs ratings was introduced in November 2013 in Wales and October 2016 in Northern Ireland.
2. Question: In the last 4 weeks, have you eaten food... ? (Select all the apply) Responses: Ordered a takeaway directly from a takeaway shop or restaurant, From a café, coffee shop or sandwich shop (either to eat in or take out), Ordered a takeaway from an online food delivery company (for example Just Eat, Deliveroo, Uber Eats), From a fast food outlet (either to eat in or take out), In a restaurant, In a pub/ bar, From a canteen (for example at work, school, university, or hospital), From a mobile food van or stall, In a hotel, B&B or guesthouse, From an entertainment venue (for example cinema, bowling alley, sports club), From a food-sharing app (for example Olio or Too Good To Go), From Facebook Marketplace (for example pre-prepared food or meals), None of these. Base= 4893, all online respondents and those answering the 'Eating Out' postal questionnaire (see Annex A). Please note, percentages shown do not add up to 100% as multiple responses could be selected.
3. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
4. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
5. Question: At the moment, how often, if at all, do you eat out or buy food to take out for...? A) Breakfast, B) Lunch, C) Dinner. Responses: Several times a week, About once a week, About 2-3 times a month, About once a month, Less than once a month, Never, Can't remember. Base= 3820, all online respondents and those answering the 'Eating Out' postal questionnaire.
6. Question: Generally, when you eat out, what do you consider when deciding where to go? Please think about eating out in restaurants, pubs/bars, and cafés/coffee shops/sandwich shops? Responses: Quality of food, My previous experience of the place, Price, Location, Recommendations from family or friends, Cleanliness of the place, Quality of service, Type of food (e. g. cuisine or vegetarian/vegan options), Ambiance/atmosphere, Food Hygiene Rating, Offers, deals or discount available, Reviews, e. g. on TripAdvisor, Google or social media, or in newspapers and magazines, Whether it is an independent business or part of a chain, Whether healthier options are available, Whether the place is child-friendly, Whether allergen information is provided, Whether information about calories is provided, None of these, Don't know. Base= 3702, all online respondents who eat out.

7. Including takeaway ordered directly from a takeaway shop or restaurant or via an online food delivery company.
8. Question: Generally, when ordering food from takeaways (either directly from a takeaway shop or restaurant or from an online food delivery company like Just Eat, Uber Eats or Deliveroo) what do you consider when deciding where to order from? Responses: My previous experience of the takeaway, Quality of food, Price (including cost of delivery), Type of food (for example cuisine or vegetarian/vegan options), Recommendations from family or friends, Food Hygiene Rating, Location of takeaway, Whether there is a delivery or collection option, Offers, deals or discount available, Delivery/ collection times, Whether food can be ordered online for example through a website or app, Reviews for example on TripAdvisor, Google, social media, or in newspapers and magazines, Whether it is an independent business or part of a chain, Whether healthier options are provided, Whether allergen information is provided, Whether information about calories is provided, None of these, Don't know. Base= 3284, all online respondents who order takeaways.
9. Question: Have you heard of the Food Hygiene Rating Scheme? Responses: Yes, I've heard of it and know quite a lot about it, Yes, I've heard of it and know a bit about it, Yes, I've heard of it but don't know much about it, Yes, I've heard of it but don't know anything about it, No, I've never heard of it. Base = 4918, all online respondents and those answering the 'Eating Out' postal questionnaire.
10. Responses to other FHRS questions not included in this report are available in the full dataset and tables. A more detailed FHRS report will be published separately.
11. Question: Have you ever seen this sticker before? Responses: Yes, No, Don't know/ Not sure. Base = 4918, all online respondents and those answering the 'Eating Out' postal questionnaire.
12. Question: In the last 12 months, have you checked the hygiene rating of a food business? You may have checked a rating at the business premises, online, in leaflets or menus whether or not you decided to purchase food from there. Responses: Yes, I have checked the Food Hygiene Rating of a food business, No, I have not checked the Food Hygiene Rating of a food business, Don't know. Base = 4918, all online respondents and those answering the 'Eating Out' postal questionnaire.
13. Question: In which of the following kinds of food businesses have you checked the hygiene ratings in the last 12 months? Responses: In takeaways, In restaurants, In cafés, In coffee or sandwich shops, In pubs, In hotels & B&Bs, In supermarkets, In other food shops, In schools, hospitals and other institutions, On market stalls/street food, Manufacturers (Business-to-Business traders), Somewhere else, Don't know. Base = 2085, all online respondents and all those who completed the 'Eating Out' postal questionnaire who have checked the Food Hygiene Rating of a food business in the last 12 months.

F&Y2 Wave 6: Chapter 5 Food allergies, intolerances and other hypersensitivities

Introduction

'[Food hypersensitivity](#)' is a term that refers to a bad or unpleasant physical reaction which occurs as a result of consuming a particular food. There are different types of food hypersensitivity including a [food allergy](#), [food intolerance](#) and [coeliac disease](#).

A **food allergy** occurs when the immune system (the body's defence) mistakes the proteins in food as a threat. Symptoms of a food allergy can vary from mild symptoms to very serious symptoms, and can include itching, hives, vomiting, swollen eyes and airways, or anaphylaxis which can be life threatening.

Food intolerance is difficulty in digesting specific foods which causes unpleasant reactions such as stomach pain, bloating, diarrhoea, skin rashes or itching. Food intolerance is not an immune condition and is not life threatening.

Coeliac disease is an autoimmune condition caused by gluten, a protein found in wheat, barley and rye and products using these as ingredients. The immune system attacks the small intestine which damages the gut and reduces the ability to absorb nutrients. Symptoms of coeliac disease can include diarrhoea, abdominal pain and bloating.

The FSA is responsible for allergen labelling and providing guidance to people with food hypersensitivities. [By law, food businesses in the UK must inform customers if they use any of the 14 most potent and prevalent allergens \(footnote 1\)](#) in the food and drink they provide.

Food businesses can also voluntarily provide information about the unintentional presence of these 14 allergens which may occur during the production process, for example when several products are made on the same premises. This is called [precautionary allergen labelling](#) (PAL) and includes labels such as 'may contain x' or 'not suitable for consumers with a x allergy'. PAL information can be provided verbally or in writing but should only be provided where there is an unavoidable risk of allergen cross-contamination that cannot be sufficiently controlled through risk management actions.

This chapter provides an overview of the self-reported prevalence and diagnosis of food hypersensitivities, and experiences of eating out or ordering a takeaway among those with a hypersensitivity.

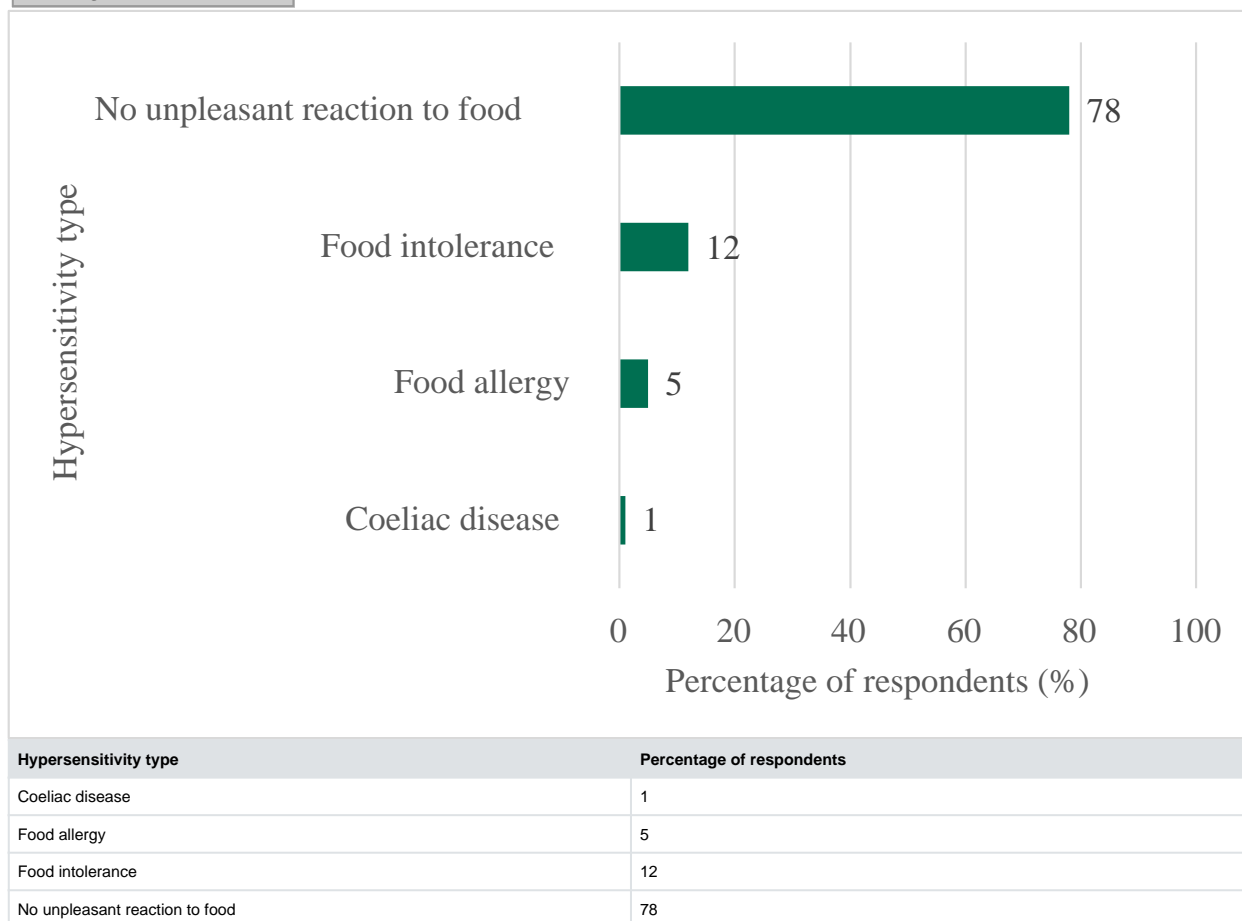
Prevalence, diagnosis and severity of food hypersensitivities

Around a fifth (22%) of respondents reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause [\(footnote 2\)](#).

Figure 21. Prevalence of different types of food hypersensitivity.

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Most respondents (78%) reported that they did not have a food hypersensitivity. Around 1 in 10 (12%) respondents reported that they had a food intolerance, 5% reported having a food allergy, and 1% reported having coeliac disease (Figure 21) [\(footnote 3\)](#).

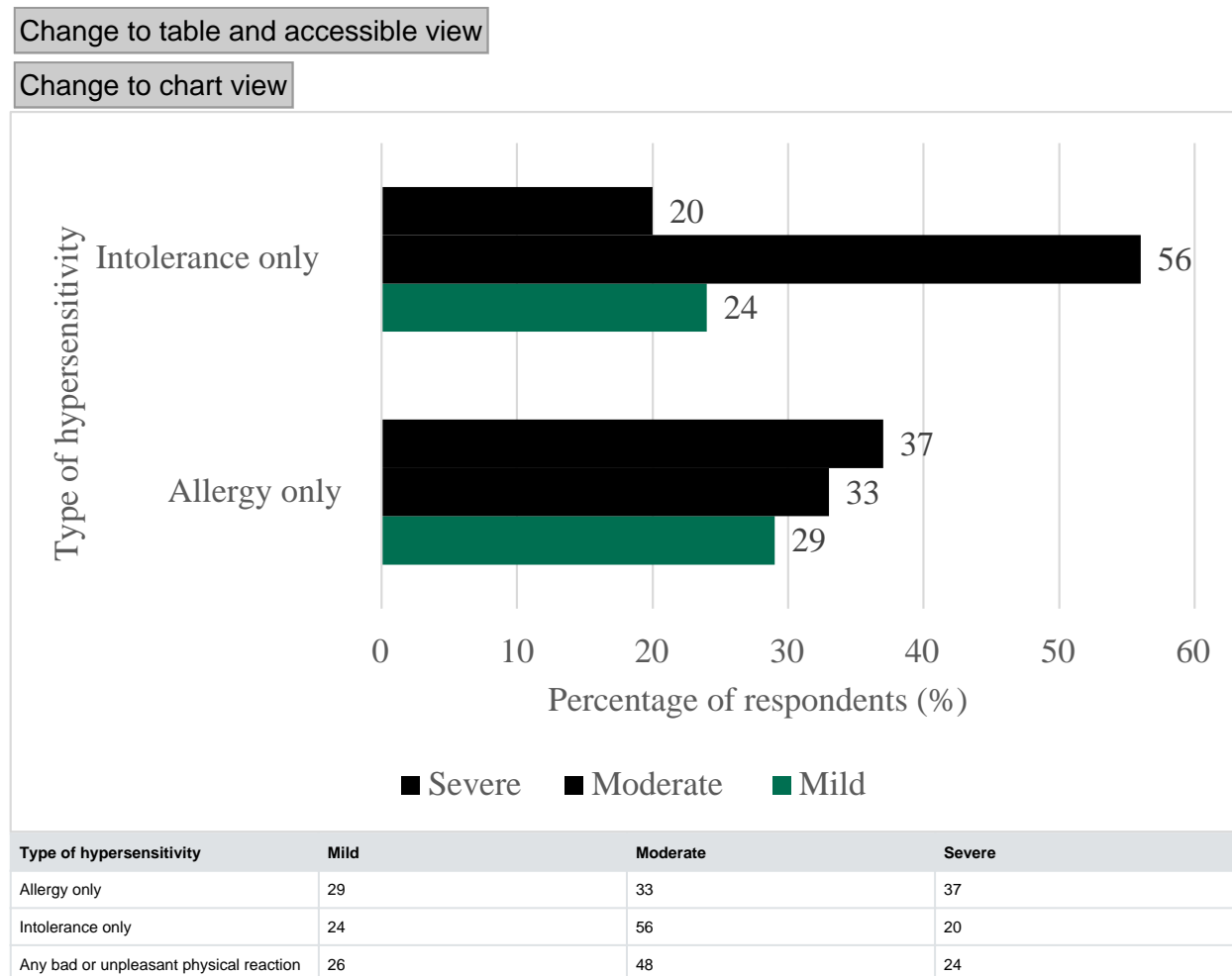
The prevalence of bad or unpleasant physical reactions to food varied between different groups of people in the following ways:

- **gender:** women (28%) were more likely to report a bad or unpleasant physical reaction to food than men (16%).
- **responsibility for cooking:** respondents who are responsible for cooking (23%) were more likely to report a bad or unpleasant physical reaction to food than those who do not cook (7%).
- **responsibility for shopping:** respondents who are responsible for shopping (23%) were more likely to report a bad or unpleasant physical reaction to food than those who do not shop (10%).

Severity of food hypersensitivities

Respondents who reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause were asked how they would describe their reaction. Around a quarter (26%) of respondents reported that they had a mild reaction, 48% of respondents reported that they had a moderate reaction, and 24% of respondents reported that they had a severe reaction ([footnote 4](#)).

Figure 22. Reaction severity of respondents with an intolerance or allergy



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Respondents who suffer from an allergy only (37%) were more likely to report that they had a severe reaction than those with only an intolerance (20%). Conversely, respondents who suffer from an intolerance only (56%) were more likely to report that they had a moderate reaction than those with only an allergy (33%) (Figure 22).

Prevalence, frequency and causes of food reactions

Respondents who reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause, were asked if they had experienced a reaction in the previous 12 months. Of these respondents, 56% reported that they had experienced a reaction and 39% reported that they had not experienced a reaction [\(footnote 5\)](#).

Respondents who had experienced a bad or unpleasant physical reaction in the previous 12 months were asked how many times they had experienced a reaction. Around a quarter (27%) of respondents had experienced reactions once or twice, 45% of respondents had experienced between 3 and 10 reactions and 26% had experienced more than 10 reactions [\(footnote 6\)](#).

Respondents who had experienced a bad or unpleasant physical reaction in the previous 12 months were asked what they thought caused their last reaction. The most reported causes were food made to order from a restaurant or café (19%), food ordered directly from a takeaway shop or restaurant (19%), food prepared/cooked by the respondent at home (18%) and pre-packaged food bought in a shop or café (16%) [\(footnote 7\)](#).

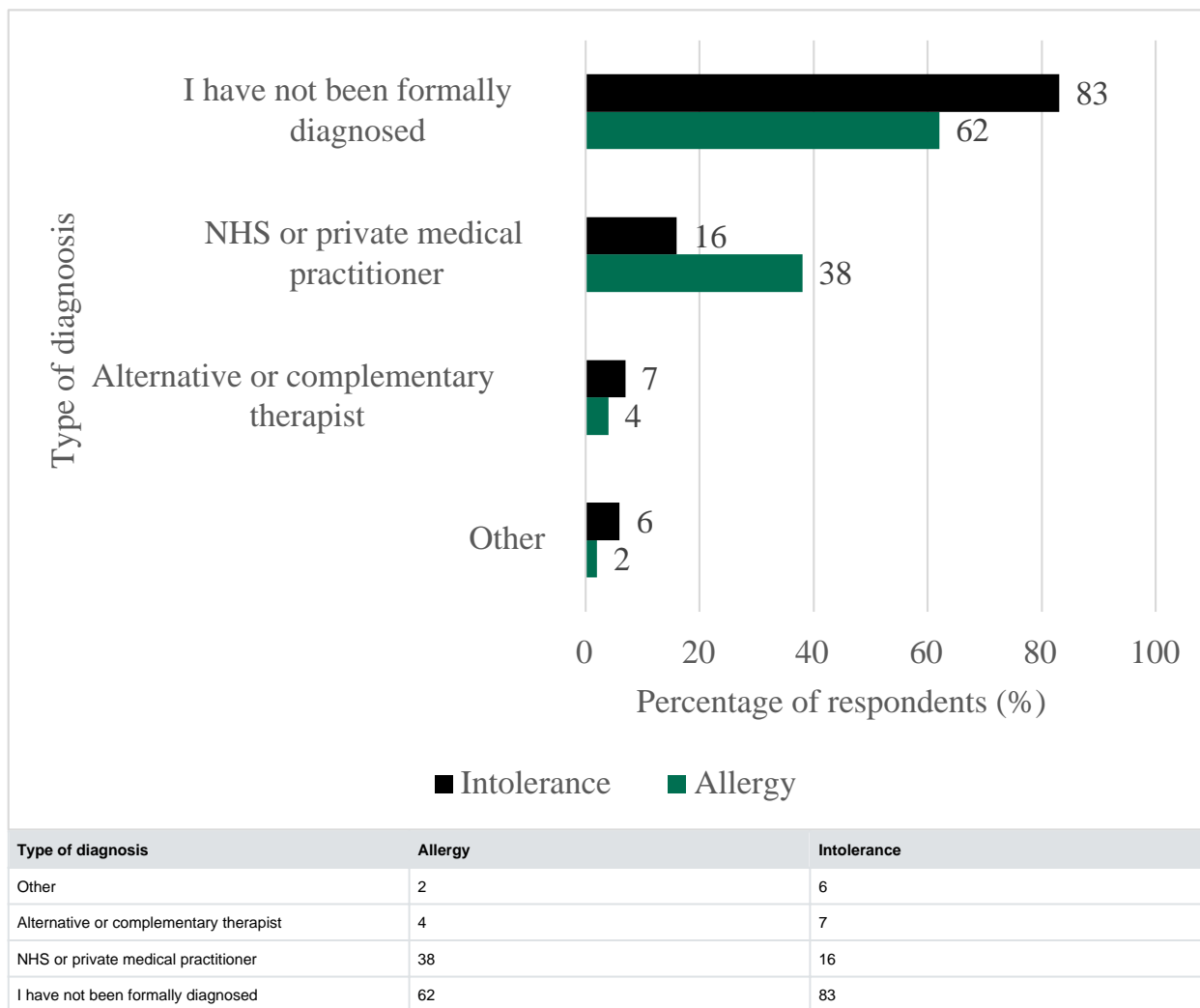
Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction were asked how they had found out about their condition. Around a quarter (26%) of respondents who had a food hypersensitivity had been diagnosed by an NHS or private medical practitioner and 5% had been diagnosed by an alternative or complementary therapist. However, most respondents (74%) had not received any diagnosis [\(footnote 8\)](#).

Figure 23. Prevalence and type of food reaction and intolerance diagnosis

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Most respondents who have a food intolerance (83%) have noticed that a particular food causes them problems, but have not been formally diagnosed with a specific condition. However, 16% of respondents with a food intolerance had been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic) and 7% had been diagnosed by an alternative or complementary therapist (for example, homeopath, reflexologist, online or walk-in allergy testing service).

Around 6 in 10 (62%) respondents who have a food allergy have noticed that a particular food causes them problems, but have not been formally diagnosed with a specific condition. However, 38% of respondents with a food intolerance had been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic) and 4% had been diagnosed by an alternative or complementary therapist (for example, homeopath, reflexologist, online or walk-in allergy testing service).

Respondents with a food allergy (38%) were more likely to be diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic) than those with a food intolerance (16%) (Figure 23).

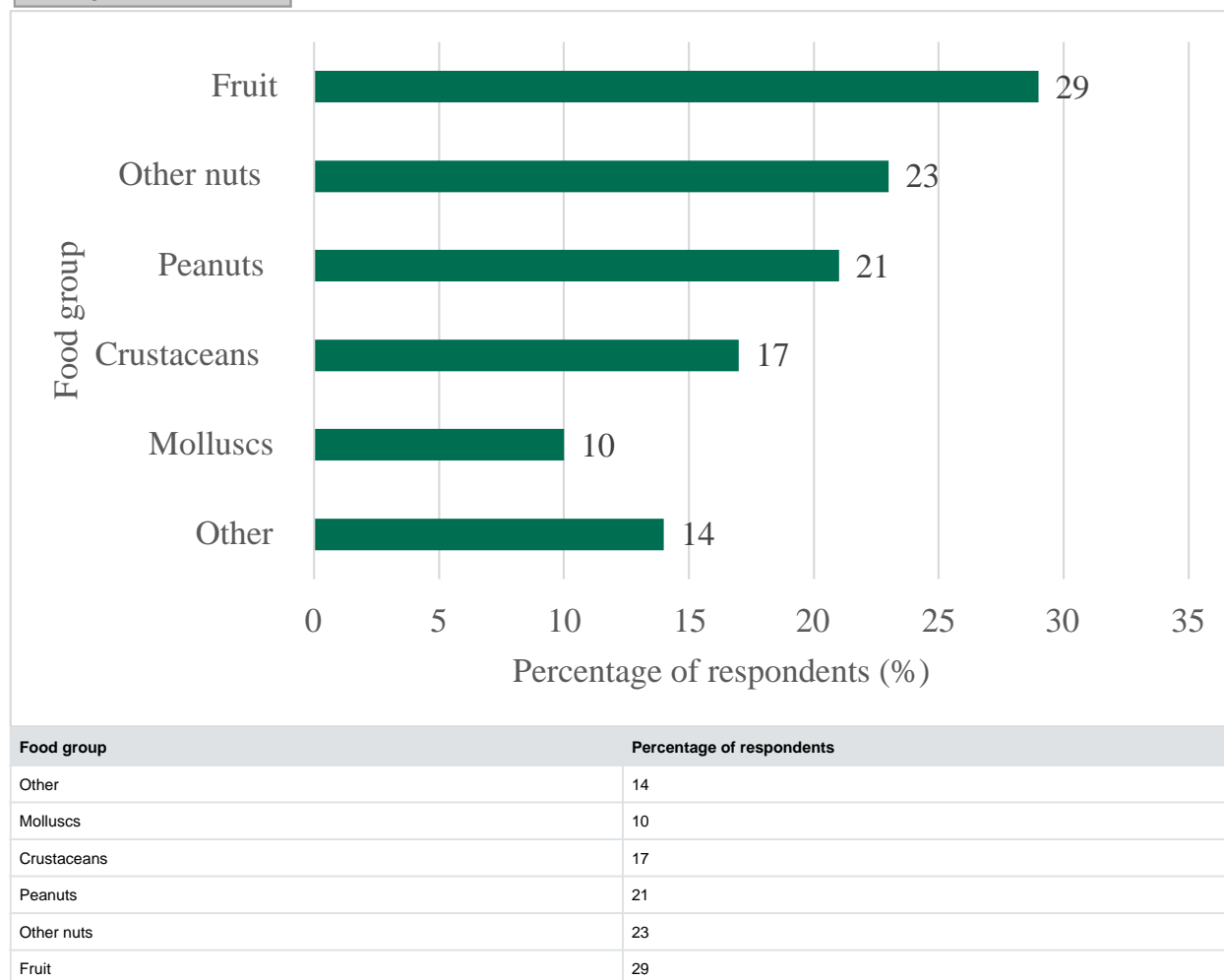
Foods most likely to cause unpleasant reactions

Respondents who reported that they suffered from a bad or unpleasant physical reaction after consuming certain foods, or avoided certain foods because of the bad or unpleasant physical reaction it might cause, were asked which foods they experience reactions to.

Figure 24. The food groups most likely to cause allergic reactions

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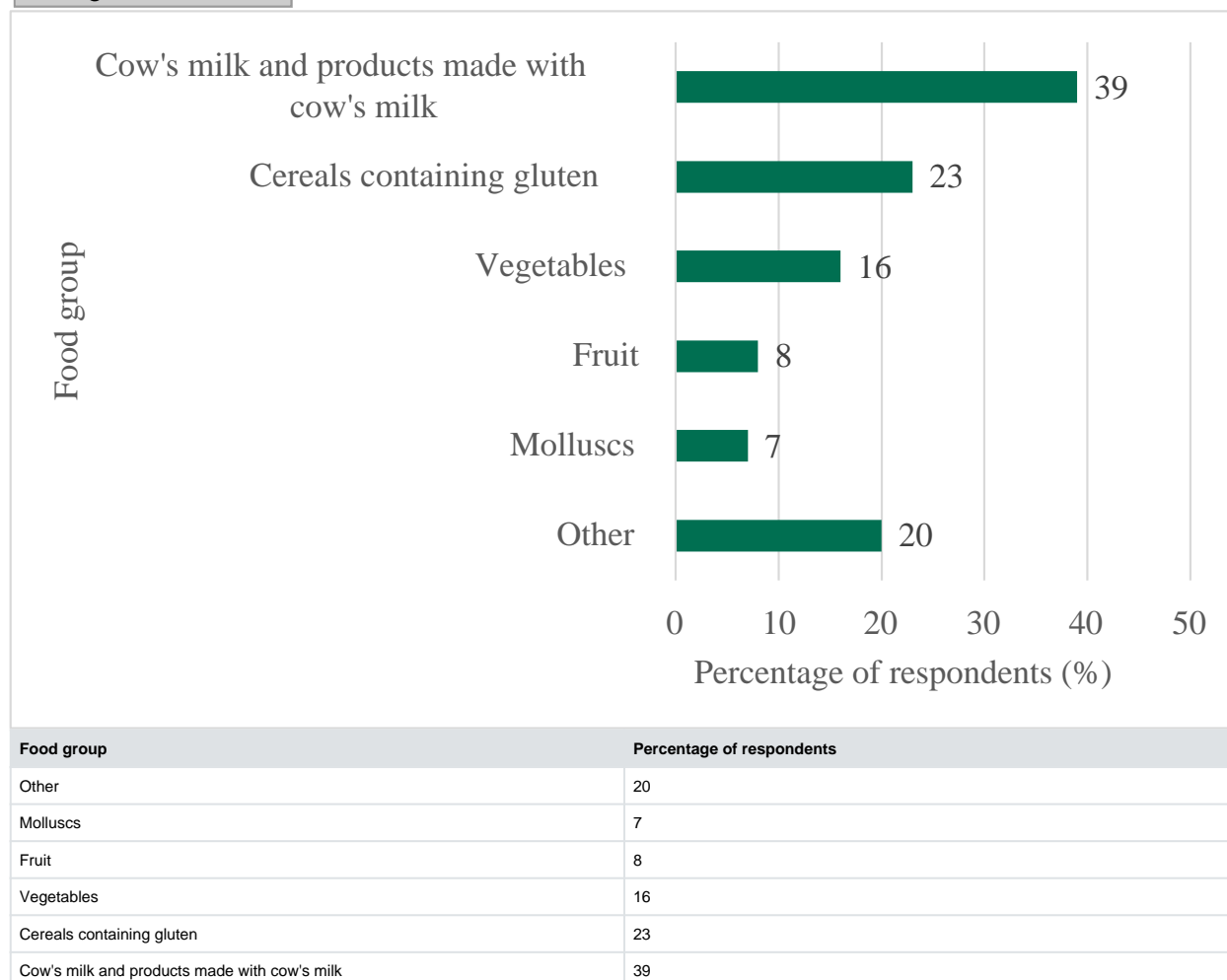
Amongst the respondents who reported having a food allergy, the most common food reported as causing a reaction was fruit (29%). Other common allergens were other nuts (for example almonds, hazelnuts, walnuts, cashew nuts, pecans) (23%), peanuts (21%), crustaceans (for example, crabs, lobster, prawns, scampi) (17%) and molluscs (for example, mussels, snails, squid, whelks, clams, oysters) (10%). However, 14% of respondents reported an allergy to a food

which was not in the given list, which included the 14 most potent and prevalent allergens (Figure 24) ([footnote 9](#)).

Figure 25. The food groups most likely to cause a food intolerance

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Source: Food and You 2 Wave 6

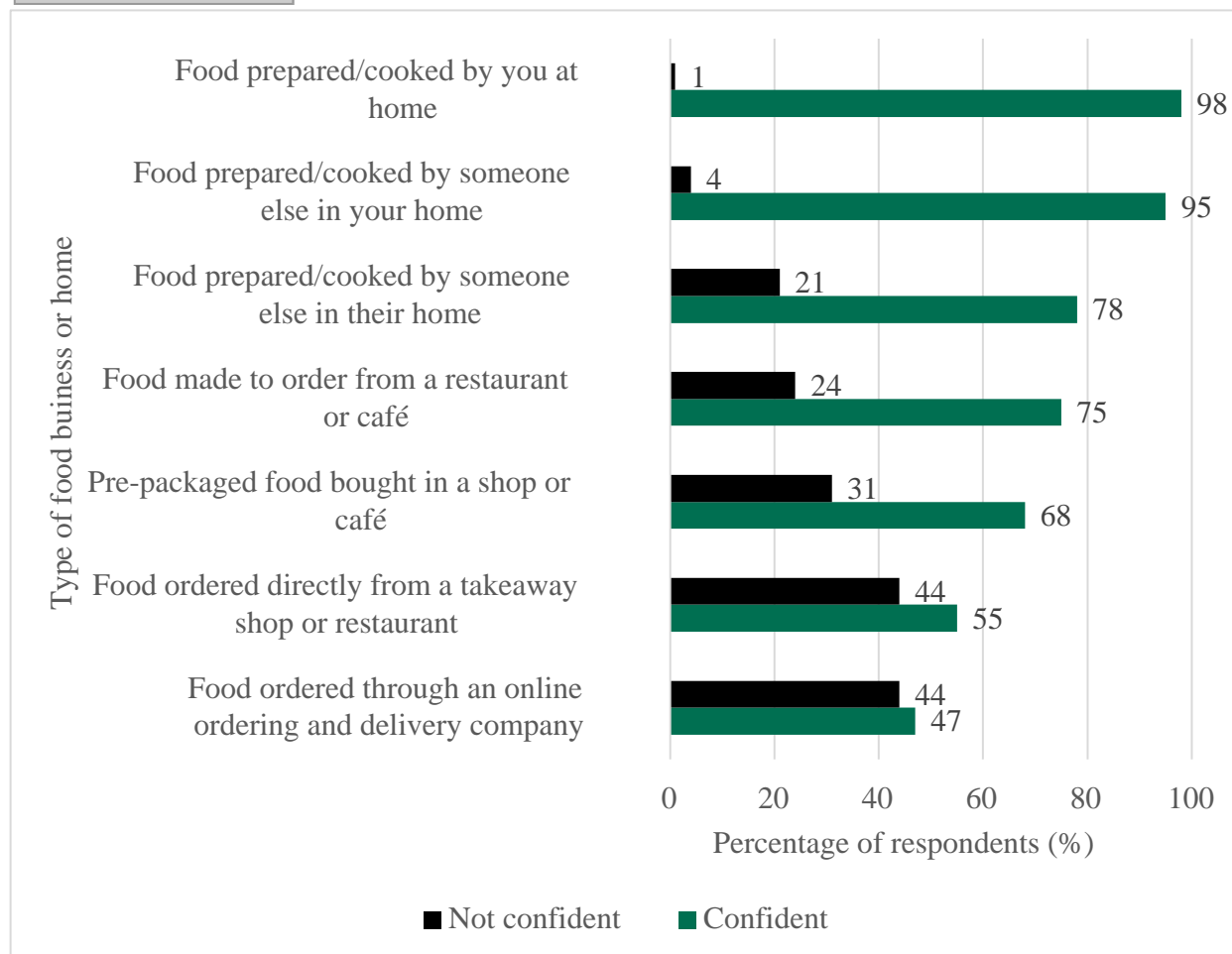
Amongst the respondents who reported having a food intolerance, the most common food group reported as causing a reaction was cow's milk and products made with cow's milk (for example, butter, cheese, cream, yoghurt) (39%). Other common allergens were cereals containing gluten (for example, wheat, rye, barley, oats) (23%). A fifth (20%) of respondents reported an intolerance to other foods which were not listed in the questionnaire (Figure 25) ([footnote 10](#)).

Confidence in avoiding unpleasant reactions when eating food in a home setting or from a food business

Figure 26. Confidence of respondents with a food hypersensitivity in avoiding a bad or unpleasant reaction when eating food in a home setting or from different types of food business

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Type of food business or home	Confident	Not confident
Food ordered through an online ordering and delivery company	47	44
Food ordered directly from a takeaway shop or restaurant	55	44
Pre-packaged food bought in a shop or cafe	68	31
Food made to order from a restaurant or cafe	75	24
Food prepared/cooked by someone else in their home	78	21
Food prepared/cooked by someone else in your home	95	4
Food prepared/cooked by you at home	98	1

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Source Food and You 2 Wave 6

Respondents who had a food hypersensitivity were asked how confident they were in their ability to avoid food that might cause a bad or unpleasant physical reaction when eating food from different food businesses and food that had been prepared or cooked in a home environment.

Almost all respondents were confident (for example, very or fairly confident) in their ability to avoid unpleasant reactions when eating food they had prepared or cooked at home (98%) or food prepared or cooked by someone else in the respondents' home (95%). Around 8 in 10 (78%) were confident in their ability to avoid unpleasant reactions when food was prepared or cooked by someone else in their home.

Most respondents reported they were confident avoiding unpleasant reactions when eating food made to order from a restaurant or café (75%) and pre-packaged food bought in a shop or takeaway (68%). Respondents were less likely to report confidence when eating food ordered directly from a takeaway shop or restaurant (55%) and food ordered through an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats) (47%) (Figure 26) [\(footnote 11\)](#).

Eating out with a food hypersensitivity

The [FSA provides guidance for food businesses on providing allergen information](#). Food businesses in the retail and catering sector are required [by law to provide allergen information and to follow labelling rules](#). The type of allergen information which must be provided depends on the type of food business. However, all food business operators must provide allergen information for [pre-packed and non-pre-packed food and drink](#). Foods which are pre-packed or pre-packed for direct sale (PPDS) are required to have a label with a full ingredients list with allergenic ingredients emphasised.

How often people checked allergen information in advance when eating somewhere new

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often, if at all, they checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction when they ate out or ordered a takeaway from somewhere new.

Around a quarter (26%) of respondents always checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction, and 44% of respondents checked this information was available less often (i.e., most of the time, about half of the time, or occasionally). However, around 3 in 10 (29%) respondents never checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction [\(footnote 12\)](#).

Prepacked for direct sale (PAL) labelling

Respondents who suffer from a bad or unpleasant physical reaction were asked how likely they would be to buy a food product if they saw a label on the product which stated that the product may contain a food which might cause them to have a reaction. Over half (56%) of respondents reported that it was unlikely (for example, not very likely or not at all likely) that they would purchase the product, however 30% of respondents reported that it was likely (for example, very likely or fairly likely) that they would still purchase the product [\(footnote 13\)](#).

Availability and confidence in allergen information when eating out or ordering takeaways

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often information which allowed them to identify food that might cause them a bad or unpleasant reaction was readily available when eating out or buying food.

Around 1 in 710 (14%) respondents reported that this information was always readily available and 71% of respondents reported that this information was available less often (for example, most of the time, about half of the time, occasionally). However, 9% of respondents reported that this information was never readily available ([footnote 14](#)).

Respondents were asked how often they asked a member of staff for more information when it is not readily available. Around a quarter (24%) of respondents reported that they always asked staff for more information, whilst 51% did this less often (for example, most of the time, about half of the time, occasionally) and 24% of respondents never asked staff for more information ([footnote 15](#)).

Respondents were asked how comfortable they felt asking a member of staff for more information about food that might cause them a bad or unpleasant physical reaction. Around 7 in 10 (72%) respondents reported that they were comfortable (for example, very comfortable or fairly comfortable) asking staff for more information, however 17% of respondents reported that they were not comfortable doing this (for example, not very comfortable or not at all comfortable) ([footnote 16](#)).

Respondents were asked how confident they felt that the information provided would allow them to identify and avoid food that might cause a bad or unpleasant physical reaction. Most respondents were confident (for example, very confident or fairly confident) that the information provided in writing (89%) or verbally by a member of staff (68%) would allow them to identify and avoid food that might cause a bad or unpleasant physical reaction. However, 6% of respondents were not confident (for example, not very confident or not at all confident) that the information provided in writing (6%) or verbally by a member of staff (24%) would allow them to identify and avoid food that might cause a bad or unpleasant physical reaction ([footnote 17](#)).

Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were asked how confident they were that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction. Overall, 90% of respondents stated that they were confident (for example, very confident or fairly confident) in the information provided ([footnote 18](#)).

Respondents were asked how confident they were in identifying foods that will cause a bad or unpleasant physical reaction when buying foods which are sold loose, such as at a bakery or deli-counter. Respondents who bought food loose were more confident in identifying these foods in-store at a supermarket (78%), when buying food from a supermarket online (74%) and when shopping at independent food shops (73%). However, respondents were less confident when buying food from food markets or stalls (54%) ([footnote 19](#)).

1. Allergens: celery, cereals containing gluten (such as barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites and tree nuts

(such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts).

2. Question: Do you suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause? Responses: Yes, No, Don't know, Prefer not to say. Base= 5991, all respondents.
3. Question/ Responses: This data is derived from multiple questions, see the Technical Report for further details. See data tables (REACTYPE_1 to REACTYPE_18 combined NET). Base= 5991, all respondents. Please note: the figures shown do not add up to 100% as not all responses are shown.
4. Question: How would you describe your bad or unpleasant physical reaction? Responses: Mild, Moderate, Severe, Don't know. Base = 1300, all respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause.
5. Question: In the last 12 months, have you experienced any bad or unpleasant physical reactions after consuming certain foods? Responses: Yes, No, Can't remember. Base = 1316, all respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause.
6. Question: In the last 12 months, approximately how many times have you experienced a bad or unpleasant physical reaction after consuming certain foods? Responses: Once, Twice, Between 3 and 10 times, More than 10 times, Don't know. Base = 754, all respondents who experienced a bad or unpleasant physical reaction after consuming certain foods, in the last 12 months.
7. Question: Thinking about the last time you experienced a bad or unpleasant physical reaction after consuming food, what do you think caused the reaction? Responses: Food made to order from a restaurant or café, Food ordered directly from a takeaway shop or restaurant, Food prepared/cooked by you at home, Pre-packaged food bought in a shop or café, Other, Food ordered through an online ordering and delivery company, Don't know, Food prepared/cooked by someone else in your home, Food prepared/cooked by someone else in their home. Base = 450, all online respondents who experienced a bad or unpleasant physical reaction after consuming certain foods, in the last 12 months.
8. Question: How did you find out about your problem with these foods? Responses: I have been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic), I have been diagnosed by an alternative or complementary therapist (for example homeopath, reflexologist, online or walk-in allergy testing service), I have noticed that this food causes me problems, but I have not been formally diagnosed with a specific condition, Other. Base= 1302, all respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause.
9. Questions/Respondents: Derived variable, see data tables (REACSOURCAL) and Technical Report. Base= 139.

10. Questions/Respondents: Derived variable, see data tables (REACSOURCEIN) and Technical Report. Base= 450.
11. Question: How confident would you feel in your ability to avoid a bad or unpleasant physical reaction if you were eating...A) Food prepared/cooked by you at home. B) Food prepared/cooked by someone else in your home C) Food prepared/cooked by someone else in their home D) Pre-packaged food bought in a shop or café E) Food made to order from a restaurant or café F) Food ordered directly from a takeaway shop or restaurant G) Food ordered through an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats). Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base = 774, all online respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause.
12. Question: When eating out or ordering food from somewhere new, how often, if at all, do you check in advance that information is available allowing you to identify food that might cause you a bad or unpleasant physical reaction? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 1242, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause who eat out or order takeaways.
13. Question: If you saw a label on a food product that stated, 'This product may contain [food type] which might cause [you] a bad or unpleasant physical reaction', how likely would you be to still buy it? Responses: Very likely, Fairly likely, Not very likely, Not at all likely, It depends on the product, It varies from place to place, Don't know, I don't do any food shopping. Base = 841, all respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, and who consider dietary requirements when shopping.
14. Question: When eating out or buying food to take out, how often, if at all, is the information you need to help you identify food that might cause you a bad or unpleasant physical reaction readily available? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 1237, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause, who eat out or order takeaway.
15. Question: When information is not readily available, how often do you ask a member of staff for more information? Responses: Always, Most of the time, About half of the time, Occasionally, Never, I don't need to ask because the information is always readily available, Don't know. Base= 1162, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause, excluding those who say 'I don't need to ask because the information is always readily available'.

16. Question: How comfortable do you feel asking a member of staff for more information about food that might cause you a bad or unpleasant physical reaction? Responses: Very comfortable, Fairly comfortable, Not very comfortable, Not at all comfortable, It varies from place to place, Don't know. Base = 1237, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause.
17. Question: How confident are you that the information provided will allow you to identify and avoid food that might cause you a bad or unpleasant physical reaction? A) when the information is provided in writing (for example, on the main menu or a separate allergen menu). B) when the information is provided verbally by a member of staff. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base= 1237, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause, who eat out or order takeaways.
18. Question: How confident are you that the information provided on food labels allows you to identify foods that will cause you, or another member of your household, a bad or unpleasant physical reaction? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base= 2534, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping for food.
19. Question: When buying food that is sold loose (for example at a bakery or deli counter), how confident are you that you can identify foods that will cause you or another member of your household a bad or unpleasant physical reaction? Consider food sold loose from the following sources...A) Supermarkets in store. B) Supermarkets online. C) Independent food shops. D) Food markets/stalls. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base A=1725, B=1453, C=1665, D=1584, all online respondents who consider the dietary requirements of themselves/someone else in the household when shopping, excluding 'I don't buy food from here'/'I don't buy food sold loose'.



F&Y2 Wave 6: Chapter 6 Eating at home

Introduction

The FSA is responsible for protecting the public from foodborne diseases. This involves working with farmers, food producers and processors, and the retail and hospitality sectors to ensure that the food people buy is safe. The FSA gives practical guidance and recommendations to consumers on [food safety and hygiene in the home](#).

Since people are responsible for the safe preparation and storage of food in their home, the Food and You 2 survey asks respondents about their food-related behaviours in the home, including whether specific foods are eaten, and knowledge and reported behaviour in relation to five important aspects of food safety: cleaning, cooking, chilling, avoiding cross-contamination and use-by dates. Food and You 2 also asks respondents about the frequency they prepare or consume certain types of food.

Two versions of the 'Eating at home' module have been created; the brief module which includes a limited number of key questions which are fielded annually, and a full version which includes additional questions and is fielded every 2 years. The brief 'Eating at home' module is reported in this chapter ([footnote 1](#)).

This chapter provides an overview of respondents' knowledge and reported behaviours relating to food safety and other food-related behaviours.

Cleaning

Handwashing in the home

The [FSA recommends that everyone should wash their hands before they prepare, cook or eat food](#), after touching raw food and before handling ready-to-eat food.

Almost half (46%) of respondents reported that they always wash their hands before eating, 51% of respondents reported doing this most of the time or less often and 3% reported never washing their hands before eating ([footnote 2](#)).

Around 7 in 10 (72%) respondents reported that they always wash their hands before preparing or cooking food, and 27% of respondents reported that they do not always (for example, most of the time or less often) do this ([footnote 3](#)).

Most respondents (91%) reported that they always wash their hands immediately after handling raw meat, poultry, or fish, and 8% of respondents reported that they do not always (for example, most of the time or less often) do this ([footnote 4](#)).

Handwashing when eating out

Respondents were asked, how often, if at all, they washed their hands or used hand sanitising gel or wipes before eating when they ate outside of their home. A third (33%) of respondents reported that they always washed their hands, used hand sanitising gel or wipes when they ate outside of their home, 58% did this most of the time or less often and 8% never did this ([footnote 5](#)).

Chilling

The [FSA provides guidance on how to chill food properly](#) to help stop harmful bacteria growing.

If and how respondents check fridge temperature

When asked what temperature the inside of a fridge should be, 62% of respondents reported that it [should be between 0-5 degrees Celsius, as recommended by the FSA](#). A fifth (20%) of respondents reported that the temperature should be above 5 degrees, 2% reported that the temperature should be below 0 degrees, and 15% of respondents did not know what temperature the inside of their fridge should be ([footnote 6](#)).

Around 6 in 10 (61%) respondents who have a fridge reported that they monitored the temperature; either manually (49%) or via an internal temperature alarm (11%) ([footnote 7](#)). Of the respondents who monitor the temperature of their fridge, 82% reported that they [check the temperature of their fridge at least once a month, as recommended by the FSA](#) ([footnote 8](#)).

Cooking

The [FSA recommends that cooking food at the right temperature](#) and for the correct length of time will ensure that any harmful bacteria are killed. When cooking pork, poultry, and minced meat products the [FSA recommends that the meat is steaming hot and cooked all the way through](#), that none of the meat is pink and that any juices run clear.

Around three quarters (76%) of respondents reported that they always cook food until it is steaming hot and cooked all the way through, however 23% reported that they do not always do this ([footnote 9](#)).

Respondents were asked to indicate how often they eat chicken or turkey when the meat is pink or has pink juices ([footnote 10](#)). Around 9 in 10 (89%) respondents reported that they never eat chicken or turkey when it is pink or has pink juices. However, 9% of respondents reported eating chicken or turkey at least occasionally when it is pink or has pink juices ([footnote 11](#)).

Eating chicken or turkey when the meat is pink or has pink juices (for example, at least occasionally) varied between different types of people in the following ways:

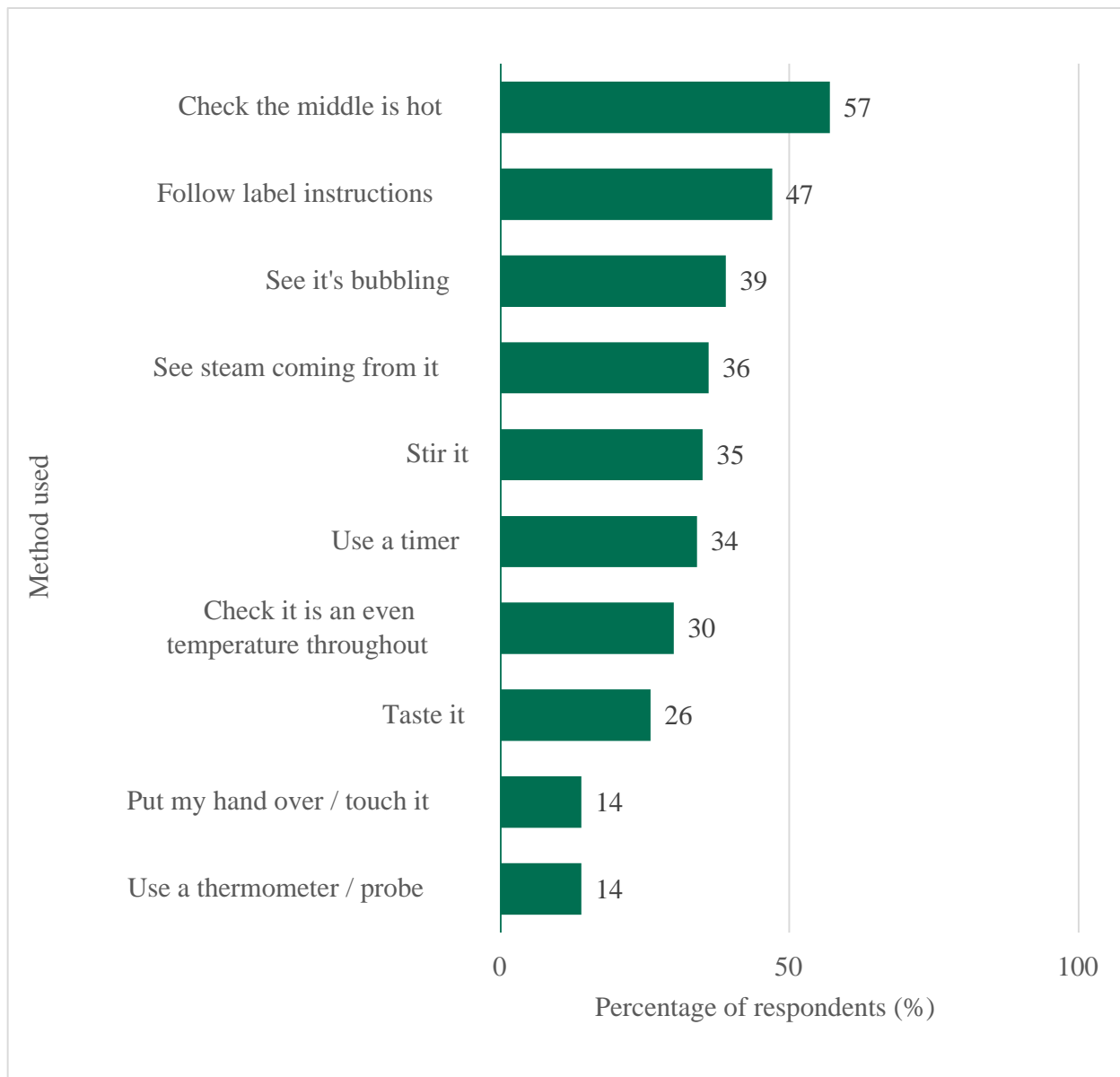
- **age group:** respondents aged between 16 and 24 years (19%) were more likely to report that they had eaten chicken or turkey when the meat is pink or has pink juices compared to those aged 35 years or over (for example, 5% of those aged between 55 and 64 years).
- **household size:** respondents who lived in households with 5 or more people (20%) were more likely to report that they had eaten chicken or turkey when the meat is pink or has pink juices compared to those who lived in smaller households (for example, 5% of those who lived in 4-person households).
- **NS-SEC ([footnote 12](#)):** full-time students (23%) and respondents who were long term unemployed and/or had never worked (22%) were more likely to report that they had eaten chicken or turkey when the meat is pink or has pink juices compared to those in other occupational groups (for example, 5% of those in intermediate routine occupations).
- **food security:** respondents with marginal (14%)**, low (15%) and very low (16%) food security were more likely to report that they had eaten chicken or turkey when the meat is pink or has pink juices compared to those with high (5%) food security.
- **ethnic group:** Asian or Asian British (25%) respondents were more likely to report that they had eaten chicken or turkey when the meat is pink or has pink juices compared to white (7%) respondents ([footnote 13](#)).

Reheating

Figure 27. How respondents check whether reheated food is ready to eat

[Change to table and accessible view](#)

[Change to chart view](#)



Method used	Percentage of respondents
Use a thermometer / probe	14
Put my hand over / touch it	14
Taste it	26
Check it is an even temperature throughout	30
Use a timer	34
Stir it	35
See steam coming from it	36
See it's bubbling	39
Follow label instructions	47
Check the middle is hot	57

Download this chart

[Image .csv](#)

Source: Food and You 2 Wave 6

Respondents were asked to indicate how they check food is ready to eat when they reheat it. The most common method was to check the middle is hot (57%), and the least common methods

were to put a hand over the food or touch the food (14%) or use a thermometer or probe (14%) (Figure 27) ([footnote 14](#)).

[The FSA recommends](#) that food is only reheated once. When respondents were asked how many times they would reheat food, the majority reported that they would only reheat food once (82%), 9% would reheat food twice, and 4% would reheat food more than twice ([footnote 15](#)).

Leftovers

Respondents were asked how long they would keep leftovers in the fridge for. Around 6 in 10 (62%) respondents reported that they would eat leftovers within 2 days, 28% of respondents reported that they would eat leftovers within 3-5 days and 3% would eat leftovers after 5 days or longer ([footnote 16](#)).

Eating leftovers after 3 days or more varied between different types of people in the following ways:

- **annual household income:** respondents with a higher income were more likely to report that they would eat leftovers after 3 days or more compared to those with a lower income. For example, 47% of respondents with an income between £64,000 and £95,999 would eat leftovers after 3 days or more compared to 22% of those with an income of less than £19,000.
- **NS-SEC:** respondents in managerial, administrative and professional occupations (37%) and full-time students (34%) were more likely to report that they would eat leftovers after 3 days or more compared to those in many occupational groups (for example, 22% of those in semi-routine and routine occupations) and those who were long term unemployed and / or had never worked (15%).
- **country:** respondents in England (32%) were more likely to report that they would eat leftovers after 3 days or more compared to those in Northern Ireland (22%). A quarter (25%) of those in Wales reported that they would eat leftovers after 3 days or more.
- **regions (England):** respondents in London (40%), East of England (35%), and South-East England (35%) were more likely to report that they would eat leftovers after 3 days or more compared to those in the West Midlands (23%) and North-West of England (25%).
- **food security:** respondents with high food security (35%) were more likely to report that they would eat leftovers after 3 days or more compared to those with very low food security (20%). Around a quarter of those with marginal (26%) and low food (28%) security reported that they would eat leftovers after 3 days or more.

Avoiding cross-contamination

The FSA provides guidelines on [how to avoid cross-contamination](#). The FSA recommends that people [do not wash raw meat](#). Washing raw meat can spread harmful bacteria onto your hands, clothes, utensils, and worktops.

Respondents were asked how often, if at all, they washed raw chicken. Over half (56%) of respondents reported that they never wash raw chicken, however, 40% of respondents reported that they do this at least occasionally ([footnote 17](#)).

How and where respondents store raw meat and poultry in the fridge

[The FSA recommends](#) that refrigerated raw meat and poultry are kept covered, separately from ready-to-eat foods and stored at the bottom of the fridge to avoid cross-contamination.

Respondents were asked to indicate, from a range of responses, how they store meat and poultry in the fridge. Respondents were most likely to report storing raw meat and poultry in its original packaging (70%) or away from cooked foods (53%). Around 4 in 10 respondents reported storing raw meat and poultry in a sealed container (41%) and covered raw meat and poultry with film/foil (36%), with 15% keeping the product on a plate ([footnote 18](#)).

Most respondents (64%) reported storing raw meat and poultry at the bottom of the fridge, [as recommended by the FSA](#). However, 21% of respondents reported storing raw meat and poultry wherever there is space in the fridge, 11% of respondents reported storing raw meat and poultry in the middle of the fridge, and 6% at the top of the fridge ([footnote 19](#)).

Use-by and best before dates

Respondents were asked about their understanding of the different types of [date labels](#) and instructions on food packaging, as storing food for too long or at the wrong temperature can cause food poisoning. Use-by dates relate to food safety. Best before (BBE) dates relate to food quality.

Respondents were asked to indicate which date shows that food is no longer safe to eat. Around two-thirds (65%) of respondents correctly identified the use-by date as the information which shows that food is no longer safe to eat. However, some respondents identified the best before date (9%) as the date which shows food is no longer safe to eat ([footnote 20](#)).

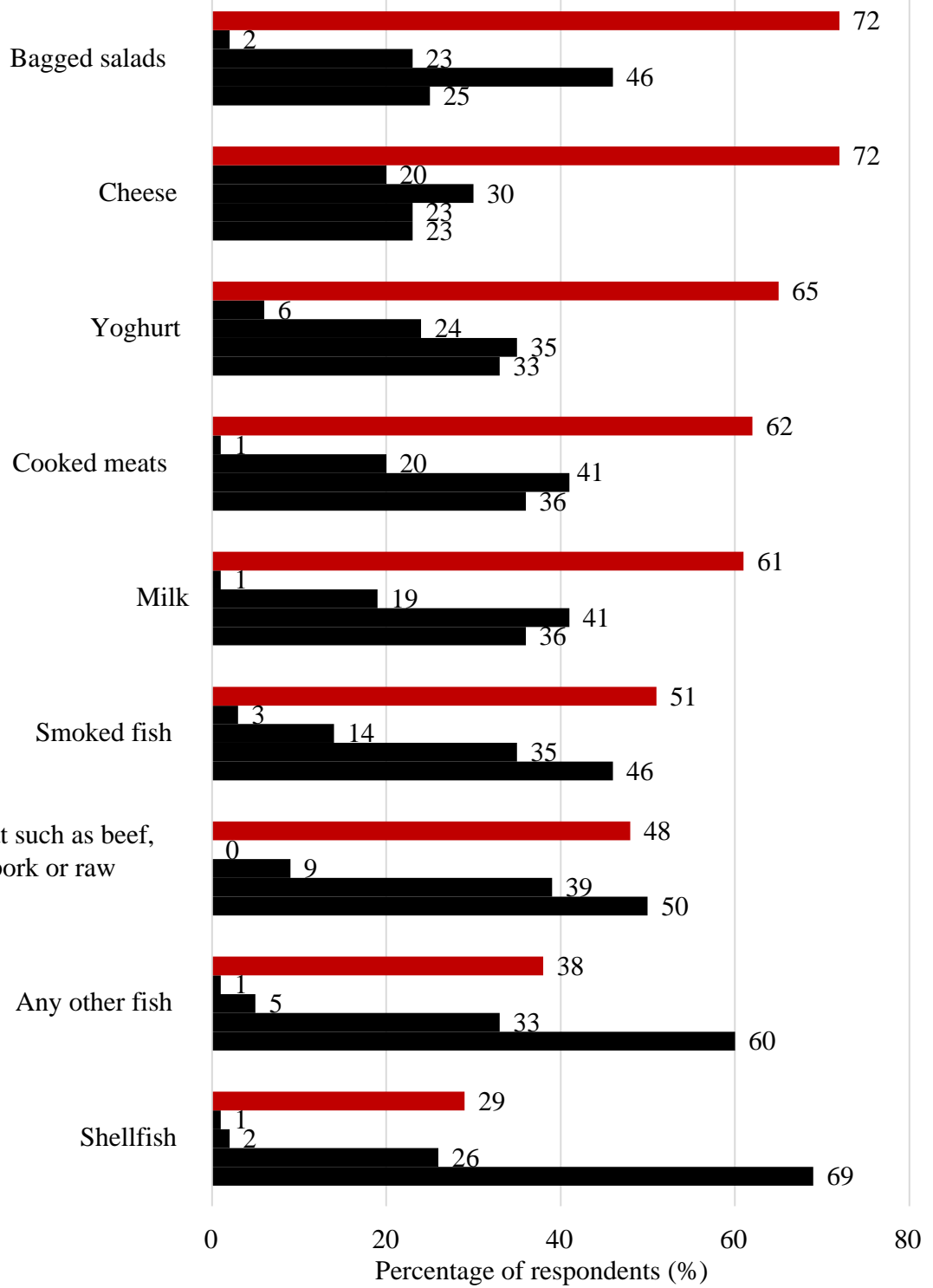
Around two-thirds (64%) of respondents reported that they always check use-by dates before they cook or prepare food, 34% of respondents reported checking use-by most of the time or less often, and just 1% reported never checking use-by dates ([footnote 21](#)).

Figure 28. How long after the use-by date respondents would consume different foods.

Change to table and accessible view

Change to chart view

Type of food



■ Any point after UBD ■ 7+ days ■ 3-6 days ■ 1-2 days ■ Never

Type of food	Any point after UBD	7+ days	3-6 days	1-2 days	Never
Shellfish	29	1	2	26	69
Any other fish	38	1	5	33	60
Raw meat such as beef, lamb or pork or raw poultry	48	0	9	39	50
Smoked fish	51	3	14	35	46
Milk	61	1	19	41	36

Type of food	Any point after UBD	7+ days	3-6 days	1-2 days	Never
Cooked meats	62	1	20	41	36
Yoghurt	65	6	24	35	33
Cheese	72	20	30	23	23
Bagged salads	72	2	23	46	25

Download this chart

[Image .csv](#)

Source: Food & You 2: Wave 6

Respondents who eat certain foods were asked when, if at all, is the latest that they would eat the type of food after the use-by date. Most reported that they would not eat shellfish (69%), or other fish (60%) past the use-by date. Around half of respondents would not eat raw meat (50%) or smoked fish (46%) past the use-by date. Bagged salad (72%) and cheese (72%) were the foods respondents were most likely to report eating at any point after the use-by date. Around 6 in 10 respondents would eat yoghurt (65%), milk (61%) and cooked meats (62%) at any point after the use-by date. A fifth (20%) of respondents would eat cheese 1 week or more after the use-by date (Figure 28) [\(footnote 22\)](#).

1. The full 'Eating at home' module was last reported in the [Food and You 2: Wave 5 Key Findings report](#). The brief module was last reported in the [Food and You 2: Wave 4 Key Findings report](#).
2. Question: When you are at home, how often, if at all, do you wash your hands before eating. Responses: always, most of the time, about half the time, occasionally, never, I don't cook, don't know. Base= 4893, all online respondents, and those answering the 'Eating at Home' postal questionnaire.
3. Question: When you are at home, how often, if at all, do you wash your hands before starting to prepare or cook food. Responses: always, most of the time, about half the time, occasionally, never, I don't cook, don't know. Base= 4561, all online respondents and all those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household.
4. Question: When you are at home, how often, if at all, do you wash your hands immediately after handling raw meat, poultry or fish. Responses: always, most of the time, About half the time, Occasionally, Never, I don't cook meat, poultry or fish, Don't know. Base= 4420, all online respondents and those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't cook meat, poultry or fish' and 'not stated'.
5. Question: When eating outside of the home, how often, if at all, do you wash your hands, or use hand sanitising gel or wipes before eating? Responses: always, most of the time, about half the time, occasionally, never, don't know. Base= 4893, all online respondents, and those answering the 'Eating at Home' postal questionnaire.

6. Question: What do you think the temperature inside your fridge should be? Responses: less than 0 degrees C (less than 32 degrees F), between 0 and 5 degrees C (32 to 41 degrees F), more than 5 but less than 8 degrees C (42 to 46 degrees F), 8 to 10 degrees C (47 to 50 degrees F), more than 10 degrees C (over 50 degrees F), other, don't know. Base=4879, all online respondents and all those who completed the 'Eating at Home' postal questionnaire, excluding those who don't have a fridge.
7. Question: Do you, or anyone else in your household, ever check your fridge temperature? Responses: yes, no, I don't need to - it has an alarm if it is too hot or cold, don't know. Base= 4880, all online respondents and all those who completed the 'Eating at Home' postal questionnaire, excluding those who don't have a fridge.
8. Question: How often, if at all, do you or someone else in your household check the temperature of the fridge? Responses: at least daily, 2-3 times a week, once a week, less than once a week but more than once a month, once a month, four times a year, 1-2 times a year, never/less often, don't know. Base= 2431, all online respondent and all those who completed the 'Eating at Home' questionnaire where someone in household checks fridge temperature.
9. Question: How often, if at all, do you cook food until it is steaming hot and cooked all the way through? Responses: always, most of the time, about half of the time, occasionally, never, don't know. Base= 4561, all online respondents and all those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household.
10. Data on the consumption of red meat, duck, beefburgers, sausages and pork when the meat is pink or has pink or red juices is available from [Food and You 2: Wave 5](#).
11. Question: How often, if at all, do you eat chicken or turkey when the meat is pink or has pink or red juices? Responses: always, most of the time, about half of the time, occasionally, never, don't know. Base = 4539, all online respondents, and those answering the 'Eating at Home' postal questionnaire, who are not vegan, pescatarian or vegetarian, and who do eat chicken/turkey.
12. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
13. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
14. Question: When reheating food, how do you know when it is ready to eat? Select all that apply, responses: I check the middle is hot, I follow the instructions on the label, I can see its bubbling, I use a timer to ensure it has been cooked for a certain amount of time, I check it has an even temperature throughout, I can see steam coming from it, I taste it, I stir it, I put my hand over it/touch it, I use a thermometer/probe, none of the above and I don't check. Base 4330, all online respondents and all those who completed the Eating at Home questionnaire who ever do some food preparation or cooking for their household,

excluding I don't reheat food and not stated.

15. Question: How many times would you consider reheating food after it was cooked for the first time? Responses: not at all, once, twice, more than twice, don't know. Base= 4338, all online respondents and all those who completed the 'Eating at Home' questionnaire who reheat food using one of the methods in the previous question.
16. Question: When is the latest you would consume any leftovers stored in the fridge? Responses: the same day, within 1-2 days, within 3-5 days, more than 5 days later, it varies too much, don't know. Base= 4893, all online respondents, and those answering the 'Eating at Home' postal questionnaire.
17. Question: How often, if at all, do you wash raw chicken? Responses: always, most of the time, about half of the time, occasionally, never, don't know. Base = 4561, all online respondents and all those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household.
18. Question: How do you store raw meat and poultry in the fridge? Please select all that apply. Responses: away from cooked foods, covered with film/foil, in a sealed container, in its original packaging, on a plate. Base= 4470, all online respondents and all those who completed the 'Eating at Home' postal questionnaire, except those who don't buy/store meat/poultry, don't store raw meat/poultry in the fridge, do not have a fridge or don't know.
19. Question: Where in the fridge do you store raw meat and poultry? Responses: wherever there is space, at the top of the fridge, in the middle of the fridge, at the bottom of the fridge. Base= 4385, all online respondent and all those who completed the 'Eating at Home' postal questionnaire who store raw meat/poultry in the fridge except those who don't buy/store meat/poultry, don't have a fridge, or don't know.
20. Question: Which of these shows when food is no longer safe to eat? Responses: use-by date, best before date, sell by date, display until date, all of these, it depends, none of these, don't know. Base= 4893, all online respondents, and those answering the 'Eating at Home' postal questionnaire.
21. Question: How often, if at all, do you check use-by dates when you are about to cook or prepare food? Responses: always, most of the time, about half of the time, occasionally, never, it varies too much to say, don't know. Base= 4561, all online respondents and all those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household.
22. Question: When, if at all, is the latest you would eat or drink the following items after their use-by date? a= cooked meats, b=smoked fish, c=bagged salads, d=cheese, e=milk, f= raw meat such as beef/pork/lamb/raw poultry, g=shellfish, h=any other fish, i=yoghurt. Responses: 1-2 days after the use-by date, 3-4 days after the use-by date, 5-6 days after the use-by date, 1-2 weeks after the use-by date, more than 2 weeks after the use-by date, I don't eat/drink this after its use-by date, don't know/I don't ever check the use-by date of this. Base A= 4501, B=3687, C=4500, D=4684, E=4624, F= 4437, G=3299, H=4049, I=4507, all online respondents and those who completed the 'Eating at Home' postal questionnaire, who eat A/B/C/D/F/G/H/I. Please note: the figures shown do not add up to

100% as not all responses are shown.



F&Y2 Wave 6: Annex A

Background

In 2018 the FSA's [Advisory Committee for Social Science \(ACSS\)](#) established a new Food and You Working Group to review the methodology, scope and focus of the Food and You survey. The Food and You Working Group provided [a series of recommendations on the future direction of the Food and You survey to the FSA](#) and ACSS in April 2019. Food and You 2 was developed from the recommendations.

The Food and You 2 survey replaced the biennial Food and You survey (2010-2018), biannual Public Attitudes Tracker (2010-2019) and annual Food Hygiene Rating Scheme (FHRS) Consumer Attitudes Tracker (2014-2019). The Food and You survey has been an Official Statistic since 2014. Due to the difference in methodology between the Public Attitudes Tracker, FHRS Consumer Attitudes Tracker and Food and You survey (2010-2018) it is not possible to compare the data collected in Food and You 2 (2020 onward) with these earlier data. Comparisons can be made between the different waves of [Food and You 2](#). A report which provides an overview of key trends from Food and You 2: Wave 1 (fieldwork: 29 July to 6 October 2020) to Wave 6 (fieldwork: 12 October 2022 to 10 January 2023) is expected to be published late 2023.

Previous publication in this series include:

- [Food and You 2: Wave 1 Key Findings](#) (March 2021)
- [Food and You 2: Wave 2 Key Findings](#) (July 2021)
- [Food and You 2: Wave 3 Key Findings](#) (January 2022)
- [Food and You 2: Wave 4 Key Findings](#) (August 2022)
- [Food and You 2: Wave 5 Key Findings](#) (March 2023)

Methodology

The Food and You 2 survey is commissioned by the Food Standards Agency (FSA). The fieldwork is conducted by Ipsos. Food and You 2 is a biannual survey. Fieldwork for Wave 6 was conducted between 12 October 2022 and 10 January 2023.

Food and You 2 is a sequential mixed-mode 'push-to-web' survey (summary of method below). Push-to-web helps to reduce the response bias that otherwise occurs with online-only surveys. This method is accepted for government surveys and national statistics, including the 2021 [Census](#) and [2019/2020 Community Life Survey](#).

A random sample of addresses (selected from the Royal Mail's Postcode Address File) received a letter inviting up to two adults (aged 16 or over) in the household to complete the online survey. A first reminder letter was sent to households that had not responded to the initial invitation. A postal version of the survey accompanied the second reminder letter for those who did not have access to the internet or preferred to complete a postal version of the survey. A third and final reminder was sent to households if the survey had not been completed. Respondents were given

a gift voucher for completing the survey.

The sample of main and reserve addresses [\(footnote 1\)](#) was stratified by region (with Wales and Northern Ireland being treated as separate regions), and within region (or country) by local authority (district in Northern Ireland) to ensure that the issued sample was spread proportionately across the local authorities. National deprivation scores were used as the final level of stratification within the local authorities - in England the [Index of Multiple Deprivation \(IMD\)](#), in Wales the [Welsh Index of Multiple Deprivation \(WIMD\)](#) and in [Northern Ireland, the Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#).

Due to the length and complexity of the online questionnaire it was not possible to include all questions in the postal version of the questionnaire. The postal version of the questionnaire needed to be shorter and less complex to encourage a high response rate. To make the postal version of the questionnaire shorter and less complex, two versions were produced. The two versions of the postal survey are referred to as the 'Eating Out' and 'Eating at Home' postal questionnaires. See the Technical Report for further details.

All data collected by Food and You 2 are self-reported. The data are the respondents own reported attitudes, knowledge and behaviour relating to food safety and food issues. As a social research survey, Food and You 2 cannot report observed behaviours. Observed behaviour in kitchens has been reported in [Kitchen Life](#), an ethnographic study which used a combination of observation, video observation and interviews to gain insight into domestic kitchen practices. This study will be updated through Kitchen Life 2, which is in progress now and due to report in 2023.

The minimum target sample size for the survey is 4,000 households (2,000 in England, 1,000 in Wales, 1,000 in Northern Ireland), with up to two adults in each household invited to take part as mentioned above. For Wave 6 a total of 5,991 adults (aged 16 years or over) from 4,217 households across England (3,032 adults), Northern Ireland (1,644 adults), and Wales (1,315 adults), completed the survey. An overall response rate of 28.8% was achieved (England 30.3%, Wales 28.7%, Northern Ireland 26.5%). Sixty-four per cent (63.8%) of respondents completed the survey online and 36.2% completed the postal version of the survey. The postal responses from 95 respondents were removed from the data set as the respondent had completed both the online and postal survey. Further details about the response rates are available in the Technical Report.

Weighting was applied to ensure the data are as close as possible to being representative of the socio-demographic and sub-groups in the population, as is usual practice in government surveys. The weighting applied to the Food and You 2 data helps to compensate for variations in within-household individual selection, for response bias, and for the fact that some questions were only asked in one of the postal surveys. Further details about weighting approach used and the weights applied to the Food and You 2: Wave 6 data are available in the Technical Report.

The data have been checked and verified by four members of the Ipsos research team and two members of the FSA Statistics branch. Further details about checks of the data are available in the Technical Report. Descriptive analysis and statistical tests have been performed by Ipsos. Quantum (statistical software) was used by Ipsos to calculate the descriptive analysis and statistical tests (t-tests).

The p-values that test for statistical significance are based on t-tests comparing the weighted proportions for a given response within that socio-demographic and sub-group breakdown. An adjustment has been made for the effective sample size after weighting, but no correction is made for multiple comparisons.

Reported differences between socio-demographic and sub-groups typically have a minimum difference of 10 percentage points between groups and are statistically significant at the 5% level ($p < 0.05$). However, some differences between respondent groups are included where the difference is fewer than 10 percentage points when the finding is notable or of interest.

Percentage calculations are based only on respondents who provided a response. Reported values and calculations are based on weighted totals.

Technical terms and definitions

Statistical significance is indicated at the 5% level ($p < 0.05$). This means that where a significant difference is reported, there is reasonable confidence that the reported difference is reflective of a real difference at the population level.

Food security means that all people always have access to enough food for a healthy and active lifestyle ([World Food Summit, 1996](#)). [The United States Department of Agriculture \(USDA\)](#) has created a series of questions which indicate a respondent's level of food security. Food and You 2 incorporates the [10 item U.S. Adult Food Security Survey Module](#) and uses a 12 month time reference period. Respondents are referred to as being food secure if they are classified as having high food security (no reported indications of food-access problems or limitations), or marginal food security (one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake). Respondents are referred to as being food insecure if they are classified as having low food security (reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake) or very low food security (reports of multiple indications of disrupted eating patterns and reduced food intake).

[NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.

[Index of Multiple Deprivation \(IMD\)](#) / [Welsh Index of Multiple Deprivation \(WIMD\)](#) / [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#) is the official measure of relative deprivation of a geographical area. IMD/WIMD/NIMDM classification is assigned by postcode or place name. IMD/WIMD/NIMDM is a multidimensional calculation which is intended to represent the living conditions in the area, including income, employment, health, education, access to services, housing, community safety and physical environment. Small areas are ranked by IMD/WIMD/NIMDM; this is done separately for [England](#), [Wales](#) and [Northern Ireland](#).

1. A reserve sample of addresses was created to use if the target number of respondents was not achieved from the main sample of addresses.



F&Y2 Wave 6: References

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