

Food and You 2: Northern Ireland Wave 7-8 Key Findings

Area of research interest: [Food and You 2](#)

Project status: Completed

Project code: FS430662

Authors: Alice Wootton, Helen Heard, Alexandra Moore, Dr Beth Armstrong, Lucy King, Robin Clifford, Matt Jenkins, Dr Daniel Mensah

Conducted by: Ipsos

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F&Y2 Wave 7-8 NI: Executive Summary

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Area of research interest: [Food and You 2](#)

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Northern Ireland

PDF

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Overview of Food and You 2

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

The modules presented in this report include 'Food you can trust', 'Concerns about food', 'Food security', 'Eating out and takeaways', 'Food allergies, intolerances and other hypersensitivities',

‘Eating at home’, ‘Food shopping and labelling’ and ‘Healthy eating’.

This report presents findings from respondents in Northern Ireland, in Waves 7 and 8 of the Food and You 2 survey, therefore reported findings refer to data collected in Northern Ireland unless otherwise specified. Where the same data were collected in both Waves 7 and 8, the findings from Wave 8 are reported.

[Wave 7](#) fieldwork was conducted between 28 April 2023 and 10 July 2023 with 1,526 adults in Northern Ireland. [Wave 8](#) fieldwork was conducted between 12 October 2023 and 8 January 2024 with 1,550 adults in Northern Ireland.

Key findings

Food you can trust

Confidence in food safety and authenticity

- 91% were confident that the food they buy is safe to eat
- 84% were confident that the information on food labels is accurate

Confidence in the food supply chain

- 76% were confident in the food supply chain
 - respondents were more likely to report confidence in farmers (86%), shops and supermarkets (78%), than in takeaways (55%), and food delivery services such as Just Eat, Deliveroo, Uber Eats (37%)
- Awareness, trust and confidence in the FSA

Awareness, trust and confidence in the FSA

- 91% had heard of the FSA
- of the 59% of respondents who had at least some knowledge of the FSA, 77% trusted the FSA to make sure ‘food is safe and what it says it is’
- 83% 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)

Concerns about food

- 83% had no concerns about the food they eat, and 17% had a concern
- the most common concerns were food prices (67%) and food quality (64%)

Food security

- 73% were classified as food secure (58% high, 15% marginal)
- 27% were classified as food insecure (13% low, 14% very low)

Eating out and takeaways

- 62% of respondents reported eating in or taking food out from a café, coffee shop or sandwich shop, and/or eating in a restaurant (58%), and/or ordering a takeaway directly from a takeaway shop or restaurant (56%) in the past 4 weeks
- 91% had heard of the Food Hygiene Rating Scheme (FHRS), of which 66% knew a bit or quite a lot about it. 49% who eat out had checked the hygiene rating of a food business in

the last 12 months

Food allergies, intolerances and other hypersensitivities

- 78% said they did not have a food hypersensitivity, while 10% reported a food intolerance, 3% reported a food allergy, and 1% reported having coeliac disease

Confidence in allergen labelling

- 82% of respondents (who shop for food and take into consideration a person who has a food allergy or intolerance) were confident that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction
- respondents who bought food loose were more confident in identifying these foods in-store at a supermarket (67%), at independent food shops (66%), or when buying food from a supermarket online (62%), and less confident when buying food from food markets or stalls (55%)

Eating at home

Use-by dates

- 70% of respondents identified use-by dates as the information which shows that food is no longer safe to eat
- 91% of respondents always or most of the time check the use-by date when they buy food
- 77% of respondents always check use-by dates before they cook or prepare food

Food shopping and labelling

Where do respondents buy food from?

- most respondents bought food from a large supermarket (70%) or mini supermarket (64%) about once a week or more often

Sustainability and environmental impact

- 73% said it was important to them to buy food which has a low environmental impact and 35% said they often buy food which has a low environmental impact
- 21% said they often checked for information about the environmental impact when purchasing food
- 64% believed that eating less processed food contributes most to a sustainable diet
- 64% thought that buying food that is locally produced contributes most to sustainable shopping choices

Healthy eating

- 77% said they ate fruit and vegetables every day or most days, and 55% said what they usually eat is fairly healthy
- eating fruit and vegetables (81%), drinking plenty of water (77%), limiting food and drinks high in sugar (68%) and eating less salt (59%) were considered the most important factors for a healthy diet

F&Y2 Wave 7-8 NI: Acknowledgements

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, Dr Patten Smith, Kelly Ward, Dr Ammeline Wang and Teodros Gebrekal.

We would like to thank the NI team for their time reviewing the report.

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F&Y2 Wave 7-8 NI: 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 vision and inform policy decisions by measuring self-reported consumers' knowledge, attitudes and behaviours related to food safety and other food issues in England, Wales, and Northern Ireland on a regular basis. ([footnote 2](#))

Food and You 2

FSA commissioned Ipsos to develop and run a biannual survey, 'Food and You 2', primarily online with the option of participating via a postal questionnaire. More information about the history, methodology and modules included can be found in [Food and You 2: Wave 8](#) and the accompanying [technical report](#).

Previous publications in this series include:

- [Food Security in Northern Ireland Wave 1](#)
- [Food and You 2: Northern Ireland and Wales Specific Wave 1-2 Key Findings](#)

- [Food and You 2: Northern Ireland Wave 3-4 Key Findings](#)
- [Food and You 2: Northern Ireland Wave 5-6 Key Findings](#)

Food and You 2: Wave 7 and Wave 8

[Wave 7](#) fieldwork was conducted between 28 April and 10 July 2023, then [Wave 8](#) fieldwork was conducted between 12 October 2023 and 8 January 2024.

For Wave 7 a total of 5,812 adults from 4,006 households completed the survey across England, Wales and Northern Ireland. In Northern Ireland 1,526 adults completed the survey, (2,968 adults in England and 1,318 adults in Wales). In Northern Ireland, a response rate of 24.6% was achieved; with 57.1% of respondents completing the survey online and 42.9% completing the postal version of the survey.

For Wave 8 a total of 5,808 adults from 4,006 households completed the survey across England, Wales and Northern Ireland. In Northern Ireland 1,550 adults completed the survey, (2,870 adults in England and 1,388 adults in Wales). In Northern Ireland, a response rate of 24.0% was achieved; with 64.3% of respondents completing the survey online and 35.7% completing the postal version of the survey.

This report presents key findings from the Food and You 2: Wave 7 and Food and You 2: Wave 8 survey. Not all questions asked in the surveys are included in the report. Where the same data were collected in both Waves 7 and 8, the findings from Wave 8 are reported. The full results are available in the accompanying [Food and You 2: Wave 7 data tables and underlying data set](#) and [Food and You 2: Wave 8 data tables and underlying data set](#). Findings presented in this report refer to data collected in Northern Ireland unless otherwise specified.

Interpreting the findings

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.

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 fewer than 10 percentage points, when the finding is notable or judged to be of interest. These differences are indicated with a double asterisk (**).

The report presents some of the differences between some socio-demographic and sub-groups in the population. Data of all sub-groups are available in the [Food and You 2: Wave 7](#) and [Food and You 2: Wave 8](#) data 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)
- whether data were collected from Wave 7 or Wave 8
- please note: ' indicates important points to consider when interpreting the results

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. [FSA is one of the government organisations responsible for nutrition policy in Northern Ireland](#), Department of Health are responsible for England, and the Welsh Government are responsible for Wales.



F&Y2 Wave 7-8 NI: 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

91% of respondents were confident (i.e. were very confident or fairly confident) that the food they buy is safe to eat, and 84% were confident that the information on food labels is accurate. [\(footnote 1\)](#)

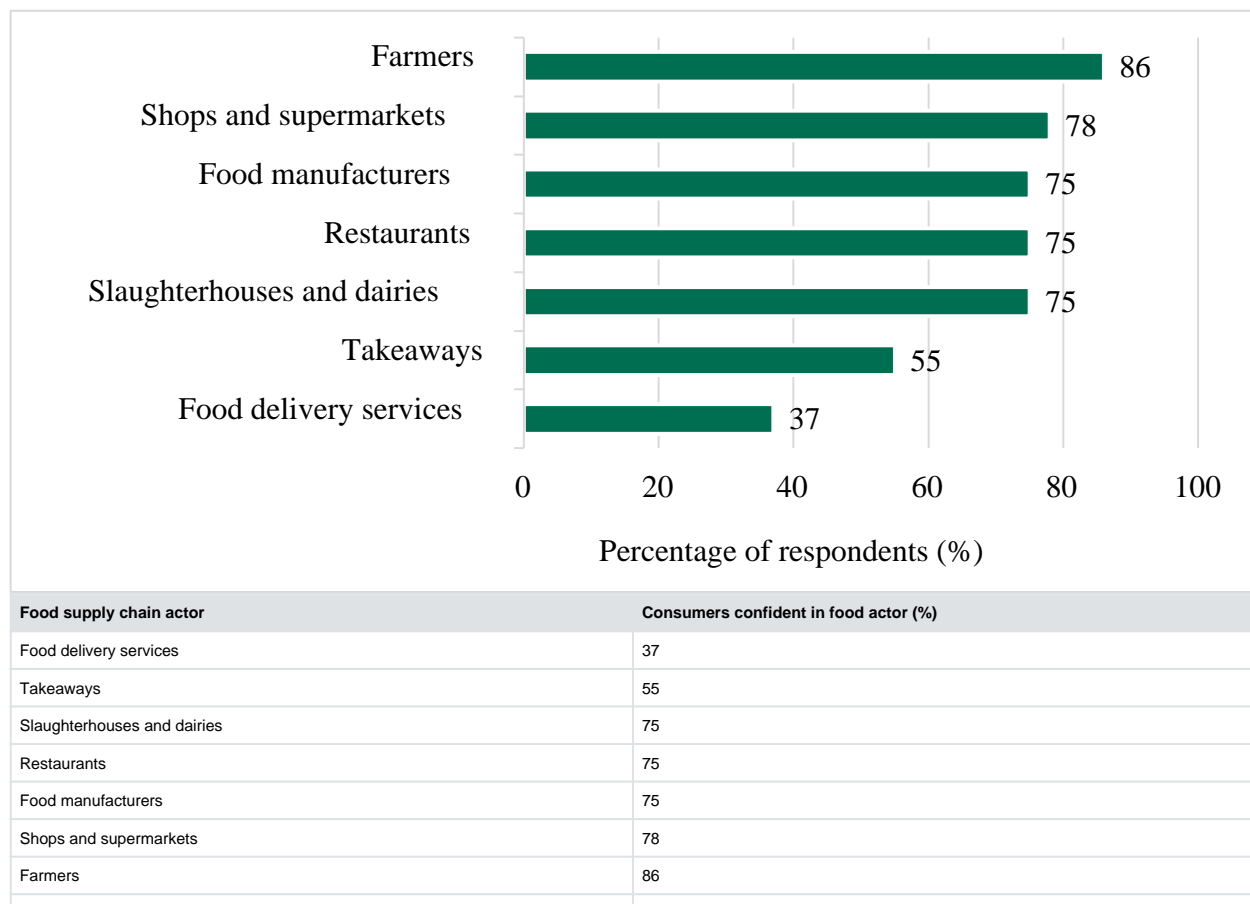
Confidence in the food supply chain

76% were confident in the food supply chain. [\(footnote 2\)](#) When asked how confident they were that key actors in the food supply chain ensure that the food they buy is safe to eat, respondents were more likely to report confidence in farmers (86%), shops and supermarkets (78%), than in takeaways (55%), and food delivery services such as Just Eat, Deliveroo, Uber Eats (37%) (Figure 1). [\(footnote 3\)](#)

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

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Source: Food and You 2: Wave 7

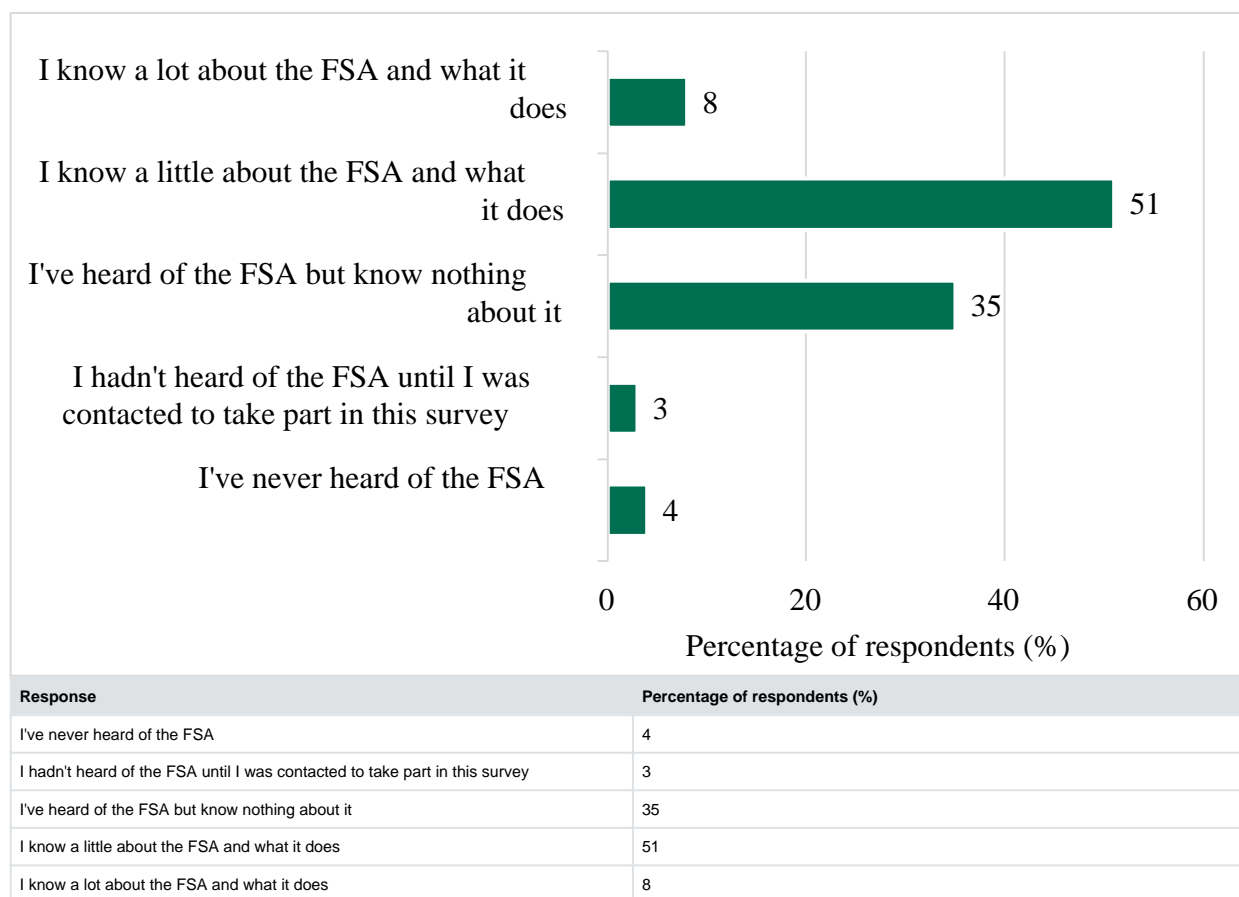
Awareness, trust and confidence in the FSA

91% of respondents had heard of the FSA. 59% reported at least some knowledge of the FSA; 8% reported that they knew a lot about the FSA and what it does, and 51% reported that they knew a little about the FSA and what it does. 35% had heard of the FSA but knew nothing about it, 3% had not heard of the FSA before being contacted to take part in the survey, and 4% had never heard of the FSA (Figure 2). [\(footnote 4\)](#)

Figure 2. Knowledge about the Food Standards Agency.

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Source: Food and You 2: Wave 8

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

- age group: respondents aged between 45 and 74 years (for example, 66% of those aged 45-54 years) were more likely to report knowledge of the FSA compared to the oldest respondents (for example, 47% of those aged 75+) ([footnote 5](#))
- food hypersensitivity: respondents with a food intolerance (69%) were more likely to report knowledge of the FSA compared to those without a food hypersensitivity (58%)
- responsibility for cooking and/or shopping: respondents who were responsible for cooking (60%) and/or shopping (61%) were more likely to report knowledge of the FSA compared to respondents who do not cook (44%) and/or those who never shop (35%)
- Northern Ireland Index of multiple deprivation measure (NIMDM): respondents who lived in less deprived areas were more likely to report knowledge of the FSA compared to those who lived in more deprived areas. For example, 62% of those who lived in the least deprived area (NIMDM 5) reported knowledge of the FSA compared to 50% of those who lived in the most deprived area (NIMDM 1)

Trust in the FSA

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; 77% of these respondents reported that they trusted the FSA to do this ([footnote 6](#)). 83% 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), 81% were confident that the FSA is committed to communicating openly with the public about food-related risks, and 84% were confident that the FSA takes appropriate action if a food-related risk is identified. [\(footnote 7\)](#)

1. Question: How confident are you that A) the food you buy is safe to eat B) the information on food labels is accurate (e.g. ingredients, nutritional information, country of origin)? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base = 1,550, all respondents in Northern Ireland. Wave 8.
2. 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 = 1,550, all respondents in Northern Ireland. Wave 8.
3. 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 = 1,526, all online respondents and all those who completed the 'Eating Out' paper questionnaire in Northern Ireland. Wave 7.
4. Question: How much, if anything, do you know about the Food Standards Agency, also known as the FSA? Responses: 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 = 1,550, all respondents in Northern Ireland. Wave 8. Please note: all consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA.
5. Data for respondents aged 16-24 years is not reported due to a small number of respondents being in this group.
6. 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= 941, all respondents who know a lot or a little about the FSA and what it does in Northern Ireland. Wave 8. Please note: 'I trust it a lot' and 'I trust it' are referred to as trust.
7. 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 = 1,550, all respondents in Northern Ireland. Wave 8. Please note: 'very confident' and 'fairly confident' are referred to as confident. Respondents with little or no knowledge of the FSA were asked about the government agency responsible for food safety, while respondents

with at least some knowledge of the FSA were asked about the Food Standards Agency.



F&Y2 Wave 7-8 NI: 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. In Northern Ireland, the FSA is also responsible for [nutrition policy](#). 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

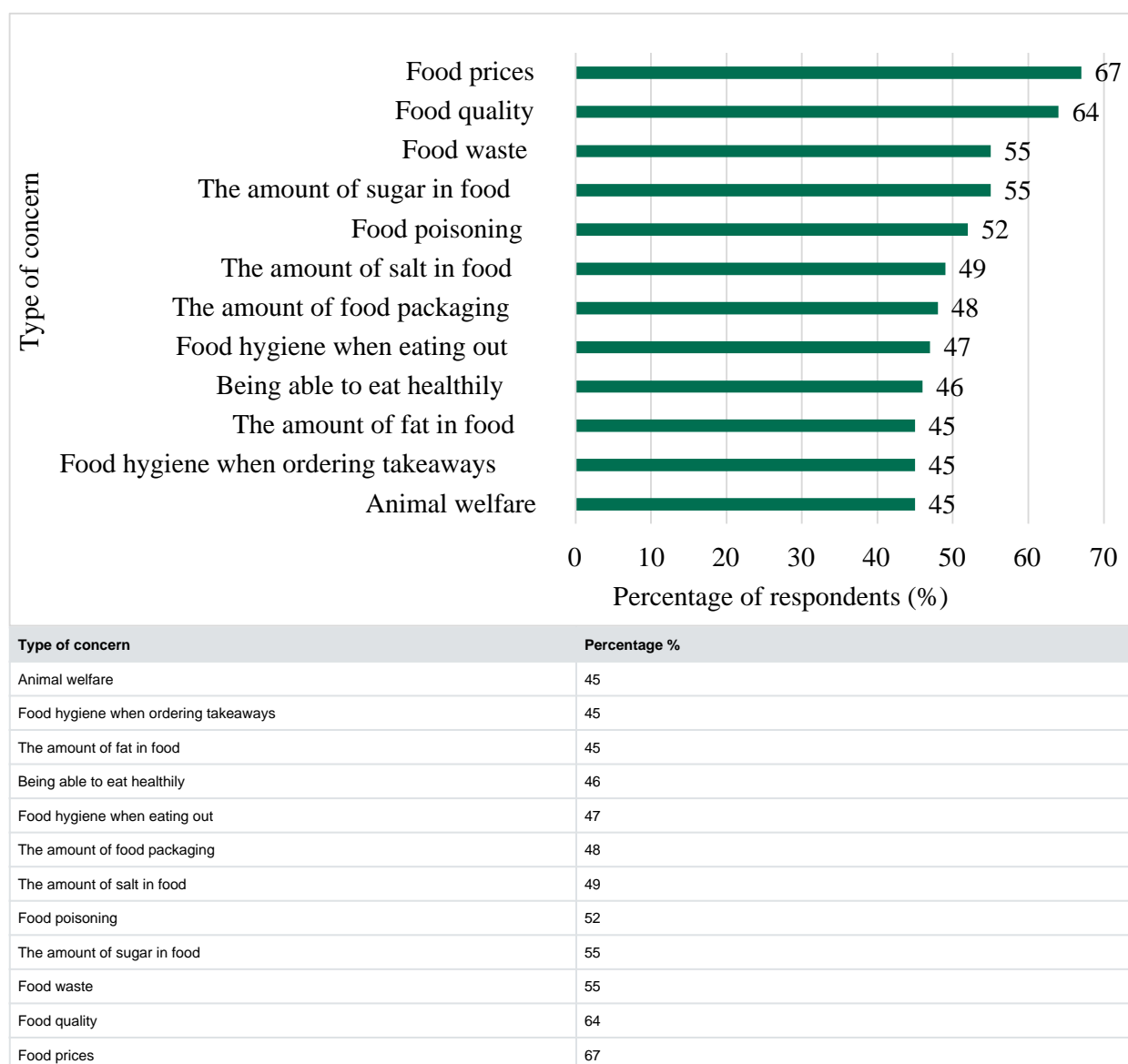
Respondents were asked to spontaneously report whether they had any concerns about the food they eat. Most respondents (83%) had no concerns about the food they eat, and 17% of respondents reported that they had a concern. [\(footnote 1\)](#)

Respondents were asked to indicate if they had concerns about several food-related issues, prompted by a list of options. The most common concerns related to food prices (67%) and food quality (64%), followed by food waste (55%) and the amount of sugar in food (55%). Around half were concerned about food poisoning (52%), the amount of salt in food (49%), the amount of food packaging (48%), and food hygiene when eating out (47%) (Figure 3). [\(footnote 2\)](#)

Figure 3. Most common (top 12) prompted food-related concerns.

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Source: Food and You 2: Wave 8

Food concerns differed between different groups of people:

- Gender: Women were more likely to be concerned about food poisoning (58%) and food prices (72%) than men (46% and 62% respectively).
- Age: respondents in older age groups were more likely to be concerned about a range of food issues compared to younger respondents. For example, those aged 65-74 were more likely to be concerned about food hygiene when eating out (57%), amount of salt (67%), sugar (72%) and fat in food (61%), food waste (75%), quality of food (76%), the amount of food packaging (63%) and being able to eat healthily (63%), compared to those aged 25-34 (food hygiene when eating out; 38%, amount of salt; 33%, sugar; 40%, and fat in food; 35%, food waste; 48%, quality of food; 57%, the amount of food packaging; 39%, and being able to eat healthily; 36%).
- Households without children under 6 were more likely to be concerned about food hygiene when eating out (49%) and food hygiene when ordering takeaways (46%) compared to households with young children (aged 6 or under) (36% and 36% respectively). They were

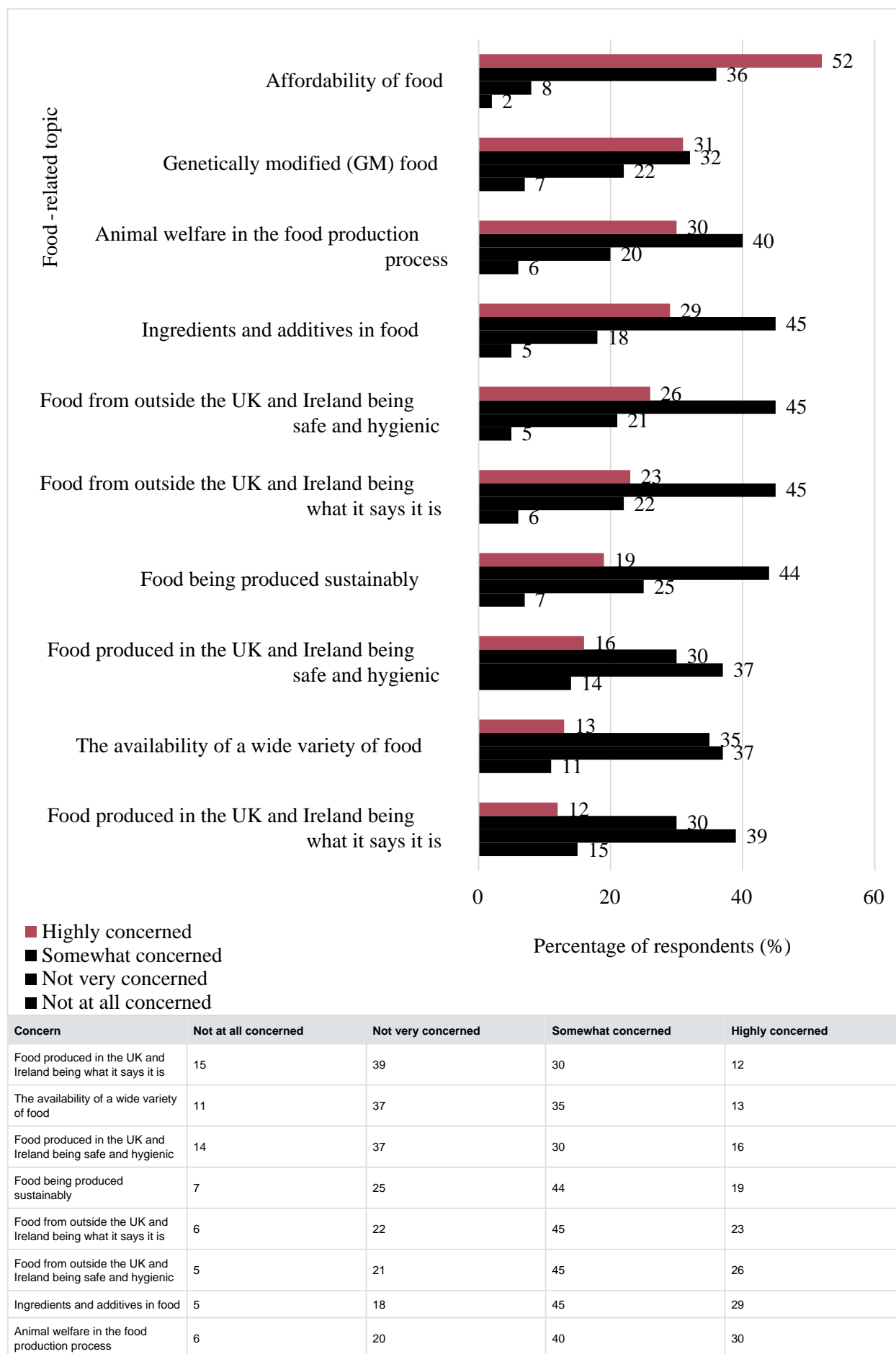
also more likely to be concerned about the amount of salt in food (51%, compared with 39%).

Respondents were asked to indicate the extent to which they were concerned about specific food-related issues. Respondents were most likely to report a high level of concern about the affordability of food (52%), followed by genetically modified (GM) food (31%), animal welfare in the food production process (30%), and ingredients and additives in food (29%). Around a quarter of respondents reported a high level of concern about food from outside the UK and Ireland being safe and hygienic (26%) and food from outside the UK and Ireland being what it says it is (23%) (Figure 4). [\(footnote 3\)](#)

Figure 4. Level of concern about food-related topics.

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Concern	Not at all concerned	Not very concerned	Somewhat concerned	Highly concerned
Genetically modified (GM) food	7	22	32	31
Affordability of food	2	8	36	52

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Source: Food and You 2: Wave 8

1. Question: Do you have any concerns about the food you eat? Responses: Yes, No. Base = 1,550, all respondents in Northern Ireland. Wave 8.
2. Question: Do you have concerns about any of the following? Responses: Cooking safely at home; Food poisoning (e.g. Salmonella and E. Coli); Food hygiene when eating out; Food hygiene when ordering takeaways; The use of pesticides; The use of additives (e.g. preservatives and colouring); Chemical contamination from the environment (e.g. lead in food); Hormones, steroids or antibiotics in food; Genetically Modified (GM) foods; Food prices; Food allergen information (e.g. availability and accuracy); The amount of salt in food; The amount of sugar in food; The amount of fat in food; The number of calories in food; Food waste; Animal welfare; Food miles (e.g. the distance food travels); Food fraud or crime (e.g. food not being what the label says it is); Being able to eat healthily; The quality of food; The amount of food packaging; None of these; Don't know. Base= 997, all online respondents in Northern Ireland. Wave 8.
3. Question: Thinking about food in 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 the UK and Ireland being safe and hygienic C) Food from outside the UK and Ireland being safe and hygienic D) Food produced in the UK and Ireland being what it says it is E) Food from outside 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 = 1,550, all respondents in Northern Ireland. Wave 8.



F&Y2 Wave 7-8 NI: Chapter 3: Food security

Introduction

“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. Respondents are

assigned to one of the following food security status categories:

- **high:** no reported indications of food-access problems or limitations
- **marginal:** 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 on the [USDA Food Security website](#).

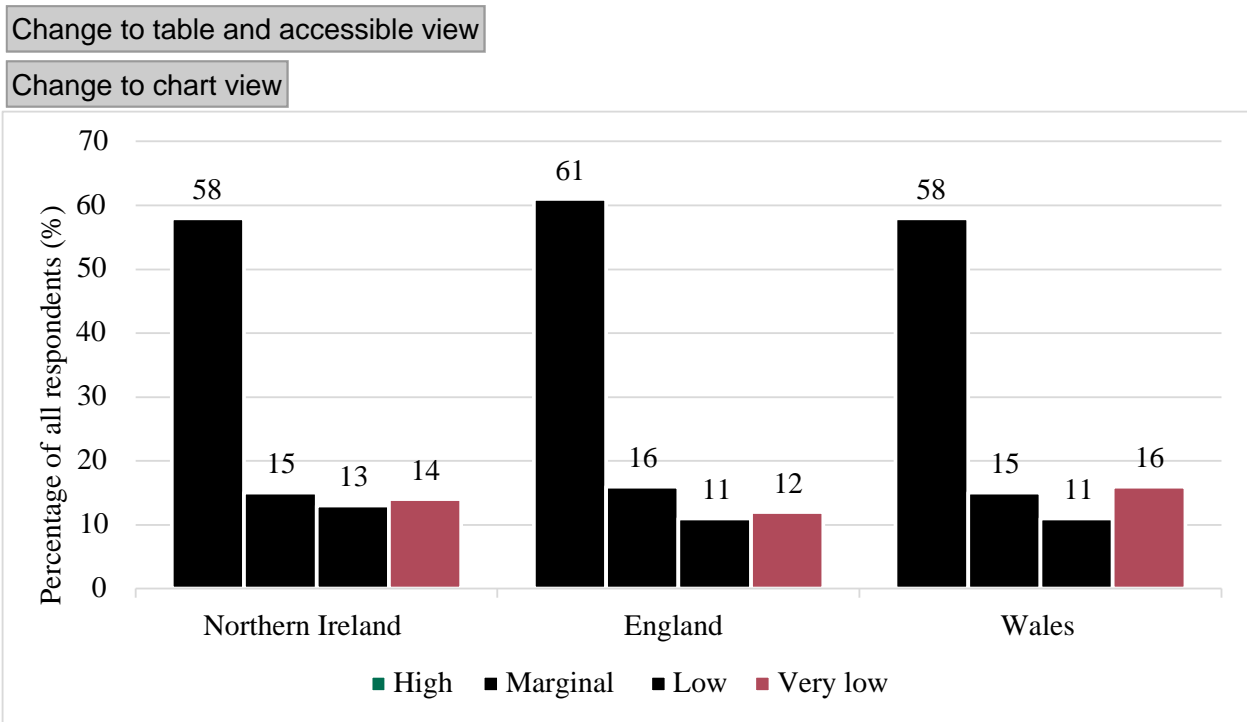
This chapter reports the level of food security across Northern Ireland, England and Wales.

Food security in Northern Ireland, England and Wales

Across Northern Ireland, England and Wales, 76% of respondents were classified as food secure (60% high, 16% marginal) and 24% of respondents were classified as food insecure (11% low, 13% very low). [\(footnote 1\)](#)

Around three-quarters of respondents were food secure (i.e. had high or marginal food security) in Northern Ireland (73%), Wales (73%), and England (77%). Approximately a quarter of respondents were food insecure (i.e. had low or very low food security) in Northern Ireland (27%), Wales (27%), and England (23%) (Figure 5).

Figure 5. Food security in Northern Ireland, England, and Wales.



Country	High	Marginal	Low	Very low
Northern Ireland	58	15	13	14
England	61	16	11	12
Wales	58	15	11	16

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Source: Food and You 2: Wave 8

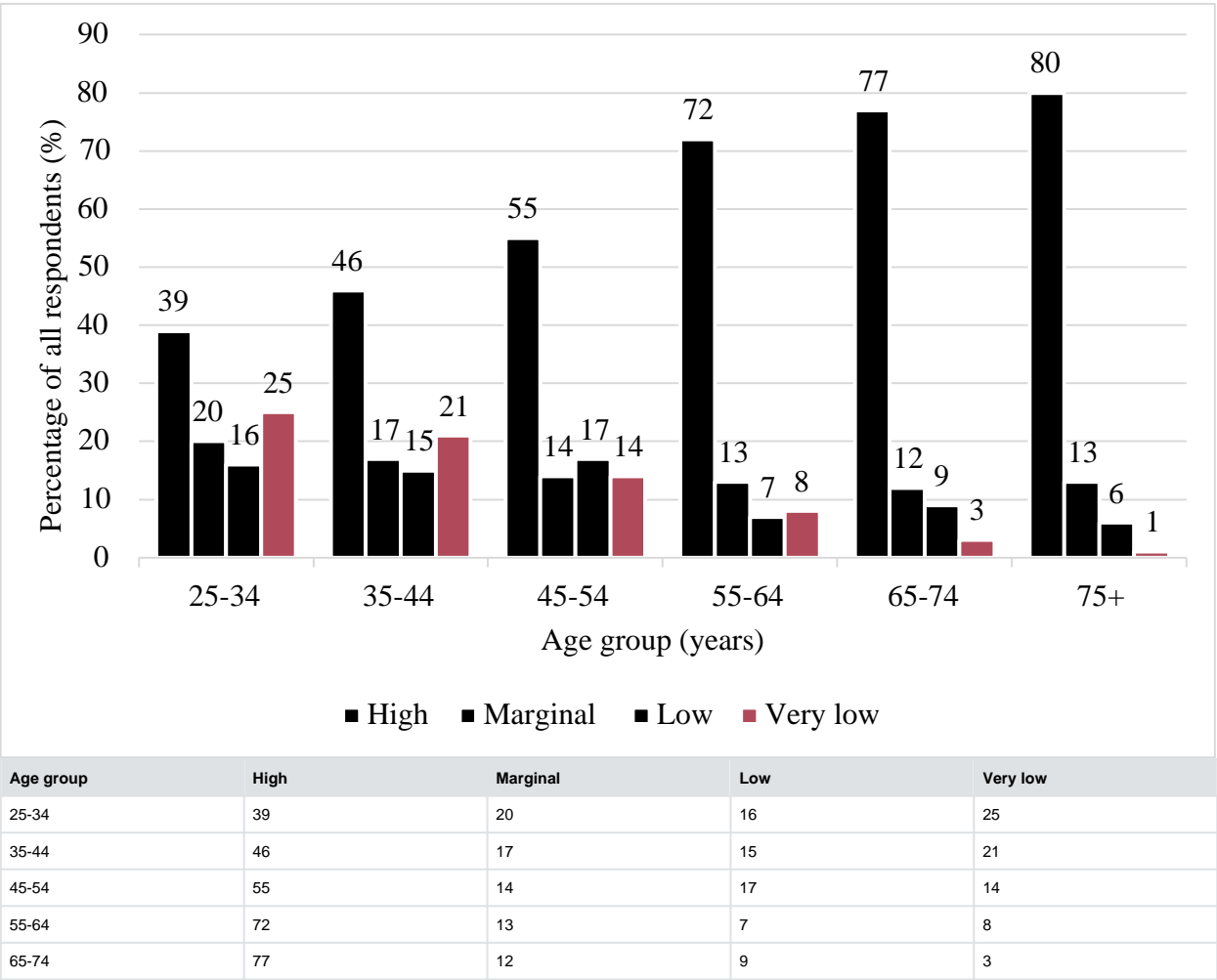
Food security in Northern Ireland

Within Northern Ireland, food security varied by age group with younger adults more likely than older adults to report they were food insecure. For example, 41% of respondents aged 25-34 years were food insecure compared to 6% of those aged 75 years and over (Figure 6). [\(footnote 2\)](#)

Figure 6. Food security by age group.

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Age group	High	Marginal	Low	Very low
75+	80	13	6	1

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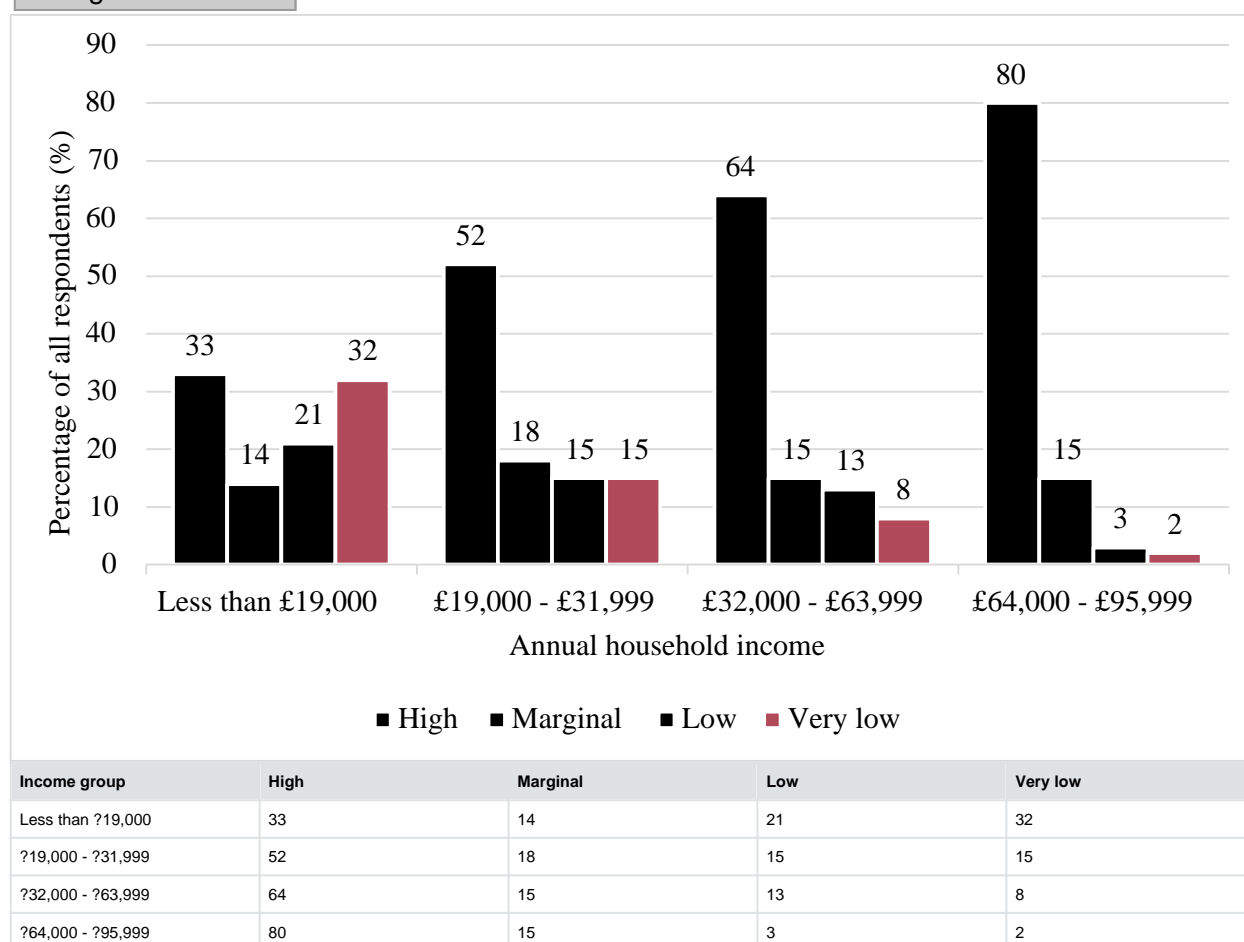
Source: Food and You 2: Wave 8

In Northern Ireland, respondents on lower household incomes were more likely to be food insecure than those on higher incomes. For example, 53% of those earning less than £19,000 were food insecure, compared to 5% of those earning between £64,000 and £95,999. (Figure 7). [\(footnote 3\)](#)

Figure 7. Food security by annual household income.

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Source: Food and You 2: Wave 8

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

- household size: 2 person households were the least likely to be food insecure (19%) compared to all other household sizes (30%-33%)
- children under 16 in household: 36% of households with children under 16 years reported that they were food insecure compared to 23% of households without children under 16 years
- NS-SEC: semi-routine/routine occupations (35%) and intermediate occupations (32%) were more likely to report being food insecure than managerial, administrative and professional occupations (21%) or small employers/own account workers (18%) ([footnote 4](#))
- long term health condition: respondents who have a long-term health condition (37%) were more likely to report being food insecure compared to those who do not have a long-term health condition (22%)
- NIMDM: respondents who live in the most deprived areas were more likely to report being food insecure compared to those who live in more deprived areas. For example, 41% of those who lived in the most deprived area (NIMDM 1) were food insecure compared to 21% of those who lived in the least deprived area (NIMDM 5)

Changes to food-related behaviour for financial reasons

Respondents who reported eating less of certain types of food in the last 12 months, reported financial reasons (e.g. cost of that type of food or reduced income) as the cause of eating less red meat (40%), processed meat (18%), processed food (17%), dairy and/or eggs (17%). ([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 (93%) 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](#))

Free school meals and meal clubs

Respondents with children aged 5-15 years in their household were asked whether these children receive free school meals. 85% with a child(ren) aged 7-15 years in their household reported that the child(ren) do not receive free school meals. 14% reported that their child(ren) receive free school meals. ([footnote 7](#))

Respondents with children aged 5-15 years in their household were asked whether the child(ren) had attended a school club where a meal was provided in the last 12 months. Most respondents (82%) reported that the child(ren) in their household had not attended one of these clubs in the last 12 months. 15% reported that the child(ren) in their household had attended a breakfast club before school, 4% reported that the child(ren) had attended an after-school club where they received a meal, and 4% reported that the child(ren) had attended a lunch and activity club held during the school holidays. ([footnote 8](#))

1. Question/Responses: Derived variable, see [USDA Food Security guidance](#) and Technical Report. Base = 5,808, all respondents. Wave 8.

2. Data for respondents aged 16-24 years is not reported due to a small number of respondents in this group.
3. Data for those earning over £65,000 is not reported due to a small number of respondents being in this group.

'Food insecurity' or 'food insecure' refers to low and very low food security combined.

4. Data for long term unemployed and/or had never worked and full-time students were not reported due to small numbers of respondents these groups.
5. Question: You have said that you have eaten less of certain foods in the last 12 months. Which of the following reasons, if any, explain why you chose to make this change?
Response options: For animal welfare reasons; For environmental or sustainability reasons (e.g., impact on climate change); For financial reasons (e.g., cost of meat or reduced income); For health reasons (e.g., to be more healthy or lose weight); For religious reasons; Because of the bad or unpleasant physical reaction eating meat causes me (e.g., food intolerance); Because of concerns about food poisoning; Because other people in my household or my friends have reduced their meat consumption or don't eat meat; Because of advice from friends or family; Because of advice from celebrities or influencers; Because of concerns about where meat comes from; Because I wanted a change; Due to pregnancy; Other reason; None of these; Prefer not to say. Bases = all online respondents who had eaten less of each type of food in the last 12 months: Red meat = 166, Processed meat = 149, Processed food = 450, Dairy = 103. Please note: poultry and fish are not reported due to small numbers of respondents these groups.
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 = 1,550, all respondents in Northern Ireland. Wave 8.
7. Question: Does any child receive free school meals? Responses: Yes, No, Don't know, Prefer not to say. Base = 277, all respondents who had child(ren) aged 5-15 living in the household in Northern Ireland. Wave 7. The eligibility criteria for free school meals varies between [England, Wales and Northern Ireland](#).
8. Question: Did your child/any of the children in your household attend any of the following in the past 12 months? Responses: A breakfast club before school, An after-school club where they also received a meal (tea/dinner), A lunch and activity club that ran only during school holidays, None of these, Don't know. Base = 203, all respondents with child(ren) aged 5-15 in the household in Northern Ireland. Wave 7.



F&Y2 Wave 7-8 NI: 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 found at the time of local authority food hygiene inspections. Ratings are given to places where food is supplied or sold directly to people, such as restaurants, pubs, cafés, takeaways, hotels, schools, hospitals, care homes, supermarkets, and other retailers.

The FSA runs the scheme in partnership with district councils in Northern Ireland, and with local authorities in England and Wales. In Northern Ireland, district council food safety officers are responsible for checking food hygiene standards at food premises to assess compliance with legal requirements through unannounced hygiene inspections. 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 Northern Ireland and Wales food businesses are legally required to display their FHRS rating, however in England businesses are encouraged to display their FHRS rating. [\(footnote 1\)](#) FHRS ratings are also available on the [FSA website](#) and via other third-party apps.

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

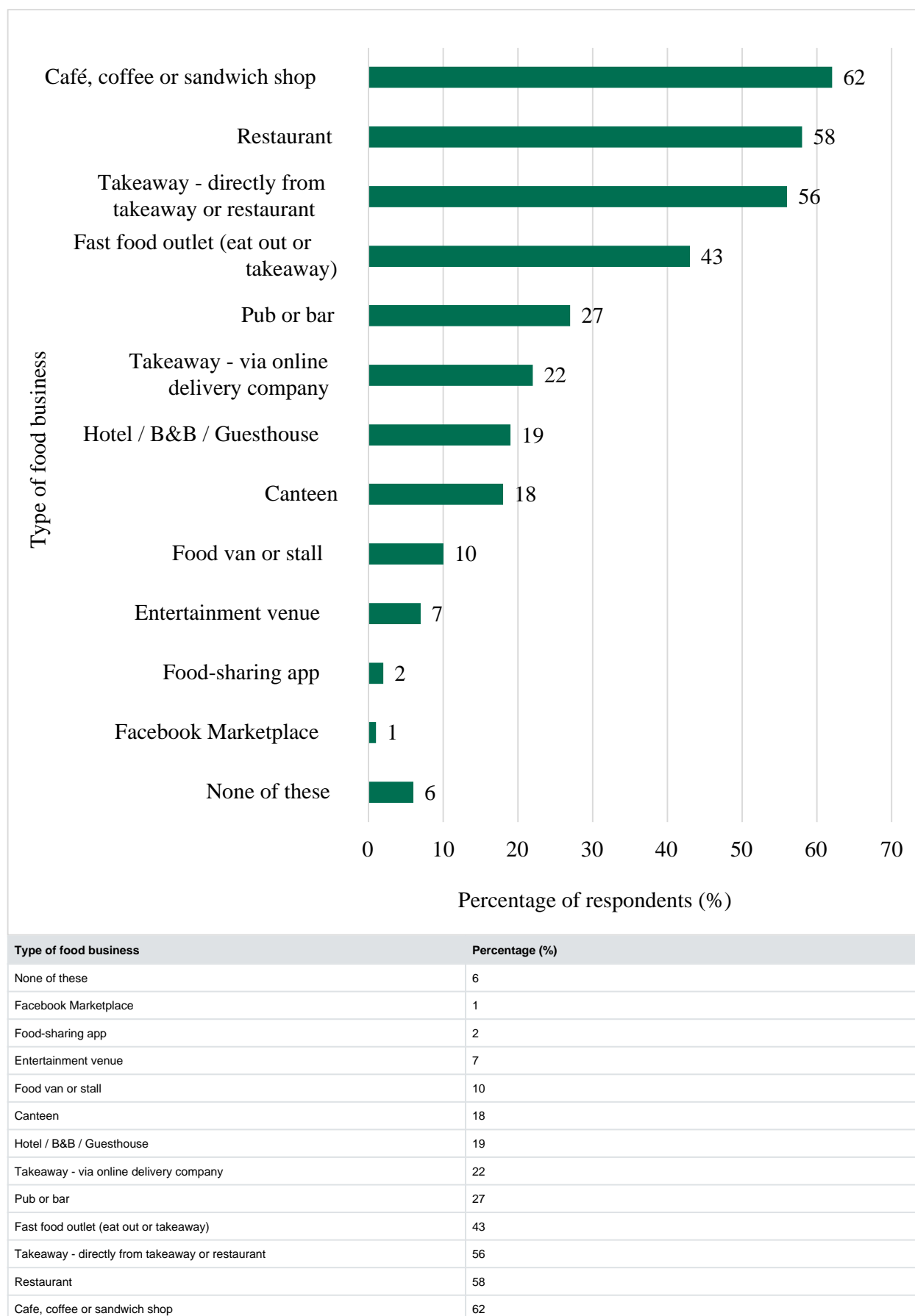
Prevalence of eating out and ordering takeaways

When asked where they had eaten out or ordered food from in the previous 4 weeks, around 6 in 10 respondents reported eating in or taking food out from a café, coffee shop or sandwich shop (62%), and/or having eaten in a restaurant (58%), and/or having ordered a takeaway directly from a takeaway shop or restaurant (56%) (Figure 8). [\(footnote 2\)](#)

Figure 8. Type of food business respondents had eaten at or ordered food from in the previous 4 weeks.

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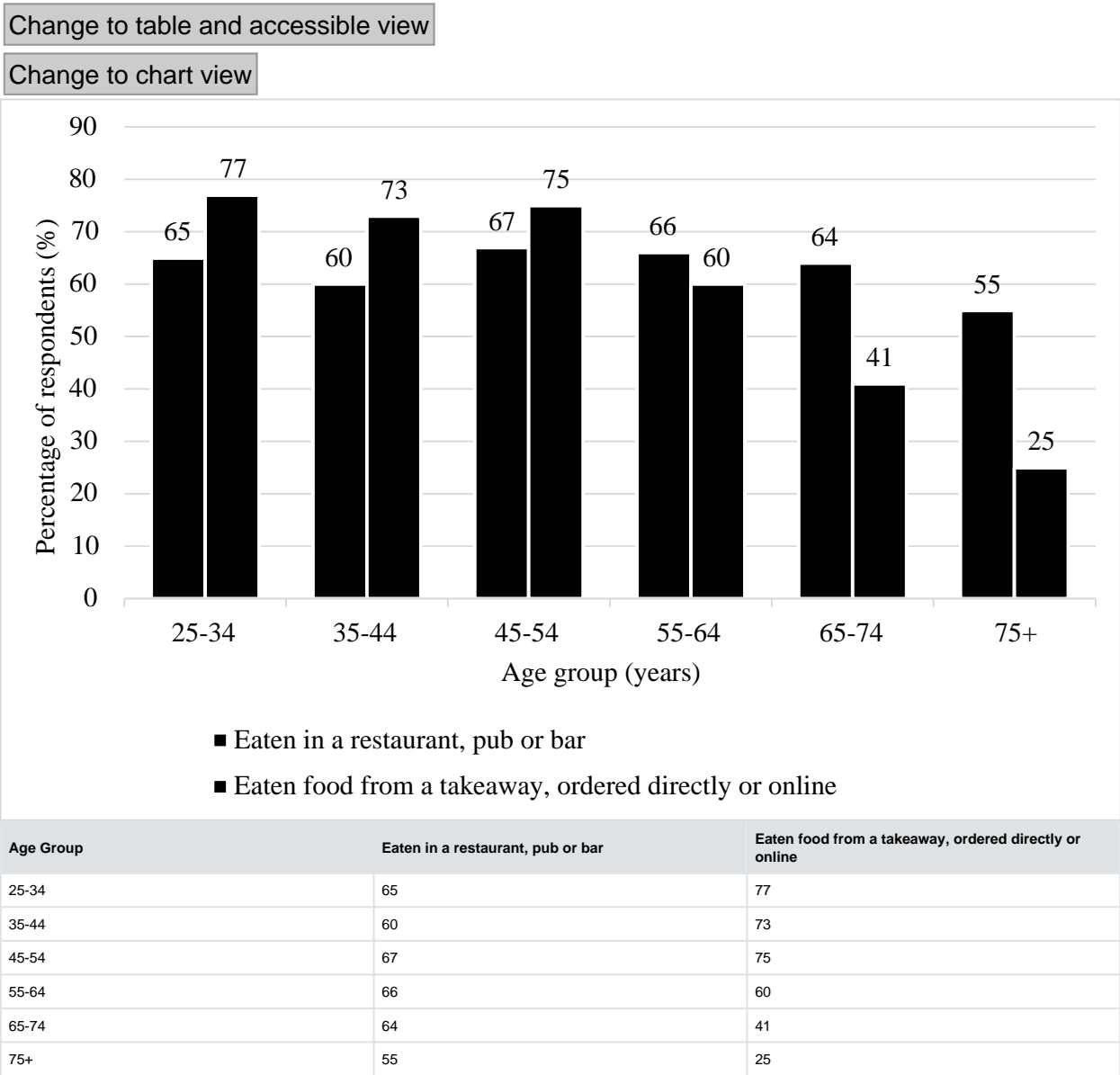


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Older respondents were less likely to have eaten food from a takeaway (ordered directly or online) in the last 4 weeks than younger respondents (Figure 9) [\(footnote 3\)](#). For example, 25% of those aged 75 or over had eaten food from a takeaway in the last 4 weeks, compared to 77% of those aged 25-34 years. There were no significant differences by age for eating out in a restaurant, pub or bar.

Figure 9. 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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The prevalence of eating out in a restaurant, pub or bar or eating food from a takeaway (ordered directly or online) 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, 77% of respondents living in a household with 4 people had eaten food from a takeaway compared to 43% of respondents living alone
- children under 16 years in household: respondents who had children in the household (71%) 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 (61%)
- annual household income: respondents with a higher household income (for example with an income of £64,000-£95,999) were more likely to have eaten out in a restaurant, pub or bar (81%) and to have ordered a takeaway (76%) in the previous 4 weeks compared to respondents with an income below £19,000 (48% and 54% respectively)
- food security: respondents with high or marginal food security (68%) were more likely to have eaten out in a restaurant, pub or bar than those with low or very low food security (54%). However, the prevalence of ordering food from a takeaway did not differ between those with high/marginal food security (63%) and those with low/very low food security (68%)
- long term health condition: respondents without a long-term health condition (67%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who had a long-term health condition (55%). However, the prevalence of ordering food from a takeaway did not differ between those with (60%) or without (66%) a long-term health condition

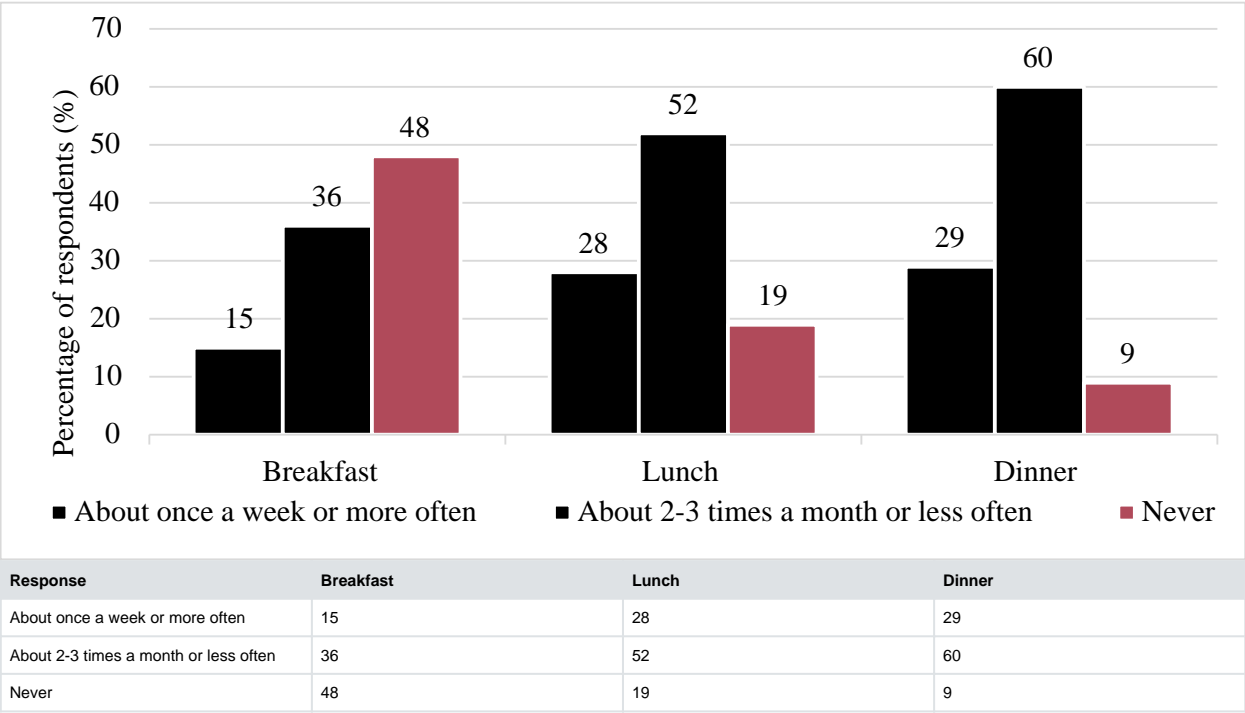
Eating out and takeaways by mealtime

Respondents were least likely to eat out or buy food to take out for breakfast, with 48% of respondents never doing this. Around half of respondents (52%) reported that they ate out or bought takeout food for lunch 2-3 times a month or less often (Figure 10). 60% of respondents reported eating out or buying food to take out for dinner 2-3 times a month or less often. [\(footnote 4\)](#)

Figure 10. Frequency of eating out or buying food to take out by mealtime.

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Download this chart

[Image](#) [.csv](#)

Source: Food & You 2: Wave 8

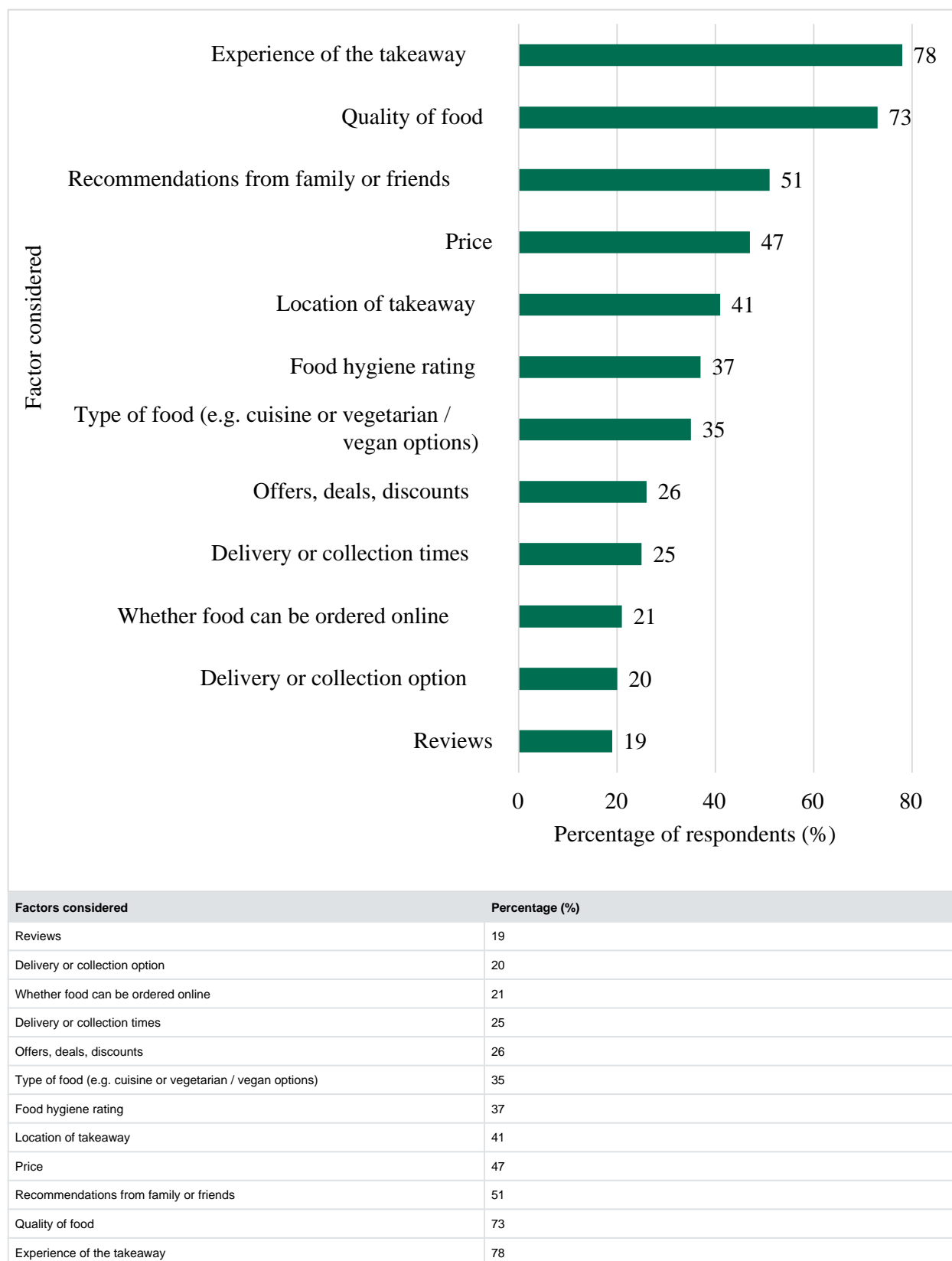
Factors considered when ordering a takeaway

Respondents were asked which factors, from a given list, they generally considered when deciding where to order a takeaway from. Of those who ordered food from takeaways, the factors most considered when deciding where to place an order were the respondents' previous experience of the takeaway (78%) and the quality of food (73%). In addition, 37% of respondents considered the food hygiene rating (Figure 11). [\(footnote 5\)](#)

Figure 11. Top 12 factors considered when ordering a takeaway.

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Change to chart view



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[Image](#) [.csv](#)

Source: Food & You 2: Wave 8

Awareness and recognition of the FHRS

Most respondents in Northern Ireland (91%), England (86%) and Wales (93%) had heard of the FHRS (Figure 12). [\(footnote 6\)](#)

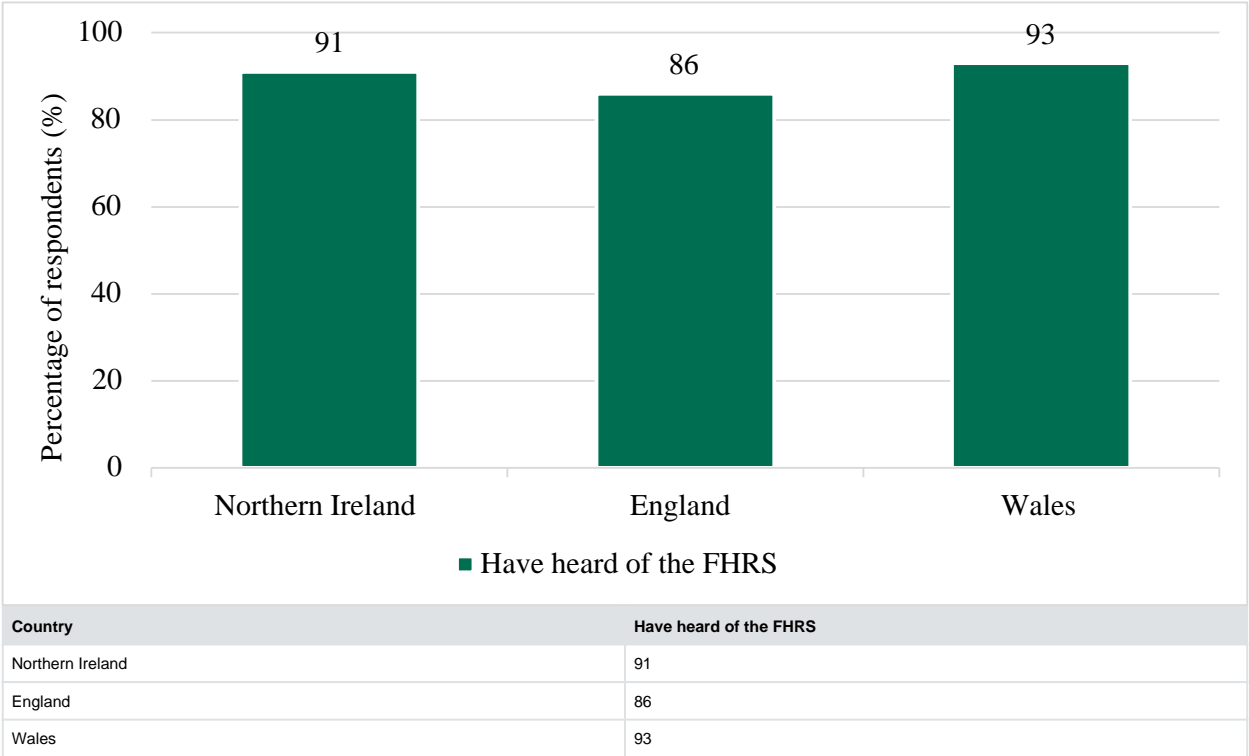
In Northern Ireland, 66% of respondents reported that they had heard of the FHRS and knew a bit or quite a lot about it, less than in Wales (74%) and more than in England (56%). [\(footnote 7\)](#)

When respondents were shown an image of the FHRS sticker, recognition was slightly higher in Northern Ireland (94%) and Wales (95%) than in England (89%). [\(footnote 8\)](#)

Figure 12. Percentage of respondents who had heard of the FHRS by country.

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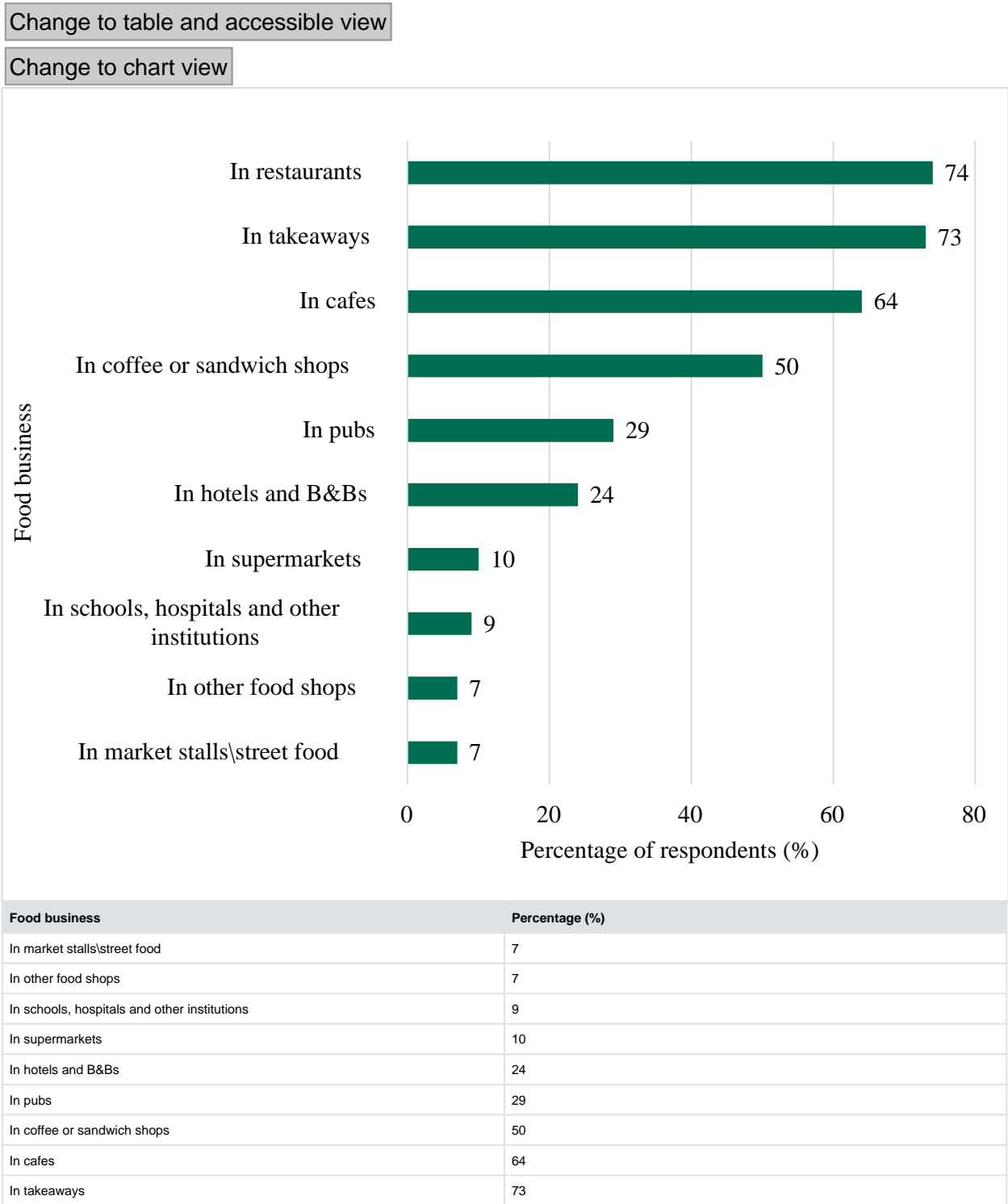
Source: Food and You 2: Wave 8

FHRS usage

Respondents in Northern Ireland (49%) and Wales (58%) were more likely to have checked the food hygiene rating of a business in the last 12 months than those in England (41%) (although respondents in Wales were also more likely than those in Northern Ireland to do this).** [\(footnote 9\)](#)

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. In Northern Ireland, the most common types of food business which respondents had checked the food hygiene rating of were restaurants (74%) and takeaways (73%) (Figure 13). [\(footnote 10\)](#)

Figure 13. Food businesses where respondents in Northern Ireland had checked the food hygiene rating in last 12 months.



Food business	Percentage (%)
In restaurants	74

Download this chart

[Image](#) [.csv](#)

Source: Food & You 2: Wave 8

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 that 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 (e.g. 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 (e.g. at work, school, university, or hospital), From a mobile food van or stall, In a hotel, B&B or guesthouse, From an entertainment venue (e.g. cinema, bowling alley, sports club), From a food-sharing app (e.g. Olio or Too Good To Go), From Facebook Marketplace (e.g. pre-prepared food or meals), None of these. Base = 1,304, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland. Wave 8.
3. Data for respondents aged 16-24 years is not reported due to a small number of respondents being in this group.
4. 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 = 997, all online respondents in Northern Ireland. Wave 8.
5. 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 (e.g. 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 e.g. through a website or app; Reviews e.g. 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= 903, all online respondents who order takeaways in Northern Ireland. Wave 8.
6. 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 = Northern Ireland 1,304, England 2,452, Wales

1,210. Wave 8.

7. 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. Wave 8.
8. Question: Have you ever seen this sticker before? Responses: Yes, No, Don't know/ Not sure. Base = 4,966 (England = 2,452, Wales = 1,210, Northern Ireland = 1,304), all online respondents and those answering the Eating Out postal questionnaire in England, Wales, and Northern Ireland. Wave 8.
9. 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 = 4,966 (England = 2,452, Wales = 1,210, Northern Ireland = 1,304), all online respondents and those answering the Eating Out postal questionnaire. Wave 8.
10. 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, In market stalls/street food, Manufacturers (Business-to-Business traders), Somewhere else, Don't know. Base = 647, all respondents who had checked the Food Hygiene Rating of a food business in the last 12 months in Northern Ireland. Wave 8.



F&Y2 Wave 7-8 NI: 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, as well as longer term health consequences if the disease is not managed.

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.

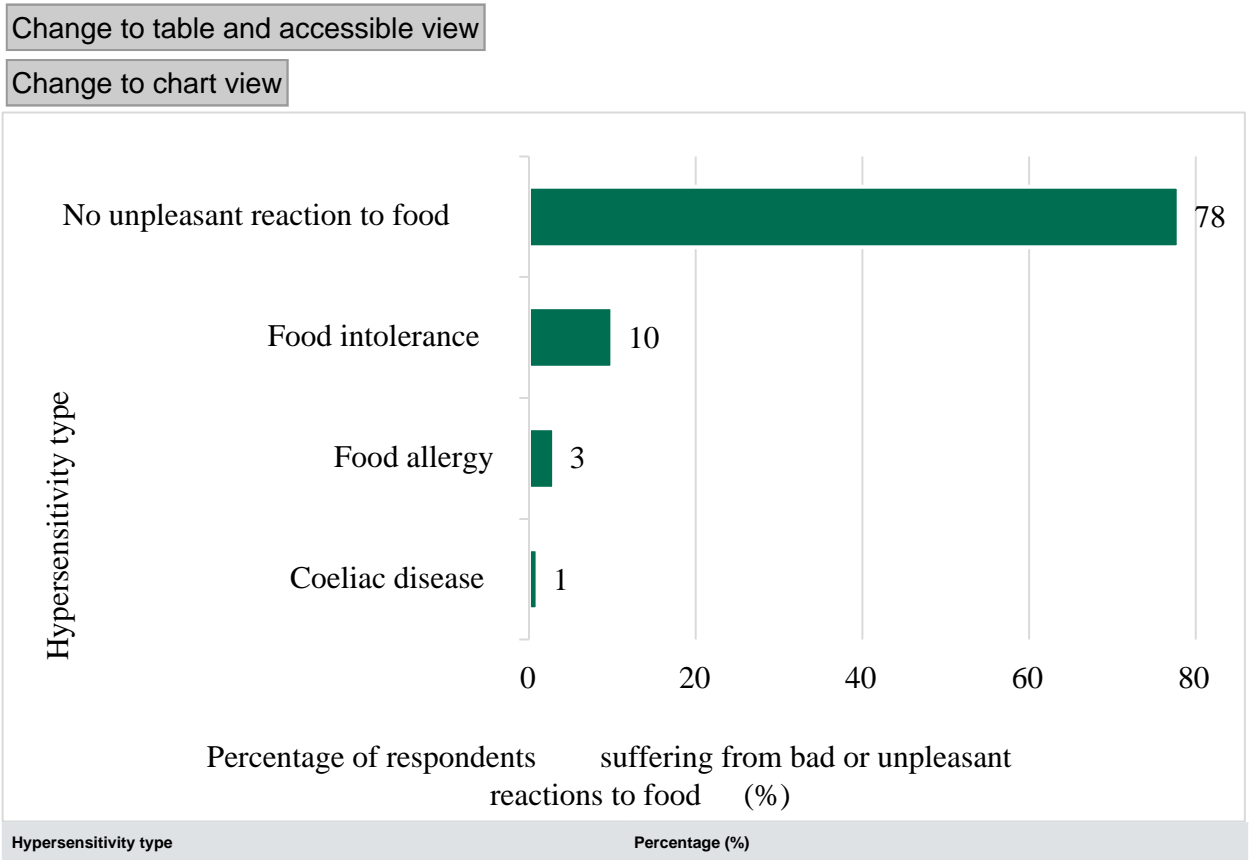
This chapter provides an overview of respondents' understanding of food allergies and intolerances, the self-reported prevalence and diagnosis of food hypersensitivities, and experiences of eating out or ordering a takeaway among those with a hypersensitivity.

Prevalence and diagnosis of food hypersensitivities

Most respondents (78%) reported that they did not have a food hypersensitivity. Around 1 in 5 (19%) 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. [\(footnote 2\)](#)

10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease (Figure 14). [\(footnote 3\)](#)

Figure 14. Prevalence of different types of food hypersensitivity.



Coeliac disease	1
Food allergy	3
Food intolerance	10
No unpleasant reaction to food	78

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[Image .csv](#)

Source: Food and You 2: Wave 8

Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction after consuming certain foods were asked how they had found out about their condition. Most respondents (75%) had not been formally diagnosed with a specific condition, while 21% had been diagnosed by an NHS or private medical practitioner, 9% had been diagnosed by an alternative or complementary therapist, and 4% had used other methods. [\(footnote 4\)](#)

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 prepacked and non-prepacked 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.

Food businesses can use [precautionary allergen labelling](#) (PAL) to voluntarily provide information about the unintentional presence of the 14 most potent and prevalent allergens, for example 'may contain' or 'produced in a factory with'.

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. 23% said they always checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction. Similarly, 23% of respondents check most of the time, while 32% said they did this less often and 22% said they never did this. [\(footnote 5\)](#)

Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance when shopping, 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, 82% of respondents stated that they were confident (i.e. very confident or fairly confident) in the information provided on food labels. [\(footnote 6\)](#)

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 were more confident in identifying these foods in-store at a supermarket (67%), at independent food shops (66%), and when buying food from a supermarket online (62%). However, respondents were less confident when buying food from food markets or stalls (55%). [\(footnote 7\)](#)

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.

12% reported that this information was always readily available, 71% less often available (i.e. most of the time, about half of the time, or occasionally), and 11% reported that this information was never readily available when they ate out or bought food to take away. [\(footnote 8\)](#)

Respondents were asked how often they asked a member of staff for more information when it is not readily available. 22% reported that they always asked staff for more information, whilst 55% did this less often (i.e. most of the time, about half of the time, or occasionally), and 20% never asked staff for more information. [\(footnote 9\)](#)

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. Most respondents (66%) reported that they were comfortable (i.e. very comfortable or fairly comfortable) asking staff for more information, however 25% reported they were not comfortable doing this (i.e. not very comfortable or not at all comfortable). [\(footnote 10\)](#)

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 = 1,550, all respondents in Northern Ireland. Wave 8.
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= 1550, all respondents. Please note: the figures shown do not add up to 100% as not all responses are shown.
4. Question: How did you find out about your problem with these foods? Responses: I have been diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital or clinic), I have been diagnosed by an alternative or complementary therapist (e.g. 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 = 287, 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 in Northern Ireland. Wave 8.

5. 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 = 282, 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 in Northern Ireland. Wave 8.
6. 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= 668, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping in Northern Ireland. Wave 7.
7. Question: When buying food that is sold loose (e.g. 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=647, B=513, C=626, D=577, all 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' in Northern Ireland. Wave 7.
8. 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? By readily available we mean that you are able to access the information in writing (e.g. on a menu or food label) without needing to ask a member of staff to provide it to you. Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base = 277, online respondents who eat out or buy food to take away and have a food reaction, and postal respondents who suffer from a bad or unpleasant physical reaction, in Northern Ireland. Wave 8.
9. 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, Don't know. Base = 262, 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, in Northern Ireland, excluding those who say, 'I don't need to ask because the information is always readily available'. Wave 8.
10. 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 = 277, 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, in Northern Ireland. Wave 8.



F&Y2 Wave 7-8 NI: 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.

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; a 'core' module which includes a limited number of key questions which are fielded annually, and a 'deep dive' module which includes additional questions and is fielded every 2 years. This chapter reports on questions from the core 'Eating at home' module. [\(footnote 1\)](#)

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 handling raw food and before preparing ready-to-eat food.

The majority (74%) of respondents who cook, reported that they always wash their hands before preparing or cooking food. However, 25% reported that they do not always (i.e., most of the time or less often) wash their hands before preparing or cooking food, and 1% reported never doing this. [\(footnote 2\)](#)

Most (93%) respondents who cook, reported that they always wash their hands immediately after handling raw meat, poultry, or fish. However, 6% reported that they do not always (i.e., most of the time or less often) wash their hands immediately after handling raw meat, poultry or fish, and 1% reported never doing this. [\(footnote 3\)](#)

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. 64% reported that they always or most of the time washed their hands or used hand sanitising gel or wipes when they ate outside of their home, 26% did this less often (i.e. about half of the time or less often), and 10% never did this. [\(footnote 4\)](#)

Chilling

The [FSA provides guidance](#) on how to chill food properly to help stop harmful bacteria growing. When asked what temperature the inside of a fridge should be, 65% correctly answered between 0-5°C, while 16% incorrectly answered that the temperature should be above 5°C, 4% answered less than 0°C, and 15% said they did not know. [\(footnote 5\)](#)

If and how respondents check fridge temperature

60% of respondents who had a fridge reported that they monitored the temperature, either manually (50%) or via an internal temperature alarm (10%). [\(footnote 6\)](#) Of the respondents who manually check the temperature of their fridge, 45% reported that they check the temperature of their fridge at least once a week, [as recommended by the FSA](#). [\(footnote 7\)](#)

Cooking

The [FSA recommends](#) cooking food at the correct temperature for the correct length of time to ensure that 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.

Respondents were asked to indicate how often they cook food until it is steaming hot and cooked all the way through. The majority (82%) of respondents who cook reported that they always cook food until it is steaming hot and cooked all the way through, while 18% reported that they do not always do this. [\(footnote 8\)](#)

When respondents were asked to indicate how often they eat chicken or turkey when the meat is pink or has pink juices [\(footnote 9\)](#), the majority (93%) reported that they never did this. However, 6% reported that they did this at least occasionally. [\(footnote 10\)](#)

Reheating

The [FSA recommends](#) reheating food thoroughly and only ever reheating leftovers once, because repeatedly changing temperatures provides more chances for bacteria to grow and cause food poisoning.

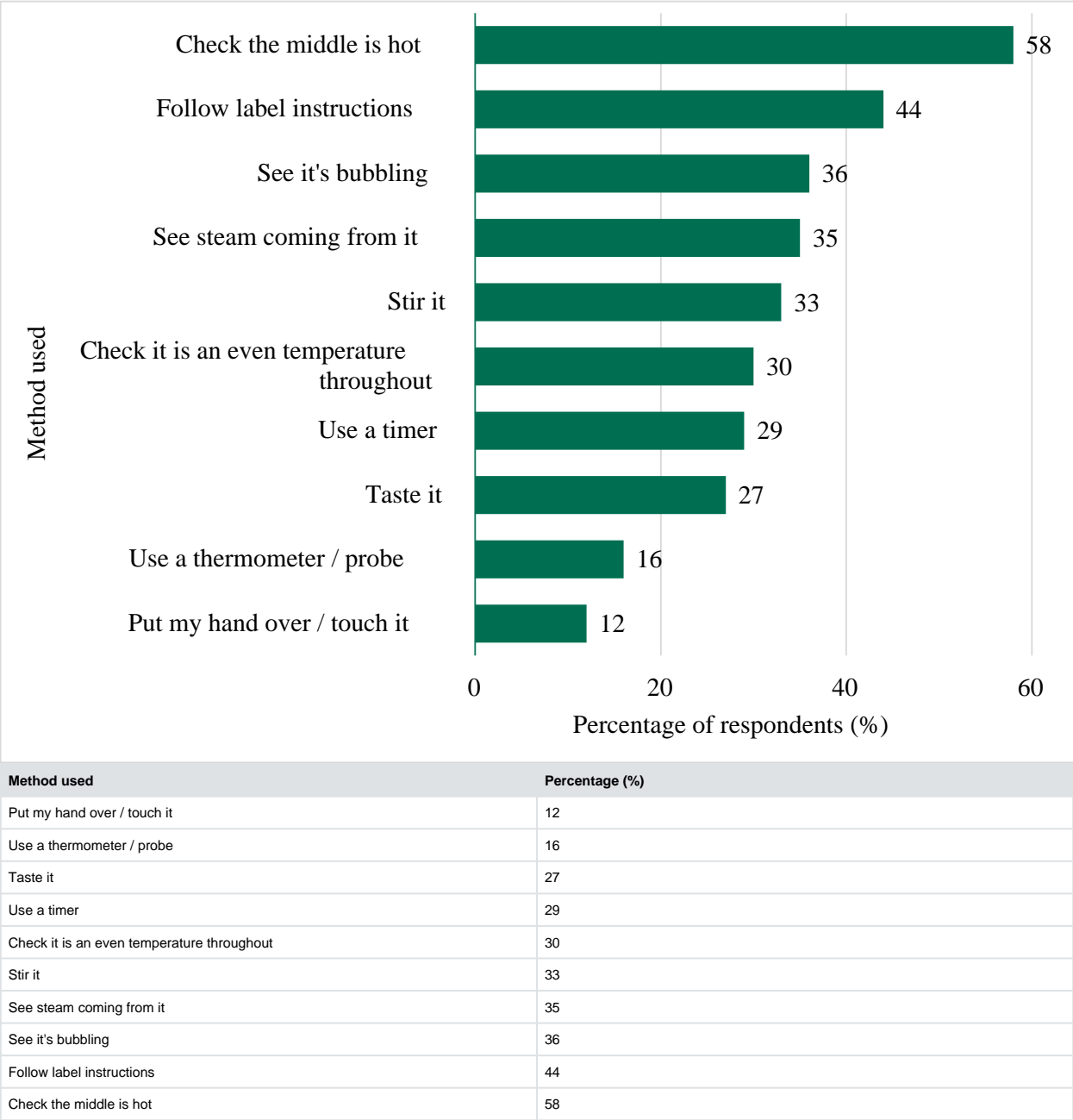
Respondents were asked to indicate how they check food is ready to eat when they reheat it. The most common method was to check if the middle was hot (58%) followed by following the instructions on the label (44%) (Figure 15). [\(footnote 11\)](#)

When respondents were asked how many times they would consider reheating food after it was cooked for the first time, the majority reported that they would only reheat food once (87%), 7% twice, and 2% more than twice. [\(footnote 12\)](#)

Figure 15. Methods used when reheating food to check it’s ready to eat.

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Source: Food & You 2: Wave 8

Leftovers

Respondents were asked how long they would keep leftovers in the fridge before eating them. 72% reported they would eat leftovers within 2 days, 21% within 3-5 days, and 1% after 5 days or longer. [\(footnote 13\)](#)

Avoiding cross-contamination

The FSA provides guidelines on [how to avoid cross-contamination](#). The FSA recommends that people do not wash raw meat because doing so can splash harmful bacteria onto hands, work surfaces, ready-to-eat foods and cooking equipment, which could then cause food poisoning.”

Almost two-thirds (65%) of respondents reported that they never wash raw chicken, whilst 32% of respondents reported washing raw chicken at least occasionally (i.e. occasionally or more often). [\(footnote 14\)](#)

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

[The FSA recommends](#) that refrigerated raw meat and poultry is 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 (66%) and/or away from cooked foods (60%).

Over a third of respondents reported storing raw meat and poultry in a sealed container (40%), with a lower proportion covering it with film/foil (33%), and/or storing it on a plate (14%). [\(footnote 15\)](#)

Over two-thirds (71%) of respondents reported only storing raw meat and poultry at the bottom of the fridge, as recommended by the FSA. However, 13% of respondents reported storing raw meat and poultry wherever there is space in the fridge, 11% in the middle of the fridge, and 5% at the top of the fridge. [\(footnote 16\)](#)

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, whereas best before (BBE) dates relate to food quality.

Over two-thirds (70%) of respondents correctly identified the use-by date as the information which shows that food is no longer safe to eat. However, 10% of respondents incorrectly identified the best before date as the date which shows food is no longer safe to eat. [\(footnote 17\)](#)

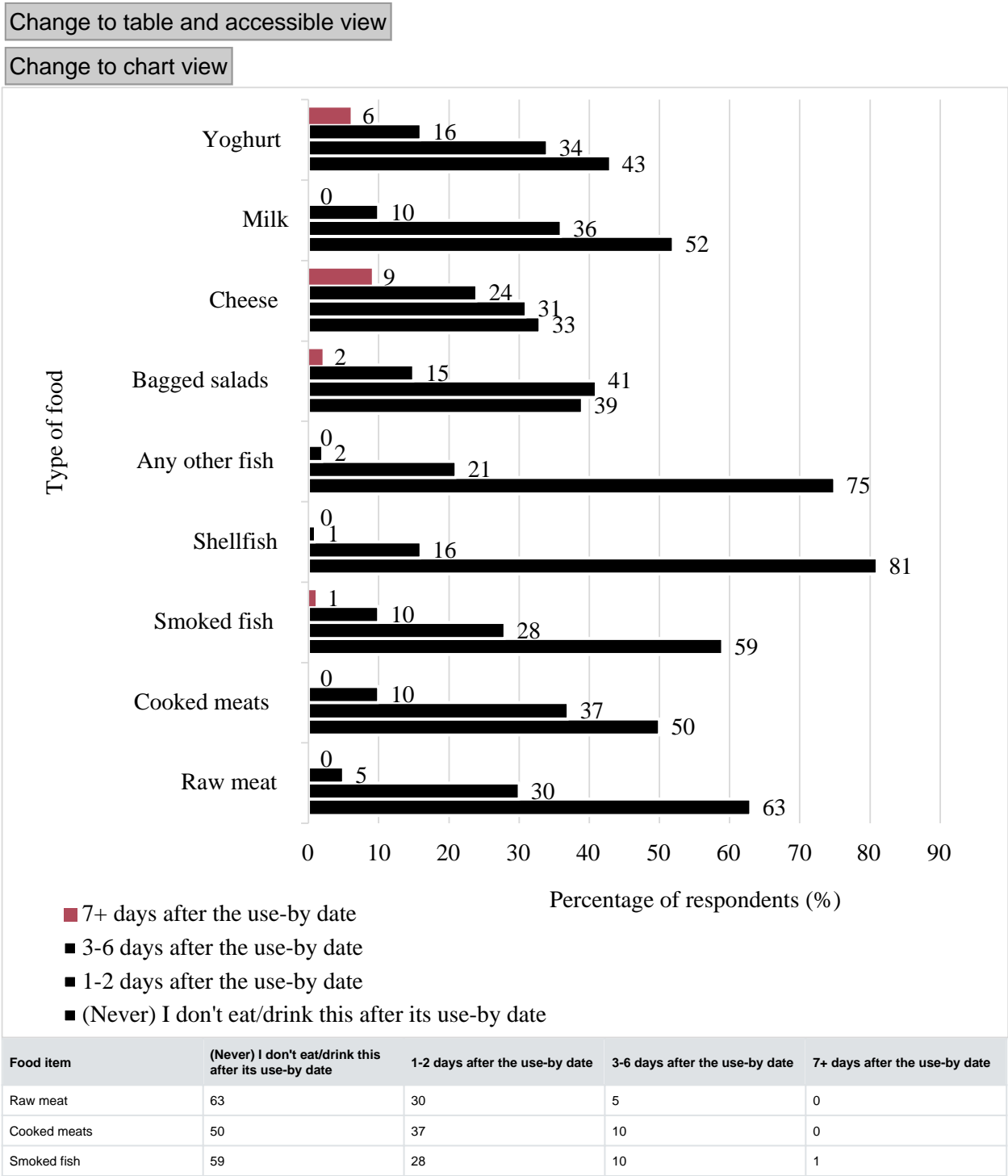
Around three-quarters (77%) of respondents reported that they always check use-by dates before they cook or prepare food, while 21% reported doing this at least sometimes (i.e. occasionally or more often, but not always), and 1% reported never checking use-by dates. [\(footnote 18\)](#)

The proportion of people who reported ‘always’ checking the use-by date varied by demographic:

- Gender: women (82%) were more likely to report always checking the use-by date than men (71%)
- Age: those aged 55-64 (84%) were more likely to always check the use-by date than those aged 65-74 (72%) and those aged 45-54 (73%).
- Household size: households of 1, 3 or 4 people (83%, 82% and 81%) were more likely to always check use-by dates than households of 5 or more people (68%).

Respondents were asked the latest they would consume different types of food after its use-by date. Most respondents reported that they would not consume shellfish (81%) or any other fish (75%) after its use-by date, while over half reported that they would not consume raw meat (63%) or smoked fish (59%) after its use-by date. Meanwhile more than half of respondents reported that they would consume cheese (64%), bagged salad (58%), and yoghurt (56%) after its use-by date (Figure 16). [\(footnote 19\)](#)

Figure 16. The latest respondents would consume types of food after their use-by date



Food item	(Never) I don't eat/drink this after its use-by date	1-2 days after the use-by date	3-6 days after the use-by date	7+ days after the use-by date
Shellfish	81	16	1	0
Any other fish	75	21	2	0
Bagged salads	39	41	15	2
Cheese	33	31	24	9
Milk	52	36	10	0
Yoghurt	43	34	16	6

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[Image .csv](#)

Source: Food & You 2: Wave 8

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 6 Key Findings report](#).
2. 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 = 1,146, all respondents who ever do some food preparation or cooking for their household in Northern Ireland. Wave 8.
3. Question: When you are at home, how often, if at all, do you wash your hands 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, Don't know. Base = 1,118, all respondents who ever do some food preparation or cooking for their household excluding 'I don't cook meat, poultry or fish' and 'not stated', in Northern Ireland. Wave 8.
4. 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 = 1,304, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland. Wave 8.
5. 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) (2%), More than 10 degrees C (over 50 degrees F), Other, Don't know. Base = 1,241, all online respondents and all those who completed the Eating at Home postal questionnaire excluding those who answered, 'I don't have a fridge', in Northern Ireland. Wave 8.
6. 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 = 1,240, all online respondents, and all those who completed the 'Eating at Home' postal questionnaire, excluding those who don't have a fridge, in Northern Ireland. Wave 8.

7. 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, once or twice a year, Never, Don't know. Base = 635, all online respondents and those who completed the 'Eating at Home' postal questionnaire where someone in the household checks the fridge temperature, in Northern Ireland. Wave 8.
8. 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= 1,146, 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, in Northern Ireland. Wave 8.
9. 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](#).
10. 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 = 1,166, 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, in Northern Ireland. Wave 8.
11. 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 it's bubbling, I use a timer to ensure it has been cooked for a certain amount of time, I check it's an even temperature throughout, I can see steam coming from it, 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, I don't check. Base = 1,088, 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', in Northern Ireland. Wave 8.
12. 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 = 1,096, all online respondents and those who completed the 'Eating at Home' postal questionnaire who reheat food using one of the methods in the previous question, in Northern Ireland. Wave 8.
13. 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 = 1,243, all online respondents and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 8.
14. 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 = 1,139, all online respondents and all those who completed the 'Eating at Home' postal paper questionnaire who ever do some food preparation or cooking for their household, in Northern Ireland. Wave 8.

15. 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 = 1,170, 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, don't have a fridge or don't know, in Northern Ireland. Wave 8.
16. 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 = 1,151, 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, don't have a fridge or don't know, in Northern Ireland. Wave 8.
17. 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 = 1,243, all online respondents and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 8.
18. 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, Don't know. Base = 1,146, online respondents and those who completed the Eating at Home postal questionnaire who ever do some food preparation or cooking for their household, in Northern Ireland. Wave 8.
19. Question: When, if at all, is the latest you would eat or drink the following items after their use-by date? A = Raw meat such as beef, lamb or pork or raw poultry; B = Cooked meats; C = Smoked fish; D = Shellfish; E = Any other fish; F = Bagged salads; G = Cheese; H = Milk; 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 = 1,132, B = 1,155, C = 865, D = 724, E = 949, F = 1,116, G = 1,168, H = 1,181, I = 1,143. Northern Ireland, Wave 8. Please note: base description varies by food type and further information is available in the data tables.



F&Y2 Wave 7-8 NI: Chapter 7: Food shopping and labelling

Introduction

In March 2022, the FSA launched a new [5 year strategy](#) (2022-2027). Building on the previous strategy, the FSA's vision has evolved to include 'food is healthier and more sustainable', to account for the growing priorities of dietary health and sustainability for the Northern Ireland Executive, UK Government, Welsh Government, and for consumers.

Regulation of food labelling is complex, and the remit of food labelling is held by multiple bodies, that differ between [Northern Ireland, England and Wales](#).

In Northern Ireland and Wales, the FSA has policy responsibility for food labelling aspects (including safety, allergens, composition standards, country of origin). The FSA in Northern Ireland has additional policy responsibility for Nutrition standards and nutrition food labelling. In Scotland, FSS has policy responsibility for general food labelling, food composition standards and nutrition related matters. In England, the [Department for Environment, Food and Rural Affairs](#) (Defra) is responsible for aspects of general food labelling and food composition standards, with the Department of Health and Social Care (DHSC) being responsible for nutrition related labelling and composition standards. FSA, FSS, Defra and DHSC work together under common framework structures which aim to coordinate policy development in their respective areas and minimise divergence between nations.

This chapter provides an overview of food purchasing, what respondents look for when they are shopping and confidence in allergen labelling. Defra co-funded questions in this chapter which relate to environmental impact and sustainability. The findings in this chapter are from Wave 7 unless stated otherwise.

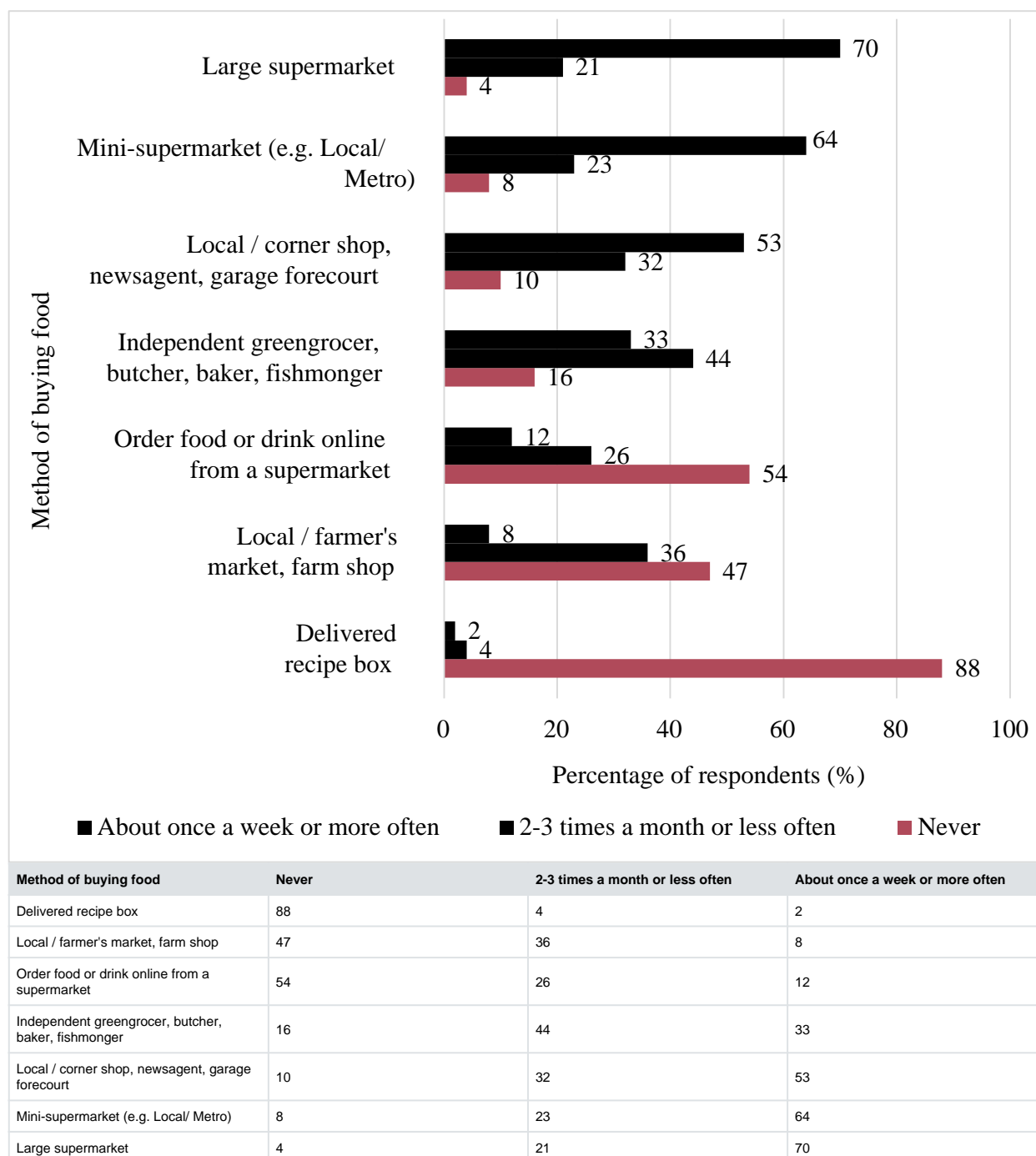
Where do respondents buy food?

Respondents were asked to indicate where and how frequently they buy food. Most respondents reported that they bought food from a large supermarket (70%) or mini supermarket (64%) about once a week or more often (Figure 17). [\(footnote 1\)](#)

Figure 17. Where respondents buy food from.

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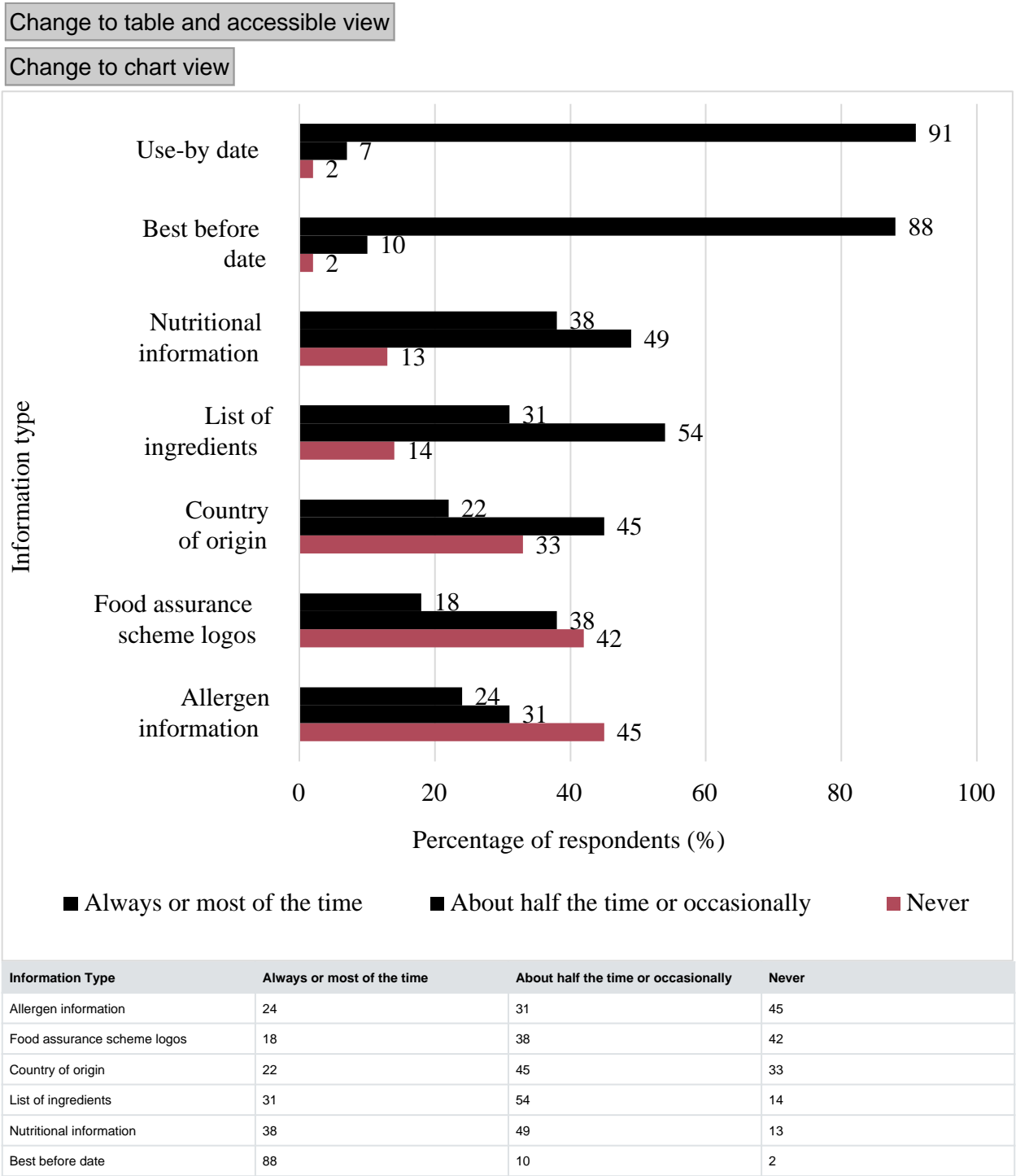
Source: Food and You 2: Wave 7

What do respondents look for when buying food?

Respondents were asked to indicate what information they check when buying food. Most respondents reported that they often (i.e. always or most of the time) check the use-by (91%) or best before (88%) date when buying food. Respondents reported that they check the list of ingredients (54%), nutritional information (49%), and country of origin (45%) about half the time or occasionally (Figure 18). [\(footnote 2\)](#)

When asked what information is used to judge the quality of food from a list of options, respondents reported that they most often used freshness (63%), taste (40%), and appearance (39%) to judge food quality. Fewer respondents reported that they used the price (31%), ingredients (30%), brand (24%), and country of origin (15%) to judge food quality. Animal welfare (12%), assurance schemes (11%), environmental impact (3%) and convenience (3%) were reported to be least used by respondents when judging food quality. [\(footnote 3\)](#)

Figure 18. Type of information respondents check while shopping.



Information Type	Always or most of the time	About half the time or occasionally	Never
Use-by date	91	7	2

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Source: Food and You 2: Wave 7

Perceptions of foods with a low environmental impact

The importance of buying foods with a low environmental impact

Respondents were asked how important it was to buy food which has a low environmental impact. Around three-quarters (73%) of respondents reported that it was important (i.e. very important or somewhat important) to them to buy food which has a low environmental impact. Around 2 in 10 (22%) respondents did not consider it important (i.e. not very important or not at all important) to buy food which has a low environmental impact. [\(footnote 4\)](#)

How often respondents check for information about the environmental impact of food

Respondents were asked how frequently they check for information about the environmental impact of food when purchasing food. Around a fifth (21%) of respondents reported that they often checked (i.e. always or most of the time) for information about the environmental impact when purchasing food, 44% did this less often (i.e. about half of the time, or occasionally) and 31% of respondents reported that they never checked for information about the environmental impact when purchasing food. [\(footnote 5\)](#)

How often respondents buy foods with a low environmental impact

Respondents were asked to indicate how often, where possible, they buy food which has a low environmental impact. Around a third (35%) of respondents often (i.e. always or most of the time) buy food which has a low environmental impact, 37% do this less often (i.e., about half of the time, or occasionally) and 8% of respondents reported that they never buy food which has a low environmental impact. However, around 2 in 10 (19%) respondents do not know how often they buy food which has a low environmental impact. [\(footnote 6\)](#)

Product information on environmental impact and animal welfare

Respondents were asked to indicate to what extent they agree or disagree that food products show enough information about their environmental impact. Around 2 in 10 (18%) respondents agreed (i.e. strongly agree or agree) that products show enough information about their environmental impact, however 34% of respondents disagreed (i.e. strongly disagree or disagree). Over a third (37%) of respondents reported that they neither agreed nor disagreed that products show enough information about their environmental impact. [\(footnote 7\)](#)

Respondents were asked whether they agreed or disagreed that meat, eggs and dairy products show enough information about animal welfare. Over a quarter (28%) of respondents thought that meat, eggs, and dairy products show enough information about animal welfare, and 23% thought that food products show enough information about their environmental impact. However, 37% of respondents neither agreed nor disagreed that meat, eggs and dairy products showed enough information about animal welfare. [\(footnote 8\)](#)

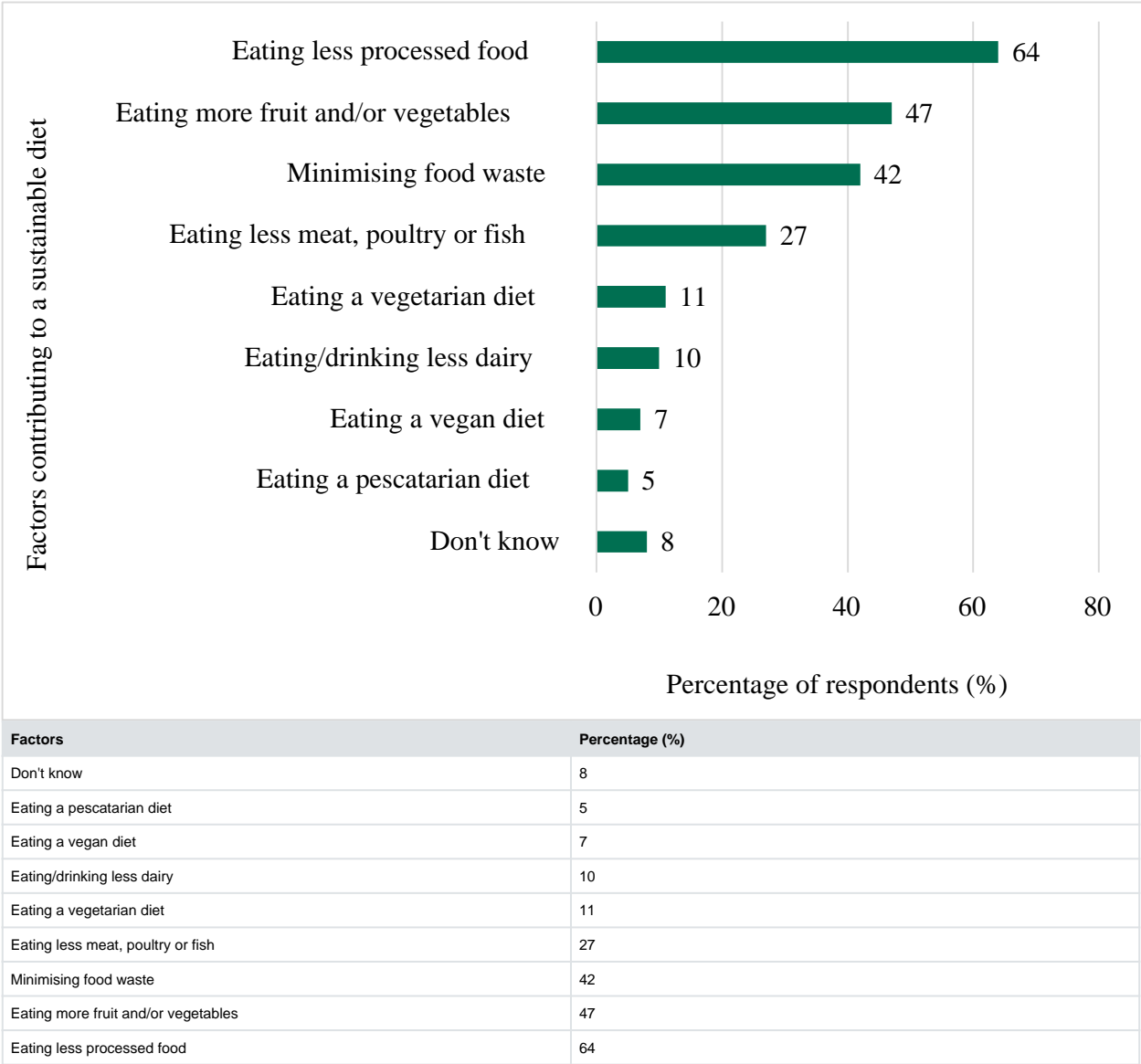
Perceptions of what contributes to a sustainable diet

At Wave 8 respondents were asked, from a list of options, what they thought contributes most to someone having a sustainable diet. Most respondents thought that eating less processed food (64%) contributed most to a sustainable diet, followed by eating more fruit and/or vegetables (47%) and minimising food waste (42%). Around a quarter (27%) of respondents thought that eating less meat, poultry, or fish contributed most to a sustainable diet. Fewer respondents thought that eating a vegetarian (11%), vegan (7%), or pescatarian (5%) diet or consuming less dairy (10%) contributed most to a sustainable diet. Additionally, 8% reported that they ‘don’t know’ what contributes most to a sustainable diet (Figure 19). [\(footnote 9\)](#)

Figure 19. Factors which respondents thought contributed most to a sustainable diet.

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Source: Food and You 2: Wave 8.

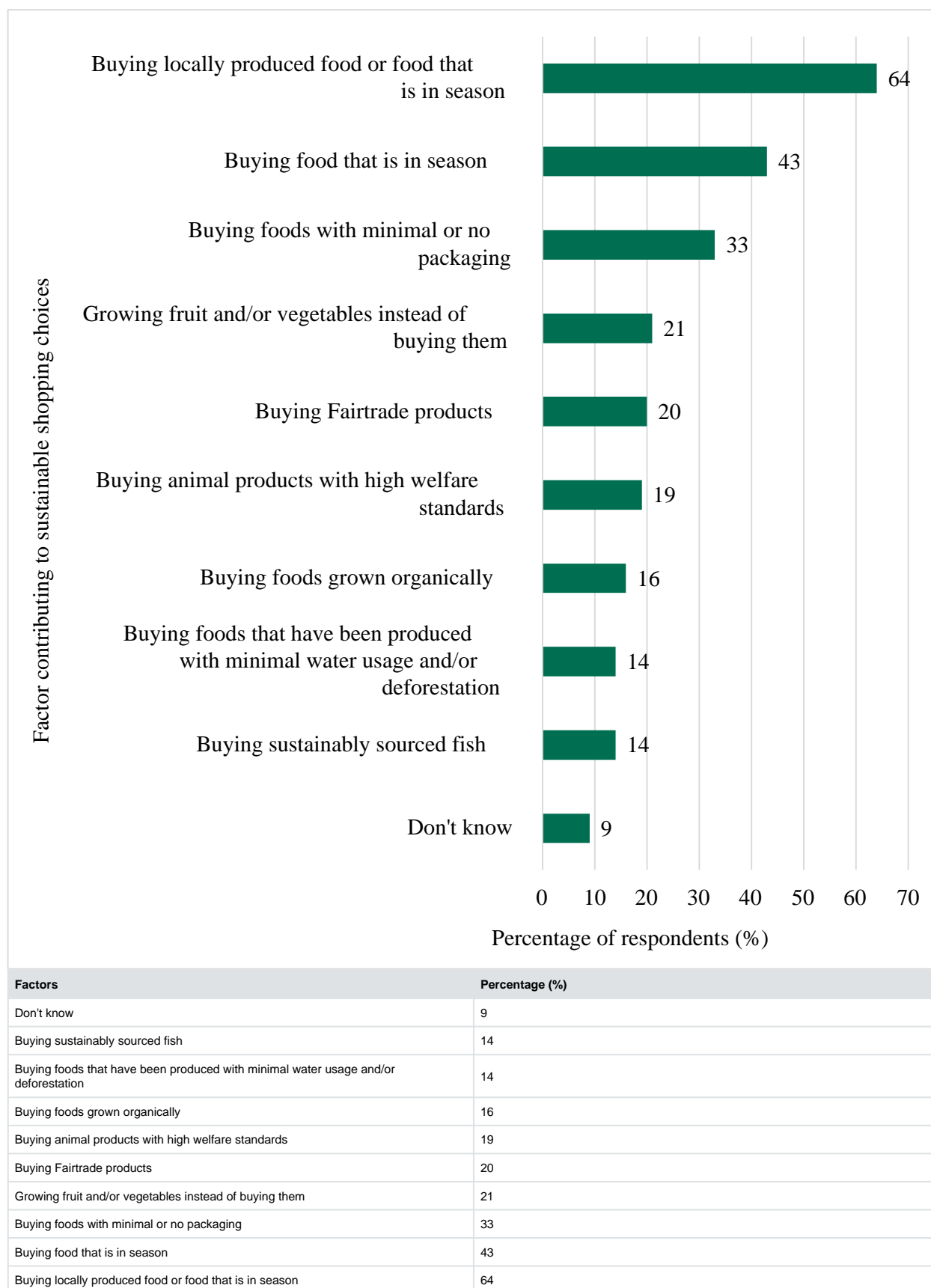
Perceptions of what contributes to sustainable shopping choices

Respondents were asked, from a list of options, what they thought contributed most to someone making sustainable food shopping choices. Most respondents thought that buying locally produced food (64%) contributed most, followed by buying food that is in season (43%). Around one third (33%) of respondents thought that buying foods with minimal or no packaging contributed most. Fewer respondents thought that buying foods produced with minimal water usage and/or minimal deforestation (14%) contributed most to someone making sustainable food shopping choices. Additionally, 9% reported that they 'don't know' what contributes most to someone making sustainable food shopping choices (Figure 20). [\(footnote 10\)](#)

Figure 20. What respondents think contributes most to sustainable shopping choices.

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1. Question: How often, if at all, do you...A) Shop for food in store at a large supermarket. B) Shop for food in store at a mini supermarket (e.g. Local/ Metro). C) Order food or drink online from a supermarket (including home delivery and collection from store). D) Shop for food at independent greengrocers', butchers', bakers' or fishmongers'. E) Shop for food at local/corner shops, newsagents' or garage forecourts. F) Shop for food at a local market, farmer's market or farm shop. G) Get a recipe box delivered (e.g. Hello Fresh, Gousto). Responses: Every day, Most days, 2-3 times a week, About once a week, 2-3 times a month, About once a month, Less than once a month, Never, I don't do any food shopping, Can't remember. Base = 1,526, all respondents in Northern Ireland. Wave 7.
2. Question: When shopping for food, how often, if at all, do you check...A) Use-by dates. B) Best before dates. C) List of ingredients. D) Allergen information. E) Nutritional information. F) Country of origin. G) Food assurance scheme logos. Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 820, all online respondents who ever do food shopping for their household, in Northern Ireland. Wave 7.
3. Question: What do you use to judge the quality of food? Responses: Taste, Appearance, Country of origin, Convenience, Ingredients, Animal welfare, Freshness, Assurance schemes, Brand, Price, Environmental impact, Other. Base= 871, all online respondents, in Northern Ireland. Wave 7.
4. Question: How important is it to you to buy food which has a low environmental impact? Responses: Very important, Somewhat important, Not very important, Not at all important, Don't know. Base= 871, all online respondents in Northern Ireland. Wave 7.
5. Question: When purchasing food, how often do you check for information on environmental impact? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 871, all online respondents in Northern Ireland. Wave 7.
6. Question: How often do you buy food which has a low environmental impact, where possible? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 871, all online respondents in Northern Ireland. Wave 7.
7. Question: To what extent do you agree or disagree that food products show enough information about their environmental impact? Responses: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Don't know. Base= 871, all online respondents, in Northern Ireland. Wave 7.
8. Question: To what extent do you agree or disagree with the following? A) Meat, eggs and dairy products show enough information about animal welfare. B) Food products show enough information about their environmental impact. Responses: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Don't know. Base= 871, all online respondents, in Northern Ireland. Wave 7.
9. Question: Which of the following do you think contributes most to someone having a sustainable diet? Responses: Eating a vegetarian diet, Eating a pescatarian diet, Eating a vegan diet, Eating less meat or poultry or fish, Eating/drinking less dairy, Eating less processed food, Eating more fruit and/or vegetables, Minimising food waste, None of these,

Don't know. Base = 1,243, all online respondents and those answering the 'Eating at Home' postal questionnaire in Northern Ireland. Wave 8.

10. Question: Which of the following do you think contributes most to someone making sustainable food shopping choices? Responses: Buying animal products with high welfare standards, Buying fair trade products, Buying locally produced food, Buying food that is in season, Buying foods with minimal or no packaging, Buying foods that have been produced with minimal water usage and/or minimal deforestation, Buying foods grown organically, Buying sustainably sourced fish, Growing fruit and/or vegetables instead of buying them, None of these, Don't know. Base = 1,243, all online respondents and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 8.



F&Y2 Wave 7-8 NI: Chapter 8: Healthy eating

Introduction

The FSA is responsible for some areas of [nutrition policy in Northern Ireland](#) along with the [Department of Health](#). The FSA provides information to consumers in Northern Ireland on how to achieve a healthier diet and supports food businesses to provide and promote healthier food and drink. The [Eatwell Guide](#) ([footnote 1](#)) provides information to consumers on how they can get a balanced, healthier and more sustainable diet. The Eatwell Guide depicts the [UK Government recommendations](#) by giving a visual representation of the types of foods and drinks we should consume and in what proportions to have a healthy, balanced diet.

This chapter provides an overview of the types of foods respondents eat, perceptions of what contributes towards a healthy diet, respondents knowledge of UK Government recommendations and dietary changes respondents have made to their diet.

The findings in this chapter are from Wave 7.

How healthy respondents think their diet is

When asked how healthy they thought their usual diet was, over half of respondents reported that what they usually eat is fairly healthy (55%), with a further 27% reporting that what they eat is neither healthy nor unhealthy. A minority reported that their diet was very healthy (8%), fairly unhealthy (7%), or very unhealthy (1%). ([footnote 2](#))

What types of foods do respondents eat?

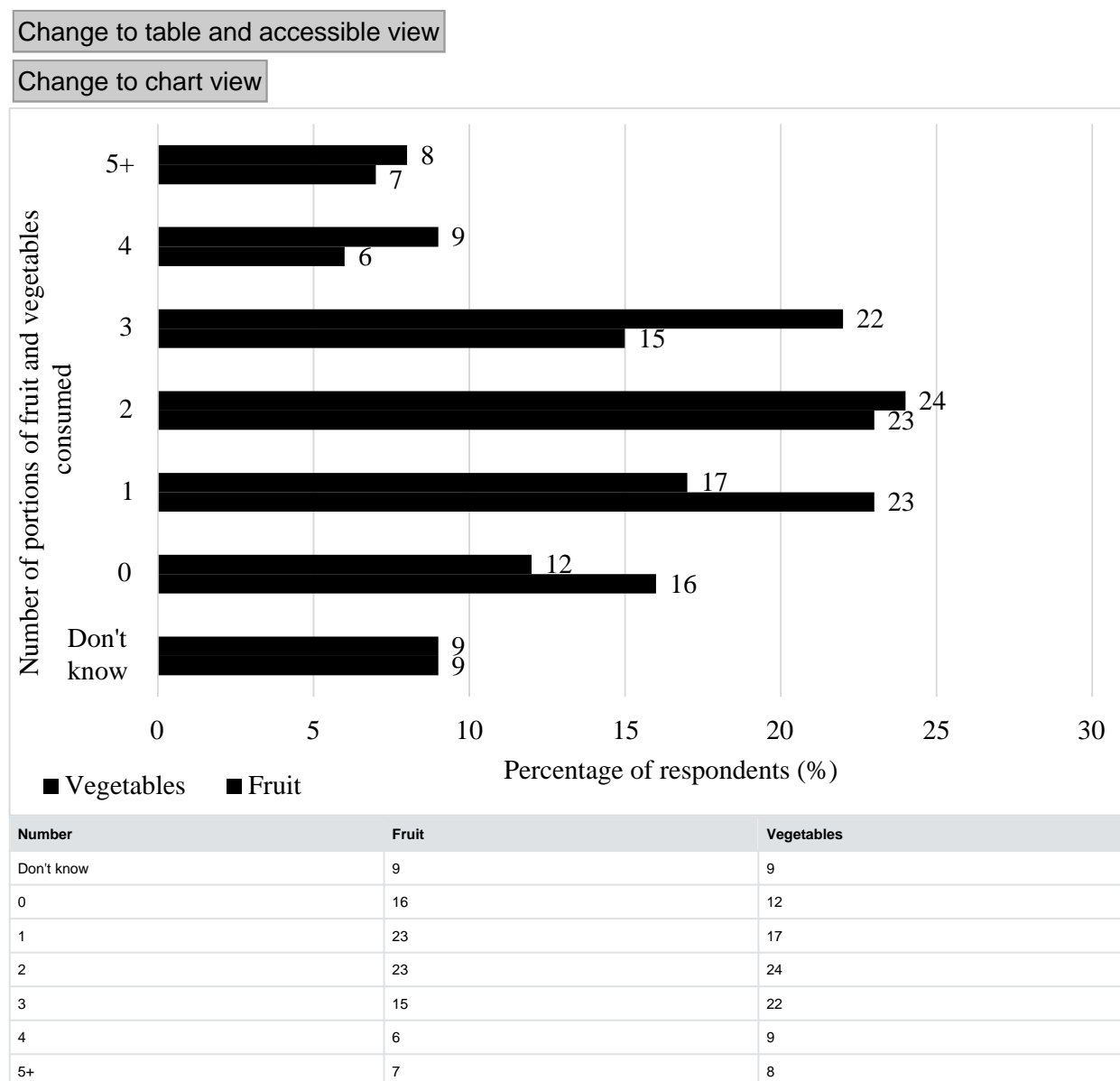
Respondents were asked how many portions of vegetables and fruit, not including fruit juice or smoothies, they had eaten or drunk the previous day.

Around a quarter of respondents had eaten either one (23%) or two (23%) portions of fruit the previous day, whilst 16% had not eaten any. Approximately a quarter of respondents had eaten two (24%) or three (22%) portions of vegetables, whereas 12% respondents had not eaten any portions of vegetables the previous day. Around 1 in 10 respondents reported that they did not

know how many portions of fruit (9%) and vegetables (9%) they had eaten (Figure 21). [\(footnote 3\)](#)

In addition, respondents were asked if they had drunk a glass of fruit juice or smoothie the previous day. Around 2 in 10 (22%) respondents had drunk a small sized glass of fruit juice or smoothie and 14% reported that they had drunk a large glass of fruit juice or smoothie. [\(footnote 4\)](#)

Figure 21. Number of portions of fruit and vegetables consumed during the previous day.



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Source: Food and You 2: Wave 7

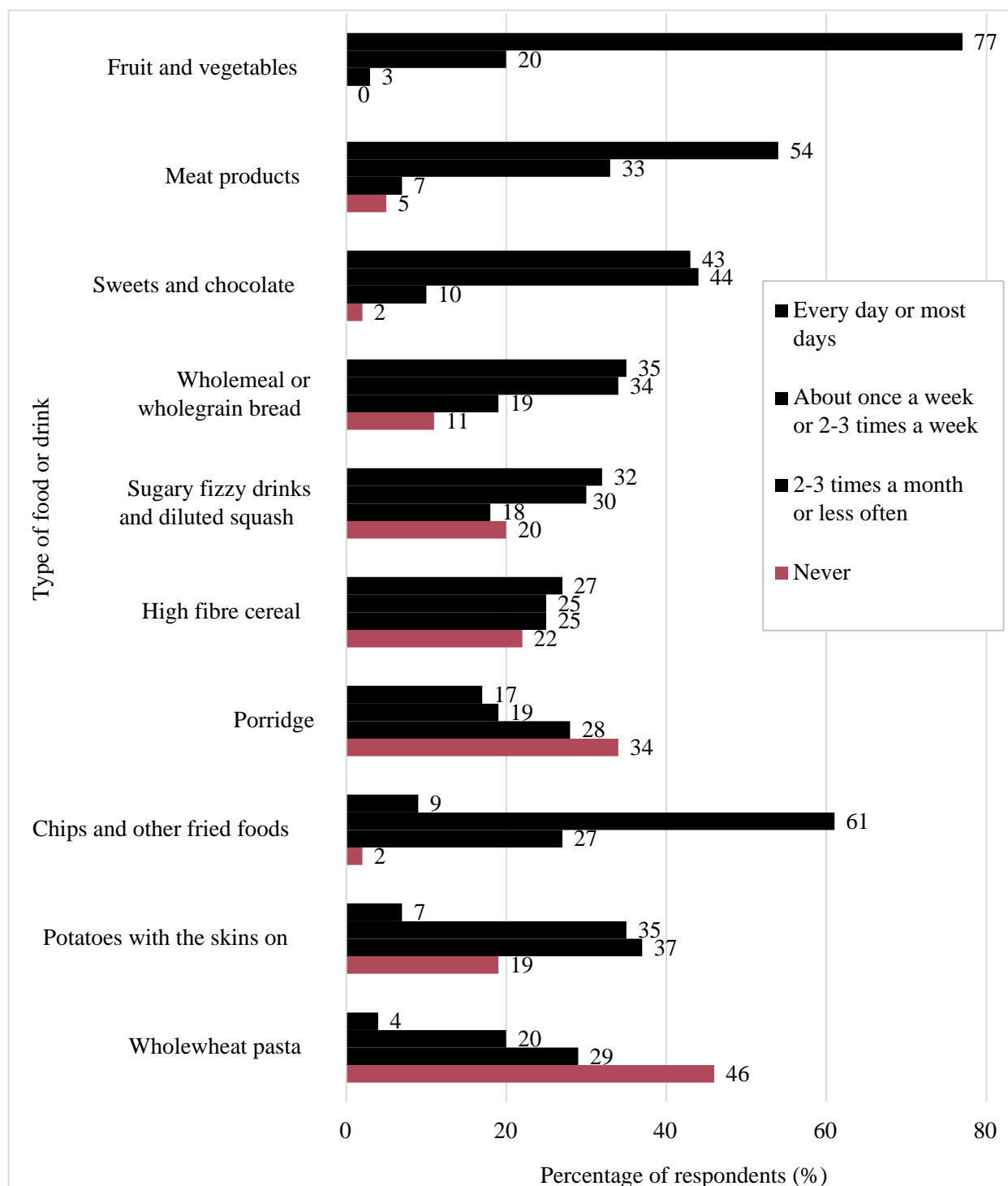
Respondents were asked how often they consumed certain types of food or drink. Most respondents (77%) reported that they ate fruit and vegetables every day or most days. However, 20% reported eating fruit and vegetables about once a week or 2 to 3 times a week, while 3% ate fruit and vegetables 2-3 times a month or less often.

Around half of respondents reported that they ate meat products (54%), sweets and chocolate (43%) and wholemeal or wholegrain bread (35%) every day or most days. Of the listed foods, respondents were least likely to report eating wholewheat pasta (46% reported “never”) and porridge (34% reported “never”) (Figure 22). [\(footnote 5\)](#)

Figure 22. How often respondents consumed certain types of food and drink.

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Type of food or drink	Never	2-3 times a month or less often	About once a week or 2-3 times a week	Every day or most days
Wholewheat pasta	46	29	20	4
Potatoes with the skins on	19	37	35	7
Chips and other fried foods	2	27	61	9
Porridge	34	28	19	17
High fibre cereal	22	25	25	27
Sugary fizzy drinks and diluted squash	20	18	30	32
Wholemeal or wholegrain bread	11	19	34	35
Sweets and chocolate	2	10	44	43

Type of food or drink	Never	2-3 times a month or less often	About once a week or 2-3 times a week	Every day or most days
Meat products	5	7	33	54
Fruit and vegetables	0	3	20	77

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Source: Food and You 2: Wave 7

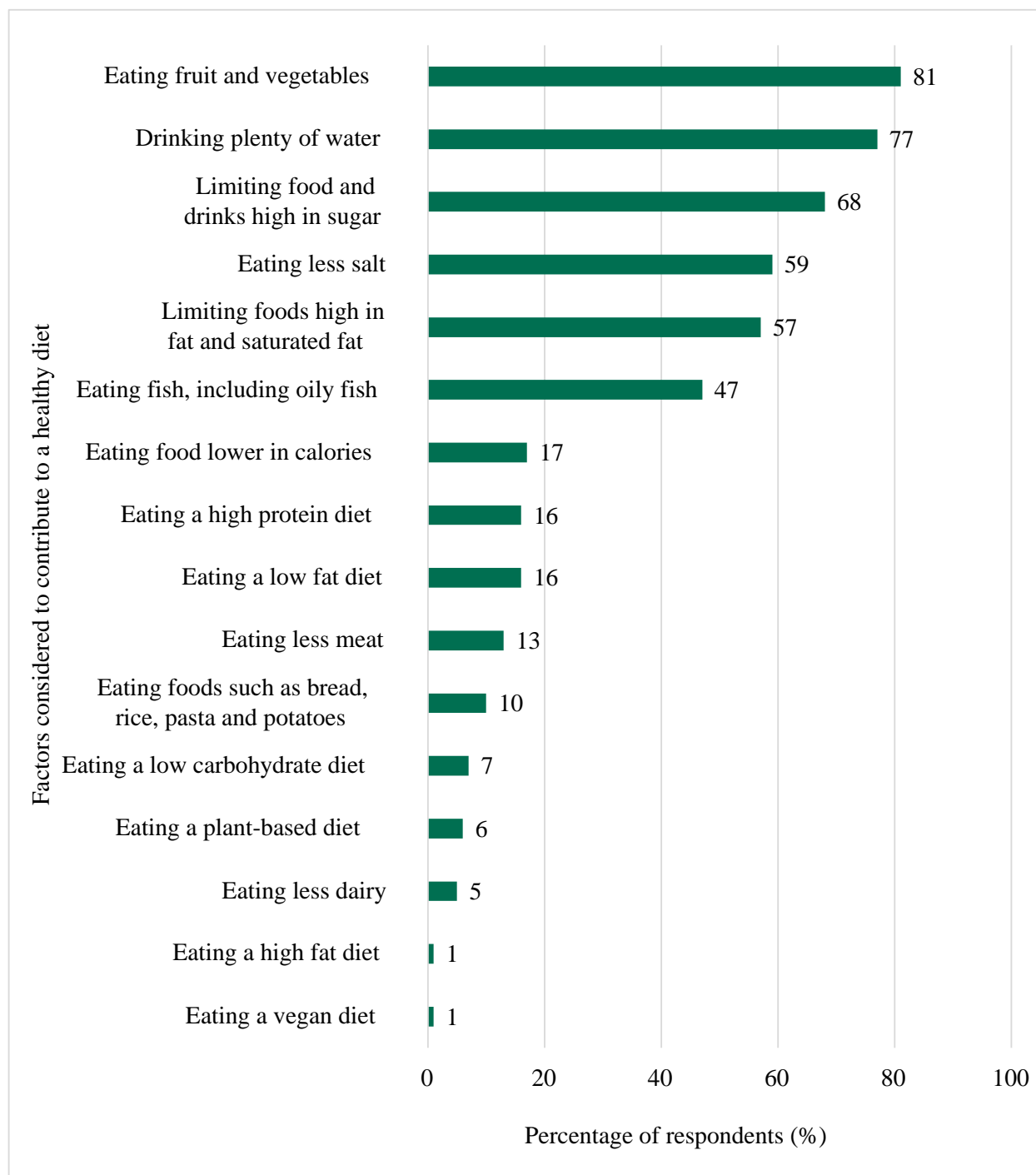
Perceptions of what contributes to a healthy diet

Respondents were asked what factors, from a given list, are the most important for people to do to have a healthy diet. Eating fruit and vegetables (81%), drinking plenty of water (77%), limiting food and drinks high in sugar (68%) and eating less salt (59%) were considered the most important factors for people to have a healthy diet. Eating a vegan diet (1%), high fat diet (1%) and eating less dairy (5%) were considered the least important factors for people to have a healthy diet (Figure 23). [\(footnote 6\)](#)

Figure 23. Factors which respondents considered as most important for a healthy diet.

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Factors	Percentage of respondents (%)
Eating a vegan diet	1
Eating a high fat diet	1
Eating less dairy	5
Eating a plant-based diet	6
Eating a low carbohydrate diet	7
Eating foods such as bread, rice, pasta and potatoes	10
Eating less meat	13
Eating a low fat diet	16
Eating a high protein diet	16
Eating food lower in calories	17
Eating fish, including oily fish	47
Limiting foods high in fat and saturated fat	57

Factors	Percentage of respondents (%)
Eating less salt	59
Limiting food and drinks high in sugar	68
Drinking plenty of water	77
Eating fruit and vegetables	81

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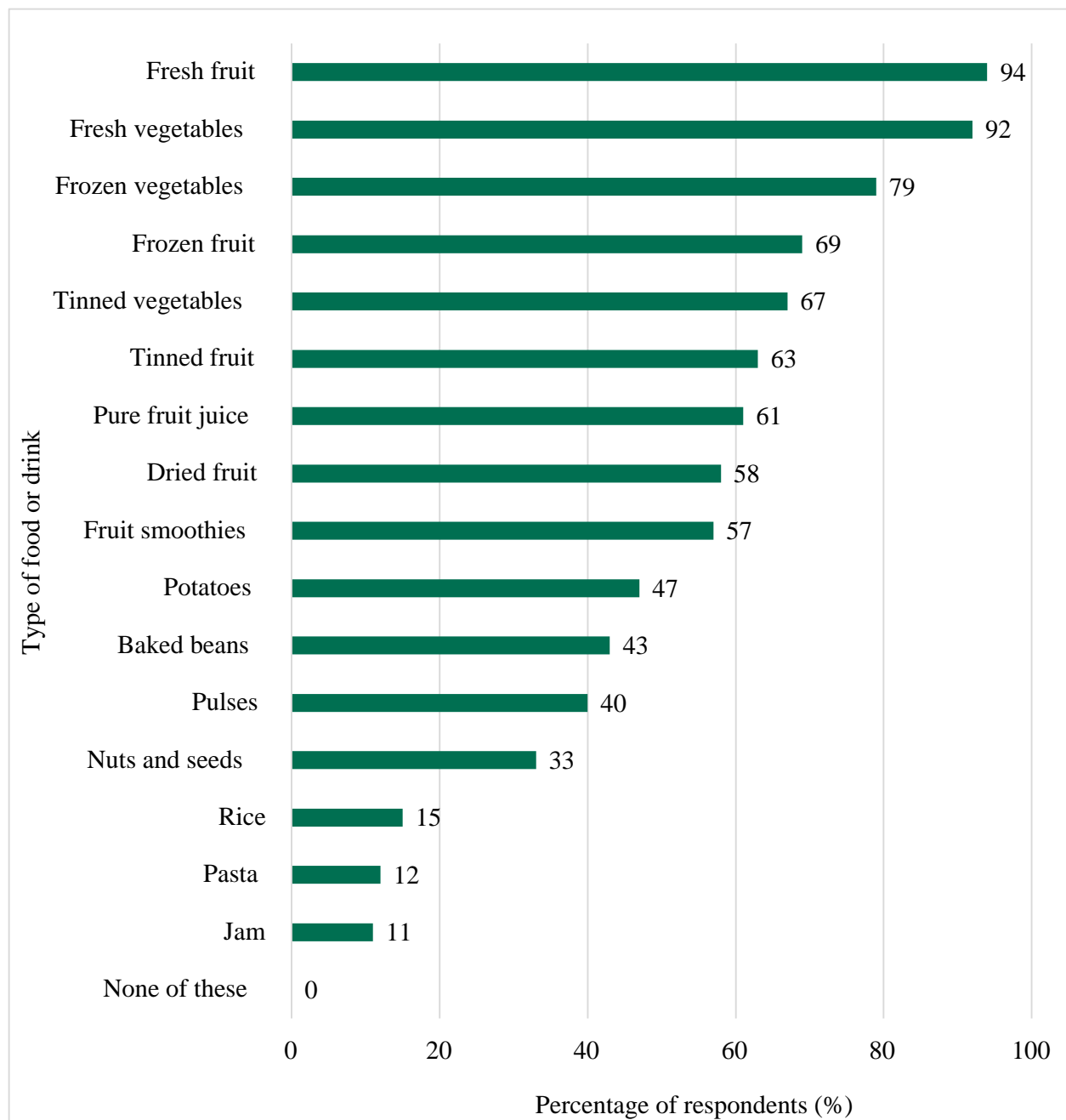
Source: Food and You 2: Wave 7

Respondents were asked which types of food or drink, from a given list, can count toward someone's daily fruit and vegetable intake. In line with [advice](#), most respondents reported that fresh fruit (94%), fresh vegetables (92%), frozen vegetables (79%), and frozen fruit (69%) count towards someone's daily fruit and vegetable intake. Many respondents correctly reported that tinned vegetables (67%), pure fruit juice (61%), tinned fruit (63%), dried fruit (58%), fruit smoothies (57%), baked beans (43%) and pulses (40%) count towards someone's daily fruit and vegetable intake. However, some respondents reported some types of food can count towards someone's daily fruit and vegetable intake which do not, such as, potatoes (47%), nuts and seeds (33%), rice (15%), pasta (12%) and jam (11%) (Figure 24). [\(footnote 7\)](#)

Figure 24. Types of food or drink thought to count towards daily fruit and vegetable intake.

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Type of food or drink	Percentage of respondents (%)
None of these	0
Jam	11
Pasta	12
Rice	15
Nuts and seeds	33
Pulses	40
Baked beans	43
Potatoes	47
Fruit smoothies	57
Dried fruit	58
Pure fruit juice	61
Tinned fruit	63
Tinned vegetables	67

Type of food or drink	Percentage of respondents (%)
Frozen fruit	69
Frozen vegetables	79
Fresh vegetables	92
Fresh fruit	94

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Source: Food and You 2: Wave 7

Knowledge of UK Government recommendations

Proportions of different types of foods

The UK Government recommends that potatoes, bread, rice, pasta and other starchy carbohydrates, and fruit and vegetables should make up the largest parts of a diet. It is [recommended](#) that foods high in fat, sugar and salt, and oils and spreads should make up the smallest parts of a diet.

Respondents were asked which two food groups they thought the UK Government recommends should make up the largest part and smallest part of a diet. Most respondents reported that fruit and vegetables (83%) or meat, fish, eggs, beans, pulses and other proteins (70%) should make up the largest part of a diet. However, only 20% identified both food groups correctly. [\(footnote 8\)](#) Most respondents reported that foods high in fat, sugar and salt (86%) or oils and spreads (61%) should make up the smallest part of a diet, however only 3% of respondents identified both groups correctly. [\(footnote 9\)](#)

Fruit and vegetables

The UK Government recommends that people should eat at least five portions of a variety of fruit and vegetables every day.

Respondents were asked how many portions of fruit and vegetables they thought the UK Government and health experts recommend that people should eat every day. Most respondents (74%) reported that the UK Government recommend that people should eat at least 5 portions of fruit and vegetables every day, while a minority (4%) of respondents reported at least 6 portions. However, 20% of respondents reported that people should eat between 1 and 4 portions. [\(footnote 10\)](#)

Calories

The UK Government recommend that most adult females require on average 2,000 calories a day and that most adult males require on average 2,500 calories a day.

Respondents were asked how many calories they thought the UK Government and health experts recommend that an average adult female and average adult male should eat every day. In line with recommendations, 52% of respondents reported that an adult female should eat 2,000 calories a day. However, 39% incorrectly identified the recommended daily calorie intake for females, and 9% reported that they did not know. [\(footnote 11\)](#) In line with recommendations, 51% of respondents reported that an adult male should eat 2,500 calories a day. However, 39% incorrectly identified the recommended daily calorie intake for males, and 10% reported that they did not know. [\(footnote 12\)](#)

Salt

The UK Government recommends that adults should have no more than 6 grams of salt per day.

Respondents were asked how much salt they thought the UK Government and health experts recommend that an adult should not exceed each day. In line with recommendations, 19% of respondents reported that adults should not exceed 6 grams of salt a day. However, 34% of respondents reported that adults should not exceed 2 grams of salt a day, 23% of respondents reported that adults should not exceed 4 grams of salt a day, and 1% of respondents reported that adults should not exceed 8 grams of salt a day. 23% of respondents reported that they did not know. [\(footnote 13\)](#)

Fibre

The UK Government recommends that adults should eat 30 grams of fibre each day.

Respondents were asked how much fibre they thought the UK Government and health experts recommend that an adult should eat each day. In line with recommendations, 29% of respondents reported that adults should eat 30 grams of fibre each day. However, 37% reported other levels of fibre, (10g, 20g or 40g) and 34% of respondents reported that they did not know. [\(footnote 14\)](#)

Vitamin and mineral consumption

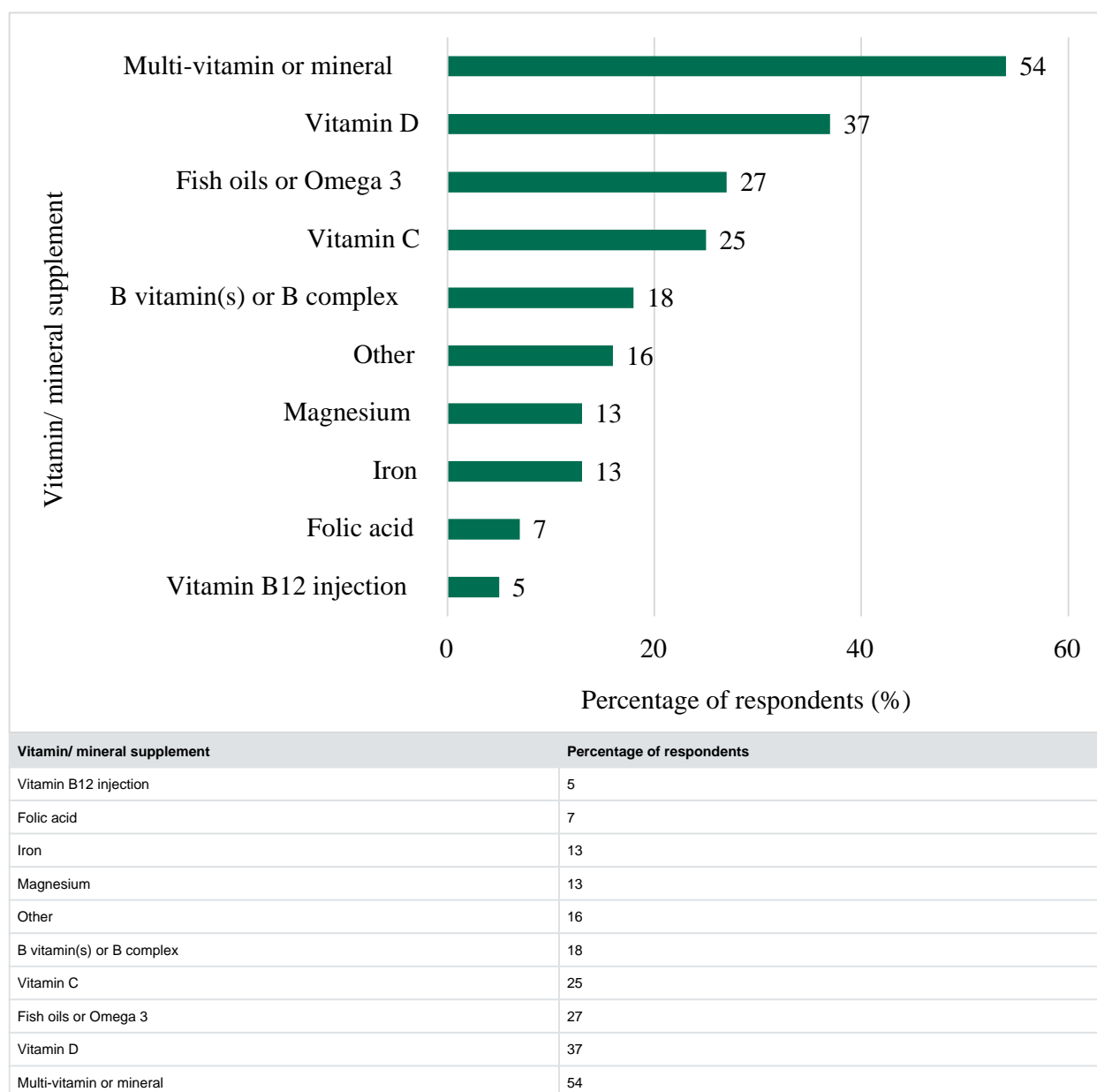
Respondents were asked whether they are currently taking any vitamin and/or mineral supplements. Half of respondents (50%) reported that they were currently taking a vitamin and/or mineral supplements. [\(footnote 15\)](#)

The most common vitamin and/or mineral supplements respondents reported taking were a multi-vitamin or mineral (54%), Vitamin D (37%), fish oils or Omega 3 (27%) and Vitamin C (25%). Of the options listed, the vitamin/mineral which respondents reported taking least were vitamin B12 injections (5%) and folic acid (7%) (Figure 25). [\(footnote 16\)](#)

Figure 25. Types of vitamin and/or mineral supplements respondents reported taking

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Source: Food and You 2: Wave 7

Frequency of vitamin and/or mineral supplement use

Most respondents who took vitamin and/or mineral supplements reported taking them every day (65%). Around a quarter (27%) of respondents reported taking a vitamin and/or mineral supplement most days, and 6% take them less often. [\(footnote 17\)](#)

Reasons for vitamin and/or mineral supplement use

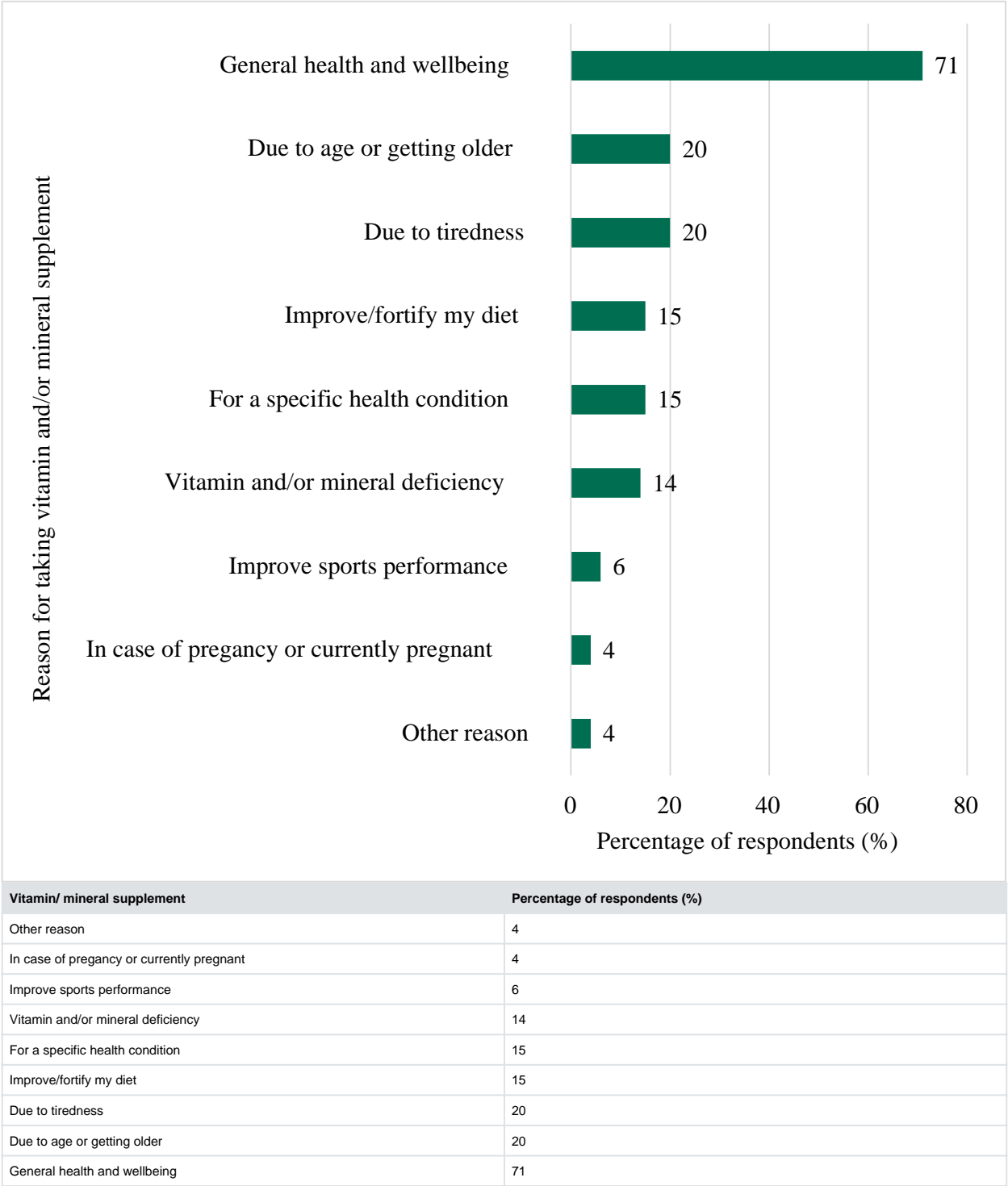
The most common reason for taking vitamin and/or mineral supplements was for general health or wellbeing (71%). A fifth of respondents reported taking a supplement due to tiredness (20%) and due to age or getting older (20%). Respondents were least likely to report taking vitamin and/or mineral supplements to improve sports performance (6%) or for reasons related to pregnancy (4%). [\(footnote 18\)](#)

Most respondents (73%) who reported taking a vitamin and/or mineral supplement had not been advised to take these supplements by a medical professional. Only around a quarter (26%) had been advised by a medical professional to take a vitamin and/or mineral supplement. [\(footnote 19\)](#)

Figure 26. Reasons for vitamin and/or mineral supplement consumption

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Changes in eating habits

Over half (57%) of respondents reported they had made or attempted to make changes to what they had ate or drank in last 12 months. [\(footnote 20\)](#)

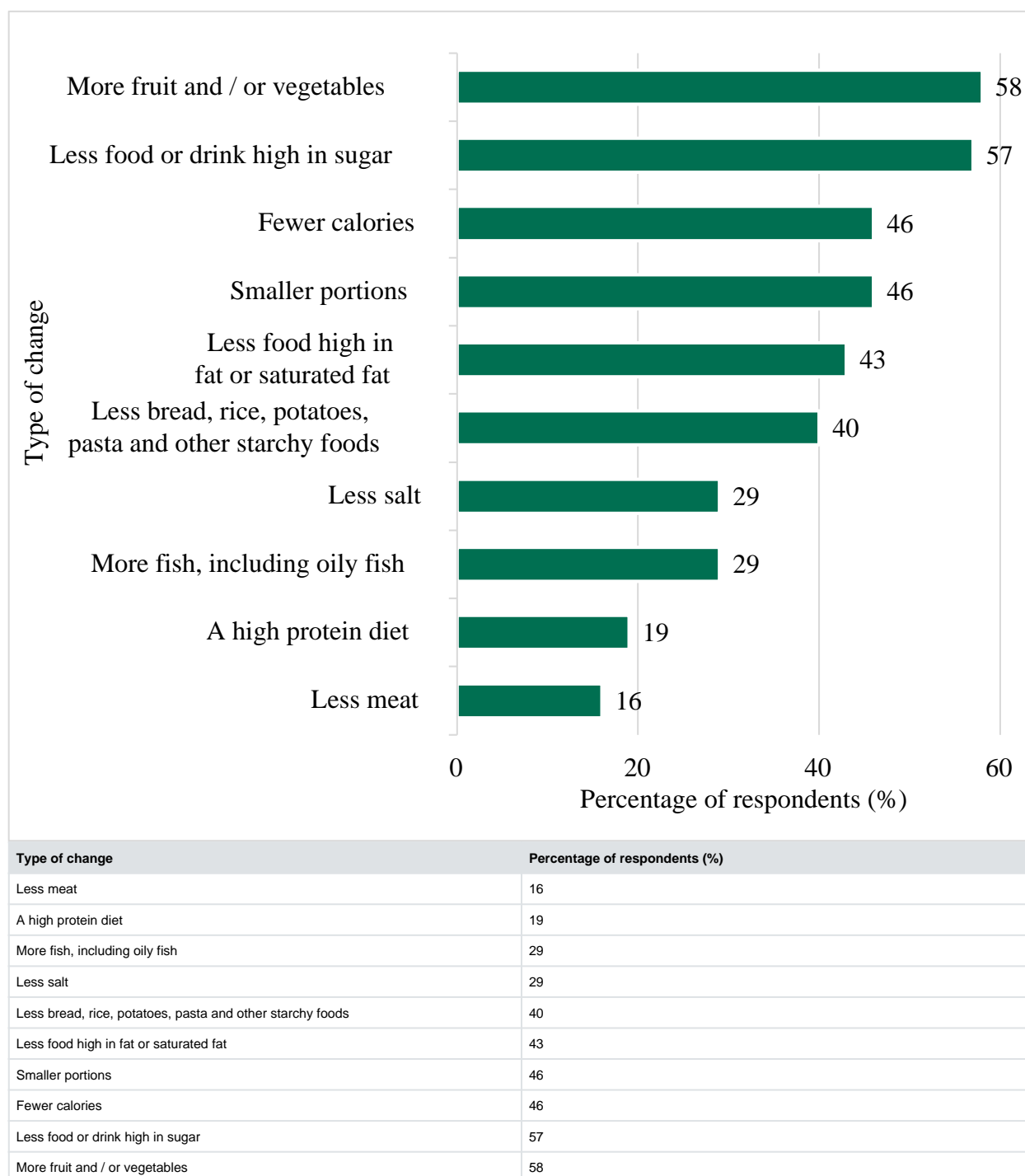
When prompted, the most common changes respondents attempted to make over the previous 12 months were consuming more fruit and/or vegetables (58%), less food or drink high in sugar (57%), fewer calories (46%) and smaller portions (46%) (Figure 27). [\(footnote 21\)](#)

When asked why they had made, or attempted to make, changes to what they ate or drank in the past 12 months, the most common reasons were to be healthier or to have a healthier lifestyle (78%) and to lose weight (65%). [\(footnote 22\)](#)

Figure 27. Ten most common changes or attempted changes to what respondents ate or drank in the previous 12 months.

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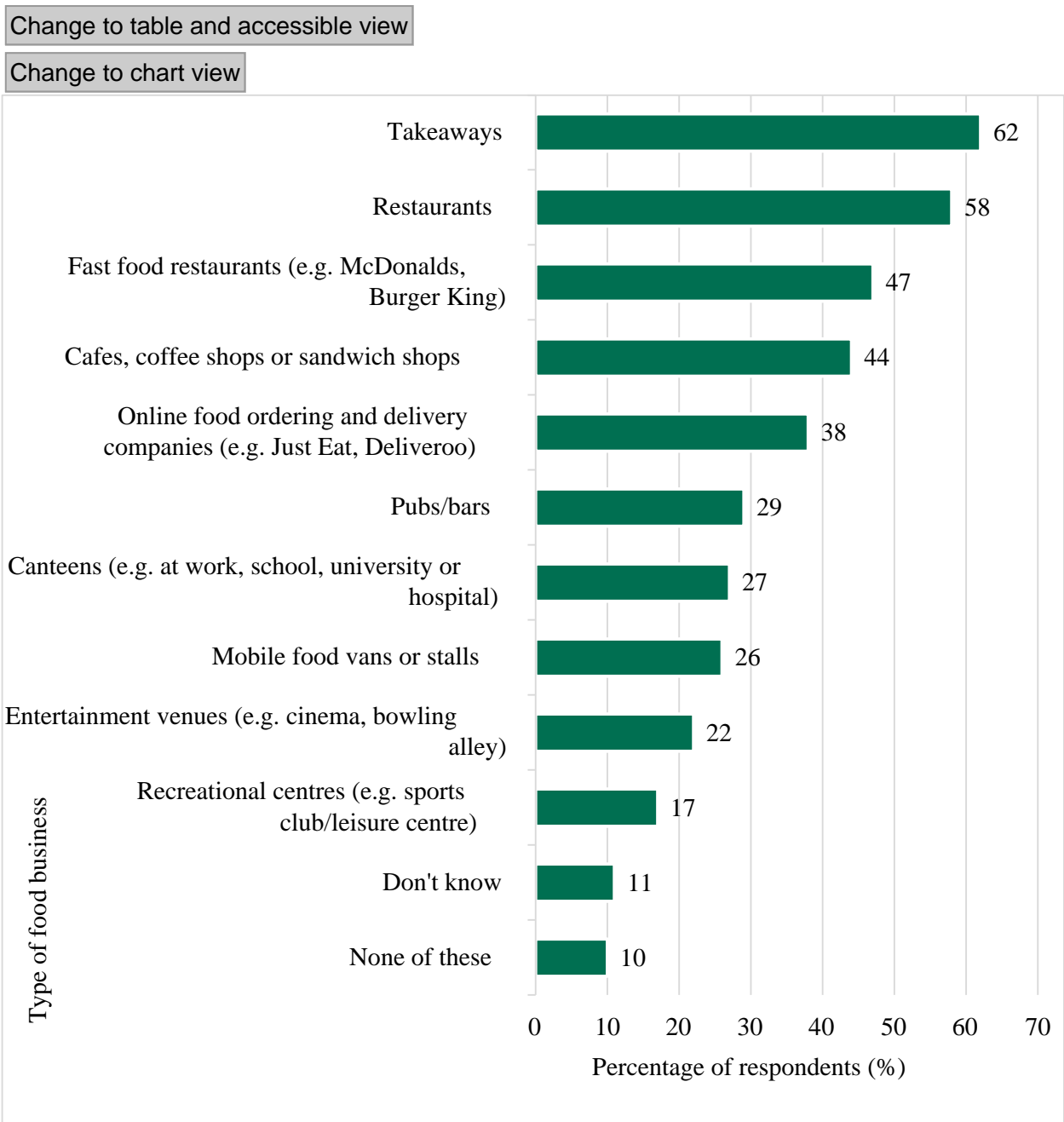
Eating healthily outside the home

Respondents were asked how healthy they thought that the food they eat out or take out is compared to the food they eat at home. The majority (86%) thought that the food they eat outside the home is less healthy (i.e. a bit less healthy or a lot less healthy). Only 7% stated that the food they eat out or take out is about the same as the food they eat at home and 4% stated it is healthier than the food they eat at home. [\(footnote 23\)](#)

Respondents with high food security (91%) were more likely to report that the food they eat out or take away is less healthy than the food they eat at home, compared to those with low (80%) or very low food security (80%).

Respondents were asked to select from a given list in which places they would like to see more information displayed about how healthy different food and drink options are. Most commonly, respondents reported that they would like takeaways (62%) and restaurants (58%) to display more information about how healthy different options are. Around half (47%) reported that they would like fast food restaurants (e.g. McDonalds, Burger King) to display this information (Figure 28). [\(footnote 24\)](#)

Figure 28. Where respondents would like to see more information about how healthy different food and drink options are.



Type of food business	Percentage of respondents (%)
None of these	10
Don't know	11
Recreational centres (e.g. sports club/leisure centre)	17
Entertainment venues (e.g. cinema, bowling alley)	22
Mobile food vans or stalls	26
Canteens (e.g. at work, school, university or hospital)	27
Pubs/bars	29
Online food ordering and delivery companies (e.g. Just Eat, Deliveroo)	38
Cafes, coffee shops or sandwich shops	44
Fast food restaurants (e.g. McDonalds, Burger King)	47
Restaurants	58
Takeaways	62

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Source: Food and You 2: Wave 7

Respondents were asked what nutritional information they would find useful on the menu to help inform their choices when eating out. Around half of respondents reported that they would find it useful if menus showed nutritional information about calorie information (55%), fat content (50%), and sugar content (47%). Around 4 in 10 (43%) respondents reported that it would be useful if menus showed information about salt content and 16% of respondents reported that none of these types of nutritional information would be useful. ([footnote 25](#))

1. The Eatwell Guide was developed with Public Health England (PHE) in association with FSA Northern Ireland, the Welsh Government and Food Standards Scotland. [PHE has been replaced by UK Health Security Agency and Office for Health Improvement and Disparities.](#)
2. Question: Overall, would you say that what you usually eat is...? Responses: very healthy, fairly healthy, neither healthy or unhealthy, fairly unhealthy, very unhealthy, don't know, prefer not say. Base = 871, all online respondents in Northern Ireland. Wave 7.
3. Question: Thinking about what you ate and drank yesterday. How many portions of...A) Fruit B) Vegetables...did you eat yesterday? Responses: [open text]. Base= 871, all online respondents in Northern Ireland. Wave 7.
4. Question: Did you drink a small sized glass of fruit juice or smoothie yesterday? Responses: Yes - a small glass (150ml/5 fluid ounces), Yes - a larger glass (more than 150ml/5 fluid ounces), No - I did not drink any fruit juice yesterday, Yes - less than a small glass (150ml/5 fluid ounces), Don't know. Base= 871, all online respondents in Northern Ireland. Wave 7.
5. Question: How often do you...? Responses: A = Eat meat products (e.g. sausages, burgers, meat and chicken pies), Eat sweets and chocolate, Drink sugary fizzy drinks and diluted squash, Eat chips and other fried foods, Eat fruit and vegetables. B = Porridge, High

fibre cereal (e.g. wheat biscuits, bran flakes, shredded wheat), Wholemeal or wholegrain bread, Wholewheat pasta, Potatoes with the skins on. Base A= 1,526, all respondents in Northern Ireland. Wave 7.B = 871, all online respondents in Northern Ireland. Wave 7.

6. Question: Which of the following are the most important for people to do to have a healthy diet? Responses: Eating fruit and vegetables, Drinking plenty of water, Eating fish, including oily fish, Eating less salt, Limiting food and drinks high in sugar, Limiting foods high in fat and saturated fat, Eating a low fat diet, Eating a high protein diet, Eating food lower in calories, Eating foods such as bread, rice, pasta and potatoes, Eating a low carbohydrate diet, Eating less meat, Eating a plant-based diet (eating majority of foods from plant sources), Eating less dairy, Eating a high fat diet, Eating a vegan diet (not eating any animal products), Don't know. Base= 871, all online respondents in Northern Ireland. Wave 7.
7. Question: Which of the following, if any, can count towards someone's daily fruit and vegetable intake? Responses: Fresh fruit, Fresh vegetables, Frozen vegetables, Frozen fruit, Tinned vegetables for example sweetcorn, Pure fruit juice, Tinned fruit for example peaches, Dried fruit for example raisins or apricots, Fruit smoothies, Potatoes, Baked beans, Pulses, such as lentils, chickpeas or kidney beans, Nuts and seeds, Rice, Pasta, Jam, None of these. Base = 1,526, all respondents in Northern Ireland. Wave 7.
8. Question: Which two of the following food groups do you think the UK Government recommends should make up the largest part of our diet? Respondents: fruit and vegetables; meat, fish, eggs, beans, pulses and other proteins; potatoes, bread, rice, pasta and other starchy carbohydrates; dairy (cheese, milk, yoghurt) and alternatives; foods high in fat, sugar and salt; oils and spreads; don't know. Base = 1,526, all respondents in Northern Ireland. Wave 7.
9. Question: Which two of the following food groups do you think the UK Government recommends should make up the smallest part of our diet? Respondents: fruit and vegetables; meat, fish, eggs, beans, pulses and other proteins; potatoes, bread, rice, pasta and other starchy carbohydrates; dairy (cheese, milk, yoghurt) and alternatives; foods high in fat, sugar and salt; oils and spreads; don't know. Base = 857, all online respondents in Northern Ireland except those who reported "don't know" when asked which food groups the UK Government recommends make up the largest part of our diet. Wave 7.
10. Question: How many portions of fruit and vegetables do you think the UK Government and health experts recommend that people should eat every day? Responses: at least 1 portion, at least 2 portions, at least 3 portions, at least 4 portions, at least 5 portions, at least 6 portions, don't know. Base = 871, all online respondents in Northern Ireland. Wave 7.
11. Question: How many calories do you think the UK Government and health experts recommend that an adult female should eat each day? Responses: 500 calories, 1000 calories, 1500 calories, 2000 calories, 2500 calories, 3000 calories. Don't know. Base = 871, all online respondents in Northern Ireland. Wave 7.
12. Question: How many calories do you think the UK Government and health experts recommend that an adult male should eat each day? Responses: 500 calories, 1000 calories, 1500 calories, 2000 calories, 2500 calories, 3000 calories, don't know. Base =

871, all online respondents in Northern Ireland. Wave 7.

13. Question: How much salt - in grams or ounces - do you think the UK Government and health experts recommend that an adult should not exceed each day? Responses: 2 grams or 0.07 of an ounce, 4 grams or 0.14 of an ounce, 6 grams or 0.21 of an ounce, 8 grams or 0.28 of an ounce, Don't know. Base = 871, all online respondents in Northern Ireland. Wave 7.
14. Question: How much fibre - in grams or ounces - do you think the UK Government and health experts recommend that an adult should eat each day? Responses: 10 grams or 0.35 ounces, 20 grams or 0.70 ounces, 30 grams or 1.05 ounces, 40 grams or 1.41 ounces, Don't know. Base = 871, all online respondents in Northern Ireland. Wave 7.
15. Question: Are you currently taking any vitamin and/or mineral supplements? Responses: Yes, No. Base = 1,526, all respondents in Northern Ireland. Wave 7.
16. Question: What vitamin and/or mineral supplements do you take? Responses: Multi-vitamin or mineral, B vitamin(s) or B complex, Vitamin B12 injection, Vitamin C, Vitamin D, Fish oils or Omega 3, Folic acid, Iron, Magnesium, Other. Base= 801, all respondents in Northern Ireland that are currently taking any vitamin and/or mineral supplements. Wave 7.
17. Question: How often do you take vitamin and/or mineral supplements? Please think about the vitamin and/or mineral supplements you take most frequently. Responses: Every day, Most days, About once a week, Several times a month, About once a month, Once or a few times over the past year, Can't remember. Base= 801, all respondents in Northern Ireland that are currently taking any vitamin and/or mineral supplements. Wave 7.
18. Question: What do you take vitamin and/or mineral supplements for? Responses: In case of pregnancy or currently pregnant, Vitamin and/or mineral deficiency, Due to tiredness, For general health and wellbeing, Due to age or getting older, For a specific health condition, To improve sports performance, To improve/ fortify my diet, Other reason, Prefer not to say / Don't know. Base= 801, all respondents in Northern Ireland who are currently taking any vitamin and/or mineral supplements. Wave 7.
19. Question: Have you been advised by a medical professional (e.g. a GP or dietician to take these vitamin and/or mineral supplements? Responses: Yes, No, Don't know/ Prefer not to say. Base=468, all online respondents in Northern Ireland that currently take any vitamin and/or mineral supplements. Wave 7.
20. Questions: In the last 12 months, have you made, or attempted to make, any changes to what you eat or drink? Responses: Yes, No, Don't know. Base = 1,526, all respondents in Northern Ireland. Wave 7.
21. Questions: What changes have you made or attempted to make? Responses: More fruit and/or vegetables; Less food or drink high in sugar e.g. sweets, chocolate and fizzy drinks; Smaller portions; Fewer calories; Less food high in fat or saturated fat e.g. sausages, pastries, cheese and crisps; Less bread, rice, potatoes, pasta and other starchy foods; Less salt; More fish, including oily fish; Less meat; A high protein diet; A plant-based diet (eating majority of foods from plant sources); More bread, rice, potatoes, pasta and other

starchy foods; A vegan diet (not eating any animal products); Larger portions; More calories; Other; None of these. Base = 856, all respondents in Northern Ireland who have made / attempted to make a change to their diet in the last 12 months. Wave 7.

22. Questions: Why have you made or attempted to make [this/these change/s] to what you eat or drink? Responses: To be more healthy or have a healthier lifestyle, To lose weight, To improve my mental health, Due to age or getting older, For a specific health condition, Due to concerns about the environment, Based on advice from medical professionals e.g. a doctor, nurse etc, Because of lockdown or concerns about coronavirus (COVID-19), Based on UK Government healthy eating guidelines, Financial reasons (e.g. higher cost of food or reduced income), To gain weight, Due to a significant life event (e.g. getting married, getting divorced, or bereavement), Based on advice from celebrities or influencers, Other reason. Base = 856, all respondents in Northern Ireland who have made / attempted to make a change to their diet in the last 12 months. Wave 7.
23. Questions: When you eat out or buy food to take away, how healthy would you say the food that you eat is, compared to when you eat at home? Responses: A lot more healthy, A bit more healthy, About the same, A bit less healthy, A lot less healthy, Don't know. Base= 871, all online respondents in Northern Ireland. Wave 7.
24. Question: In which, if any, of these places would you like to see more information displayed about how healthy different food and drink options are? Responses: Takeaways, Restaurants, Fast food restaurants (e.g. McDonalds, Burger King), Cafes, coffee shops or sandwich shops, Online food ordering and delivery companies (e.g. Just Eat, Deliveroo), Pubs/bars, Mobile food vans or stalls, Canteens (e.g. at work, school, university or hospital), Entertainment venues (e.g. cinema, bowling alley), Recreational centres (e.g. sports club/leisure centre), None of these, Don't know. Base= 871, all online respondents in Northern Ireland. Wave 7.
25. Question: When eating out or buying food to take away, what nutritional information would you find useful on the menu to help inform your choice? Responses: Calorie information, Fat content, Sugar content, Salt content, None of these, Don't know. Base= 1,526, all respondents in Northern Ireland. Wave 7.



Annex A: F&Y2 Waves 7 and 8 NI: Technical terms and definitions

1. 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 classified as having high food security, marginal food security, low food security and very low food security.

2. [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.
3. [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#) is the official measure of relative deprivation of a geographical area. WIMD classification is assigned by postcode or place name. WIMD 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](#).